

The Second and Third Cycles

This is my third trip to New York Hospital for chemotherapy. On one level the experience has become routine; I know what foods to buy and arrangements to make for the kids. Yet familiarity doesn't make the treatment any easier. It is the hardest thing I have ever done in my life. I try to count down, telling myself that I have completed two treatments and only ten remain. After today there will be only nine. But I feel no relief, knowing that each treatment only adds to my store of accumulated memories of misery. After Marta learns that my white cell count has come back up, she administers

the treatment. Dr. Moore stops by and writes my medication plan for the week. I am reminded of my children's violin teacher writing their weekly practice list—"Allegretto" by Suzuki ten times, "Minuet 2" by Bach, twelve times. Wouldn't that be a nice prescription—play beautiful music and you will get better? I leave feeling queasy, and we buy food and medication. Molly and Zach are away with friends this weekend.

I can't concentrate on movies, so I read contemporary novels about women my age. The first, to my surprise, has a character who had breast cancer and a lumpectomy followed by radiation. Then I read a mystery in which an autopsy of the woman who is murdered reveals that she had a mastectomy. The police surmise that she may have killed herself because of a recurrence. Can I never be distracted?

This weekend the nausea does not seem to abate. I call Marta on Monday, and she suggests that I continue the Zophran a bit longer. By Tuesday I'm beside myself with nausea, but I force myself to go out for dinner with David, Zach, and Molly to celebrate my birthday. I eat pasta, hoping it will calm my stomach, but I can hardly sit up. I desperately want to be in bed. I struggle to stay, to sit just a little longer so that Zach and Molly can give me their gifts. The best I can do is to be quiet, a silence that David correctly reads as a sign of my desperation. He tells me that he prefers my kicking and screaming to this. His face looks pained.

Because many people claim relief from their symptoms through acupuncture and because I'm ready to try anything, on Wednesday I call a practitioner recommended by

a friend. He suggests meeting with me for two sessions to assess my situation. What could he do for my nausea? The energy flow in my body might need to be redirected, he offers. He would accomplish that through weekly meetings and massage. This is not what I had in mind. Does he use needles? I ask. He's not enthusiastic. I realize that I want needles, not regular sessions or massage. I want him to find pressure points that, when pressed, will magically result in an end to nausea. I want a quick solution, not another person diagnosing me and touching my body. I sense in his theory about my energy an accusation that I'm to blame. It's the chemo, not my misguided energy, that is at fault, I feel like screaming. I tell him I'll get back to him. Of course, I am the one who thinks that the nausea and cancer are my fault and that someone with a different personality would know how to get help from acupuncture. Why am I so resistant? Why do I deal with pain and discomfort by focusing on them every moment?

Statistics indicate that people who join cancer support groups increase their chances of surviving for five years. Yet, I'm afraid to join a group. If it included people whose diagnoses are worse than mine, I would feel undeserving of their concern and guilty about my more promising situation. On the other hand, with people whose prognoses are better than mine, people with smaller tumors who are not having chemo, I would feel envious and frightened about myself. But mainly I am afraid to hear breast cancer stories, especially those providing me with new ideas about what could go wrong. I want only a mirror image of myself, an identical twin whose prognosis is neither better nor worse than my own.

It does help to talk to friends, but even there I put up obstacles. Rather than visit with them, I choose to sleep for two hours every afternoon, to spend more time with the kids, and to go to bed early. It's not only that I feel pressed for time. I'm hiding out, keeping company with my vulnerability and nursing my wounds. I find I have little to talk about. "Yes, I'm fine," I say when friends inquire. "Not vomiting. Just a little nauseated." "What have you been doing?" I'm asked. "Not much," I reply. Just examining the nuances of my nausea, wondering if I'll die.

