

The Descent

It is May 21 and I am scheduled for my first chemotherapy treatment. Our next-door neighbors, Arnhild and Paul, are planning to take Molly and Zach to the country for the weekend so that David and I will be free to cope in whatever way seems necessary. It's a good arrangement. Their sons are like older brothers to Zach and Molly. Keir is home from Swarthmore College for the summer and Colin, who is in high school, will be around as well; they're eager to help out with the kids.

Chemotherapy remains the thing I most fear will be unmanageable. Of course surgery was no

picnic, but I knew I could deal with the pain and the adjustment. Constant nausea is different. I never adjusted last time. When I visit Cambridge, I still recall every place I vomited—on Cambridge Street, outside Harvard Yard on graduation day, in the middle of the reading room at Widener Library. It's not that I vomited daily, but I always felt it was a possibility, so I was ever vigilant—ready to run out of the room at any moment or to exit the bus quickly, despite the fact that I might be stranded far from home.

Sitting in Dr. Moore's waiting room, I realize that this is the most dreaded appointment since my diagnosis. Eventually I am called to have my blood taken, and after forty-five minutes Dr. Moore calls me to her office. David joins us and we sit around her table and talk. She is very matter-of-fact in her conviction that I'll get through this. She begins to write down the plan for the month—a treatment today and then again next Friday. Beginning tomorrow, I will take the Cytosan orally, three times a day for fourteen days. I try to imagine actually swallowing these pills of my own free will, ingesting this third chemo medication, knowing it might make me sick. I will then be without treatment for two weeks, though. I will need to have my blood tested again the tenth day after my second treatment.

Now she describes the plan for today. Before my treatment she will give me a tablet of Zophran, one of the new anti-nausea medications. Because Zophran is still under patent, it is prohibitively expensive at nineteen dollars a pill. She checks to be sure that our insurance plan will cover the costs. I should take Zophran three times a day the first day or so and then try a combination of Zophran and Compazine, another anti-nausea medication. I should have

some Metamucil handy because Zophran causes constipation. Finally, she writes a prescription for Ativan, an anti-anxiety medication, to help me through the first few days and insure that I sleep well.

Dr. Moore explains that she will administer the treatment herself today and begins by giving me my first Zophran tablet. She explains that she will insert a small needle into the vein on the back of my hand and will give me the methotrexate and the 5FU. This will take about ten minutes. I sit numbly through these instructions, trying to hold back the terror. Dr. Moore places my arm on a short board and wraps a rubber tourniquet around it to secure it to the board. She then finds my vein and inserts the needle. One of the chemicals is an odd, very bright yellow, not the color of anything natural, and the other is clear. How can I let her put these chemicals into me? Dr. Moore is telling me about the Washington conference she attended where she participated in a panel on breast cancer. The chemicals feel cold as they enter my body. Hillary Clinton gave an interesting speech and then left before Dr. Moore's panel presented, she tells me, with a hint of self-deprecation, as if amused at where she stands on the ladder of health policy makers. I feel the coldness of the chemicals moving through my veins, these ugly intruders I must accept into my body, supposed experts in killing cancer cells. Dr. Moore tells me what Hillary was wearing.

As I begin to relax a little, David and I talk to Dr. Moore about the weekend; we are without the children, so we'll stock up on videos. She tells me that some people go out to the movies, that one woman and her husband stayed at an inn after treatments. People often feel queasy but able

to function. I'm surprised that she doesn't picture me laid up in bed all weekend. Perhaps we will go to the country sometimes. In ten minutes the treatment is finished, and Dr. Moore tells me I will not feel the effects for five or six hours. She reminds me that I can call if I have any questions and she wishes me well.

We leave the office, take the elevator down, and then exit by the rear door, passing many people who look like the walking wounded. Outside there are staff people on their breaks, vans delivering and picking up patients in wheelchairs, other patients, looking weak and leaning on their companions' arms. How different from the front entrance with its impressive lobby, uniformed guard, and nicely dressed visitors. We're the secret underclass.

