

Ordinary Life

I expect no surprises with this operation, and I count on little interruption in my life. I will work Monday and Tuesday, then take off until the following Monday. I expect to recover as quickly as last time. Getting ready for the hospital now seems a routine. Jerry will take Zach and Molly to school. Adrienne will stay with them in the evening until David returns. I tie up the loose ends at work, and call a colleague to whom I need to make a referral. She herself turns out to have a precancerous condition in her breast and has been quietly living with the threat of cancer.

On Wednesday morning David and I take the usual taxi to the usual hospital for the usual admitting procedures. After I change and settle down in the waiting room, I get up at least six times to go to the bathroom. A distraught mother watches her baby being wheeled off to surgery. David and I acknowledge that things could certainly be worse than they are for us. Dr. Breckman stops by briefly and arranges to talk to David after the surgery. I feel as if I am merely the body.

When I'm called, David again accompanies me to the elevator, and I once again walk through the towering double doors on the surgical floor. But this time, instead of being taken to the operating table immediately, I'm ushered to another, smaller waiting room where a nurse checks some information with me. Two other women are brought in, one of them, tall, freckled, and very worried. I hear that she is going to have a lumpectomy and sense that she wants to keep to herself in order to marshal all her resources for surgery.

The other woman is in her fifties. She is scheduled for gynecological surgery but seems to have only a vague idea about what they will do to her. Because she's been in pain, she simply wants it over. Her insurance company won't pay for her to stay overnight, and she's worried that her daughter won't come on time to take her home. She talks mostly about her granddaughter. I'm grateful for her volubility and glad that I don't have to go home today, despite my aversion to hospitals.

The nurse takes me to the operating room, where I meet the other nurses, the anesthesiologist, and the interns. Dr. Breckman arrives, says hello, and spends some time

talking to an intern about my situation—previously treated for Hodgkin’s disease; stage-one breast cancer; left breast mastectomy; no lymph node involvement. He explains that he will remove the breast expander, insert the permanent implant, and reduce the right breast. They’re learning the things about breast cancer that I’ve learned from books. I wonder if they have any idea of how little this information really teaches them about this disease. And I wonder if they want to know.

Dr. Breckman has me sit on the side of the table, measures my breasts quickly with a ruler, and asks how tall I am. It’s a relief that he is seriously considering exactly where this “breast” should be placed. I am preoccupied with the thought that this group of male doctors will have me sit up during surgery to ensure that they get my breasts even. How else will they tell? There I will sit, a drugged forty-four-year-old woman, wearing a flimsy surgical hat over my sparse hair. Soon the anesthesiologist rescues me from my thoughts by inserting the IV into the vein in my arm.



This time the scene in the recovery room is a little more vivid. I’m in a bed at the end of a long room, and the woman next to me moans continuously. An attractive, middle-aged nurse pays considerable attention to me. I feel the same relentless, pounding pain as before, this time on both sides of my body; and I am again transferred to the cart for the trip to my room.

There are two beds in my room, and the other one is empty. David smiles as he tells me that, thanks to the efforts of Pam, my friend at Bellevue, I'm on the VIP list and therefore have this room to myself. He's managed to write an article on his computer while waiting for me to return. I sleep on and off. In what seems like a short time, David is ready to leave and I want to tug at him and beg him to stay, but I remember that he's been here all day; he should be with Molly and Zach.

The night is very bad, full of pain and drugs, vomiting and dry heaves. A night nurse attends to me carefully and encourages me on my first trip to the bathroom. She's a large, sturdy woman who lets me lean on her arm and rest when I become dizzy. She waits while I am in the bathroom. It's a pleasure to have good, solid nursing care, so different from my last experience here.

I feel horrible in the morning. I speak to David on the phone and tell him that I have not yet seen the doctors and I'm not even sure that I can make it home today. He responds that Jerry is planning to drive to the hospital with him so that he can stay in the car while David collects me. It's clear that I'm complicating David's plans and that he has no idea of how terrible I feel. I'm weaker than I was after my last surgery, and I have a throbbing headache and nausea. The thought of going outside terrifies me. David sounds concerned and tells me that he will come soon to be with me.