On Thursday I am still very sick and I call Dr. Moore. She suggests that I stop taking the Cytoxan orally; she will give me all the medications through the IV on Friday. Each treatment will take more time, but I should be less sick in the long run. She does not judge me for being nauseated, as did as my radiologist in Cambridge. It's a relief to stop taking the pills. I've grown to hate them even more as the nausea continues beyond a few days. I understand why people quit chemo. Who would "voluntarily" feel like this for six months? But I worry that, if the Cytoxan has made me this sick taken gradually for two weeks, how sick will it make me when taken all at once?

On Friday Marta explains that, before giving me the methotrexate and 5FU, she will give me saline solution and Zophran, the anti-nausea medication, through the IV to help me tolerate the chemotherapy. Marta talks amiably as she hangs the plastic pouches from the IV pole. After ten minutes the Zophran makes me dizzy, so Marta stops it, planning to give me the rest at the end of the treatment. She now hangs the bags containing the chemo drugs on the pole, and she starts the drip. David tries hard to keep me

entertained, but we're together so much that it's hard for him to come up with new material. We joke that now we understand why so many older couples vacation with friends, not just with each other. As I watch the fluid drip from the bags through the line and into my vein, David resorts to reminiscing about the time when Zach was a baby and we took him camping across the country. It's a good try and I briefly enjoy the memories. Sometimes the drip stops, and David needs to find Marta, who comes to tap the bags and fiddle with the line. I'm vigilant about noting what I feel in my body, every flutter, every twinge, as if the chemo will keep me posted on its progress through my body. Dr. Moore comes in and writes out this weekend's medication plan. She is optimistic that this change in procedure will reduce the nausea.

That night I feel sick but must help Zach finish packing for camp the next day. I'm surprised at how quickly I am able to get him ready; we've spent so little time going over his list and shopping for the articles he needs that we must make do with what we have on hand and borrow gear from the neighbors.

Zach sits on my bed and talks with me, seeming relaxed and ready for his first extended time away from home. He insists that he is not worried about my being sick and trusts that I will be better after October. I feel very upset that he is leaving, but I keep it to myself. Separation always seems more difficult for me than for him. I promise to write often and assure him that, even though the camp does not generally allow calls home, he can ask permission of the director and call if he wants to. He says, "Oh, Mom."

After taking Zach to the bus on Saturday morning, David relates that he saw Zach sit in an empty seat where he was joined by a girl; Zach then moved quickly to a seat in the back of the bus where he could sit next to a guitar. Will he spend six hours riding to Vermont and speak to no one? We assure ourselves that he will make contact or manage on his own, as he always does. David met Laurie and Harry, who had brought their son to the bus, too. They talked about Laurie's plans for the bone marrow transplant. David gave Harry tips about medical insurance and described to him how his moods go up and down in direct proportion to mine. What a pleasant prospect for Harry. Throughout the day I am preoccupied with the thought of Laurie and how she will manage a treatment so much worse than mine.

By Thursday I feel better and am grateful for Dr. Moore's new treatment plan. My daily routine continues as usual throughout the month. I see patients from early morning until one o'clock. I read and sleep until Molly's day-camp bus drops her off downstairs at four. Surprisingly, I look forward to these naps and the time reading before I fall asleep. I'm calm during this time; my mind has been focused on work and not on illness. In the late afternoon I try, feebly, to play with Molly and I speak on the phone to friends. David picks up milk, lettuce, and fruit on the way home. He manages to serve dinner, usually courtesy of our friends. Molly and I go to bed at eight o'clock.

About nine, David comes in and sits on the bed with me. It's always the same. I cry with an intensity that does not abate from night to night. I feel more afraid in the

evenings, as if my terrors, having spent the day regrouping, now wait for me in bed. To disperse them, I tell David over and over that I hate feeling sick and depressed and that I'm frightened that all this chemo will not prevent a recurrence for me. My complaints to David are so familiar that they've lost their meaning. They're like a mantra, to calm myself, or a magic formula to send my nightly demons scampering away. By the end of this ritual cleansing of my fears, we talk of brighter things—which friends we've spoken to, Molly's rendition of her day at camp, Zach's letters.

