

The Journey Back

It's been two and a half weeks since my last chemo, but I feel no better. I almost cancel today's date with a friend who has wanted to take me out for lunch. She's not always the most understanding person, but I decide to go anyway in an attempt to propel myself back into ordinary life.

We meet in SoHo in a small, quiet restaurant, and I immediately begin to talk about myself. I'm feeling very needy and a bit out of control of my feelings. My friend tells me about the old people she works with as a visiting nurse, and how much harder it must be to be sick if you are elderly,

because then you really know that you are going to die. Doesn't she know that I also feel I'm dying? And I have young children. She rambles on, and I sense my rage building. I try to explain the sense of mortality I live with, but she tells me that I sound like her depressed mother. I'm stunned by her insensitivity and cut the lunch short to go home. I call Bonnie, who says many kind things to me: Of course I'm depressed; I have been through so much; it will take time to get back to normal. But I feel deeply disturbed all day: my lunch friend has confirmed what I'd begun to suspect—that the statute of limitations has run out for me. No more displays of distress allowed.

I have a terrible night. My dreams are filled with barely disguised replays of my lunch conversation. This is the part of cancer I loathe the most. I hate that I am so worn down that I can't even fake being good natured, that I am so demoralized that the slightest hurt reverberates for days. I have no sense of humor; nothing rolls off my back. I am no fun to be with. Others don't want to be with sick people, unless they are noble, long suffering, and silent about their illnesses.

I wonder why I am still so upset now that the chemo is over, why I am not getting on with life and the future. Perhaps the fact that this is my second cancer accounts for my anxiety. I could believe myself cured once, but twice? Perhaps it's that I believe it's only a matter of time before cancer reappears. Or perhaps everyone feels this way after such an ordeal, and cancer is simply not over when it's over.

I also realize that, although the diagnosis, the early decisions, and the treatments were horrendous, I was not as tired as I am now. My body has been cut up, poisoned, and

parts killed off; my psyche has been assaulted. The difference between the beginning and the end of chemo is like that between a soldier going to war, brave and committed, and returning, beaten down by the horrors suffered.



It's October 25 and I have an appointment with Dr. Cody. While I wait, I get on the scale. It reads 138. I strain to understand what this means; the numbers do not register. I normally weigh 113 pounds. At first I can't seem to subtract the numbers; it's too upsetting. How could I, who am vigilant about my weight, have gained 25 pounds, as much I did with each pregnancy, without being aware of it? As I begin to absorb the reality of these numbers, I have to admit that I'm rounder at the middle and that my skirts have been too tight.

During my exam, I ask Dr. Cody if there is any problem in examining a breast after reduction. He doesn't generally recommend breast reduction, he replies, but he concurs with Dr. Moore's reasoning that a reduction affords a way to look at the tissue in the second breast. The procedure should not interfere with his examining that breast for lumps. Only after I leave do I realize my confusion. What did he mean when he said that he does not generally recommend breast reduction? Why did he send me to a plastic surgeon who acts as if breast reduction is almost a given? Then again, what plastic surgeon wouldn't recommend plastic surgery? I was not exactly thinking critically at the time of my decision.

Many people have reconstructive breast surgery, I know, but I increasingly wonder why. This decision has always seemed strange to me—having this foreign object, this balloon, inserted into my body so that I can pretend to have a breast. People report feeling better about themselves afterward, and I reasoned that I would feel more comfortable wearing a T-shirt or bathrobe in front of the kids. But I see now that I would have grown comfortable with my body even without reconstruction. Still, I've made my decision and I'll live with it. I try to console myself with the advantage of having the tissue in my second breast analyzed. At least this rationale is better than my wish to make my breasts match.

When David calls about coverage, the insurance company approves the implant surgery but not the reduction on the other breast. What does this mean? Are all women who decide on breast reduction, so commonly recommended by plastic surgeons, paying for it themselves? Is the insurance company confirming my own belief, that this surgery is unnecessary except for reasons of vanity? Then again, shouldn't one be entitled to a little vanity at this point? David nevertheless convinces the insurance company that the purpose of the breast reduction is simply to avoid a second mastectomy. Surprisingly, they accept this cost-cutting argument, and I am free to proceed with cutting up my other breast.