As I wait for the doctor, I am in a tug of war between my wish to go home and my fear that it might be dangerous to leave now. When Dr. Breckman visits, I can tell

from his face that I look as terrible as I feel. He checks the wounds. I avoid looking at my body while he removes one drain. He does not oppose my desire to go home, probably recalling my aggressive campaign to be released quickly last time, but I can tell that he thinks I'm crazy. In a way I wish he would tell me to stay. But I'm not ready to stay either. He suggests that I see how I feel later and decide. "You mean I don't need to check out by eleven?" I ask. "No," he replies, and I assume this privilege comes with my new VIP status.

David arrives and tells me about the kids. Our moods do not match at all today, and I sense his disappointment in finding me such an emotional mess. He doesn't know what to say, so he reads the paper. I decide to see whether more sleep will help. I eat something at lunch and begin to feel a little better. I sleep again until two o'clock, when I feel well enough to go home. David helps me to the bathroom so that I can wash and brush my teeth. I snap at him, feeling that he's distracted and oblivious to my turmoil, frustrated that it's so hard for me to move about. He snaps back at me, letting me know that it's unfair to blame him.

I realize that I should call Dr. Breckman about having the other drain removed before I leave, because I won't be seeing him for five days. His secretary relays the message, and soon a young, female plastic-surgery resident arrives from the operating room to remove the drain. She works carefully, explaining how the wound will heal and how I should wash until Dr. Breckman takes the bandages off. I feel old in the presence of this young female doctor. I wonder why she has chosen to specialize in plastic surgery and

surmise that she wants a family and controllable working hours. I realize that I would never impute such benign motives to the choices that male doctors make.

I dress carefully, putting a loose hospital bra over the wide bandage wrapped around my upper torso. I have little relationship to these breasts right now and barely a thought about the purpose of this surgery. I'm still groggy from the anesthesia, and I want to get home.

When he's parked the car, Jerry comes upstairs to pick us up. I'm glad to see him. This is the kidney dialysis floor, he discovered, nicely appointed because it is well endowed. When Jerry comments on the traffic, David launches into a description of an altercation he witnessed this morning between two cab drivers and then goes on to describe the morning traffic. Doesn't he realize that I can't relate to anything in the world, that rush-hour tie-ups mean nothing to me? The nurse goes over some last-minute instructions; then Jerry wheels me downstairs and out the door.



On Monday, I manage to see all my patients, but I still feel as if I've been hit over the head with a baseball bat; either the anesthesia or the morphine must have caused me to have this endless headache. The old, sick, chemo feeling has returned, and I'm depressed by my failure to bounce back quickly. My friends gently point out that I had surgery just a few days ago; but I had expected this recovery to be less traumatic than the last, a kind of afterthought, certainly manageable after chemo, and, because it

seemed more cosmetic than disease related, easy to recover from. Now I understand that I was minimizing the fact that the knife cuts just as deeply, whatever the purpose of the surgery, and it will take time to heal.

On Tuesday Dr. Breckman removes the bandages and checks the wound. He makes it clear that I could have removed them myself, and I tell him penitently that the intern told me to leave them on. Why do I accept blame when I have done nothing wrong? This is my first view of my breasts, the event I have dreaded all morning. Finally, I look at them, objectively, as if these breasts are not mine. All swollen and stitched, bruised, black and yellow. They're grotesque. I am shocked at the terrible beating they have taken, and I can't believe that Dr. Breckman is expressing his satisfaction at how good they look.