David leaves so that I can sleep and he pays bills. We've joked that, with three masters degrees and two doctorates between us, we cannot figure out our insurance coverage. He pores over explanations of services not covered and then submits the bills for these services to another insurance company. We are the lucky ones. We have three levels of coverage. All we are required to do is: Submit the bill to GHI, who will pay a percentage of what it deems a reasonable fee—that is, far less than the fee charged. Then send to Major Medical a copy of the original bill, along with GHI's explanation of services not covered. Major Medical will pay 80 percent of what it deems reasonable. Finally, send another copy of the original bill, along with explanations of services not covered by GHI or Major Medical, to our catastrophic-illness insurer, who will pay what it deems reasonable. Of the ninety-thousand-dollar likely cost of this breast cancer, we will pay only two thousand dollars. To obtain the insurance benefits, we must keep track of every bill, every check, and every explanation of benefits from each insurer, for services rendered by the anesthesiologists, radiologists, surgeons, oncologists,

hospitals, and labs. This necessitates almost daily trips to a copy center for photocopies.



I decide to begin wearing my wig to work. I could get by a little longer, but I'm someone who finishes Christmas shopping by Thanksgiving and prepares the entire meal before guests arrive for dinner. I force myself to push through my anxiety and to face this humiliating first appearance in my wig. My patients seem taken aback but feign acceptance, commenting particularly on the color, which is slightly redder than my natural hair, and the style. Many of them have struggled with the idea of my hair falling out and how awful it must be to look in the mirror. One tells me that she's relieved that she need no longer come to sessions rehearsing what she'll say when she sees me with a wig. Another suggests that her hairdresser could have done a better job; he has experience with Hasidic women. I can listen to their comments with greater ease than I expected, but I'm not comfortable with this wig. It looks vaguely like human hair immediately after brushing, but it soon takes on the appearance of Dustin Hoffman's wig in *Tootsie*. I decide that I will need to return to Bits & Pieces to have it thinned.

I make an appointment and, while sitting in the chair, spot a wig that is shorter than my hair and layered. It's a style I have worn in the past and liked, so I try it on and it suits me better. I ignore the cost and buy this second one, knowing it will help me through the next six months.

Gwen writes one bill covering the cost of both, about three hundred dollars, so that I can submit it to the insurance company with my prescription from Dr. Moore for a prosthetic hair piece. If it's not covered, we'll find a way. We'll pay for this wig. We'll pay for all the cabs. We'll order take-out food for dinner. These are the hidden costs of illness that are not covered in any health plan, and we are fortunate to be able to afford them. Again I wonder how people without financial and educational resources manage this experience.

When I get home, I put the first wig away for Halloween and place the new one over the lamp in my bedroom. David points out that this will disturb the children, as it is apparently disturbing him. It's like seeing my head sitting on the dresser. Except at home I continue to wear the wig. Molly is clear, when she sees me in it, that she hates it and wants me to have my own hair back. She believes long hair is glamorous and reminds me daily that there is something wrong with how I look when I'm wearing my wig. Zach hasn't seen this wig yet, but when he saw the last one he said, "It looks good, Mom, but I'm not sure you should wear it to my school." I'm very aware of how uncomfortable it is for the kids to have their friends see me. People who don't know about my cancer think that I have a new haircut. My friends react enthusiastically. I know that their comments derive from their intuitive sense of how to ease my way. Tell me I look great; help me preserve some good feelings about my appearance, even as I feel assaulted and humiliated.

My hair continues to fall out gradually. Each morning I leave many strands on the pillow. When I wash my hair, I

find a clump of it in the drain. If I run my fingers through it, I end up with a handful. Sometimes I become fascinated with the process. I distance myself from the humiliation and merely observe that my hair is falling out, as if it were happening to someone else. People volunteer tips on how to avoid losing more hair. Don't brush it; don't wash it. Why save my hair if I have to walk about with it filthy and tangled? Soak your head in a bucket of ice water after each chemo treatment. But, I reason, if the ice prevents the drugs from attacking my dividing hair cells, will it not prevent their attacking dividing cancer cells? How primitive are my formulations of how this cancer works.

