

## **LOSS**

I see patients on Monday and Tuesday before surgery on Wednesday. My friends find me overly conscientious about work and have suggested that I take time off to prepare for surgery, but I know that work will distract me. Before Molly was born on a Tuesday at 5:00 AM, I worked Monday evening until 9:00 PM. I joked that I could have been back at work on Tuesday. It helps me right now to have work to focus on. Although my mind seems to wander to my surgery at the beginning of sessions, I am usually able to make myself concentrate enough to become involved in what my patients are saying. They know that I am having some kind of surgery and will be

out for ten days, but I choose not to tell them about my breast cancer until I will be here with them to talk about their reactions and until I have a sense of how my treatment might affect my work. I listen to what they imagine—everything from bunions to breast cancer. My impending absence is worrisome to them and we concentrate on their fears.

David and I spend Monday and Tuesday evenings solidifying our arrangements for the kids. Jerry will come over at six o'clock on Wednesday morning to get them to school. He is Zach and Molly's uncle, having been married to David's sister for many years, though now divorced. Their friends' parents will drive them to school and our babysitter, Eve, will meet them after school. Our neighbors Paul and Arnhild will give them dinner and spend the evening with them until David returns from the hospital to put them to bed. I hope to be home on Friday.

On Tuesday I am oddly excited, as if I am preparing for a vacation. I look forward to this time at home in spring, to walks in the park, until it dawns on me that I will not be on vacation but will be recovering from surgery. This is not excitement; it's mild hysteria.

Phone calls keep coming in and I feel again how loved and supported I am. I put on the answering machine at eight o'clock so that I can say goodnight to Molly and Zach and then go to bed early. I'm never good at separation, always finding in goodbyes more finality than is indicated. I brace myself for talking with each of them. I hug Molly and feel her body against mine. Will she notice the difference after the mastectomy? I hope nothing ever happens to

her body. Will I see her develop into a woman and be able to admire her beautiful breasts without fear for her?

Molly seems more focused on the separation from me than on the surgery. Since I broached the subject last week, I have heard nothing from her or Zach about the fact that I have a tumor in my breast. Have they put it out of their minds or composed some primitive but manageable picture of it for themselves? Zach says that he has no questions and insists that the impending separation doesn't bother him: "It's just two days, Mom. No sweat." I tell him that, even so, I will miss him. I hold back the urge to hug him desperately. I go into my room and sob uncontrollably. I pack a nightgown and robe, a toothbrush, books, phone numbers, and a photograph of Molly and Zach. David comes to say goodnight and I ask him if he remembers the day of Molly's birth when Zach refused to go to school, distraught because he believed Molly and I were going to live in the hospital forever. After all, we had told him that I was going to the hospital but not that I would return. Maybe now I'm the one who's worried that I won't return.

It is a night of nightmares. David hears me moaning in my sleep and holds me. I dream that after surgery Dr. Cody informs me that he had to sew my arm permanently raised over my head. He is very sorry. In another dream I witness a woman being stabbed by a man. She lies on the ground dying as blood streams out of her wound. It seems that my dreams have lost all subtlety. No longer is their meaning hidden from me until I untangle my associations. Now their plots have been reduced to battles between good guys and bad guys, with one difference: the good

guys in the dreams, the doctors, are the ones who are hurting me.

The alarm wakes me at five o'clock, and I go through the motions of brushing my teeth and dressing. My body feels numb. I must exert myself to get my limbs to move—I feel tired, spent, similar to how I feel when I've worked too hard the previous day or cried myself to sleep. I repeat over and over to myself that I cannot do this, but I sense how feeble my resistance has become. Jerry arrives. He is so kind to me. I know that he sees my fear but there's nothing to say. The kids rise groggy eyed, and Zach gives me a perfunctory hug, Molly a long and clinging one. Jerry takes over and David and I leave, acting as if this is some routine expedition.



