

## **Anniversary**

Throughout January, I continue to fluctuate between normal life and desolation. Or perhaps, more accurately, I come to see that normal life holds happy days filled with family, work, and friends interspersed with days when I feel desolate and completely fearful of illness and death.

Pam has planned a party for me, inviting our old friends, the group from the picnic. Some are coming from as far away as Washington, and I am deeply moved. As I dress, I try to view myself as looking fashionable rather than looking like a cancer survivor. But with my breasts different and my hair so

short, all my clothes look too big. I select some silk pants and a black velvet top. We meet at Pam's and my friends seem genuinely enthusiastic about my healthy appearance and they like my hair. Although it's strange to be celebrated for surviving, I do consider it an achievement. And, though I sometimes feel uncomfortable at parties, I eagerly let myself be embraced by the enthusiastic warmth of my friends.

Pam serves elegant appetizers and champagne. David makes a short toast to me, and I am moved not so much by his words as by his apparent joy at my recovery. At one point I catch David and Jerry looking at me and obviously commenting on me to each other. I know they are saying "Doesn't she look great?" and we exchange a laugh across the room. I know that they really mean, Thank God she's back. Thank God she is her old self. Thank God she is still with us and can enjoy life. Thank God for them, I think.



Molly is at home today, and we talk about when I was sick. Although she seems fine, at least on the surface, I've noticed that separations are more difficult for her now; she holds on to me a little longer before going to school, and she prefers sleepovers at our house. I ask what she remembers about cancer. She recalls the day I came home from my first hospital stay—how left out she felt when everyone was visiting and bringing me presents, how she cried and got angry at me, and how I then cried and snapped at her. Our recollections of that day are remarkably similar. She, however, recalls only the trauma and not the reconciliation.

She cries now as she tells me this, and I hold her and tell her how glad I was that she let me know how angry she felt because then I could fix things. I remind her that we spent more time together after that episode, that she brought me juice and climbed into bed with me to read her book.

Why am I surprised by her crying in my arms now? Did I really believe my illness did not touch her deeply? She tells me that sometimes at recess she would feel alone and think about me. And, “When you went to the hospital, Lucky wasn’t enough; Lucky was just a stuffed animal and wasn’t alive and I missed you.” She relates losing her tooth in school and feeling excited about showing it to me at the bus stop, then remembering that Zach, not I, would meet her bus and walk her home.

And she tells me more—that she liked Daddy picking her up at the Y, but she sometimes felt envious of Rebecca, whose mother came for her. She tells me that it was hard to stay with other people as much as she did because things were different in other families. I let myself feel what it must have been like for her to have me so inaccessible, so absent from those places in her life where, I like to think, I had normally been so dependable. How bittersweet it is to know how much she needs and loves me. What if I have to leave her? What if I die?

One evening in February I talk to David about my discouragement at still feeling so depressed. I’ve been avoiding him in the past few weeks, trying to act as if I’m fine; so I’m surprised that we have a good talk. I tell him how hard yet unsuccessfully I am trying to fight my way out of depression. I wonder whether to join a cancer support group, call a therapist, talk to friends more often, or just

wait this time out. David asks if I've thought about writing, and I'm surprisingly intrigued by the idea, though I had previously rejected it. Perhaps I have the energy now; perhaps I am reminded of how writing in my journal helped me through my very introspective adolescence; perhaps I'm moved by his thought that it might someday be valuable for me to have a record of this experience, even valuable for our children. Certainly I am encouraged by his healthy belief that it's worth a try.

My only hesitation is that I won't find a voice for my experience, a way to describe what often seems beyond words. I sit down a few hours later and begin, planning to ignore the search for a voice and simply to describe the events of my breast cancer as I remember them. In the next few days I produce a pile of written pages and find that I am not depressed. It's as if the writing relieves me of the burden of my feelings. Whenever I have a free moment, I write, and I find that, by remembering, organizing, and describing my experience, I am prevented from following every worry that comes my way. The writing is like a magnet that draws together all the stray parts of myself. That I feel creative in describing such a horrendous experience amuses me, and I am struck by the passion with which I approach the telling of my story. It feels as though I am writing to save my life.

Throughout March I continue to feel healthy and surprisingly free of my old demons. I work, exercise, and plan birthday parties for Zach and Molly, as well as a large party for David to which Harry and Laurie come, now that Laurie has completed her bone marrow transplant. She looks frail, having lost considerable weight; her short hair becomes her. She is beautifully dressed and as warm and

generous as ever. Laurie and Harry stay late—each talkative, bright, and funny, remarkable in their ability to enjoy themselves and other people despite their ever present fear that Laurie's cancer will recur. Those of us who have been through this with Laurie know that this time together with her is the real cause for celebration.