Besides, I'm too fatalistic to think I could forestall this next descent into purgatory. I don't believe good behavior will keep me from losing my hair any more than I believe good thoughts will keep me from being nauseated. I have a bad attitude. I am failing at visualizing an army of chemical soldiers attacking the evil cancer cells. I'm angry but worried that my attitude makes things worse.

When my treatment for Hodgkin's disease ended, my thoughts turned toward a future of career and family. This new treatment will be followed by a decade of loss. My children will move into adolescence. David and I each have two parents who are getting older. Who will die? Our parents? Perhaps my sister, maybe me. My friend Estelle might die. Will Laurie? I have a friend who insists that the Irish dwell morbidly on death and misfortune. What choice do we have, I wonder, often coming from large, working-class families beset by illness, death, and everyday troubles? But it's not just the Irish who are busy with the dying. All of us who are now middle aged face the illness and death of our

friends and relatives. I just wish I could find a way to enjoy the present despite the inevitable losses to come.

It's July 10 and the twentieth gathering of a group of friends from Harvard for an annual picnic, this year again at our house. My friends have changed the date to coincide with my break from chemo. They insist that I do no work, so I hand over control of the kitchen and spend the day catching up on people's lives. We laugh a lot, and David is very affectionate toward me, valuing, in this group of old friends, our long history.

These friendships were forged in graduate school when, despite long hours of serious academic work, we found enormous amounts of time to spend together, over coffee, over meals, in one or another of our various apartments. Our problems seemed so momentous to us then—unresponsive professors, departmental politics, tumultuous relationships, all requiring endless hours of analysis. Now, our divorces, infertility problems, illnesses, worries about aging parents barely receive a mention, so happy are we just to be together. Even my cancer takes a back seat today.



My chemotherapy treatment on July 16, even though it's number five, still feels like a very early stop on the long journey to the end of this ordeal. Four down still leaves eight to go. David celebrates my progress and I think he is out of his mind; to me, it seems that these treatments will never end. I set my sights on Tuesday, when I hope I can enjoy the trip with David to pick up Zach at camp. We're

taking him home early so that he can have some time with me or, more honestly, so that I can have a few days with him before he and David leave on their bike trip across Iowa. Knowing how much the picnic with friends cheered me up, I hope the trip to Vermont can do the same.

Because David is out of town until late Friday, my friend Bonnie accompanies me to my appointment. Having her with me is a relief. She doesn't have the same sense of routine and accumulated dread that David and I together bring to these appointments. We talk about our work and our children. Bonnie reminds me often that her cousin who was treated for breast cancer a few years ago is doing fine.

When I am hooked up to the IV, Marta administers most of the Zophran, which again makes me feel dizzy. I feel cold from the air conditioning, so Bonnie finds a blanket. When Dr. Moore comes by, we discuss my last treatment weekend and agree that taking Ativan more regularly and sleeping through the weekend is an improvement. She asks me when I last menstruated, and I report that my last period was June 12; she is checking to see if the chemo has stopped my period. Oh, God, what if she increases my dosage because my period hasn't stopped yet?

After the treatment, I feel lightheaded and disoriented. At the deli I buy my usual strange assortment of foods—doughnuts, chicken, salad, and chocolate milk. Bonnie offers to accompany me home but I decline, knowing that David will return soon. I try to thank her for being such a good friend.

About the twelfth day of this cycle I develop a new symptom—mouth sores. Marta tells me to wash out my

mouth three times a day with a solution of Maalox and Benylin to soothe the pain and fight infection. I should call her if it gets any worse. I recall seeing a woman in Dr. Moore's office who had such terrible sores on her mouth that it was hard to look at her. I feel out of control. Will I have sore gums for the rest of the treatments? Because chewing is difficult and my gums hurt, I eat selectively. Most of the sores are inside my mouth, and I hope they remain out of sight so that I can go to work without having to explain another side effect to my patients. Luckily the sores last only three days.