We enter the hospital through the main entrance and are directed to the admitting room. We wait with eight or so other people, including a girl of about ten years. Eventually I am summoned to a small room where I answer the usual questions and then am asked if I have a living will. I say, matter-of-factly, "No, but that would probably be a good idea." This seems a rather tactless moment to raise the subject. I picture myself hooked up to a machine, a living death, because I had no living will. Perhaps they could move this part of the routine to the pre-operation stage. She will send us the information.

We take the elevator to the presurgery waiting room where the nurses seem busy but friendly. What a great

change. They seem like housewives preparing for the day. I'm given a shopping bag for my belongings, shown to a dressing room, and given the uniform. Prison again. After I've dressed, I rejoin David in the waiting room. It's like an adult pajama party here, a ludicrous gathering of men in green and women in blue-striped seersucker robes. I do like the robes. I would wear one in real life.

We sit in oversized leather chairs. The TV blares over our heads, but no one watches it. I am called by a nurse who takes me to a small office where she records my medical history. She tries to put me at ease by talking about this surgery as routine and simple. She sends me back to the waiting room and tells me it will be a few hours. I feel angry that I have been made to come here so early to sit in this cold room waiting. I busy myself watching people and wondering about their stories. Illness is the great leveler. Here sit men and women, young and old, rich and poor. One woman sits alone reading the *New York Times*. Another older woman talks animatedly with her husband. The girl we saw downstairs sits with her young mother and her grandmother, who is not much older than I. The grandmother seems to be the one who attends to her. The girl appears to be only too familiar with this hospital; she's obviously been here before.

Dr. Cody comes earlier than expected, dressed in his surgical gown and hat. He seems to be on quite friendly terms with the staff and asks a nurse to find us a room in which we can talk. He reassures me again that I will be fine, repeats the facts about my tumor, and goes over the statistics again. He does not expect to find anything unusual. David joins the discussion, consoled as always by

information. I just sit, trying to calm my terror and discover the proper etiquette for this moment. This man is about to remove my breast. Losing my mind would seem like proper etiquette. I hear Dr. Cody discussing clean margins. He mentions again that he will have to cut some nerves in my arm, so I may have an area that is permanently without feeling. Sometimes I wish I could be permanently without feeling. I express my worry about the other breast, not saying what I really think, that he should just remove my other breast now and be done with it. Although my chances of getting breast cancer in the other breast are slightly increased, he reminds me, they are still small, and there's no indication of a problem there right now. He will biopsy that breast in the course of the surgery. He shakes our hands and tells me that he will see me in the operating room.

David and I return to wait. The nurse comes shortly to tell me it's time, and David accompanies me to the elevator. He hugs me goodbye. I cannot bear the moment of our parting. I feel completely alone in the elevator, though I am surrounded by doctors and nurses. I get off on the surgical floor that takes me to the doors I must pass through to walk down the hall to the operating room where I must get up on the table. It's not just prison, it's death row. How do condemned inmates willingly walk to their execution? This is not an execution, I tell myself. Still, I cannot bear the thought of what is about to happen to me.

I do it. I walk through the big swinging doors and down the hall filled with doctors and nurses in green surgical clothing. Once again I am saved by the mundane. The anesthesiology resident introduces himself, asks me a list of

questions, and tells me that I can't possibly be allergic to cortisone. At least some things are familiar. I explain that, after taking cortisone for hives, my rash got worse. Yes, it might not have been the cortisone, who knows? The surgical nurse tends to me and I realize that I need this person, the only woman here, to stay close. I sit on the cold table in my surgical hat, looking absurd, noticing how many young male doctors are here. When I had surgery for Hodgkin's disease one of the interns told me later that the doctors were reluctant to cut into such a nice, young body. Certainly that will not be how they think of my body today, marred as it is by the scars of surgery and childbirth. It will be easier for them to objectify me now that I am a woman of a certain age. I think of those seventy-year-old women with breast cancer who are told that it won't matter if they lose their breasts. As if there is anyone for whom losing a body part doesn't matter.