I am monitoring everything I feel, waiting to see what happens. I already feel something, a little woozy, a little disoriented, perhaps just anxious. I decide to meet Molly and Zach at the bus stop in order to maintain a semblance of normal life as long as possible. David heads for the drug store to purchase the medications. I feel anxious and distracted as I wait for Zach and Molly. They bound off the bus and we walk home, they in their everyday world, I in my surreal one. I get their clothes ready for the weekend, make dinner, and send them off with Paul and Arnhild. David goes out to rent some movies for us, and I find myself wanting to lie down. I do feel nauseated but am not knocked over by it. I take an Ativan and sleep well.

On Saturday morning I feel queasy, but I'm interested in trying to act normal. We decide to visit David's parents in New Jersey, and we stop at a deli on the way so that I can satisfy my craving for a turkey sandwich. At their

house we sit and talk; I am aware that David, Sophie, and Alex are watching me, as I am watching myself, to see if I begin to retch, explode, implode, faint, or shake. Nothing dramatic happens, but at about two o'clock I begin to feel tired and disoriented and so we go home. I spend the rest of the day in bed, sleeping on and off, eating bagels and doughnuts, trying to watch old movies but realizing the ones we've chosen will certainly not work—neither Fred Astaire and Ginger Rogers nor even Humphrey Bogart and Lauren Bacall can hold my interest. Next time we'll try tragedy or violence.



On Sunday Dr. Moore leaves a lovely message on my machine, hoping I am doing well. I am genuinely moved by her call. I continue to note every sensation in my body to determine the effect these chemicals are having. I become acquainted with the awful feeling of chemo, so difficult to describe—feeling sick in every limb, in every cell; feeling nauseated; seeing the world as if through a veil, slightly hazy and distorted. I hate the feeling. I drink fluids constantly, especially orange juice and ginger ale, the comfort drinks of my childhood illnesses. I sleep on and off until three o'clock when I begin to feel better; I get dressed so that David and I can walk in Riverside Park. It's a beautiful spring day, but I'm uncomfortable in the park, that other world of healthy people riding their bikes and playing ball. We don't stay long; I get hungry and we go home to make pasta while we wait for the kids to return.

I call a few friends who have left solicitous messages. Although I can report that the chemo was manageable, that I was very nauseated but did not vomit, it's harder to describe why I feel so little relief after surviving this first weekend. My internal state is too chaotic; I'm terrified all the time, if not of the chemo, by the thought of dying. How can I explain this dark fear coursing through my body along with the chemicals? How can I explain how little comfort even a good prognosis holds when you know you have cancer, when you know this killer has entered your body?



I am determined to work on Monday. I manage to see my patients despite my preoccupation with the thought of my body filled with chemicals, and I feel slightly light-headed and nauseated. Some of my patients, the ones who are keeping track, know that I have just begun chemo, and the fact that I now drink water during sessions is a reminder. When they inquire, I tell them that I had a hard weekend but felt better by Sunday. As I become absorbed in listening to them, I actually forget about the chemo. Perhaps I'm managing because it's morning and I'm rested; perhaps my concentration on my patients really does distract me—an unusual thought for someone as resistant as I am to the notion of the mind's power over the body.

I decide to look for a wig this week, assuming this to be a task better undertaken while I still feel well. I've asked my friend Pam to help me. She is the busiest person I

know. She is the executive director of Bellevue, the largest public hospital in the country, and she is going through a divorce. But she generously offers to research wigs and to go with me to as many places as necessary. She approaches this task as if buying a dress—it's an adventure rather than an imposition.

We first visit Edith Imre's, a wig shop with a long tradition of helping cancer patients. We enter the second-floor "salon" on Fifty-seventh Street. Pam has made an appointment for me, so we check in with the receptionist. While waiting for Mrs. Imre, I read a book about chemotherapy that includes mention of her wigs and of the startling and horrific fact that, with chemo, women sometimes lose their eyebrows. Maybe it only happens on drugs stronger than CMF, I hope.

