

## **Despair**

It is August 4 and I am scheduled for a liver scan, which, like the bone scan I will have next week, will provide Dr. Moore with an outline of my insides. I have thought little about these scans, assuming they are being done to establish a base-line with which future scans can be compared. Today it occurs to me that they can also be used to check for tumors and I become worried. David meets me at the radiology lab, still under construction, on East Seventy-second Street. An elevator takes us from the cavernous lobby to the basement, where the offices are located. I check in with the receptionist and wait. Many of

the people waiting are being diagnosed and are very worried. We overhear an older woman discussing her bill at the desk. The clerk knows that the woman is covered by Medicare but she must pay five hundred dollars today. The woman says she's sorry, but she doesn't have the money with her right now. I admire the grace with which she delivers this understatement.

On Friday, between sessions with patients, I find a message on my answering machine to call the secretary at the lab where I had my liver scan. When I call, he tells me that they found something suspicious on my scan and that I will need a sonogram. Without registering my hysteria, I schedule the sonogram for next Wednesday, immediately before the bone scan. In the one minute I have before my next patient arrives, I phone David at his office. Can he call Dr. Moore to get more information while I'm in my next session? He is furious that I received this information by phone from a stranger and, though trying to reassure me, he's worried.

I greet my next patient and struggle unsuccessfully to put aside my fear and concentrate on her. Rarely am I this distracted in a session but I'm terrified that the cancer has spread to my liver and that I am going to die. I try to take hold of the possibility David suggested—that the scan has picked up something insignificant that requires further tests. Luckily, my patient is talkative and I have time to compose myself. Only by an act of incredible will do I manage to focus my attention on her. As soon as she leaves, I listen to a message from David telling me that Dr. Moore is not worried about the liver scan. The doctor at the lab had called her and described what seems to be an irregular-

ity in the shape of my liver. She told him not to call me, that she would discuss it with me on Friday; she is annoyed about this unnecessary scare. Obviously the exigencies of the lab schedule prevailed.

I return the next Wednesday for a liver sonogram and a bone scan. I am now much more anxious because of the scare, and I struggle to believe that my irregularly shaped liver is of no significance. But I know that there must be other possibilities; why else would they follow up with more tests? Now attuned to the huge potential for irregularities, I imagine the multitude of odd shapes that my skeleton could take.

Although quite straightforward, the liver sonogram takes a long time. I lie on my back on a table in a dimly lit room. The technician runs a hand-held instrument over my stomach and presses it on my right side where my liver resides. She watches a screen that shows my liver, and she is far too engrossed to talk with me. This leaves me ample time to think. After twenty minutes she leaves the room, saying that she will show the pictures to the doctor and be back shortly. When she returns, she tells me that she needs to get a clearer picture. "To get a clearer picture," the familiar, dreaded words I heard after my mammogram. She moves the instrument about as if looking for something. I lie silently, too terrified to speak, yet knowing that speech is my only chance for reassurance if there is any to be had. I tell her that the need to get a clearer picture worries me and she assures me that it does not mean that there's a problem; sometimes it's just hard to get a good look. She goes out again and comes back to tell me that I can leave now.

I return to the waiting room and am soon called by the technician who will do the bone scan. She is an attractive woman, petite, with pretty dark eyes, short curly hair, and an energetic yet professional demeanor. She explains that she will inject into a vein in my arm a dye that contains a low level of radioactive particles. Then I can leave for two hours while the dye circulates throughout my body. When I return, she will do the tests. For the bone scan I will lie flat on a table, which will slide slowly back and forth so that the machine overhead can take pictures of my entire skeleton. Essentially, the machine will record the number of radioactive particles in my body; the particles will show up more strongly where there is activity in the bone—indicating cancer, arthritis, a fracture, or an infection. In other words, I think, there's a good possibility that a problem will be picked up, and nothing at this point would indicate whether it's arthritis or cancer, whether I should be terrified or not. There'll be no discomfort, and she'll play some classical music to help make the time pass quickly. She injects the dye and sends me off to lunch.