After a weekend of sleep I spend Monday and Tuesday working and preparing for our trip to Vermont. I find time for Molly and explain that it will be better for her to stay at her day camp than to be in the car with us for a six-hour drive to Vermont on Wednesday and then back again on Friday. I promise to bring her a gift, to call her both evenings, and to take Zach with us to pick her up at camp on Friday. Molly seems a little anxious, but she's excited about the prospect of two "sleepovers" with her friend Julia. We select two sets of shorts and tops, underwear, a book, a nightgown, and toothbrush. She also takes Lucky, the stuffed animal she gave me for Mother's Day. I have a predictably hard time sending her off on Wednesday morning. Even this simple separation tugs at me. She has had to be away from me too much. I tell myself that I'll make up for this when I have more energy.

We leave on Wednesday after I finish work. It's a beautiful day, and, although it is the week between my two chemo treatments, I feel remarkably well, even with the sick feeling in my body; perhaps it's the prospect of

seeing Zach, as well as the change of scenery. Our friend Craig, the doctor, has told me that the chemicals themselves are out of my system within a few days, so what remains for weeks, the “chemo” feeling, is my body reacting to the effects of the therapy: cells dying, some of them maybe cancerous.

David and I drive for an enjoyable two hours. We talk about the kids and try to imagine Zach after a month of independence and physical activity. Our nephews and niece always returned from sleep-away camp inches taller, healthy, strong, and more mature. We’ve memorized Zach’s letters. In the early ones he listed athletic activities but mentioned no people. I kept writing back and asking if anyone else was at camp with him. He told me to lay off. We stop for a picnic at the side of the road. David shopped at Zabar’s for salads, bread, cheese, juice, and seltzer. He also brought along a lovely tablecloth, an unprecedented act that I recognize as an expression of love. For twenty years he has been oblivious to the nuances of a meal, the ceremony of eating. I am not. He did this just for me and it gives me untold pleasure.

We drive on and stop for a lovely visit with one of David’s former professors and his wife, who spend summers in Vermont. When I was recovering from Hodgkin’s disease, they arranged jobs for us as caretakers of a summer camp now used by the Marlboro Music Festival. In exchange for rolling the tennis courts and closing the gates, we had the run of an old house with a big porch overlooking a pristine lake and surrounded by pine trees.

It was in Vermont that I discovered my hearing loss. I answered the phone and could hear nothing, although I

learned later that my friend could hear me so the connection was fine. I went to a specialist in Brattleboro who told me that I had no hearing in my left ear and that there was no way to tell if it would return. "You have another ear," he said. Perhaps the loss was caused by a virus, perhaps by the radiation. I remember the radiology supervisor at Peter Bent Brigham correcting the technicians who had aimed the radiation too high, near my ear. They then aimed it lower, perhaps too near my breast. Perhaps the radiation that saved my life took my hearing and my breast. Perhaps not.

David and I talk about a second summer we spent at that lake in Vermont. I was pregnant with Zach and desperate to hold on to him after my miscarriage the previous January. We rowed in a boat on the lake and talked about names for him. I was nauseated, but for a happy reason. I vomited into the lake.

Later we drive to the inn where we have reserved a room. We are the only guests of the innkeeper, an eccentric British woman who walks me through her perennial garden and sends us off to dinner down the road. The restaurant serves salad from the owner's meticulously kept vegetable garden and a wonderful meal. Much is happening among our fellow diners. A professor from Dartmouth ignores a greeting from someone who has just read his latest book. Two men in their fifties enter the dining room with well-dressed young women on their arms. The members of a large and seemingly dysfunctional family argue their way through dinner. A veritable Peyton Place. We can hardly wait to see Zach tomorrow, so after dinner we drive in the dark to get a look at his camp. David regales me with the

same boyhood camp stories I've heard a hundred times. I love all that is familiar about this day together.