I try to put aside this disturbing bit of information to prepare for the present, unwanted experience. Mrs. Imre eventually ushers us into a messy office littered with unattractive wigs. She tells us that she is Hungarian and then explains to us the science of wigs in which she is expert. Human hair, which is expensive, droops in the rain and requires considerable upkeep. She recommends a combination of human and synthetic hair, which only needs to be washed gently in cold water every few weeks, then shaken out and hung to dry. She also suggests I choose a wig that's made by hand rather than machine: the weave is tighter, insuring fewer gaps through which people can see my scalp. She quickly brings her speech to an end and takes us to meet the man who will help me try on wigs.

I sit in a chair in front of a mirror while he finds a wig close in color to my hair. The wig is not yet styled; when he

puts it on my head, it's huge, bushy, and atrocious. He will style it for me. I notice his crooked toupee and think, This is the man who will style my wig. As he brushes the wig into a tamer style, I begin to see a version of my hairstyle to which I could possibly adjust. Pam concurs. Still, something about the way that he's handling the wig doesn't give me confidence. Everyone who told me of having bought a wig here said that the cut never seemed right. "Do you have any prestyled wigs?" I ask, hoping to avoid spending money on a wig that would then have to be styled by his scissors. I try a wig with shorter hair, but I look frumpy. I tell him that I need to shop more before making a purchase and leave feeling that this undertaking is difficult but possible.

I suggest another place a few doors down that I had passed earlier. Who would have guessed that fashionable East Fifty-seventh Street houses a world of wigs? The wigs in the shop window look better than those at Edith Imre's, but the saleswoman's behavior is worse. Standing behind the counter, she ignores our entrance and grimaces when I ask to look at some wigs. "After I finish my lunch," she replies, "you can try on two wigs and make an appointment to try on more for \$150." I'm ready to walk out, but Pam encourages me to try a few. Finally the woman, her lunch over, seats me in a chair. I again choose a wig that looks like my hair, straight and chin length, and another of shorter hair. I'm cringing inside as the saleswoman perfunctorily brushes each wig. I've never had my nails done, never had a facial or a massage. Why must I sit through this primping? The wigs look terrible and the woman is cold, as if annoyed at our imposing on her. Does she think

I'm doing this for fun? As we leave, Pam comments loudly, "This is certainly not a place to do business." I admire her confidence. I had attributed my discomfort to being more at home in Sears or J.C. Penney's than on Fifty-seventh Street. But Pam knows lack of courtesy when she sees it.

I've had enough for one day. Pam encourages me to pursue our remaining leads soon—Bits & Pieces on Columbus Avenue and a skilled transvestite hairdresser. I like the idea of someone good at playing the part. After all, isn't that really what I'm trying to do?

On my way home I recall my search for a wig when I was twenty-six. My doctors and nurses offered me no advice. Because I was a graduate student with little money, I took myself to a sale at Filene's Basement, where I tried on unstylish, synthetic wigs. The other women there seemed to resent my presence, as if I was mocking them by my youth. I hurriedly bought a wig just to escape, hung it in my room, and never wore it. Instead, I wore scarves to cover the back of my head when my hair fell out. When I first met David, I often wore scarves and jeans. He found them attractive. Little did he know what this style would come to mean for us. Now I'd look dowdy in scarves. So I'll get a wig and wear it, at least to work.

It's May 28, the day of my second chemotherapy appointment. Dr. Moore inquires about my week. It wasn't too bad, I hear myself saying; I felt pretty sick until late Sunday and then queasy until Tuesday evening. My blood counts remained so high, she says, that she's going to increase the chemotherapy dosage. So much for bouncing back quickly. My body can clearly tolerate more, and more is better; but what about my mind, I wonder. Marta

administers the second treatment. Although I know I am being weaned from Dr. Moore, I feel no resentment. I know that she is with me in this, and Marta seems equally dependable.