David and I discuss where to eat. We have frequented, or contaminated, two restaurants in this neighborhood already. In the early weeks of my breast cancer, when I was often quite shaken, we went to a comfortable Italian restaurant with red checkered tablecloths and good bread. We sat and tried to absorb information from the early visits to Dr. Cody. David talked about his relief that I had had a mammogram and the lump had been found so early; I felt no relief and only imagined the treatment. My attempts to envision a time when I might go to a restaurant and feel

normal failed. I only imagined feeling profound separate-ness and sadness forever.

Today we choose the other restaurant, Cafe Greco, because it has a lunch special. It is a large restaurant on three levels, each filled with small tables with white tablecloths and lovely bouquets of flowers. Seated at the surrounding tables are older women, some whose hair has a blue cast, some whose face lifts and coiffured hair, instead of hiding their age, make them look as if they're wearing masks of their younger selves. I admire their liveliness as they lunch with friends. I am envious of them even in their advanced age, ignoring that the possibility of impending death must often cross their minds, too.

When we return for the scan, we notice a young woman in her midtwenties being consoled by her boyfriend. It is apparent that she has just heard some bad news. They remind us of our selves and the pain we endured in hearing my first diagnosis. They seem too young to deal with a medical crisis. How will they preserve their relationship? We barely managed. We joke now that cancer kept us together, that were it not for guilt David would have left. But it took years for our relationship to recover. And how will they pay the bills? My insurance did not cover all my medical bills for Hodgkin's disease. Because neither I nor my parents had the money to pay even the small amount I owed, I simply ignored the bills. One day during my radiation treatments, David answered a call from a collection agent and began screaming, "Don't you understand, this woman is sitting here with cancer? How can you harass her with bills?" The calls stopped, and

eventually the hospital wrote off the balance. But a few years later when I saw a specialist for my hearing loss, I had to pay up front to be seen. What happens now to people who cannot pay?

I also notice an older woman in her seventies whose daughter has brought her for tests. It's clear that they are trying to get through an immediate crisis, as if it's temporary. That's how I managed with Hodgkin's disease and how I manage now; and it's how I imagine people cope even at the age of ninety—by viewing each health crisis as a temporary one. At the moment I know better; I know that my future holds frequent tests, anxious intervals waiting for results, and unimagined medical problems. This is the case for everyone, David comments; sooner or later something goes wrong with these bodies of ours. But I seem to have a jump on a lot of people, I point out.

The technician finally calls me for the bone scan. My bladder must be empty for the test, so I run to the bathroom and then put on the robe she gave me, still not sure if it should be open in the back or front. I reenter the room and am asked to lie still on the table and not move my head. Having my skeleton copied is an eerie experience, like auditioning for Halloween, or for death. The scanning process is slow and, although the technician is in the room, I feel as if I'm alone. I try to imagine what Molly and Zach are doing now and to ignore the anomalies the machine overhead may be registering.

Lying under this machine reminds me of my radiation treatments for Hodgkin's disease. As I lay on that table in Boston, I was watched on a TV screen not only by the technicians outside the room, but also by the doctors, nurses,

and even patients who happened to walk by. I never really understood why they had to watch me on a monitor. Were they afraid I would run away?

My mind drifts to the discussion David and I had over lunch. He's skeptical about the extensive use of certain medical tests. They're often unnecessary, he argued, but are prescribed to help cover the costs of expensive machinery. I pointed out that this radiology lab is not part of a small hospital struggling to pay for its own machine; it's a centralized center to which many doctors at many hospitals refer patients, so there's less incentive for unnecessary tests. He moved on to the next potential problem. The nature of certain tests is that they turn up anomalies that, though not medical problems, require further testing. If an anomaly is found, the doctor must prescribe further tests to rule out disease. Great. The bone scan might turn up an anomaly and I'll need even more tests to rule out cancer. Or it might turn up a real problem, as my mammogram did. In what individual cases do you choose not to follow up?