As I contemplate surgery, I reason that, if Dr. Breckman reduces my present breast to a size B and I then manage to lose twenty-five pounds, my size-B breast will shrink to a size A, and I will certainly not have a matching

pair. David has no idea what I'm talking about, or, rather, he thinks I'm crazy and so makes no attempt to follow my reasoning. I try my logic on a few friends, who become extremely uncomfortable about the way that I am discussing the dissection of my breast. I finally speak to Laura, who listens carefully and says, "Of course, I see what you mean. You need to lose the weight before surgery if you can." I exercise, eat well, avoid fat and find that I lose fifteen pounds easily.



It's a crisp November morning and David, Zach, Molly, and I get dressed for the bar mitzvah of Jan's younger son, Jake. I love events that mark the next generation's maturation and call on them to present themselves as principled, thoughtful people. It's been a month since my final chemotherapy treatment, and I feel much healthier now, though any tiredness ushers in the familiar, sick, chemo feeling. I seem especially conscious of my breast this morning as I dress in a black suit that fits more snugly than it had. Zach wears a suit that I bought for him last week. At the time, I was proud of our purchase, but I see now that he looks as if he's wearing his father's suit. I wish he looked better so that I could feel that I had done better.

We arrive in Brooklyn early and find a diner to have breakfast together. Molly dances all the way because she's wearing a good dress. At the synagogue, we are greeted by Fred, who tells me how great my hair looks and then

begins to backpedal when he realizes that it's a wig. I enjoy the service and note that the period of my breast cancer treatment has been bounded at each end by a bar mitzvah.

I watch Jan all day, knowing what this event means to her. It's been three years since her mastectomy and chemo. She has moved on to other concerns, though I know she does not take her presence here for granted. Her sisters have come, one whose husband recently died because of an undetected medical problem. Her father lost his wife a few months ago. Both he and Jan's sister are in new relationships. This family is a testament to survival. At the reception Zach works hard at looking relaxed, and Molly finds some girls with whom to giggle and dance. Jake has a great time with his many energetic thirteen-year-old friends.

I ask Jan to introduce me to her friend who has breast cancer and will begin chemotherapy with Dr. Moore next week. This is not the first time I'm drawn, in the midst of a party, to someone with whom I can discuss cancer. A strange impulse, I think. I once spent an hour at a family reunion discussing with my cousin's daughter her treatment for Hodgkin's disease. Jan's friend is a tall, attractive woman with thick, curly, blond hair; she tells me about her recent surgery and her difficulties in dealing with this cancer as a single woman.

I would like to help her, but she seems to have worked everything out already. She will begin chemotherapy while finishing her radiation treatments. She plans to work throughout and not be sick. I envy her confidence, recalling that, at her stage, I was much more pessimistic about my ability to cope. I try at least to offer her my now familiar advice about wigs, but she is not interested. She's al-

ready spoken to her hairdresser, who promises to make her a wig from her own hair if she saves it. Even in this respect, she seems more competent than I: if she must wear a wig, it will be of her own hair, not an artificial one like mine. I picture myself trying to collect the fallen strands of my hair from my pillow, the back of the couch, and the bathtub. Although the picture is ludicrous, her determination is admirable.

I am reminded of another woman whom I met in Dr. Moore's waiting room. She was so anxious about looking at wigs that I offered to accompany her. We went to Bits & Pieces, where she tried on a wig exactly like mine except in a darker color. She hated it. She said that she looked just like her mother, which was a bad thing, I gathered. She went on and on, describing why she could never wear it, while I sat there wearing a replica of the very wig upon which she was heaping her disgust. She left with fortified determination to keep her hair from falling out. I admire the refusal to accept this final humiliation. But I am hurt and angered by the indifference of these women to my feelings and by their presumption that, through an act of will, they can avoid what I couldn't.

I have been of no help to either woman, but I'm not sure why. At the time of my radiation treatments, Dr. Rosenthal asked me to visit a young woman who had been diagnosed with first-stage Hodgkin's disease. My visit seemed only to upset her; I represented her worst fear, and she didn't want to hear what she wasn't ready to face. Nor did Jan's friend want to hear a version of the experience that differed from the one she planned. And perhaps she was right in a way. She needed to preserve a sense of

control and wait for her own experience to unfold; she could not worry about my feelings when she needed all her energy to survive.