Lately, Laurie and I have talked on the phone a lot, particularly about Laurie's sessions with her psychotherapy patients after a six-month absence. Laurie's task seems monumental. She is still healing from her very aggressive chemotherapy and surgeries. Her patients are reacting strongly to her radically changed appearance, but not always voicing their anger about her illness and their fears about her future health. Laurie is determined to help them say what they feel, which means hearing from them her own worst fears—that her cancer will recur and she will die.

As the first anniversary of my diagnosis approaches, I begin to feel shaky again. Although Dr. Cody told me to expect this reaction, I am not prepared for the intensity of my anxiety. Two news articles in the *New York Times* add to my worry. The first describes how a Canadian researcher falsified data on patients who were included in a major study comparing outcomes of lumpectomies and radiation with those of mastectomies. The experts quoted in the article too quickly offer reassurance that the results—that lumpectomies with radiation and mastectomies are equally effective—would be the same without these data. How can anyone be so cavalier about research that affects so many lives? But my outrage is somewhat muted by the knowledge that I have had a mastectomy; had I had a lumpectomy instead, I would now worry that the surgery had not

been extensive enough. By creating the illusion that I am safe, I separate myself from women in potential danger—that is, from those who chose to have lumpectomies.

I cannot separate myself as easily from the article on tamoxifen, a medication that blocks the production of estrogen and seems to prevent the growth of estrogen-fed tumors like mine. Tamoxifen has been shown to improve survival by about 10 percent in postmenopausal women whose tumors are estrogen receptive. Although the drug's short-term side effects are minimal, its long-term effects are not yet known. The *Times* reports that recent research indicates a slightly higher than normal incidence of a particularly insidious form of uterine cancer among women who have taken tamoxifen. Some women have died, though only a very small percentage. Predictably, it takes time to calm myself after reading this article and to accept that I am simply playing the odds.

Because it is not yet clear that I am postmenopausal, Dr. Moore has suggested that we delay our discussion about tamoxifen until the fall. I'm relieved by the postponement of another decision and glad for some time to think. I hate the idea of more medication. Tamoxifen, which comes in pill form to be taken twice a day, may, like the drugs that I have taken, make me jumpy, nauseated, tired, and give me mouth sores. And it may increase the chance of uterine cancer.

Tamoxifen does seem to help prevent osteoporosis and heart disease, in addition to providing protection against breast cancer tumor growth. A friend who has been taking it for ten years says that it also prevents dry skin but may usher in hot flashes and weight gain. I could deal with hot

flashes, but weight gain is a different matter. We're talking about a pill that I might take forever. Weight gain forever. I'd rather take my chances on breast cancer than be fat. I'm joking, of course, or am I? It's one thing to lose my hair and be nauseated temporarily, but to lose control of my weight forever? I talk to women on tamoxifen, none of whom have ballooned out of control. So we'll see in the fall. I wonder about myself; I must be feeling better if I am worrying more about my weight than about the possibility of uterine cancer. It's wonderful to be so distanced from my fears of a recurrence.

My pain this week is primarily due to my inability to feel. Numbness must be my version of holding my breath when faced with medical tests such as my mammogram next week. I recall a dream that I had when pregnant with Zach and waiting for the results of my amniocentesis. In the dream my body was encased in plaster and I could neither move nor feel. On Sunday I learn that Estelle has died and that the funeral will be on Tuesday. Although I cry a little, I still feel numb. I look forward to the funeral because I want to experience strong emotions again, to cry and mourn this friend who became sick after I did.

On Monday I see a new client who wants to discuss some difficulties she is having with her ten-year-old daughter. Only toward the end of the session does she tell me that she had a lumpectomy for breast cancer ten years ago, a recurrence in the other breast five years ago, and now a recurrence in her lungs. She will be informed of the treatment plan on Wednesday. I conduct the session professionally and only later, when talking to a colleague, do I realize that this is not a good situation for me or my client.

Yes, I can understand her. But how can I listen to an account of my worst nightmare week after week? How can I contain my own panic as I hear how this disease will not leave her? And how will I hear about her relationship with her daughter without thinking about Molly and me? This woman deserves to see a therapist who can keep straight whose experience is being discussed. Right now I am so separated from my feelings that I think I could actually handle the situation, but the tension in my body tells me that it would be at too great a cost. I will make a referral to another therapist.

I dream that night that Molly has a brain tumor. Last week I dreamt that Zach had cancer of the sweat glands. I follow my associations: cancer—glands—Hodgkin's disease—nodes—night sweats—sweat—adolescence—Zach. It seems that any mention of cancer, as in the session with the woman who has breast cancer, sends me into the land of worry.