As we leave the hospital, I notice that the other patients exiting the building are generally older than I, except one handsome man in his forties who is almost bald from chemo. He is leaning on the arm of a beautiful woman I imagine to be his wife. I am startled by a feeling of painful connection to them. I realize that I have never imagined our roles reversed—David sick and I supporting him. The thought makes me want to cry.

After my appointment I have a moment of courage and suggest to David that we stop at Bits & Pieces. We head for Columbus Avenue and discover the shop's appealing display window full of wigs and other hair pieces. I approach the desk and meet Gwen, a young man who speaks with a slight French accent; a recent immigrant, maybe. He seems eager to help. I explain that I am going through chemotherapy and may need a wig. He seats me in a chair in front of a mirror and sits down to talk with me. He tells me that with CMF I will lose only 40 to 60 percent of my hair, but I may lose my eyebrows. If that happens, he can help me with make-up tips. Such as drawing on eyebrows, I suspect. There are lighter and more comfortable wigs to wear when my hair is partially gone. Like Mrs. Imre, he suggests a wig of synthetic and human hair. As we talk, I look at many acceptable, prestyled wigs, and I notice other customers browsing. Gwen explains that people often wear wigs for fun, convenience, and diversity. You've got to be kidding, I think. But it's amusing to pretend that this

is not about cancer. He points out a woman working in the shop who has long, gorgeous hair. It's impossible to tell that she is wearing a wig even though she has no bangs to hide the seam. The trick, Gwen explains, is knowing how to brush the hair piece.

He brushes my hair back and fastens it with a rubber band into a short pony tail. I look like an aging, male hippy. Then he puts a stocking cap on my head. Now I look like a burglar. If it were Halloween, this might be fun. He fits me with a wig that resembles my hair, not a full wig but one I could wear when my hair becomes thin. He describes the kind of brush to use and suggests a wig with bangs that could hide thinning eyebrows. Not those eyebrows again. I begin to see the possibilities as he brushes. He adds a scarf and I look a little like Hillary Clinton in her early, unfashionable phase. He points out that the scarf detracts from the line of the wig. David is uncharacteristically enthusiastic. He thinks I look great: "Sort of handsome, matronly," he says. He's so tactful, I think, but I love him for coming to a place that is so foreign to him. I know that, when I've managed this wig experience, I'll be able to manage my hair falling out. And I know I can cry tonight.

I buy the wig and Gwen encourages me to return if I need to have adjustments made. They also sell other products that I might want to consider: cloth turbans to wear to the beach or to bed (to hide from my husband, I think), bangs, fringes of hair to wear under hats instead of the wig. I again feel the horror that all this primping is designed to hide.

In the cab David and I make plans to pick up the kids and drive immediately to the country so that we arrive

before I feel sick. We discuss my wearing the wig today so that the kids and I can get used to it. I'm finding this excruciating, but I'm determined to deal with this adjustment. When I greet Molly and Zach, I catch a brief glimmer of surprise on their faces, but this reaction never reaches their consciousness. God, I can pass. I decide to play out this charade until they notice.

On the way to the country Molly suggests that I wear a scarf like the one I'm wearing when I get my wig. David and I smile. I love the way her mind works. Zach asks how my treatment went, and I tell him that my body took the medicine so well that Anne Moore decided to give me more. Without missing a beat he says, "Anne Moore and more and more." I know her name will never again be mentioned in our home without a laugh.

We arrive at our country house and I make dinner. When I finally reveal my subterfuge, Molly and Zach are delighted by the joke and fascinated by the wig. They insist that they knew all along, as each parades through the house in it. I'm deeply touched by their acceptance of the preposterous.