I begin to think of the concerns that arise simply because you are someone who must be watched closely by a doctor. Not only do you enter a system that sometimes has a life of its own, you also become the victim of zealous doctors. A few years ago I had an internist who, because of my history, kept finding problems where there were none. I had a cyst on my back that needed to be lanced. Alarmed that it might be a sign of something more serious, he arranged to have a dermatologist see me that day. I spent hours in panicky isolation, baffled about what kind of cancer exhibits itself as an oozing cyst. Gina, who was living in New York then, picked up the kids after school while

David met me at the doctor's office. It was, in fact, a cyst that needed to be lanced. Some months later, before leaving with the kids for Disney World, I went to see this doctor again because I had a terrible cold that had settled in my chest. He thought my lungs sounded fine, but while examining me he felt a lump on my neck. He looked grim as he took blood for tests whose results would not be available until the next Tuesday. Another vacation ruined by anxiety, I thought; but on the plane that night, after a day of terror and endless fingering of my neck, I discovered a matching lump on the other side of my neck. Recalling David's "lump," I concluded that what the doctor discovered was probably just part of my anatomy and not cancer. I calmed down considerably, trying to enjoy Disney World with the kids, until Tuesday, when I learned that everything was normal. It was time for a new doctor.

My thoughts return to the morbid mapping of my insides. I try not to picture my skeleton, myself as a skeleton. Finally, it's over; I leave the building with giant sobs welling up inside me. What's wrong with me? It was just a test. I tell David how frightened I am that the cancer has already spread to a different place in my body. He reminds me that none of my lymph nodes were cancerous and that it's not logical to think that the cancer will be found elsewhere. As if anything about this is logical, I think.



As I approach my August chemo, I realize that, unlike the May and June cycles, I found very little relief from the



feeling of sickness after my chemo treatments in July. I have been trying in vain to note my progress with each succeeding treatment and to envision the end. In college I got through exam week by imagining vacations to follow. When I have the flu, I anticipate feeling better in a few days. But these tricks fail me now. Having undergone two-thirds of the prescribed chemotherapy, I feel no relief. When I wake in the middle of the night before a treatment, I sit for a while and look out my bedroom window; all the lights are out in the apartment building across the street. This is the time when I think my unmentionable thoughts—that if I die I want my children to move on with their lives, yet I feel sad at the thought that they will think of me only once in a while, in the form of whatever memories they have of me; that sometimes I understand what my friend who has cancer meant last week when she told me about puking in the toilet while her husband held her hair back: she wanted to say to him that she couldn't go on with this chemo anymore, but she knew that this was the one thing he could not hear.

When I speak to Dr. Moore, she informs me, to my relief, that my bone scan and liver sonogram are normal. I tell her how tormented I continue to be by the question of a second mastectomy, particularly as I try to decide whether to have my other breast reduced. I reason that it would be efficient to simply have another mastectomy at the time of my second implant surgery in December but that I need to decide soon. She suggests that, rather than decide now, I proceed with the reduction of my right breast in December. The reduction will yield a good sample of tissue to examine; if it's clean, I might feel safer about not having a

mastectomy; if there's a problem, I can proceed accordingly. She calms me, as always, by being utterly reasonable and offering me a way out of my rigid conceptualization of a problem. I have wanted to share responsibility for this decision, and she lets me.

After my second chemo in August, I begin a two-week vacation in the country. Although I expect to be sick for a few days, I in fact feel good enough to be out of bed. I spend time sitting on the deck, reading and talking with the kids. I am almost ecstatic at the thought that life might feel normal again, sometime. I even cook. People stop by. I'd like to forego wearing my wig, but there are many kids coming and going and I don't want to embarrass Zach and Molly. Lately it's been harder on them, as David gently pointed out, to see me without my wig, because I've lost most of my hair. I've left the remaining strands long. They look ridiculous and I should probably cut them, but I don't, perhaps as a pathetic last stand against complete baldness.

This first Sunday of my vacation I open the *New York Times* to find on the front cover of the magazine section a photographic self-portrait taken after her mastectomy by the artist and political activist Matuschka. She is covered by a thin veil and looks anorectic and deathlike. Although I know she is making a statement, I cannot get beyond my feeling of shock to decipher the meaning of this photograph. Why must she depict this mastectomy as so horrific? Is this the only way to communicate the havoc that breast cancer wreaks on women's bodies? I think of photos I've recently seen of women after their mastectomies. I found them comforting in their ordinariness; they are still the same women, not apparitions of their former selves.