It's Thursday, March 24, and the day of my first post breast cancer mammogram. I'm terrified and ask David to come along. Will the technician call me in again for more x-rays to get a clearer picture? I try to remember that my recent breast exam with Dr. Cody indicated no problem, that the tissue from my second breast was clear. But the ghost of Dr. Klauber rises again. There may still be cancer in the other tissue. Will this mammogram show something? Will I need to see Dr. Cody, have a biopsy, wait, go crazy again?

I fill out insurance and medical-history forms. This time I check "yes" next to each question—biopsy, mastectomy, scars. The form has a diagram of two breasts on



which I must draw the lines of my scars. I keep repeating to David that I am terrified. The technician calls me, and I tell her that I've just finished chemo for breast cancer and am frightened that the mammogram will show something. I've gotten better at dragging out of medical workers the information or reassurance that I need. She is kind and makes the procedure as easy as possible. I only have one breast to x-ray, so the discomfort is limited. She squeezes my breast hard between the plates and tells me to take a deep breath while she goes behind the shield to push the button. Finished.

She tells me what a good job my surgeon has done on my breasts. She has seen some bad jobs. I'm amused that my breasts, strange as I find them, are a good job. I wonder what a bad job looks like. She tells me that I need to wait a few minutes while the doctor looks at the slides. I feel so anxious waiting that I resume my old frozen posture, as if bracing for disaster. I think about telling the technician that, if they find anything, she should inform David, not me—that I will lose my mind, tear up the room, tear out my hair. I begin to recite prayers—myself as a ten-year-old Catholic girl trying to ward off all bad things. I say the Our Father but realize that I prefer to speak to a woman and switch to the Hail Mary. Maybe someone in heaven can negotiate a change in fate. Maybe saying ten Hail Marys, or fifty, will at least take my mind off other things.

The technician comes out. Everything is fine. When I tell David, his body visibly relaxes. As I look at him, I see how worried he has been and I wish with all my heart that our life would return to normal. After I deal with the bill, we walk up Park Avenue, feeling ecstatic about this early

spring day, this spring without breast cancer. The tension has left David's face, and I feel so relieved. David waxes philosophical, as he has since his own good medical check-up yesterday. "Life is like Russian roulette," he says. "You go through these check-ups over and over in your life, and most of the time everything is fine, but sooner or later it's not and you die." David's doctor told him that he sees many older women who had mastectomies twenty years ago. Now they're worried about their hearts. Maybe I will get to worry about my heart.

We walk across Central Park at Sixty-fifth Street, passing the playground where we often took Zach as a little boy. We are amazed that the slide is so small, not high and steep as we viewed it then through his eyes. We talk about taking the kids to Shakespeare in the Park in the summer. There will always be scares and doctors' visits. But there may also be life. As we walk up Central Park West and past the Dakota, we recall walks here together twenty years ago when David first introduced me to Manhattan. He entertained me with anecdotes about the history of New York, as he does today. We are back in our ordinary life.



A friend asks me to speak with her colleague who has just been diagnosed with breast cancer. One of her nodes was positive and her chemo will include Cytoxan, Adriamycin, and 5FU. I call to offer my support. I warm to her

as soon as I hear her talk. She's Puerto Rican, forty-one years old, talkative, and honest.

She describes every traumatic step from finding the lump in her breast to having a mammogram, a biopsy, and a lumpectomy. She has what she calls "spells," crying, ranting, and raving spells, episodes with which I can certainly identify. Her story is poignant. As a teenager she was told by two doctors that she had fibroid tumors that precluded her having children. She spent twenty years having sex compulsively, trying to prove the diagnosis false, and married a terrible man because he already had a daughter and wouldn't mind if she failed to conceive. She went to psychotherapy for years in an attempt to accept not being able to have the child she wanted even more than a husband. A month before her cancer diagnosis, a gynecologist informed her that fibroids do not necessarily mean that one cannot have a child; there are things that can be done. In that single visit, the central problem on which she had structured her life was removed. Then her oncologist told her that chemotherapy would probably cause her to enter menopause. Even more than breast cancer, even more than chemotherapy, she resists and rails against a medically induced menopause that will probably end her hope for a child.

I really like this woman. My conversation with her is constantly interrupted by other calls and by people entering and leaving her house. I think she will be fine, perhaps because she is coping in the way that I coped and I am now fine. In her description of her experience I recognize my own—that she can't believe this is happening to her, that

she wants out, that she hardly recognizes herself in her rage and frustration, that she feels she's driving everyone near her crazy. She tells me that, on the day she woke from her surgery, she read the article in the *Times* describing the flawed data in the Canadian study, and she began screaming for the doctors to take her back to the operating room immediately, that she wanted a mastectomy, to be rid of her breast, to take no chances.