I spend the rest of the weekend sleeping and eating. For me, food calms the nausea. I hate that I am alone in bed, away from David and the kids, who are busy with their friends—playing basketball, riding bikes. David comes in periodically, but I feel too miserable to visit with him. I find it uncanny that again on Sunday at about three o'clock I begin to feel better. Marta said that my reaction would fall into a pattern. I get up and we all decide to find a restaurant that serves steak, because steak is all I want. Zach can't believe it. "You're gonna eat steak?" he ex-

claims, delighted to see his mother break out of her chicken and fish habit. He orders steak, too. Afterward, we even manage a movie. On Monday morning, Memorial Day, some friends come by for coffee, and I feel very sick again. I lie on the couch and admit to myself that visiting during these times is too hard. Another vital part of my life cut away.



I continue to take the Cytoxan every day for two weeks. Like a good patient, I try to imagine myself sending each of the large white pills on its mission to kill cancer cells. But all I can really think about is how to get them down without gagging. I drink lots of fluids every day, glasses and glasses of water while I work. I suck on Life-savers to mask the bad taste in my mouth. I'm also eating a lot, and my Sunday craving for red meat must be my body's signal that it needs protein or iron. When I discussed this craving with a nurse last week, she hoped I was not one of "those vegetarians" who has trouble getting enough protein. I eat doughnuts and bagels, sometimes salad, meat, vegetables. I put aside worries about weight because food helps me manage the nausea.

I am tired every day in a way that sleep does not alleviate—"chemo-tired," as I've come to call it. I resist my two-hour afternoon naps less than I did when I had Hodgkin's disease, perhaps because the time alone is less threatening now that I have a family who will be home later. As the day progresses, my ability to cope deteriorates. When

Molly and Zach return from school I struggle fairly unsuccessfully to be a good mother. I try to listen to Molly's piano practicing, but I'm completely distracted. Zach tells me about his homework assignments, but I can barely comprehend what he is saying. The children seem fine, largely because David comes home early to spend time with them and he is such a good parent. Perhaps wanting a parent for myself, I compete with them for David's attention. I need him to hear me say, again and again, every day, how sick I feel and how scared I am. It's humiliating to feel like such a child in front of him. He would never act like this.

My hair has not yet begun to fall out, and I'm trying to figure out what to do with it. Some people advise me to cut it very short to avoid the shock of losing it. But if I cut my hair short and then it becomes very thin, it may look worse. I settle on a compromise. If my hair is just a little shorter it will hang less heavily and the hair loss will be less noticeable.

It is June 3 and I have an appointment for a haircut. Although I am feeling too vulnerable to deal with the Fifty-seventh Street hair salon, where Varti, my hairdresser, is now employed, I push myself to follow through. As I sit observing women having their hair cut, dyed, or curled, panic begins to rise to the surface and I sense that I am going to fall apart, but I try to calm myself. Varti is cutting another woman's hair. I tell his assistant that I'd like to talk to him before I have my hair washed. Varti comes over, assuming, I think, that I am ready for a different style and want to discuss it. I tell him that I have breast cancer and am going to lose much of my hair. I begin to cry. He

tells me not to worry, that he's sure I'll be fine. He agrees that he should cut my hair a little shorter, but not too short. By the time my hair is washed and I seat myself in his chair, I am under control again. He asks me about the diagnosis and about my kids. When my hair begins to fall out, he'll figure out how to cut it, he says.

Despite Varti's kindness, I leave hating this place, feeling humiliated. I've always felt uncomfortable among these wealthy, well-groomed women. Varti has been cutting my hair for ten years, and I have followed him from shop to shop. But I'm determined never to come here again. Why hadn't I better anticipated what it would be like here? I feel as if I have just had my final haircut. I am envious of these women and their full-bodied hair, their unencumbered leisure, their bodies that can be pampered and primped, not cut up and sewn together.

When I get home, I call my friend Laurie. Since her gynecological surgery, she has developed an enlarged node on her neck, and her doctor, uncertain of its meaning, performed a biopsy last week. She tells me now that she has been diagnosed with inflammatory breast cancer, an advanced cancer that has spread like a sheet throughout her breast. She is scheduled for a consultation at the Breast Center at Sloan-Kettering to discuss a bone marrow transplant. She assures me that she is managing fairly well and, in her typical way, inquires about me.