After a greasy, thoroughly English breakfast the next morning, I call Marta to check on the time of my chemo appointment Friday. She tells me that I am not scheduled to have chemo this week; the switch to IV treatments means that I am now on a three-week schedule with only one treatment per cycle. This is not my understanding. She will check when Dr. Moore, now on vacation, calls in. I'm upset by this disruption of my expectations but assume that after Marta speaks to Dr. Moore she will schedule me for a Friday appointment.

We visit with the innkeeper, who's delighted that we've heard of the philosopher and theologian Emanuel Swedenborg; in this small Vermont town she meets weekly with a group of Swedenborgians to discuss his writings. When I tell her about my breast cancer, she pronounces that her mother cured herself of cancer by eating carrots.

We spend the morning in Hanover, New Hampshire, and visit the Dartmouth College library. We call the camp and arrange to pick Zach up at three o'clock. We arrive early, sit in Adirondack chairs, and watch some teenaged boys play tennis while some teenaged girls pretend to ignore them. The posted schedule indicates that Zach is swimming, but a counselor suggests that he may be in his cabin. We knock on the door and he opens it. He looks beautiful—tan, tall, strong, and rested. It's awkward for him; we look different, I in my new wig and David with shorter hair. He silently struggles to adjust to us in the presence of friends. He hugs me awkwardly. I remember

when he was six and I returned ahead of David from a ten-day trip to Hungary. Zach got off the bus from camp and fell into my arms sobbing, telling me that it was hard having me away, that he was used to Daddy taking trips but not me. God, I never want to go away from him. I never want to die and leave him.

As he gives us the tour of camp, other kids greet him matter-of-factly. He has his own world here, a world he obviously loves. He shows us the lake, the dining hall, the basketball hoops, and the archery equipment; gradually he becomes more comfortable with us. After we gather his belongings, he says a nonchalant goodbye to his friends and tolerates some gushing and hugs from his counselors. Zach talks nonstop during the four-hour drive to our weekend house, where we'll spend the night. We visit a gift shop where he buys a souvenir for Molly, nothing for himself. I love the ride with him, these precious hours filled with "philosophical" thoughts, as his counselors must have called them, delivered with boyish ardor. If I could just stay alive until he grows up, just not interrupt this natural unfolding.

We take him out for dinner and he orders politely. He jokes about my ordering red meat, acknowledging his memory of how I deal with chemo. I ask him if it was hard to get used to me in my wig. Relieved that I have asked he says, "Yeah, I almost didn't recognize you. And Dad looked weird, too." At the house he sits on the couch and reads us every letter we wrote to him at camp, letting us know by this reading how much our connection to him meant, how much he loved the letters.

In the morning I drink coffee on the porch and begin to feel afraid. Marta is still waiting to learn from Dr. Moore whether I should have chemo today. What if I were on a three-week schedule? It would mean fewer treatments and that would be a relief. But to my surprise I find myself wanting the four-week schedule, believing that more is better. It strikes me that, in my own whiney way, I am fighting for my life.

What if Dr. Moore's call to Marta is too late for treatment today and I have to wait for the treatment until Monday? Because David and Zach are leaving for their bike trip together in Iowa tomorrow, I have carefully planned the week. Molly will stay with David's parents for the weekend, while I recover. Then friends will help me manage during the week. If my treatment is delayed, I will be sick on Tuesday and Wednesday, when I planned to work and be with Molly. The prospect terrifies me. I haven't functioned much as a parent in the past three months, let alone as a nauseated parent by myself. And how will David enjoy himself if he knows I am struggling to work and take care of Molly when I'm so sick?

We pick up Molly on our drive home. Although Zach's behavior toward her is cool, he is obviously happy to see her. Molly adores him. I learn from Marta that, in fact, I was due for a treatment today. Now it's too late. She is apologetic and asks if I can come on Monday instead. I'm angry.