David points out that my critical judgment seems to be at an all-time low; art is not supposed to simply record life but to comment on it. "It's easy for you to say," I respond. "All your friends are not thinking of you as they gaze at this photo over their morning coffee."

We need soil to fill in the area surrounding the deck we built last year. We can purchase two yards for one hundred dollars or ten yards for two hundred dollars. I know that I cannot shovel much now, but I order the larger quantity anyway, thinking of it as an investment in a future time when I will be strong again. David forgoes his usual resistance to a project and agrees enthusiastically, encouraged by the prospect of my eventually returning to my former self.

I do find the energy to make a shade bed for plants near the deck. Zach, who generally procrastinates with chores, works surprisingly hard with me. Because I am trying to be careful with my left arm to prevent it from filling up with fluid, as can happen after the removal of lymph nodes, he shovels and carries the soil and peat moss. He is solicitous of me, perhaps sensing how fragile I feel and knowing what a good sign it is that I'm active at all. We plant the hostas given me by a friend and we transplant some native ferns from the brook. As inexperienced gardeners, we have no idea whether the transplantation will work, but we proceed eagerly. Zach carefully cradles the ferns he has dug up, places them in their holes, and, becoming more confident, transplants some day lilies. I cover the bed with pine mulch and he edges it with rocks he has gathered from the woods. We both feel exhilarated and proud of our efforts, and we luxuriate in David and Molly's praise.

We have ordered tickets to a Beach Boys concert at the Saratoga Center for the Performing Arts, knowing that the kids will recognize the songs from listening to tapes in the car. I'm not feeling great and am worried that this attempt at normalcy will backfire. As we drive to Saratoga, I look forward to a good meal but adjust my expectations to Pizza Hut. Before the concert we walk about the grounds filled with people buying food at refreshment stands or playing Frisbee on the lawn. Other people stroll arm in arm, and I feel a pang of longing for the kind of easy way they share their bodies. I feel so battered. At best, I ignore my body, which isn't hard, given that I live so much in my mind lately, trying to keep my rampaging thoughts under control. I am in my separate world tonight, desolate again, with sickness as my closest companion, offering me only negativity. I take Molly to the ladies' room, where she washes up and masters the hand-drying machines. In the mirror I catch a glimpse of myself in my wig, looking worn and tired. Cancer comes with me even on vacation.

As we move toward the auditorium, I realize that I cannot sit for hours without drinking fluids, so I get a cup of water. When we give our tickets to the usher at the entrance, she tells me that drinks are not allowed. I politely explain that I am sick and need to drink a lot of water. She looks me directly in the eye and says, "If you're sick, why didn't you stay home in bed?"

I feel myself crumble and leave the auditorium. David puts his arm around me, knowing that I am close to falling apart. He is furious at this woman's coldness, and the children are upset, too. Molly hugs me and says, "Don't cry, Mommy," and Zach takes up my cause: "She shouldn't tell

sick people they can't come in." Finally I compose myself to go back in, without the water. I look past the usher as we head for our seats. David stops to speak to her, while the other ushers listen. He explains, quite angrily, that I am undergoing chemotherapy for cancer and that, although I need water, I don't need to be in bed. She should think more carefully about what she says to people. I'm surprised by this uncharacteristically aggressive action of his and by his satisfaction with it. I sit, tired and thirsty, but comforted and protected by the righteous indignation of my little family.

The Beach Boys enter the stage, looking like Miami Beach retirees. Perhaps afraid that they can no longer hold an audience by themselves, they surround themselves with young female dancers dressed in scant bikinis. Usually I would find this spectacle simply ludicrous, but tonight I find it offensive. These women are showing off their legs and breasts in order to titillate an audience that might otherwise feel ripped off. Am I voicing a good feminist critique or simply being prudish? Perhaps I'm just envious. The glorification of these ideal, young female bodies makes my loss of a breast that much harder to bear.