I'm stunned. Laurie can't have breast cancer, too, and such an aggressive, insidious kind, undetectable by a mammogram and forming no lump in her breast. My heart aches for her as I listen to the medical nightmare that the

process of diagnosis has already been for her—endless doctors, long waits for phone calls, fear. I don't know what to say. I feel overwhelmed by my situation and unable to offer much in the way of encouragement. And I am excruciatingly aware of the greater danger to her. To presume that we are in the same situation would be to underestimate her difficulties. To talk about the difference would distance me from her. We talk about our children. She has a son Zach's age who will be going to camp with him.

David becomes very upset when I break the news to him. He can't believe that Laurie has been catapulted into such a nightmare. He's worried about what she must face and about her chances of surviving this. And he's astounded that three of the six women in my study group have breast cancer. Statistics say breast cancer affects one of nine women. In this group it's one of two. Of course it's a coincidence, three strokes of bad luck, but what if the laws of statistics, which I think of as regulating the occurrences of horrible experience, no longer apply? What if I'm right about statistics, that a 90 percent probability that my cancer won't recur is just a mental construct designed to keep me from going crazy? What if things are as out of control as they feel and breast cancer really can happen to anyone?

In the evening I read a letter I received from Terry, a close friend from graduate school. Terry and I, both graduates of Catholic high schools, went on to pursue doctorates at Harvard. At the time, Terry's mother had developed the breast cancer that eventually killed her. I was close to Terry as she suffered through her mother's illness. I recall that her mother complained little, struggling to keep up her

appearance by dressing well and wearing make-up. It seemed to help her carry on.

Terry's reactions to my Hodgkin's disease were colored by her experience with her mother's cancer. I fondly remember two incidents. When I first told Terry about my diagnosis and followed it with my customary recitation of the 95 percent survival rate, Terry thought the survival rate doubtful. She could relate my experience only to her own reality, a world where people would die of cancer. Not psychologically astute enough at the time to understand Terry's reaction, I felt confused and hurt. Weeks later, when I was recovering from surgery, I put a "No Visitors" sign on my hospital door to give myself some rest. Terry was outraged; she burst through the door, saying, "The nurses told me you wanted no visitors, but I insisted you couldn't mean me." In a way, she was right.

Terry now writes me a loving letter, filled only with concern for me, free of the anxiety that she, when younger, could not contain. I imagine that as the daughter of a woman who died of breast cancer, she must continue to feel plenty of anxiety about her own health. I can tell from the letter that she has matured, and I'd love to spend time with her now that we're grown up.



My mother and sister Chris are planning a trip from Buffalo to visit me the weekend of June 10th when I have no chemo. I've declined my mother's repeated offers to come and help with the children, but I've told her that I

really need to see her. When I had Hodgkin's disease, I asked my mother to delay visiting me until after my surgery. I later learned how helpless she felt while waiting so long. When she visited after Zach's birth, I was grateful for a second chance to let her come and take care of me. As this visit approaches, I feel increasingly upset and realize that I am pressuring myself to hide my being sick from her. I want to protect her from all of this pain. She insists that she can handle it, and I know how much she has dealt with in her life. She left school at sixteen to take care of her mother, who had Parkinson's disease and died a few months before my birth, as did her twenty-eight-year-old sister, of colitis. After raising six children, she had to cope with my sister's illness. And now this. She doesn't deserve an ounce more pain.

And my father. When Chris was in intensive care, my mother urged him to tell Chris that he loved her. It was hard for him to say the words. How can I expect this man who never talks about his feelings to do so now? My friend Gina once described visiting my parents after my Hodgkin's disease diagnosis and my father tearfully talking about me and my illness. Now he talks to me on the telephone more than he ever talked—about the family, his garden, my children; still not about his feelings, but it no longer matters.