He tells me the pathology report confirmed what he had observed—that the tissue he removed was healthy: there was no sign of any cancer or precancerous condition in my right breast. As always, I cannot take in this good news. I leave his office and wait for a cab, my heart pounding. I'm still shocked about my breasts. The right breast has stitches across the incision under the breast and from that incision upward through the center to the nipple. The nipple is sewn on with black thread, and the prospect of its actually attaching to the breast seems remote. Without the bandages, my breasts feel unprotected. I want to cradle them. I feel overwhelmed by sadness about what has happened to me; and, although I know that I will make this adjustment eventually, right now I can only weep.

David is ecstatic about the latest biopsy results. I seem to care less about the healthy condition of the tissue than

about how these breasts look. David listens to my description of my horrendous breasts and wants to see them. Ranting about how I can't stand to look, I refuse to show them to him. Finally, his coaxing makes me laugh. I calm down and gather my courage to lift my shirt. He tells me that my breasts look fine and that, when they've healed, they'll look great. He thinks Dr. Breckman has done a good job. I adore him for loving these swollen, stitched, artificial, reconstructed, and reduced breasts.

On the following Tuesday I return to Dr. Breckman's office to have the stitches removed. He has to dig them out, it seems. It takes a long time for him to finish, but the pain is negligible. He tells me that he is fighting with the lab to release a copy of the biopsy results. It seems that the nurse mislabeled my right-breast tissue, and the technicians at the lab were confused about which breast it came from. He pointed out that there's only one breast, asking, "So what's the problem?" The lab still would not release the written results to him. We schedule another appointment in ten days.

That evening I learn that my sister's surgeon believes he removed all the cancerous tissue from her leg and she needs no further treatment. Although I'm tremendously relieved for her, the news only briefly alters my mood, so engrossed am I in myself and so hard is it for me to trust any good news right now. I'm completely discouraged that, two weeks after my surgery, I still feel exhausted and weak. I keep missing my deadlines for finishing the ordeal of breast cancer. The first was October 15, the day of my last chemo. I was sick for two weeks after that, but I expected to feel better by November. When I missed that deadline, I set my sights on the weekend before Thanks-

giving, the one I spent alone with David. That was a disaster. Now it's December and I have still not recovered. It's hard to accept that what's already been nine months of trauma has not come to a definitive end. And it seems a cruel joke to feel this bad when objectively the ordeal is over.

Because I feel so out of control, I seem particularly intent on keeping the apartment tidy. I react to the kids' messes as if they are catastrophes, when in fact I'm maintaining the apartment at such a level of neatness that it would be impossible for two children to dismantle it, even if they tried. The fact that Molly and Zach scamper away from me like mice from a cat informs me of my anger. What is my problem? I'm done with chemo; I'm not vomiting; I'm not even nauseated. This is no Greek tragedy or even an Italian opera; this is just a bad soap opera.

I'm even finding it hard to get out of bed and go to work, and I wonder how I ever worked through the six months of chemotherapy, with a full schedule of patients and a family. Perhaps I functioned in the way my mother did when one of us, as children, was injured and needed to be taken to the emergency room for stitches or x-rays. She remained calm and efficient but, when it was over, she collapsed in exhaustion, finally feeling the impact of what she had just handled. Now I am aware of the toll that this disease has taken on me and on David; he still is unable to absorb my complaints and worries. I feel abandoned by him and continue to be critical of everything he does. He reacts angrily and does not soften, nor do I. The children are mirror images of us. As we explode, they explode. It's as if we are all in a war that won't end. I'm filled with self-loathing because I know that I am at the center of this; if I

would get my feelings under control, everyone would calm down. But I can't.

The books that I read talk about a let-down after chemotherapy. But who could have imagined that it could be this bad and last this long? It's not, as the books say, that without my treatments I no longer feel that I am doing something constructive about cancer. I feel let down because I cannot seem to return to my life. How am I supposed to go on living and believing there's a reason to do anything? Life seems too fragile. Why can't I have my old, unaware, daily life back?