Dr. Cody arrives and greets me. He talks with the residents, who clearly like him. For them this is just another day at work. I am ready now; there's no turning back on this decision. Dr. Cody comes and stands by my side. I tell him that I dreamt about him—nothing good, I say. He understands how I feel, he says; all patients about to undergo surgery fear they are going to die, but I will be fine. It had not consciously occurred to me that I might die, but it makes sense that I could feel that way. And I did have fantasies of being executed. Isn't that a fear of death? I appreciate Dr. Cody's attempt to comfort me, and I trust him. The anesthesiologist introduces himself and fiddles with my arm as he tries to find a vein for the IV. He finally begins the anaesthesia. I feel woozy and the room begins to

spin. Although I am soon out, I am in a dream that makes me feel as if I'm awake, a pleasant dream in which I feel warm and seem to be floating in space.



I begin to regain consciousness in the recovery room. I feel only excruciating pain, radiating from my left side. I cannot get comfortable. I sense the approach of a nurse coming to give me medication. I drift in and out of sleep. The pain is relentless, pounding, everywhere. I am saved over and over by sleep. The line between waking and sleep fades, and I move fluidly from intense pain to oblivion. Eventually I hear the nurse say that they are going to take me to my room. They slip some contraption around my body, which makes me feel as though I am in traction, and succeed in transferring me from bed to cart. I sleep through the journey and then again feel myself being lifted and transferred to a bed. I am in my room.

I sleep most of the day. David is with me, but I am in my own world, my own pain. Nurses come and go to check my blood pressure, take my temperature, and empty the bag that collects the fluids from the drain placed in the wound. I am near the door in a space barely large enough for a bed, let alone a chair. They obviously crammed an extra bed in here, and I am in it. I sleep on and off. A nurse coaxes me to go to the bathroom, as have the nurses all evening, but I am not ready. David goes home at some point. My head is still swimming; the pain is everywhere. I am not coherent enough to sort out clearly what is around



me. I hear noise from the hall. I feel as though I'm in the middle of a huge kitchen where workers are clattering stainless steel pots together. The room is brightly lit, and women in other beds talk to each other and to the nurses. I try to turn on my side, but the pain is excruciating. I prop some pillows under my left arm and try to sleep again.

The pain increases and I ring the bell for a nurse. Nothing. I wait. I ring again. When a nurse finally comes, I request pain medication. She promises to bring some but does not return. No one comes. I ring and wait, again and again. Finally a nurse brings me some Demerol, and I sleep for a while. I wake because I need to go to the bathroom, and I call the nurse to help me out of bed. No one comes. I feel helpless and angry, but mostly helpless. Finally, a male nurse's aide peers through the curtain at me, looking annoyed. I explain that I need help getting to the bathroom, and he tells me that they are very busy. I will have to go by myself. If I fall, I should call them.

I wait for a while, holding back tears of rage. Finally, I decide to go by myself. I sit up gingerly on the side of the bed. Everything hurts. I feel as if I'm going to faint. When the dizziness passes, I stand shakily. It takes me some time to arrange the pole with the IV. I still feel faint, but I move slowly to the hall and walk very carefully, grateful for a railing along the wall. The aide sees me, and I imagine that he feels some guilt as he looks at me. At least I hope he does. I make it to the bathroom and lower myself onto the toilet seat where I sit for a while, trying to get my body to work. I finish and begin the journey back to my room, frightened because I still fear that I will fall. I make my way back and carefully lift myself into bed, untangling the

IV and settling myself down. I am still enraged, but eventually I drift back to sleep.

When I wake, I ring for the nurse to request medication again. No answer. I ring again and wait. The incessant clatter continues, and the bright lights remain on. Why won't they make it quiet and dark so that people can really sleep? The pain is building and I cannot get help. I begin to cry. A nurse finally comes and I try to compose myself. She sees that I am distraught, says nothing, but looks upset. She is helpless, too, I imagine, helpless with overwork and unable to do more than the most minimal nursing. Now, on top of her work, she is confronted with evidence of having upset me. She brings my medication and leaves.