It is the first week of September, and I return from vacation to resume work and start cycle five of chemotherapy. I feel depressed and discouraged that I'm not done with these treatments, jolted back from the more normal life I had on vacation. I'm glad to see my patients again,

and I learn that a number of them reacted more strongly to my cancer during this vacation than they had earlier, perhaps because my absence made their fear of losing me more palpable. My work with them brings me right back to the heart of the matter: they would miss me if I died.

The chemo treatment goes along as usual. This time I speak to a few women in the waiting room; one woman, who has come for a follow-up appointment with Dr. Moore, looks great and generously offers me encouragement. I cannot believe that I will ever feel or look well again. Another woman, who is a little older than I but at an earlier point in her chemo, talks about her anxieties about gaining weight and losing her hair. I commiserate with her while David watches. He later teases me about how self-assured I appear to others; he, of course, knows otherwise. He comes home every day to find me depressed, sick, worn down, angry. Before now David had never experienced real depression. He does now. He tells me how hard it is to get out of bed, how sometimes nothing seems to have meaning, how trapped in misery he feels. I know that, like me, he is finding it harder to envision a different life, our normal life. In fact, this has come to feel like normal life, and we strain to hold on to some sense that it will ever be different. Although I am familiar with the routine of chemotherapy treatments, the experience has become no easier, because the nausea no longer diminishes a few days after treatment. I never actually vomit, so it's hard for me to accept that I feel this miserable, just from nausea. But the sick feeling continues throughout the month, and my emotional reserves are completely depleted.

I tell Dr. Moore that I'm tired of hearing about breast cancer as a chronic disease. I understand that this formulation encourages patients to pay attention to their diets, to be responsible about checkups, and to take good care of themselves. But I may very well be free of breast cancer. And, if I'm not, what good does viewing myself as having a chronic disease do? Why should I tell myself that I will have this disease forever? She's sympathetic and assures me that my Hodgkin's disease was an acute episode, as is this breast cancer. The treatments will end, and I will return to ordinary life. I know she has given me another of those gifts, a new way of conceptualizing this illness. There are no guarantees that this cancer will not recur, but this episode will probably be the end of it, and she gives me permission to leave it behind me if I can.



During September the nausea is worse than ever. Each day merges into the next in a kind of grayness. Because of an asbestos crisis the opening of the public schools is delayed for two weeks. Yet even this unscheduled complication seems of little consequence. The events of daily life take on no particular shape. Somehow I do what must be done. I arrange for ballet, violin, and piano lessons, for play dates to fill up the two weeks. Most of the burden falls on David, who cannot handle much more. He becomes quieter as I become needier. I am worn out beyond belief.

It remains uncannily true, however, that I pull myself together to see patients. Although my wig is always a

reminder of my chemotherapy, some of my patients never mention the chemo, some always begin by asking how I am doing, some are surprised to realize that they've stopped thinking about it very much. My stance with my patients is that I'm managing well, which seems to be true when I'm working. I'm basically the same person I was before and I work with them in the same way.

More and more each patient's idiosyncratic reactions to my breast cancer unfold. One woman feels that, now that I've had surgery, I can understand the feeling she lives with all the time, though for no physical reason—that her body is damaged, that there is something wrong with her. Patients who have had surgery themselves recall in detail its effect on their lives, including their helplessness and vulnerability. One woman is preoccupied with the fear that, if I die, no one will inform her of my death. A number have dreams about their hair falling out. One man struggles with his discomfort in knowing something so personal about me; another wishes that he could protect me and has trouble depending on me. When any of my patients hear of someone dying of breast cancer their fears about me return.

Still, I realize that it's hard for my patients to talk about themselves, knowing my situation, and I sometimes wonder if it's fair to them that I continue to work. Although they talk to me about their interactions with me and with the people in their lives, and about their dreams, my illness is always in the background, a threat to the continuation of their relationship with me. I worry that I sometimes insist too vigorously that they believe I will be fine. Perhaps their worries, on top of mine and my family's, are at times too much to bear.