It's December 17 and I am scheduled to see Dr. Breckman at two o'clock. I imagine what I might say to him. "I hate these breasts," or "You did a good job; I just didn't understand how disappointing a good job would be." My breasts have healed now and it's clear to me that they are not like new. The implant creates a breastlike mound that sticks straight out and looks very odd from the side. It certainly does not angle down gradually like a real breast. In addition, as the swelling diminishes, I am left with ripples on the inside of my breast that compose half of my cleavage. The other breast, where Dr. Breckman avoided one incision, is not round on the bottom but is a little flat. The nipple has healed nicely, although it has no sensation. The implanted breast seems bigger than my own breast. Although technically it is a B, in reality it is at least a C. What if I had chosen a C? Despite my discontent, I don't feel like complaining. It was naive of me to believe that the result would be better than this.

Dr. Breckman is not thrilled with the ripples either. This is the problem with saline implants, he says. He could

inflate the implant more to fill out the ripples, but it would be harder to the touch. I say, "No, thanks." Harder would be like a rock, and I refuse to have any more surgery.

Now comes the explanation about the second nipple. Most women find that the implant feels like a real breast only if a nipple has been made. What he would like to do is to take a strip of flesh from my thigh or from my belly, where I already have a long scar. He would fashion it into a "nipple" and sew it on the implanted breast. He would then tattoo the nipple a color that would match my natural one. It would be a simple procedure, performed in the office. I tell him that I'll think about it and call him at a later time.

Will I call? I have my doubts. I vow not to be taken in again by the promise of a "real" breast. It will not be real. It will be a ripply, fake breast with a fake nipple, falsely colored. I need no additions to this grotesqueness. The implant fills my bra and that's great. I won't wear clothes that accentuate my nipple. David accepts this nippleless, fake breast. If he dies, I'll probably never be with a different man. If I am, I'm not going to pretend that this implant is a real breast. Do women who have breast enlargements for cosmetic reasons actually pretend that their breasts are real? Would a man not know?



After spending a lovely Christmas eve with our neighbors, we rise early to board a plane for California to visit our friends Gina and Fred and their children, who moved

to a town near Berkeley from New York a year and half ago. We arrive late afternoon California time and rent a car to drive to their house. Hannah, who is Zach's age, greets Zach cautiously and Molly enthusiastically. Gabriel, born in Paraguay and adopted when he was an infant, has grown into a happy toddler. We feel cared for immediately by Gina and Fred and share a wonderful turkey dinner with them. They're delighted to see me in one piece. After dinner David and I talk with Gina and Fred while the children play in another room; they hear how frustrated and angry at each other we are. Although they knew that we were suffering, they had no sense of the degree to which we had unraveled. Now they see it. We sleep deeply and then spend a leisurely morning in the house. While Gina and Fred look after the children, David and I take a vigorous walk around a nearby reservoir and discover that we are already feeling better. We laugh and talk animatedly and are shocked to realize that we've not mentioned cancer all morning.

The first three days of our visit we refuse to be tourists, and we simply relax and recuperate in the house and its immediate surroundings. David and I are acting as if we've just been released from prison—marveling at the light filling the house, the leisure for reading the newspaper over coffee, the pleasure of entire days visiting with friends. Gina and Fred tease us about our state upon arrival; that first night they had gone to bed very worried about what a week with us would be like, so they are greatly relieved by our present good humor. The four children play together from morning to night. Gabriel is the mascot. Hannah and Zach act like cousins and ignore their prepubescent feel-

ings. Molly works hard to negotiate her position, competing with Zach for Hannah's attention and with Zach and Hannah for the role of Gabe's babysitter. We eventually take the children to San Francisco, where we ride the trolleys, watch street theater, and eat crabs, and then to Monterey, where we visit the aquarium.

Gina and I buy dried and silk flowers for our home-decorating schemes. We find some sales advertised and shop for clothes, an activity that I have not engaged in for a year. Because we wear the same size, we try on each other's selections. It's good practice to be in the changing room with her. She sees me in my bra, and I realize that she's the first person aside from David and Chris to see any part of my breasts since surgery. It's fine. I know her enthusiasm about everything I try on is motivated by her wish to help me feel comfortable about my body.