Still, it's profoundly disappointing to have such difficulty in relating to other women who are being treated for breast cancer. I expected a closeness, at least a bond of fellow misery, but cancer does not guarantee a friendship any more than being a mother guarantees that one will get along with every woman at the playground. Perhaps the emotional devastation leaves one unable to take advantage of the chances for closeness. We are all too needy to attend to each other; it's a feat simply to keep ourselves going.

Each woman takes her pain in small doses, when she is ready. The doctors know this when they assure us that we'll be fine in surgery or on chemo. They let us discover what happens. And each person does react differently: one woman finds the idea of a wig intolerable but seems unworried about a recurrence; another thinks nothing of the wig but rails against the fatigue; still another accepts the nausea but hates the depression.



I go to see Dr. Breckman on November 16 for a pre-surgery visit. His nurse, the one who plays golf with him, is more authoritative than chatty this time. She examines me thoroughly, takes my pulse and my blood pressure, and listens to my lungs. She tells me how pleased I will be with the results of the surgery. I should not wear an underwire

bra, exercise my arms, or lift anything for six weeks after the operation.

Dr. Breckman comes in. I've actually grown to like him. He's sorry that he could not do the surgery on the Wednesday before Thanksgiving, as I had requested, so that I would miss less work. The surgery now is scheduled for Wednesday, December 1. He looks briefly at my breasts, shows me where the incisions will be, and explains that he has devised a new way to cut so as to leave one less scar. I point out that the implant never expanded fully on the inside area of my breast. If he could move it in a bit, my breasts would be more symmetrical and I could have some cleavage. He'll try, but he thinks the radiation treatments have made the skin there less elastic. We also discuss my nipple. Because of the reduction, my nipple will no longer be in the center of my breast, so he would like to move it. This is too horrible to imagine. The notion of cutting off my nipple and sewing it back on somewhere else is grotesque, and to do so would be wrong, I think; agreeing to it seems like self-mutilation. But I can't leave it off center either, so I agree. I will probably lose sensation in that nipple, he tells me. Because sex is the farthest thing from my mind, I don't object. But there will be another loss to mourn.

Will the permanent implant be hard and appear stuck on my chest like the temporary one? I have chosen a size B implant, not a C, like my real breast size, because my frame is small and I am short waisted. Because the temporary implant feels big, I sense that a C would be too large. I don't need a giant breast sticking straight out. The nurse

thinks that the implants have arrived, he says, but he'll call the hospital to double check. Dr. Breckman tells me that he was once in surgery when an implant broke and there was no extra on hand. He had to use a slightly different one, and the patient was so angry that she called every day for a year to scream at him. Now he orders two of everything. This story does not reassure me, nor does the fact that he's taken no measurements.

It is November 17 and I'm dressing to go out with David to a reception given for friends on the publication of their book. I realize that, despite months of looking in the mirror while I adjust my wig or put on make-up, I have not really looked at myself. I close the door of the bathroom off our bedroom, and I look hard at my reflection in the mirror. I see my mostly bald head, my many scars, and my breast in all its inflexible roundness. I look tired, old, mutilated. I try to absorb the reality of what my body is like now, and I feel, at this remove from treatment, not just the humiliation but some deep sadness about all that I have suffered. Yet I also feel that I can accept this body, even love this body that has been hurt so much, as I would love any wounded creature. And I know that when my hair grows back and I get stronger, I will give little thought to these battle scars.

Before we leave, my mother calls and talks about the weather, so I know something is wrong. Finally, she says, "Do you remember the mole on Chris's leg that she had biopsied last week?" I feel the bottom falling out of my world again. Of course I remember that mole, and I am flooded with all the fear I had glimpsed but not allowed

myself to feel when Chris mentioned it. My mother tells me that it is a melanoma, a malignant skin cancer. The doctor will remove more tissue from the area surrounding the mole; he's optimistic that this measure will take care of it. She tries to reassure me, but I hear the worry in her voice. How much can she take?

The news stuns David, who keeps repeating that this is unbelievable, that Chris already has had too much to bear. The one person I know who had melanoma died very quickly. Chris herself is remarkably calm when I call her. There's no sense getting upset yet, she claims. She's already read extensively on the subject and knows that radiation and chemotherapy are possibilities, though maybe not for her because of her previous medical problems. We talk intimately, so similar in our problems yet so different in our ways of coping. I tend to home in on the worst possibilities and work them over and over in my mind. She, after an initial fit of rage, a few plates thrown against the wall, tries not to think about possible horrors to come. We are again having surgery the same week. When I had my mastectomy last April, she had a hernia operation. Jim jokes in the background about taking back the trophy from David for most long-suffering and heroic son-in-law.