At 6:00 AM the nurses wake me to take my blood pressure, my temperature, and my pulse. I wait for David but know that visiting hours do not begin until 11:00 AM. The time seems interminable. My already fitful sleep is interrupted with ever increasing frequency. One shift finishes its tasks so that the next can begin. Not a single nurse ever attempts to talk to me. I feel tired, angry, almost frantic. It would be difficult to design a scenario more likely to make a vulnerable person feel out of control. I really need help and can get no response. I am as much an object to the staff as is my pitcher of water or my adjustable bed; and, even when they respond to my call, I am just another task, not a person in pain.

Dr. Cody comes by early. I tell him that the night was horrendous, but I conceal how distraught I really feel. He looks over my chart, drains the bag of fluid, and says he is pleased with the healing. He urges me to walk about as much as possible and reminds me to do the exercises to

strengthen my arm—walking my fingers up the wall and pushing to reach farther each time. I repeat my wish to go home the next day and, glancing about the room, he agrees. The nurse will teach me how to drain the bag and measure the amount of fluid in it; I should keep track of the amount. Dr. Breckman also stops by to check my wound.

David arrives at eleven o'clock to spend the day. He's fresh from home and the children. Although I'm relieved to see him, I envy his pleasant morning, so different from the past five hours I've spent here. He finds me in tears. I complain that I've never spent a worse night, that I feel assaulted, neglected, and trapped in this small space. David can't believe they've put four people in this room. In the next bed is a woman of my age who looks like she's dying. Her hair is thin, and she's so weak that she cannot walk. From what I hear her doctors say, I gather that she has an advanced cancer. Across the room are two more beds. In one is a woman of about sixty who is now up and walking about. Next to her is a woman of seventy whose leg is bandaged. She has a private-duty nurse who sits by her bed all day. I have no interest in getting to know any of these women. All I want is to be home in my own bed. I ask about Molly and Zach, who, David tells me, went off easily to school this morning. Molly had trouble settling down for bed last night, so he read to her for a long time, and he let Zach stay up and watch TV with him. I tell him that I'm worried about seeing them when I'm in such bad shape emotionally and that I hope I'll feel better in a day.

By afternoon I do feel better, and I learn that the sixty-year-old woman across the room has just finished chemotherapy and is recovering from surgery and doing well.

She's worked hard at getting herself moving and walks up and down the hall often. The woman with her leg bandaged is worried about whether her skin graft will heal but complains little and mostly fills us in on the articles in today's newspaper. Her daytime private nurse loves to talk and tries to engage me in conversation. Although I feel closed off, I try to relax and appreciate their kind inquiries and interest in the photograph of Zach and Molly on my bedstand. After all, haven't I been complaining that no one will talk to me?

Flowers keep arriving all day. People call to see how I am doing or to ask where to have flowers delivered. I feel less stripped of my self, less alone when I imagine the people in my life outside this room—my children at school, my friends at work, my family. Betsy, who has been my friend since graduate school, visits and brings flowers. She is refreshingly practical. In Cambridge, after my surgery, she helped me wash my hair in the sink in my room.

I know this visit is hard for Betsy. She nursed her mother through a horrific brain disease that eventually killed her, and she cared for two elderly aunts until they died. We walk to the sunroom and sit and talk. It feels good to be up and about, but I soon tire and return to bed, leaving David talking to Betsy about history and knowing that Betsy, however busy, will oblige him.

Jan arrives before dinner. I remember how stunned I was when I learned of her breast cancer diagnosis three years ago. At the time I thought it was a death sentence. It never occurred to me that I too was a candidate for breast cancer; somehow, despite my own history of cancer, I managed to keep this possibility from entering my mind.

Jan's consistent good nature is something I will never duplicate, but I am glad to have a friend who has traveled this path to mastectomy and beyond, and has done so with such equanimity. Jan suggests we order food from a restaurant rather than leave me to a hospital dinner. While David is getting the food, we talk. Jan lets me touch the breast where she has her implant, and I'm relieved that it feels to me like a real breast. She demonstrates that she has completely normal movement in her arm. Most reassuring, though, is her presence. She looks great. She is animated and full of stories about her students and her academic work. We talk a lot about our children and their reactions to our breast cancers. Nothing could be more calming than her visit.