She encourages me to forego wearing my wig in their home, given that my hair is beginning to grow. We make sure that Hannah is comfortable with my very short hair, and David joins Gina in her enthusiasm for my new hairstyle. Although I hate people fussing about my appearance, I now bask in the attention. I know that by his compliments David is telling me how much better I look with hair than without, but I pretend that he means I actually look good. David and Gina urge me to go out in public without my wig, showing me photos of chic models with very short hair as further inducement. I point out that these models are seventeen, not forty-four; nevertheless, their support gives me courage enough for a trip to the supermarket without my wig. No one faints. But then again no one knows me. By the end of the week I stop wearing it

entirely. I go from trepidation to relief, and I begin to think that in ten days I may be ready to return to work without my wig.

Gina and Fred take care of our children so that David and I can have another chance at a weekend by ourselves, this time in San Francisco. We eat Mexican food, ride the ferry, and talk. We are overjoyed to find that it takes no effort to enjoy each other. When we return the kids visit their favorite store and stock up on magic tricks, which they delightedly perform for us each evening. We are astounded to feel so good and so rested and to have rediscovered our ability to enjoy each other as a family. There is no way to express our gratitude.



Back in New York with the rest of the week off, I am free to embark on a minor redecorating project of the room I use as my office. I need to change my life, so I will change this room. I become absorbed in thinking about colors, fabric, and furniture, and I'm amused that I, who have felt so out of control, can at least determine what happens to this room. I watch myself, amazed that I am enjoying my activities yet fearful that my feeling of well being and good health might vanish at any moment. How could I feel so much better? After nine months with little pleasure, with only the relentless demands of cancer treatment, ten full days, away from New York and from cancer, seemed to restore me.

I notice, happily, my renewed interest in my surroundings. I am someone who generally pays attention to details—to what my home looks like, to what I wear. During my treatments I barely straightened up the apartment; I never bought flowers. It was the same with my appearance; I gave little thought to my clothes. When I had Hodgkin's disease, I wore the same jeans and T-shirts day after day. I even discovered, well into my radiation treatments, that my neck was dirty: ostensibly, I was trying not to wash off the magic marker lines that guided the radiotherapist, but I wonder if I was also avoiding any contact with the site of my original tumor. Like my weight gain, my dirty neck was a testament to my high level of distraction, my need to avoid acknowledging the damage that had been done to my body and the accompanying feelings of humiliation.

I begin to pay attention to my office again. I shop for a rug and finally choose a Turkish one of bright oranges and blues. I hang new white curtains on the windows and arrange the dried flowers that Gina mailed for me from California. I buy three inexpensive black frames and mats for some beautiful photographs that Dinitia gave me. I feel exhilarated that I have the energy to shop in New York. I love how bright and airy the room feels, and the symbolism of making my room come alive does not escape me.

Nor does the manic nature of my activity. In the six months after my treatment for Hodgkin's disease, I wrote my Ph.D. dissertation, worked as a teaching assistant for a course in English literature and as a resident student advisor in one of Harvard's undergraduate houses, and wrote

endless letters of recommendation for students. I also applied to masters' programs in social work, finally able, with the knowledge of life's fragility, to make the career change I had long contemplated but always dismissed. No longer did I need to justify not using my Ph.D. or explain how I could possibly enroll in yet another degree program. I know that manic activity can often be an attempt to ward off depression, but what's wrong with that, I wonder. At least my psychological defenses are productive.

Eventually there are no more closets to clean, and our apartment, at least, takes on a semblance of normalcy. For a while I am carried along by the good experience of our vacation, but a different kind of depression soon overtakes me. I no longer feel terrified all the time or preoccupied with thoughts of death. Instead I feel numb, lonely, aimless, disconnected from my friends, not able to be interested in anything. My life is the same as before my cancer—work, family, friends—but it feels like only the trappings of a life, without substance or meaning. I would have expected this depression to be less disturbing—ennui rather than terror—but it's not. It reminds me of the depression of my early twenties—so pervasive, without apparent cause, impossible to penetrate. I have often wondered if something in my life might trigger the return of those feelings. Now something has, and I feel only slightly better equipped than I was then to move out of this depression and to believe it will end.