On Tuesday, September 14, I see Dr. Breckman for my final weekly appointment to inflate the expander. Just as Dr. Cody predicted, the expander has a kind of bionic appearance and protrudes directly outward from my body. Dr. Breckman notices that it has expanded more on the side under my arm than is desirable. I appreciate his articulating this peculiarity. Something had looked awry, but I couldn't determine what was wrong. He will try to make an adjustment in surgery.

We review the plans for my December surgery. Because it will have been eight months since my last surgery, I will need to have an electrocardiogram and blood tests again, but not a chest x-ray. In addition to having him insert the permanent implant, I have finally decided to have him do a breast reduction on the right side, ostensibly to get a good sample of tissue to be examined at the lab but perhaps to have matching breasts. He asks me again about the size of the permanent implant I want. I try, as often before, to engage him in a discussion about how large these breasts will end up being, but with no better success.

I leave his office having no scheduled appointment for a few months, and I'm struck by the fact that in thirteen appointments he's never asked me how I am doing, no matter how green I appear or how crooked my wig is. I must remember that this is a doctor who chose a specialty in which people would not be sick and die. He doesn't want to know.

I plan a weekend away with David and the kids so that we'll have something to look forward to after my two September treatments. I reserve a room in a motel near Sag Harbor on Long Island for the weekend of September 24.

The September cycle seems endless. I feel terrible most of the time; my system must be either saturated with noxious chemicals or so worn down that each treatment is harder to take. I drink more water than ever and switch from butter-scotch to peppermint Lifesavers. I'm probably due for some time with my dentist, but I can't deal with that now. Lifesavers aren't great for the teeth, and my gums have been too sore to floss. I cry even more frequently than before. People try in vain to cheer me with the thought that chemotherapy will soon be over.

Our daily routine has become truly horrible. Each afternoon I make a useless vow to be better natured. When Molly and Zach return from school, I manage to prepare a snack and inquire about their day; but, at the first sign of bickering, complaining, or nagging, I scream at them. When David is at home, I make myself scarce to protect the children from my wrath; but then I think of my patients whose depressed mothers stayed in their rooms, leaving their children feeling abandoned and angry, and I worry. Although I am conscious of how much I love David, I communicate nothing but rage. I greet him with my litany of complaints; I show no interest in his day; I am angry at him for everything. He does the shopping, but the bananas are too big, not ripe, too ripe. He bought too much lettuce and not enough milk; he forgot to call his parents. David is afraid to speak for fear of saying something that will set me off. I feel abandoned, and then I am furious at him for withdrawing.

He begins to fight back and to argue with me. At one level, I'm glad that he's not allowing me to demolish him, but I'm also hurt—underneath my rage is my desperate

need for him, fueled now by his anger and withdrawal. I feel myself unraveling completely. The children are caught up in our nightmare. We snap at them. They snap at us and at each other. We have no patience. We spend little time with them except to issue orders. Zach slams his door. Molly stomps off in a huff and throws herself on the bed crying. We are a family out of control.

I search for books written by women with breast cancer, but I find few descriptions that fit my experience. I resent reading glib, cute stories about cancer not being so bad, and I hate hearing that cancer has made someone a better person. It's only making me a worse person.

My friend Estelle continues to undergo elaborate tests to determine the source of the very aggressive cancer in her chest and bones. Her doctors have begun chemo, using drugs targeted for either breast or lung cancer. The prognosis does not sound good. Yet, when we talk, she generously expresses interest in me. Each time we converse, I realize that a cancer that has metastasized could be my fate too. On the nights after we talk, I'm in turmoil. No matter how calm I may be while talking to Estelle, my sleep is filled with nightmares about dying.

The same is true for me with Laurie as she undergoes a bone marrow transplant and teeters again and again on the brink of death. I am part of the circle of friends who stand watchfully at her bedside, some literally and others, like me, only figuratively. I hear about the infections, the weakness, and the delirium. I feel too fragile to see Laurie or Estelle in a gaunt, bald, and weak state, to see in them my own worst fears, so I do not visit them in the hospital. I feel like a coward for avoiding them in the way some

people avoided me. Yet I so readily identify with them that I would be overwhelmed if I saw them, and I need to protect myself in order to finish these treatments.