David returns with a Mediterranean feast—pita bread, babaganoush, tabouli, and olives. While we enjoy our meal together, our friends Pam and Roger surprise us with a visit. They bring flowers and I am very touched that they have come. Thursday is the night we often have had dinner with them. Roger is a psychiatrist who, in his personal life, censors few of his thoughts. He jokes about breasts and I find his outrageousness a relief. One of his friends recently had a mastectomy. When I ask how she managed, he answers without hesitation, "She became psychotic."

While they are with me, one of Dr. Breckman's residents comes by and seems skeptical of my intention to go home the next day. I react like a caged animal at the thought of another day here. Everyone leaves but David, and I ask him repeatedly, even after he has already agreed to do so, to call Dr. Breckman and Dr. Cody to make sure that I can go home. I want to throw things, but I'm in a

room with four people. So I throw my words at David, trying in vain to get him to help me out of this, not just this room, but this whole experience. I turn my request that he call into an attack on him, as if he is at fault. He becomes quiet and withdraws, a signal to me that I've gone too far, that I have pushed him away and am now alone. I recall that at Peter Bent Brigham, after holding myself together through the Hodgkin's disease diagnosis, I broke down when I laid eyes on my dismal hospital room. Such small details—a depressing room, another day in the hospital—become the locus of my need for some control over my surroundings, over what is happening, over something. Without such control, I feel dehumanized, defenseless, the way I imagine people in such encounter groups as EST feel when they are not allowed to leave the room to go to the bathroom, as if being reduced to a state of helplessness and vulnerability will somehow be good for them.

Luckily, David understands my frustration. He recalls how fifteen years ago, after his knee surgery and a few days in the hospital, he phoned me at midnight in tears, feeling vulnerable and abandoned. Why do two days in the hospital leave a person so raw? Is it the physical assault of the surgery, the unnerving reminder of one's mortality, the impersonal care, the separation from reassuring routines of daily life?

After David leaves to make the calls and tuck the kids in bed, I overhear the woman with the skin graft talking to the nurse about her husband, who is living in a nursing home. He called earlier and she told him that she couldn't talk because the nurse was changing her dressing. Now she worries that she hurt his feelings. She calls him back and

talks lovingly to him, inquiring about his activities and his health. Were I given to inspiration, this woman would be it. She has endless medical problems, yet she avoids self-pity and manages to be loving. I feel like a spoiled baby compared with her.

This second night is better. I can get to the bathroom alone; I am in less pain; and I know to call for medication the moment I sense the last dosage wearing off. But the second morning is more aggravating. I hate the early morning routine. I am awakened repeatedly by nurses and aides who check my temperature and blood pressure to be sure that I'm all right, though it would be hard to know that they cared. Another of Dr. Breckman's residents appears and insists that I cannot go home. I wait for either Dr. Breckman or Dr. Cody to come by and sign my release, like prison again. I wait through breakfast, a morning sponge bath, journeys down the hall, and a few phone calls. Finally, Dr. Breckman comes by, having received a message from Dr. Cody approving my release. It's obvious that my leaving so soon makes no sense to him, but he defers. He checks my wound and tells me that it is healing nicely. I don't look. I am aware of the drain and the bandages, but it is as if they do not connect to my lost breast. I am focusing on recovering from surgery right now, and I give little thought to the nature of that surgery. I'll deal with my lost breast later.

I need the nurses to go over the instructions on how to empty the bag of fluid and measure the amount, but they are too busy. David arrives and urges me to hurry because Jerry is waiting in the van and can't stay parked long. David is operating on "real world time." He actually thinks

that events will happen when he needs them to or when we've been told they would.