Sometimes I am able to see that, although these feelings of depression seem to hit me from out of nowhere, they are generally triggered by a dream, a memory, something to do with cancer. Now I recall that last night I

learned that the lesions in Estelle's brain are very large; they have affected her sight and hearing and have caused some paralysis and considerable brain damage. Arlene, her partner, struggles to admit that there is nothing more that can be done, that it's time to say goodbye. She sits for hours beside Estelle who cannot communicate with her in any way. I tell Arlene what Estelle told me two months ago—that she was so grateful to Arlene for all she was doing and wished she could find a way to thank her. Arlene wants to hear this over and over again, to hold on to any connection with Estelle.

I still do not visit Estelle. I feel like a coward, but my own equilibrium seems too precarious. I plan, with all the eagerness of one in need of a rationalization, to pay tribute to Estelle by my friendship with Arlene. If a conversation keeps me in turmoil all night, what would a visit to my dying friend do?

Often, though, I cannot connect my depression to any particular source. While doing errands or making dinner I may be overcome by a feeling of unbearable sadness. At night, I sometimes awaken to find that I'm gripped by the fear I battled during those nights of treatment. At other times the unrelenting sobs return for no apparent reason.

To my patients I look as if I am done with breast cancer. I've progressed from my wig to my own, very short hair. Some of them think that I look like a boy, others that I look beautiful; still others are too shocked to acknowledge this most recent, drastic change in my appearance. Most of them were glad that I took a vacation and saw it as a sign of closure on my breast cancer. We revisit their earlier experience of my cancer—their shock at my diagnosis,

their fears, their anger. Some tell me that it remained hard to be a patient when what they really wanted was to take care of me, move into my home and cook, watch my kids. Many still struggle with how marginal they felt. Others appreciate my openness and marvel that we managed therapy pretty much as usual.

There were those who were ready to leave therapy but stayed on, thinking that their presence might magically guarantee my survival. Now we prepare for their departure. Some are angry that I didn't take time off to take care of myself, others that their therapy was so seriously interrupted by my cancer; they think I should have kept it to myself. This is hard to hear. I talk with a few patients about how distant they seemed in their reactions, as if they were unaffected by my illness, and we uncover the fears they could not then approach. My illness has become a touchstone for us, a shared experience that deepened our understanding of how these patients live, some more fearfully than they had realized, some more lovingly.

Feeling so tired and vulnerable myself, I find it hard not to take personally what my patients say. Some of them think I was incredibly strong during my treatment whereas others considered my illness a sign of my frailty and consequent inability to handle them. It's hard for me to avoid feeling grandiose about my heroism or ashamed of my fragility and to listen to what they are telling me about themselves.

I expend my energy on work, and when I'm done I'm hit by depression again. My friends are available to me, but when I feel most distraught I do not call them. Instead, I imagine I have been abandoned by them. The phone rings

less often now that I have finished chemo, and I assume people are happy to be free of worry about me. Of course, I am the one who is out of contact; I am merely acting out what I feel inside—cut off, desolate, and alone with my experience.

I have been hesitant to set my hectic life in motion, to plan lunches with friends, to jog in the park, to attend professional meetings, to pick Molly up as often as I had in the past. I have an idea that I should reorganize my priorities—decide whether I want to work so hard, to find more time to write and to listen to music, to develop a more meditative stance, to give up my neuroses. Having railed against the notion that cancer is transformative, I am searching for a way to transform myself. Finally I realize that preserving time alone may not be the answer, and I begin phoning. I reach answering machines but no friends. Eventually people call back and I begin to set up dates for lunch and walks in the park, amused at the idea that in a few weeks I will be complaining that I'm too busy.