I hang up and fall apart. What if I can't do it? I've never worked the day after a treatment. I cannot cancel my appointments with patients. I cannot admit that I'm too

sick. I cannot give up the fragile hold I have on my normal life. I'm sobbing again. When I had Hodgkin's disease, the doctor reduced the amount of radiation I was given in each treatment because I was vomiting so much. He failed to explain that this meant extending my four-week cycle to six weeks. I had to cancel a visit to my family in Buffalo. I was devastated. So much was already out of my control that the delay felt catastrophic, as does this.

Molly and Zach work hard at consoling me. Zach says, "Don't worry, Mom. We'll figure it out." Molly simply puts her arms around me and hugs me. Although I love their nurturing, it signals to me that I, not they, better act like a parent. I take a deep breath and tell them, "I'm all right now. Let's make a plan." To everyone's relief I take charge, arranging for David's parents to pick Molly up on Sunday evening, keep her at their home on Monday, and drive her to camp Tuesday morning. She will take the bus to our apartment on Tuesday afternoon. I feel calmer in having a plan but still shaky about the week. The degree of my fragility and my lack of resilience astound me.

It's very difficult for David to leave. Although far from noble, I now try to communicate clearly that I want him to go with Zach, that the trip will be good for both of them. David has taken on my burdens so generously. Why have I made him feel as if he's abandoning me? We both know that my breakdown after hearing from Marta grew out of my fears about coping this week without him. I emphasize to him that I can rearrange a few of my Monday appointments; Dinitia will go with me on Monday for

the treatment. Betsy will bring me steak and soup for dinner on Wednesday; Keir will put Molly on the bus each morning. I will sleep in the afternoon until four o'clock when she returns.

David will try to call from Iowa, but he knows that ten thousand cyclists will be competing for phones in the small Iowa towns where they stop. He and Zach will bike 585 miles. Zach is in good physical shape; David is not. His plans to train for the trip have been curtailed by my illness. Still, he and Zach have managed some good practice rides. I feel a little envious. I purchased the first good bike in the family so that I would have an activity to share with Zach as he got older. Now it's their activity. I try to believe that next summer I will feel strong enough to cycle with them.

David and Zach leave early on Saturday, packed according to David's method of throwing a few things in a bag. I surmise that they will find themselves without underwear, but I'm learning that I cannot control everything, or much of anything for that matter. They promise to drop us a note soon. I plan to write this evening so that David will receive my letter by our anniversary on Wednesday.

Molly and I have a lovely day, in spite of the weekend's botched plans. We walk in the park and go to a movie. We visit a bookstore, where we run into my friend Arlene, who is distraught because her partner, Estelle, who also is my friend, has been diagnosed with a cancer in her lungs and bones. Arlene is clearly terrified and desperate to do something. She is in the middle of a nightmare that already sounds worse than mine.

In the children's book section, Molly spots a hardcover copy of *The Secret Garden*, packaged with a small gold key on a gold chain. I am tired and sense that this is the beginning of the end. We already have *The Secret Garden* and sometime I will find her a similar necklace, but not now, I tell her. She is furious and cries all the way out of the bookstore. I take her to Burger King as promised, and she sits across from me, scowling as she eats French fries and refuses to talk. Outside, she begins to beg for the book again, and I scream at her to cut it out. She cries but gets the point. At home I finally manage to pull myself together and calm her down. We spend a nice evening together. We crawl into my bed and we each write letters to David and Zach; then I read to her. She reminds me of *The Secret Garden* book but does so without the histrionics.

On Sunday I read the *New York Times* while Molly plays with a friend. In the evening Sophie and Alex come to pick Molly up, and we have dinner out before they leave. When we return to their car, we discover that the bag of Molly's clothes that we had placed in the trunk has been stolen. Molly is very upset, and we each try to console her with tales of having been robbed ourselves. How bizarre that we think our stories will minimize her distress over her stolen possessions. So like those cancer stories that people tell me. I spend the evening composing a book of crossword puzzles for Molly because her favorite one was stolen with her clothes. I want to make up for her loss.