I sit dressed in stretch pants and a shirt. A friend told me to bring a shirt with buttons down the front because I would be unable to lift my arm to put clothing over my head. I've pinned to the waist of my pants the rubber bag that collects the fluid from the wound and tucked the thin plastic tubes under my shirt. I comb my hair and apply a little blush to my cheeks, but I see that I still look very pale and worn out. I'm going home and, aside from my surgeons, no one on the hospital staff has spoken to me about the mastectomy, the postoperative adjustment, or what to expect with the healing. No one has even asked me how I am doing. How little it would take to make me feel better. I still remember a brief exchange with a resident in Boston during my treatments; undaunted by the worry in my twenty-six-year-old face, he reassured me that I would be all right.

My roommates wish me well. They have been very kind to me, the youngest. In asking about my children, they perhaps sensed that this topic would be like a lifeboat in the dark ocean of my worry. They are happy to see me improving and assure me that I will be fine, even while knowing that they themselves may not be.

David and Jerry help me to the van, and I realize that I am not doing as well as I had thought. The hospital corridor, with all its clatter, was quiet compared with the street, where I cannot screen out the blare of traffic and sirens, all sounds coming at me with equal intensity, with none receding to the background. My steps are tentative, my body weak and unprotected, as if my skin has been



stripped away and I am all exposed nerve endings. I feel slightly embarrassed with Jerry. It's not my mastectomy. It's my rawness. I feel so exposed, like the people in war photographs whose faces give you a glimpse of their private terror.



I am so relieved to arrive home. Our bedroom, which overlooks Riverside Park and the Hudson River beyond, is clean and bright. David and I brought all my flowers home in a bucket of water, and I arrange them in vases. I get undressed, avoid looking at my bandaged chest, and put on my own nightgown. I climb into bed and plan to sleep until Molly and Zach arrive home from school at half past three. I feel peaceful. Right now there are no decisions or obligations except to heal. I sleep solidly and then awaken, knowing again that I have been busy dealing with this trauma in my dreams.

Molly and Zach arrive home, and we have a happy reunion. Zach seems a little shy, perhaps sensing my fragility. Molly is bursting with things to tell me. They sit on my bed and visit for a while, and then they are off to their own affairs. Later, they bring me dinner and say goodnight so that I can sleep. It feels strange not to cook and spend the evening with them. But even this sense of loss is fleeting. My energy is too tied up with taking care of myself.

On Saturday I sleep most of the day. The phone rings and the doorbell announces the arrival of flowers and gifts.

I feel quite loved, surprised by all the attention and amused by the ingenuity of my friends' gifts: a package of hip magazines including *Billboard*, *Spy*, and *Z*; a set of *I Love Lucy* videos to make me laugh à la Norman Cousins; a plastic pet tornado labeled "Fenced Fury" (you shake the capped container until the "snow" inside begins to swirl into a funnel), the perfect gift.

David spends time with the kids in the morning, and they have plans with other people in the afternoon. His parents come for a visit and I feel happy to see them, though my stamina is limited. I think about how my cancer leads others to recall their own earlier experience. Alex lost his first wife to rheumatic heart disease when David was four and Adrienne was eight. He cannot bear to see me sick. He feels for David because he has been in this place as the husband. And he wants to protect Zach and Molly from the loss he saw his own children suffer.

Sophie sits by my bed and we talk. I love her dearly, but today I am aware of other, complicated emotions as well. I feel envious of the good health she enjoys at the age of seventy-five. I have cancer for the second time and I'm only forty-four. I am so much more experienced at serious illness. Right now she sees in the future a far brighter landscape than I. We talk about underwear. She generously offers to shop for the silk chemise that I imagine will make me feel better. I can't seem to talk or listen very well today. We eat the dinner that Alex has prepared, and they leave discussing the size of container in which to bring us weekly family-sized portions of spaghetti sauce.

On Sunday morning an old friend, Marilyn, visits me in my bedroom as she did when each of the children was

born. Our neighbors drop in, and the phone rings all day. Later, Martha visits from Boston. I thank her for the effort she made to gather my records, and we talk about how I made the decision to have a mastectomy without ever learning of Dr. Chu's recommendations upon seeing my records. The children join us on the bed for the picnic of bread, cheese, fruit, and dessert that Martha brought. It helps that she is a doctor, but today I need her as a friend.