On the second Friday with no chemo appointment, David and I visit a public school that we are considering for Zach for grades seven and eight. We have to make a decision soon, but the task of looking at middle schools and sorting out our options seems monumental. We can worry but we cannot act. Clearly, our anxiety about schools is disproportionate to the situation. We are not rational parents trying to make a wise decision, but two traumatized parents who consider the world a very dangerous place from which our children need to be protected. We want a school that will take care of everything we cannot handle: one that will motivate Zach to do his homework and love math, science, and literature; that will keep him engaged after school in music and sports; that will shelter and protect him from the world. Although we are strong believers in public school, we discuss private school as well, desperate to find some place that will take over for us. And this school, which cannot possibly exist, must be found by the two of us, who cannot possibly search for it.

When we visit the school, we are excited by the excellence of the teachers: we sit in on a science class taught by Mr. Neiderman, who is wonderfully energetic and smart. The students are studying the structure of the atom, jumping out of their seats with questions and answers. In a social studies class, a wonderful young teacher, Ms. Ajami, discusses the plague as a way to understand the breakdown of feudal society. We talk with the principal about the goals of the school and about safety, given the known drug prob-

lems in the neighborhood. We set up an interview for Zach. As we leave the building, we encounter some boys from another school that is housed within the same building. They are on the verge of a fight, and the situation seems very volatile. Normally, we would talk to the principal to clarify the relation between the two schools. But nothing is normal now, and we simply become afraid.

As David and I talk, I begin to understand how much he has identified with Zach as a child whose mother is sick. After all, a few years after David's mother died, David was having trouble in second grade. He claims that, when he called his teacher, Mrs. Cush, "Mrs. Pincushion," she told him never to speak again in class, so he stopped participating. I imagine the situation was more complicated than David remembers but, when Alex married Sophie, they moved David from a public school to the private school where Sophie was a teacher. David felt protected and loved in his new school. It's hard for David to realize that Zach is not as young or fragile as he was when his mother died; and I have not died yet. Zach is flourishing in the public school he attends now and is resistant to the idea of going to private school. David is struggling with his own vulnerability.

The week before my final chemo cycle we take our trip to Sag Harbor for two nights. On Friday evening we order pizza for the kids and David and I go down the road for a seafood dinner. I actually feel some excitement at the prospect of chemo ending; David and I talk as if we will have a future, planning Thanksgiving and Christmas. In the morning I wake early and walk into town to buy the newspaper, juice, coffee, and muffins. I like being up

before David and doing something for him for a change. After eating breakfast, we find a rocky beach on which to walk and skip stones. As I watch David and the children playing with each other, healthy and lively, I feel sad and quickly become distraught. The scene tears me apart. David comes over to me and we walk. I cannot explain my upset but am concerned that it's another day on which I won't protect the kids from my fears.

While David and Molly go off to play, Zach sits near me on a big rock. He asks how I am feeling and wants to know some things about my childhood. The tenderness with which he attempts to make intimate conversation is touching, and I begin to feel better. Then Molly and I gather pebbles for her collection, filling up the car with our bounty. I laugh at how, like me, she is comforted by having as her own these concrete, beautiful objects.



When my study group meets in October, Laurie is still at Sloan-Kettering. We have given up the pretense of discussing cases or professional literature and are now functioning as a support group for those of us who have cancer. This time, the other members of the group encourage me to talk, and I become clear about the ways in which I am maintaining a distance from my family, for fear of feeling how deeply attached to them I am, lest I lose them. Each of us in this group has struggled with illness and death. How do we choose to stay alive, knowing there is death? We each have our ways of managing, but none of us really

knows the answer. The best we can do is lend each other support.

To my last treatment I bring flowers and try to express my gratitude to Marta and Dr. Moore, but I feel too sick. Marta introduces me to another woman who is also finishing chemo today. She nearly quit in the middle but was persuaded to finish. She looks as if she's been through hell and feels even less relief than I that chemo will soon be ended—too exhausted to care, I'm sure. Even here, in public, she cannot hide her rage and bitterness; she's suffered too much.