The wife of a custodian in our building has a third-stage breast cancer—a large tumor and a number of positive lymph nodes. She is thirty-five and the mother of four children. Her husband is gentle and loving and keeps trying to cheer her up. Her boss will not guarantee her a job when she finishes treatment. He never even asks about her. She is in that dark, despairing place—feeling so incredibly sick that nothing else seems to matter. Her ranting is muted; she's angry but not sure that she's entitled to express it. Her doctor tells her that she can't possibly be that nauseated. She cannot imagine how she will arrange for her children's care and commute to the radiation treatments that she is soon to begin. She must take two buses from her home in the Bronx to a more remote part of the borough, and she must do it alone because her husband and relatives are working. I cannot penetrate her despair at all.

I speak to a friend's cousin who found a large lump in her breast and whose lymph nodes tested positive for cancer. She is preparing to fly to Seattle for a bone marrow transplant and is arranging for her sister and a friend to be with her. She expresses only optimistic feelings about her situation. She is determined to survive. Although her

approach is certainly different from mine, I am now able to respect her determination. I do not require that she be like me.

I no longer feel so distant from other women with breast cancer, preoccupied by their better or worse prognoses or their different ways of coping. I am hungry for, rather than fearful of, their stories. I hear the commonality of our experience—the initial shock, the terrible decisions that have to be made, the emotional and physical pain. When I talk to these women, I know from the sound of their voices that they are alone in that other world where I have been. I know how faint my voice must sound to them.

If they could hear me, I would tell them what people told me: that I've returned to my life, that I think of breast cancer only once in a while and with less terror. I would tell them that I don't cry anymore, that I feel comfortable with my body and satisfied with the implant. My real breast is no longer flat on the bottom, nor is it disheartening to look in the mirror. I'm glad that I declined a second mastectomy. I now see my doctors as people, not as the receptacles of all my projected needs and fears. I go to my check-ups with less trepidation, and I even express my personality there, something I rarely did during my cancer.

I no longer feel depressed or expect that depression is lurking around the corner. The longer I feel healthy and life goes on, the more I relax. David is very busy lecturing, writing, teaching. I'm interested in work again, and I pick up the kids, shop, cook, and entertain friends. Zach attends public school and is extremely happy there; he does his homework with genuine enthusiasm and a newfound

independence. Molly sleeps at her friends' houses and seems more relaxed. We are no longer an angry family.

David and I enjoy our time together again. We do the things we love—take long walks, browse in bookstores, just talk. We enjoy sex more than ever. We are thankful that our marriage survived my cancer, though mindful of the battering it has taken, and hopeful that we will have more years together.

I have not truly faced the prospect of my own death, though I have tried. I have faced many little deaths—the loss of my breast, of my fertility, of my innocence. I have felt dead to much of myself—to my feelings, to my family and friends, to the joy I normally feel in life. Now I am surprised at how alive I feel again. I have made no big changes in my life. At some point I simply decided to resume my life as it had been before my diagnosis. I glory now in ordinary life and the feeling of health. I expect that soon my appreciation will diminish and I will complain more. Then I will really be back to normal.



Last week as I walked the kids home from the school bus, Molly whispered in my deaf ear. I reminded her that I couldn't hear and said, "Isn't it funny that bad things always seem to happen to me on my left side." And I listed them. That evening I heard Zach say to his friend, "Everything happens to my mother on her left side. When she got Hodgkin's disease, the lump was on the left side of her neck. When she lost her hearing, it was in her left ear. Last

year she had breast cancer on the left side. Now her left knee hurts.”

I loved the confidence with which he stated these facts that explain nothing. His description of the location of my bodily injuries seemed to give him a sense that he understood what had happened to me. By describing my cancer in terms that limited and contained it, he could feel that he had a hold on the capricious disease that had threatened his mother’s life.

Molly also remembers the comment. I am lying with her on her bed after reading to her and she asks me to tell her the story of my left side. At first I am baffled, and she says, “You know, how everything happens to you on your left side.” “Oh yes,” I say, “I lost the hearing in my left ear. I had breast cancer in my left breast. My left knee hurts.” She adds, giggling, “And you’re losing the hair on the left side of your head.” I reply, “But, Molly, I’m not losing my hair anymore. Now it’s growing in.” Then she asks, “Is it over, Mom?” I ask, “Is what over, honey?” “Breast cancer,” she replies. “Yes, Molly,” I answer, “breast cancer is over.”