For some reason I dwell less during this cancer on my parents' pain, even less than I did when my sister was sick. Knowing what it's like to be a parent, I cannot bear to think of the pain that my illness causes them. Nor can I now handle more pain than my own and my children's.

My mother and Chris arrive on Wednesday, and we spend the afternoon talking. I relax when I know that my mother is relieved to see me feeling well. Over dinner, David keeps saying, "Doesn't she look good? She's going to be fine." Chris and I talk about our operations like two old ladies. She shows me the zipperlike scar that runs down the front of her body. Her doctors certainly sewed her up tightly in her most recent operation. I show her my mastectomy scar. It is important to show someone, to advance from feeling grotesque and hidden to being seen and accepted.

On Thursday David takes my mother and Chris to the Metropolitan Museum while I see patients. Rather than joining them for lunch, I take a nap so that I am rested for Molly and Zach's spring violin concert in the evening. Alex and Sophie join us for dinner at the same Chinese restaurant we went to with our families the night before David and I were married.

The concert is a moving and exciting experience as always. This evening, both Itzhak Perlman and Isaac Stern are in the audience, hoping to bring publicity and financial support to this program, which New York City's Board of Education may no longer finance. I love to watch these children—all sizes, shapes, colors, and ages—play their violins together.

The graduates return for these concerts, like older children returning for family events. This school is truly integrated, the children in attendance being of every race and class. Among the parents are teachers, subway conductors, lawyers, mothers on welfare, doctors, and postal

clerks. One senses the staff's commitment and love for the children. No audience can beat this one for enthusiasm.

Two years ago I cried through the spring concert, having just learned that Chris had been flown by emergency helicopter from Buffalo to the Cleveland Clinic for a possible liver transplant. I was scheduled to fly to Cleveland the next day and, as I listened to these children sing, I felt torn apart by the thought that Chris's children might lose their mother. This is what I have not allowed myself to feel about my own children. Before this cancer, the thought that I would ever become sick and die, leaving my children motherless, was unbearable. Now I cope by not allowing myself to feel that possibility in any real way, though the thought is always with me. When Chris and a friend were both very sick two years ago, I noticed that they seemed distant from concern about their children. Chris later told me that she was too sick to do more than survive. But I think it was more than that. What mother can ever imagine dying and leaving her children?

On Sunday Chris and I go for a short walk, attentive to the limits placed on her by the fluid that remains in her lungs. She is no longer my little, tag-along sister, but a grown woman who talks to me about how one goes on with life after facing the possibility of death. She offers me the wisdom she says I shared with her when she was sick—that when this is over I will become involved again in ordinary life; the fear will recede to the background. She seems to have less anger and more acceptance of her situation than I do of mine. She has always been more accepting of life's events; or perhaps, observing me, she declined the hysterical approach. I tell her two things I remember from

visiting her in Cleveland: finding her reading the prayer card left for her by the priest and hearing that Jim, her husband, went to the chapel to pray. How ironic. I was always the one who insisted that the family say grace at meals and never miss Mass; she preferred less good behavior. I prayed for her when she was sick, but I don't really know how to pray for myself, to admit how much my health is out of my hands. I think of Job enduring plagues and insects patiently. Did Job believe in an afterlife? He must have, to be so patient. My friend Jane suggests I read the literature of Eastern cultures, whose people seem to have a vivid sense of the cycles of life. My friend Audrey, who had chemo, suggests the Holocaust literature.

In the last few days of this first four-week cycle, I feel ecstatic that my body has recovered. The night before my first June treatment, David and I have dinner with friends and I dominate the conversation, interested in knowing about them, encouraged to talk about myself by their admiration for how well I'm coping. As we pay the check, I take note of the feeling in the pit of my stomach that announces my fear about the next day's chemo. I feel as terrified as I did before my surgery and before my first two treatments. Will going to treatments get any easier or will I feel each time as if I am preparing for my own execution? I awaken often during the night, seized by fear. I am relieved when morning comes and I can get on with the chemo.