On Friday, David and I are looking forward to a weekend alone, a gift from David's parents, who are eager to be with Zach and Molly. While David takes them to New Jersey, I keep the appointment that I scheduled with Dr. Moore. It becomes clear that I was mistaken about the need for this visit before the surgery, but I'm glad to see her anyway. I tell her about Chris. She assures me that my sister

is likely to be fine, as is her sister who had a melanoma last year. We talk about our families, and I tell her that I'm the oldest of six and that I went to a Catholic girls' high school in Buffalo, to a Jesuit college, and then to graduate school at Harvard. She also is the oldest, and she grew up in New Jersey, where she attended a local Catholic high school, and then went to Smith. She was invited back to her high school a few years ago to give the commencement address in which she talked about the accomplishments of the other women in her class. She'll send me a copy. Of course this woman would not talk about her own accomplishments but would honor other women. She speaks with the utmost respect about women with breast cancer, who are able to manage the disease alongside the demands of jobs and families. I love the fact that she, whom I presumed to be an upper-class Protestant, turns out to be a Catholic-school graduate like me. I have finally found a woman with a background like mine who is a professional in New York. A role model. I guess it's never too late, and I chuckle when I think that she does look like my mother. As I prepare to leave, we return to business. She'll call the lab on the morning of my surgery to make sure that the tissue taken from my right breast is tested. She will see me again in three months.

I'm amused at the great pleasure I derive from this brief exchange. As a psychotherapist, I am careful about sharing personal information with my patients, so as to interfere as little as possible with the projections that they bring to their experience of me. But learning about Dr. Moore's life does not interfere with my projections. I cull from the information what I need to compose my particu-

lar picture of her. If reality contradicts that picture, I simply ignore it.

I meet David at the Paris Theatre to see *Remains of the Day*, having with me the tickets I bought before my appointment. The line extends down the block. David is near the end of it and worried that I will be late. I relate the details of my visit. He's clearly delighted that I'm in such a good mood.

We settle ourselves in front-row, balcony seats. Underneath my excitement about the weekend, I note a substratum of tiredness. When the movie begins, I become caught up by shots of the beautiful English countryside. Luckily for David, there's also a subplot about the Nazis. After the movie we walk over to a small French restaurant on West Sixty-eighth Street called La Boîte-en-Bois. We're seated at a tiny table, very close to other tables on each side. The room is overheated, and I feel claustrophobic. My rising desire to be home in bed collides with my wish to have a nice weekend with David. In other times, I would have loved the intimacy of this restaurant, but tonight I feel the room pressing in on me. I'm vaguely aware that I'm searching for someone to hate. We're headed for disaster, and David knows it. If I'm finding fault with everything around me, he's next.

This past week when I was trying to talk to David about some worry of mine, he told me that he was sorry but he couldn't handle hearing any more, that it took all his energy to maintain a semblance of normalcy for the kids. His exhaustion was written on his face and his depression in the way he carried himself. I vowed to pull myself together.

But I'm sitting here at dinner and failing already, unable to rise above my inner turmoil, hating myself for failing, yet convinced that it's David who views this as a failure. He's a character in my drama without having auditioned for the part. I want to scream at him, Why did you bring me here and why do you expect me to act normal? But I know that these are crazy thoughts, that this dinner plan was mine, as is the expectation that I act in a normal manner. Instead, I play out my inner battle: "I'm sorry I'm being so impossible. Maybe we should leave." "Fine," he replies. I say, "You want to leave because you're furious at me for being such a mess." And on it goes.

Finally, we order and I begin to calm down. I enjoy the salad of greens, goat cheese, and a garlic vinaigrette. We converse a bit, and then I lapse into my private world. I should not be here, I don't feel well. I'm not ready to resume life, and I am going to spoil the weekend. Later, I repeat the drama of indecision at home, wanting to have sex but needing to sleep. I dream about my sister and wake up realizing how worried I am about her. Living under a storm cloud, I can imagine only a downpour, never a clearing.

On Saturday we sleep late and David brings me coffee. Because the day is unplanned, we need to make decisions, but even the simplest choices overwhelm me. I don't know what I want or would enjoy. I know only that something's terribly wrong and I want to feel better. David is exasperated at my expectation that he will know what I need even though I don't. We finally decide to call our friends David and Zina, who drop everything to have breakfast with us.