After Martha leaves, Molly comes in, agitated. I ask what is wrong, and she angrily tells me that it isn't fair that I'm getting all the presents and attention and she's getting none. Her voice is shrill and loud and her anger escalates quickly. I feel attacked by her and snap at her, telling her that I just had surgery, as if that means anything to her. Then I begin to cry, overwhelmed by the intensity of our interaction. She looks devastated, and I know immediately that she feels she has hurt me. I take her in my arms, and we both cry and hug each other. I tell her that it's okay, that I'm glad she told me that she feels angry. I tell her that I understand that it's very hard right now and that she does need more attention from me. We spend some time together, and I interest her in doing certain jobs such as bringing me juice and making sure that I do my arm exercises. I have her back, and I am grateful that she made contact with me through her anger, sorry that I folded on her and left her feeling so destructive.

On Sunday afternoon David and I take a walk in Riverside Park. It is only four days since my surgery, but I am eager to walk outside. As we leave our building, we meet several people we know, some who have heard about my breast cancer, some not. From their reactions, I know

that I look frail. As we walk in the park, David and I recall my first walk after my laparoscopy in Boston. I was transferred from the hospital in Boston to the clinic at Harvard, and ten days passed before I could go out. I then embarked on a harrowing walk that lasted the distance of only a block. Here again is that feeling so familiar after surgery: the world seems unreal, filled with so many strong and active people beside whom I feel weak and vulnerable. Today I am afraid of all the activity, of people jogging and walking fast, rushing by on bikes and in-line skates. I move very slowly, leaning on David's arm, and we make it to the garden at Ninety-first Street. There we rest and try to enjoy the early spring flowers, but I soon tire and need to begin the journey back home. It is as if we are in the country walking, so separate are we from everyone else.



On Monday I have an appointment with Dr. Cody. I meet David at Dr. Cody's office, and he tells me that he left a message for Dr. Cody earlier. I know he couldn't bear to wait all day for the pathology report, but he failed to obtain an early bulletin. We are focused primarily on whether any of my lymph nodes tested positive for cancer. I am very anxious, holding myself still again. David reassures me, and himself, that, even if nodes are affected, the cancer is still treatable. My mind wanders to the thought that Dr. Cody has now seen and touched the inside of my body. Just like the dentist, I tell myself, only farther into my body than my mouth.

When Dr. Cody arrives, he seems particularly relaxed. The nodes are negative, he tells us. It's a moment of wonderful relief, which he shares with us. He takes off the bandages around my chest, and I steel myself to look at my breasts. He removes the drain, asking about the amount of fluid I collected each day from the wound. He then removes my stitches. I am acting as if I am fine. I feel him cut the stitches. I look at my breast. There is a neat scar across the center of my left breast area and because the implant has already been inflated slightly, there is a very small mound on my chest. It is still my body. I am basically intact. And this is not as gruesome as I had feared. Dr. Cody is pleased with how well I am healing and tells me that I can get dressed and then we'll talk.

In his office Dr. Cody reviews the pathology report with us. Some cancerous tissue had remained in the breast after the biopsy. Because the total size of the tumor is calculated by adding this additional tissue length of 0.5 centimeters to the length of the tumor and not to the width, the tumor is considered to be 1.7 centimeters. Having seen the tumor during surgery, he thinks that in reality it is more like 1.5, which he still considers small. He again describes the cell type as not the best and not the worst. I silently focus on "not the best" and begin to feel frightened all over again. He reminds us that you can have positive nodes and never have a recurrence or negative nodes and have one. Sometimes he ruins my fun, I think. David presses for more reassurance, and Dr. Cody admits that it is certainly better that I have negative nodes.