Monday morning I see patients until it is time to meet Dinitia to go for my treatment. We arrive to find the waiting room filled with people who look very sick, sicker than

I have ever seen people here. Most disturbing is a young man who is obviously dying. He sits with his wife and young son. People in wheelchairs arrive and leave after their chemo.

During my treatment Dinitia distracts me with the details of her interview with a celebrity she is writing about for *New York Magazine*. We talk about her summer plans to teach at the Breadloaf Writers' Conference. If she's rattled by seeing me receive chemotherapy, she's doing a great job of disguising it. I am touched by her offers of help this week. A young, male doctor who is substituting for Dr. Moore reviews my medication schedule and writes the necessary prescriptions for Zophran and Ativan. Sometimes I'm struck by how ludicrous these names are, and I picture a committee of advertising executives at some drug company thinking them up. How about Nausinex or Vom-itrim? I miss Dr. Moore and smile at myself when I think of how strongly attached I am to this woman I hardly know. I've come to depend on her to guide me through this dangerous territory.

Tuesday I see patients, surprised that I am managing so well on the first day after a treatment, pacing myself so that I can get through to nap time. I sleep until Molly returns at four o'clock. When David calls on Wednesday, I can report that we are managing well. In fact, I feel a bit euphoric about our successful week together. David tells me that he received the "love letter" I sent to commemorate our anniversary. He is clearly touched by reading about what I feel but do not say often enough to him: how deeply grateful I am for his love and constancy; how I

could not endure this without him; how I sometimes look at him and know how terrified he is of the possibility that he will lose me, and how it breaks my heart; how I know that Molly and Zach will survive this because he is always such a loving parent.

On Thursday I take Molly to see our pediatrician because she has what looks like poison ivy near her eye. He had suggested that I watch her eye for a few more days, but because I feel so vulnerable I prefer that he look at her. He examines her eye and concludes that she has some kind of allergic reaction that should clear up on its own. He talks with me for an hour, concerned about my breast cancer and upset himself because his wife recently left him for another man. This affair completely shocked his orthodox Jewish community, he tells me. He worries about having enough time for his three children, who continue to live with him, and he struggles to understand his part in the failure of his marriage. This man has taken care of my children since Molly was born, and I have always valued his generosity. But this is the first time we have talked so intimately. The conversation is like a gift that I carry with me the rest of the day.

Molly and I find this weekend in the city less satisfying, perhaps because the beautiful weather makes us miss the country. David and Zach return on Sunday, excited and brimming with stories. I'm so glad to have them home, and I want to enjoy them and their adventures. But soon I'm crying again, as if all the feelings I managed to suppress can no longer be controlled. The week was apparently harder for me than I thought, and I regret that David comes home

to find me in this state. Why can't I show him how well I've done? Why must I always be like a needy child with him? Am I punishing him for going away?

At the end of my July cycle David and I join friends to celebrate Jerry's birthday. I have just spoken to Jan, who had a breast reduction along with her mastectomy. She tells me that her doctor, having approved the surgery for her, now says that the scar tissue interferes with his ability to examine her breasts for lumps. I listen but ignore the implications for her; I think only of myself and am off and running with my fears of a recurrence that I now imagine will remain undiscovered if I have breast reduction. I call up all the terror-inducing comments of Dr. Klauber: If the cancerous process was taking place in my left breast, why not in my right? Even if a biopsy of the right breast shows nothing, cancer could still be lurking secretly in its other tissues. I become obsessed again with the idea of a second mastectomy. I try to assure myself that, if a new cancer developed in my other breast, we would probably catch it early and I could have CMF again. But the thought of more chemo is too horrible; better to get rid of this breast now, to make this decision while this unbearable treatment is fresh in my mind. I unsettle my friends with these bizarre thoughts—as if it is normal to go to a birthday party and talk about breasts, cutting off breasts, and never forgetting that they pose a mortal danger to one's well being.