They offer us the warmth and caring that neither of us can offer the other, and we begin to relax. The conversation turns to schools for our children, and we're relieved to be in something resembling our old, normal life.

David and I then go to lower Manhattan to do some Christmas shopping. I tire quickly and lapse again into indecision about what to do next. We settle on a movie in the afternoon. We choose *My Last Concubine*; a movie that makes *Remains of the Day* seem like a comedy, it is a horrifying story of sadism and betrayal in China under successive governments. Just what we need. We then grab a quick dinner before heading for Madison Square Garden to see the Knicks play.

The game is clearly a mistake for me. I've barely been out in the world, and I feel assaulted by the big crowd, the loud music and announcers, and the lights. Madison Square Garden has been David's haven, a place where he has been able to be distracted over the past few months, and I am here to spoil it. I sit moodily, knowing that David's exasperation with me is mounting. Why am I so enraged now, and why at him? Why was I better able to manage gruesome treatments and months of side effects? I am subjected to an endless stream of cascading, tumultuous feelings. I want to be close yet I push David away; I love him yet I attack him. I feel distraught beyond words, and it crosses my mind that I will make myself sick. Am I falling apart because the kids are away? Because of the cancer? Because my sister might die?

I take an Ativan and sleep the kind of sleep that comes from being totally spent. On Sunday David and I slog

through my feelings of anger to find what's underneath it. I see now that I had so wanted to pull myself together, to ease his burden, that I had not admitted to myself how devastated I was by David's inability to listen to me, how abandoned I felt when he told me he'd reached his limit, how enraged and envious of his right to opt out of this misery. I realize that I've been trying to be finished with my pain prematurely, that I'm still terrified for Chris, outraged that the gods or fate or biology continue to visit their wrath on my family, nervous about my impending surgery. David assures me that he does not expect a transformation, that he knows it's not over yet. I let him hold me, finally, my lover and not my enemy. We pick Molly and Zach up early, knowing that it's time to end this weekend alone. I try to forgive myself for having ruined a good time. I'm beginning to realize that the end of chemo is not the end. It will take me a long time to heal, and I need to trust that eventually, in my own good time, I will return to normal.

We have a good drive to Buffalo for Thanksgiving. After six hours in the car, we stop at a motel and have dinner. Zach is in a particularly talkative mood. I ask him something about a girl whom I know he likes; he acts annoyed at my prying but relates the saga of his week. It seems that he had decided to ask Lisa to go out. All his friends urged him on, but he couldn't do it. He tells us how scared and nervous he felt and how determined he is to ask her out after vacation. We learn that "going out" has nothing to do with going anywhere but means being identified as a couple, what "going steady" used to mean.

I treasure this moment with him, so like our return from camp. He's a child who talks when he's on the road. He tells us that he really wanted to discuss this with us, but it felt too private. He also tells us about a girl at camp last summer who agreed to go out with him but, after thinking about it for a day, changed her mind. I silently thank him for supplying a missing piece of the puzzle of the past few months, of why he often seemed distracted and in his own world. It wasn't just my breast cancer; in addition to basketball, he had girls on his mind. Dr. Moore was right. "Your children will be fine."

The reunion with my parents is poignant yet familiar. They're clearly relieved to see me in person and looking fairly healthy. My mother comments favorably on my wig, but there's no discussion of breast cancer. We talk about the new babies and plans for the weekend. I think I now know why I was so anxious all week. I was worried that I couldn't keep myself together for my parents. I see that I don't need to act a part for them, and I can relax.

We spend Thanksgiving together at Chris's home. She and Jim have worked hard to make a beautiful meal on our behalf. My other three sisters and their families arrive, and we meet my two new nieces. It's a joy to see my sisters bask in their new motherhood. Zach and Molly are ebullient. They love coming to Buffalo where, they imagine, the entire family is always gathered together at a party, the cousins playing endlessly with each other. After dinner on Saturday we prepare to leave, all of us knowing that Chris and I each have surgery this week, mine simply for reconstruction, Chris's for the melanoma on her leg. All surgery

is complicated for her; to prevent too much bleeding during surgery, she must stop taking her blood-thinning medications, but she then runs the risk of a blood clot. As I hug her, my eyes fill with tears, but she lets me know not to open the floodgates. We laugh to keep ourselves composed.