He begins to talk about our treatment options. I tell him that I have an appointment on Friday to see Dr. Anne

Moore, one of the oncologists he had recommended. He assures me that I will like her, and he will be interested in her opinion about chemotherapy. He feels that in my situation we could go either way. Because the tumor is small and I have had a mastectomy, any stray cancer cells could probably be handled by my immune system. Chemotherapy produces the most marked improvement in women with more advanced cancers, and the statistical increase in survival rates for women in my situation is only three to four percentage points. Still, it is an increase. And chemo is generally more effective in premenopausal women, so it is worth considering. Often, healthy, young women handle the chemo well and continue their lives with little interruption. He suggests we meet again after I see Dr. Moore.

We leave his office and, as always, I cry. What is it about seeing him that leaves me so upset? David does not have this reaction. It's those statistics. An 85 percent survival rate in the first five years still doesn't sit well. Perhaps I'm being greedy, but I want at least the 95 percent I had with Hodgkin's disease. Breast cancer seems more insidious, more likely to return. Yet chemotherapy has always been my most dreaded fear.

I cannot bear another decision, and now there's another decision to make. David tries to tell me that I just received great news—negative nodes. Although I resist enjoying this relief, I do hear him. The part of me that is able to hope, even a little, clutches this strange possibility that I might come out of this and be all right.

David and I actually have a good day together walking about the city. After seeing a movie intended to distract me, we happen past a wig shop. The wigs don't look as bad

as I had expected. I go in and quickly try on a few before fleeing the shop. I'm just getting my feet wet. David goes off to meet the kids, and I walk to Bloomingdale's to find a soft, athletic bra with no underwire. The experience in the dressing room is painful. I keep worrying that someone will come in. It's as if I'm doing something wrong and I don't want to be caught. Do I actually feel guilty about losing my breast? Or is it shame? I try on bras while attempting to ignore the sorrow I feel when I look in the mirror at my slightly convex, black and blue chest with a scar across the middle. I manage to buy only one bra, realize how completely exhausted I am, and head for home.

As the week proceeds, it seems set apart in time from the rest of my life, even set apart from my breast cancer. There's comfort in this time at home; it's the grown-up version of staying home from school, with TV, books, ginger ale, and ice cream. Now I lounge with novels, tea, and Vivaldi. Zach and Molly are thrilled that I am not at work when they go off to school. These glorious mornings, when the early spring light fills our bedroom, I am reminded of those two springs when Molly and Zach were born. I nursed each of them here in bed with me. Zach spent his first few days of life in a bassinet by the window, absorbing the sunlight as a cure for his mild case of jaundice. I feel so lucky to have nursed them, and even more to have them. How would I do this without them?

Each morning I take time to shower, letting the water run gently over my chest. Gradually, I can bear looking at my breasts, but my sense of loss is profound. One breast is higher than the other, or, to be exact, the budding, implanted breast on the left side sits higher than the real

breast on the right side. I fill the left side of my bra with an old stocking and try to adjust my bra so that my clothes fit right. I change the water for the flowers and talk on the phone. I feel rested and not depressed. All my energy is focused on getting better, not on work and responsibilities. And I continue to take a respite from the decision about chemotherapy and thoughts about what will happen next.

On Wednesday I visit with Laurie, who is back at work after her recovery from a hysterectomy. Because of a suspicious screening test and a family history of ovarian cancer, Laurie was worried, but the surgeon discovered only fibroids. We talk about the other member of our study group whose biopsy revealed a ductal carcinoma in situ—that is, a lesion in the duct that could grow into cancer. She is planning a trip to California, where she will meet with Dr. Susan Love and sort out how to proceed. It is hard to believe that two of the six of us have breast cancer.

I enjoy the extra time with Molly and Zach in the afternoons. In the evenings we rent some movies. Because they see me recovering from the surgery, they think breast cancer is behind me. I continue to bask in the bountiful attention of my family and friends and to feel stronger and more resilient. But this is the honeymoon of my illness, I suspect; I've been married to a disease like this before, and I know how quickly the marriage can turn sour. Cancer is a miserable partner, and its treatment of me will be destructive and ruthless; there will be no negotiating and, like a battered wife who feels she cannot leave, I will stay for the abuse, believing that even this is better than the alternative.