

Introduction

I feel like a modern phenomenon—a forty-seven-year-old woman with one husband, two children, and three cancers. It is now over three years since my diagnosis of breast cancer, more than twenty years since a diagnosis of Hodgkin's disease, and nineteen months since a diagnosis of a very early lymphoma. Throughout all this I have maintained that the experience of cancer is without redeeming value; that I have not been transformed by the experience; that it is, beyond all else, a misery to be endured.

From my present vantage point, however, I must admit that I have a more complex view of cancer and personal transformation. I am still convinced

that cancer is not transformative, that the trauma did not make me a better person. But I have come to believe that those of us who have been sick do, in myriad ways, transform our experience of illness into something we can manage, into something we can live with, and that this utterly human process is in itself meaningful.

I began to write in an attempt to find my way out of the depression that was the aftermath of my breast cancer. I am a practicing psychotherapist who at the time was resistant to the idea of psychotherapy for myself—perhaps because I had friends to talk to, perhaps because I couldn't admit how out of control I felt, or perhaps because I was filled with self-loathing and expected that soon I would return to my "real self," that the miserable person I had become would recede into the past along with the cancer.

I found that writing provided me with some immediate relief from my depression, that the very act of taking pen to paper was constructive—I was making a story out of this devastating experience of breast cancer, using a creative part of myself, and, in doing so, giving back to myself something that had been lost.

Writing gave me the freedom to be honest in a way that was not always possible in conversation, where, I found, people sometimes cut me off or subtly let me know that they wanted to hear only a particular version of my experience. Some responded by simply telling me other people's cancer stories. It seemed not to matter to them if the stories were relevant to my experience; just the fact that they were about cancer was enough.

The stories others told often seemed to contain a message for me. When I heard the story about an eighty-year-

old woman who survived four cancers, I felt that I had better be optimistic and survive. When I heard about a woman who refused chemotherapy for breast cancer but then had a recurrence, I worried about whether I should have chemo as well. When I was told of people who suffered through miserable treatments only to die, I was at a loss as to the point. I realize now that most of the time people had no awareness or intention of upsetting me; they genuinely wanted to offer me encouragement and hope. But they felt compelled to tell me these stories, I think, more for their benefit than for mine—to quell the anxiety they felt. They needed to tell a story, to draw a circle around the threat of cancer, much in the same way that I needed to tell my story.

I wrote voraciously for five months; in the very act of remembering and describing my experience of breast cancer I began to distance myself from the actual illness. I wrote in the present tense as a way to speak from inside the experience, even as the very act of writing placed me outside it. I became the observer as much as the participant.

I created a story that now exists apart from me. It is a story with which I can live. However devastating or overwhelming the experience was, however unflattering I may sometimes have been as a character, the story is manageable. It is confined within the pages of this book, within the contours of the memories I have captured, within the limits of my ability to understand. This is the story I will carry with me.

In writing about my breast cancer I also wrote about my experience of Hodgkin's disease. That story took shape when, as a twenty-six-year-old graduate student, I tried to tame my fear by telling everyone I met, even complete

strangers, the details of my radiation treatments. The diagnosis had been devastating, at the time unlike anything in my experience or that of my friends. I was at the beginning of a blossoming relationship and a promising career. I wanted to have children. I was shattered by the loss of possibility, the loss of my future. Through the years, I refined the story, and what I now remember, with rare exception, seems limited to the tales I came to repeat.

With time, the statistical probability that I was cured seemed confirmed, and I came to feel that my Hodgkin's disease was behind me. I had moved on to my life, career, and family. In retrospect, it had become an acute episode, a nightmare that had faded from my everyday awareness.

When I was diagnosed with first-stage breast cancer at forty-three, such horrors were no longer unique among my peers. I wasn't special this time. I knew many women with breast cancer, and certainly most of my friends were no longer strangers to medical crises. But, ironically, this commonality of experience did not spare me the abject loneliness of cancer, for which, it seems, there's little comfort in community. Nor did the fact of my having had cancer before make it any easier; it's not something you get better at. My diagnosis and what ensued pulled me into the closed circle of fear in which I had lived when I had Hodgkin's disease, except to this was added the responsibility of being a parent.

In December 1994, evidence of a third cancer was found, a lymphoma for which my doctors did not recommend treatment, because there was no sign of cancer beyond some scattered cells in a node that had been removed from my clavicle. My doctors have followed me closely

with tests and CAT scans, and as of July 1996 no further evidence of lymphoma has been found. If it had, I would need a new story to tell myself. In that story, the experience of my first two cancers would undoubtedly take a different shape.

Certainly the details of that story would be important—what happened to my body, how I felt and thought about it, how people responded to me. But the ability to tell a story would be equally important, as a way to make sense, at least within my narrative, of another chaotic episode in my life. Although the story would not redeem the experience, it would help to restore me to myself.

Since completing chemotherapy, I've spoken with many women undergoing chemo. Throughout my own treatment I struggled with the feeling that I was a worse patient than anyone else—more nauseated, more cranky, more self-absorbed. In speaking with these women, I discovered how similar our experiences were: we all went through the shock of diagnosis, the fear of treatment, the struggle to manage our lives, the difficulties with the responses of our family, friends, and doctors, the profound loneliness.

At the same time, each woman's story was completely different, depending on the circumstances of her life. One woman was trying to become pregnant and faced the loss of that possibility; a second was the mother of four young children, struggling with the daily problems of arranging babysitting and finding the strength to get to her treatments on public transportation; a third was single and looking for support among her friends; a fourth was widowed and trying to manage her treatments while remaining independent, so as not to burden her adult children.

And each woman's response to her cancer was different. One woman cried all the time, finding some relief in her tears; another never cried, rarely complained, and talked only about how she was doing well and would be fine. One woman dropped out of her professional life for a while and focused all her resources on getting better; another preferred company, support groups, lots of contact with people. One woman was furious all the time, whereas another seemed resigned to her fate. One found comfort in religion, another in music and reading; a third could find no comfort.

What struck me was how mesmerized I was by each story. Each had its own integrity, its own shape, detail, humor, and pain. I see now that I was caught up with each woman as she, in speaking, began to make something unique out of her struggles. Each was beginning to create the story that would delineate her experience of breast cancer, contain it, and ultimately give her some distance from it—enabling her to accept it as her own.

I offer my story.