

Getting There

GRETA HOFMANN NEMIROFF

“Getting There” c’est le souvenir d’une expérience d’un cancer insoupçonné dans la vie d’une féministe très active. C’est aussi une méditation sur la mort et surtout sur la valeur de la survivance.

Not Paying Attention

She is very busy; her agenda is filled with appointments. Her desk is piled high with documents to be read. She is an academic, a pioneer in Women’s Studies, a political activist of many decades and numerous causes. Because she is known in her community and her country, she is invited to speak on panels, on the radio, and TV, sometimes to keynote conferences. At 65, she has no intention of retiring. She cannot stop for even a moment. Days, weeks, months hurtle by. Sometimes she forgets to breathe. Her life is predicated on a series of “musts”: she must pay her bills on time; she must keep up in her field; she must work hard to live as well as she wants to. It’s about living well, about being exemplary in her profession, about going to concerts and the theatre at will; dining out with friends and family; traveling modestly; meeting social obligations with dignity. Indeed, she cannot afford to retire. So she pays no attention to the “shoulds” offered to her by her family, friends, and colleagues: she

should exercise; she should rest; she should learn yoga so she will finally learn how to relax; she should see her doctor more often.

Like many women her age in Montréal, she lives alone. Like most of her friends, she is the divorced mother of adults with a couple of grandchildren. She is avid for the “next” friend, intellectual event, book, dinner party, political cause, travel plan.

The thing is, though, that slowly and almost imperceptibly she is losing the capacity to breathe. Walking the few feet across her office causes her to lose her breath. At work she must plan the trajectory from her office to her classes by taking into account unobtrusive resting places to catch her breath.

Her heart burns and twists within the cavity of her chest. She has wondered if she is perhaps still mourning her husband’s banal defection with one of his students ten years ago. At that time, she felt as if her heart were being simultaneously squeezed and twisted by a muscular and ruthless hand. Not the same: this present pain, which is sharp and shocking, causes her to be flooded with panic when, for instance, she must stop twice on the flight of stairs to her apartment.

In those brief moments when she allows herself to think about her breathlessness, she decides that is

must be her heart, angina perhaps. She comes from a family with a history of heart disease. She hugs her pain to herself. She doesn’t want anyone to know about it. When it gets worse, she makes an appointment with a cardiologist who tells her that she is too fat and too inactive. She needs a “tune up,” he says and prescribes 45 minutes on the treadmill every day ... and blood tests. She is to return in a month.

That month, surrounded by fit young women running full tilt on their treadmills, she crawls at the lowest speed in an ancient and droopy sweat suit. She marvels at the bright snappy outfits of the young women. After a month she still does not feel “tuned up.” When the cardiologist glances at her blood test results, his face changes. There is nothing wrong with her heart, he says, but she must see another doctor immediately. She is so relieved about her heart that she misses the point; surely there is nothing wrong with her, she says. The cardiologist is adamant and passes her along to another doctor.

Finding “Something”

It all happens so quickly. One moment she is short of breath, the next she has had a colonoscopy and is lying on a stretcher in a hospital hall. Someone comes up behind

her, grabs her hand, and slaps a plastic identification bracelet on her wrist. A stranger's voice announces, "You're not going home," and fades away in clipped footsteps before she can see a face. Tears come to her eyes as she lies there waiting, for what she doesn't know. She regrets having told her sister and children not to come with her. "I know the drill," she said dryly. She does not want to

ing." She will not be allowed to go home until she has three consecutive meals without problems. From her eighteenth floor bed she can see the college where she works halfway down the mountain.

The surgeon brings his pathology report. Her sister and brother-in-law, both doctors, are there to listen with her. They got out the whole tumour, he reports, but it had already bro-

from Toronto encased in a carapace of rare righteousness. Visitors converge from all spheres of her life. Her room is bedecked with flowers, some ceremonial, some given in love. Her sister comes every night to tuck her in with a kiss. This echo of childhood gives her great comfort. The phone rings often with people conveying their own and other people's regards. She is comforted, but

She is lucky, they all say, because her colon could easily be reconnected. Later her sister tells her that it was so difficult watching her suffer extreme pain the days after the operation. She herself can only recall keeping her hand on the morphine pump.

prey on her loved ones. She wants to keep detached. She wants to be the kind of aging single woman who accepts the inevitable with good humour and grace ... a "good sport." As she lies there, it all computes in her head, even as she tries not to think about it. They found "something" in her colon. They couldn't remove it; there will be an operation for sure. She does not want to name the "something," nor does the surgeon who visits her later in the day. "We have found something," he says, "and it must be removed as soon as you've had some more tests. We won't know what it is until after the operation."

Cancer Patient

With the tumour, they removed 25 percent of her colon. The surgeon is kindly and very competent. There are hardly any scars since he operated laproscopically. She is lucky, they all say, because her colon could easily be reconnected. Later her sister tells her that it was so difficult watching her suffer extreme pain the days after the operation. She herself can only recall keeping her hand on the morphine pump. There are days of a painful digestive problem more accurately called "projectile vomit-

ken through the wall of the colon. Cancer cells could be circulating in her body. He advises chemotherapy. Tears come to her brother-in-law's eyes. She and her sister, artfully raised in Montréal within the strict confines of an Austrian Jewish bourgeoisie, do not shed a tear. She looks down at her college and thinks of the many hours she has spent at meetings whose minutes could have been written months in advance. Everyone's position is so well known. "I never will do what I don't want to again," she says to herself, a mantra she is to repeat at first fervently and, as time goes by, with increasing cynicism.

She has entered another dimension. She has become somebody called a "cancer patient."

Cures

The first cure is, of course, love and caring. Her younger children come to the hospital daily; her older daughter phones from afar. Sometimes she and her children veer close to argument and the recitation of carefully culled resentments but, because of the circumstances, they desist. She must keep her love from crying out her fear of having to leave them. Even her ex-husband comes

basically she just wants to go home.

Her elder daughter arrives bearing the gift of her eight-month-old son. He is seductive with chubby legs, huge blue eyes, and a full sense of humour. The sight of him smiling at her every morning is a cure in itself, she says. When he comes on her bed she sings to him and strokes his silken back. She doesn't want him to leave, ever. After a month, though, he and his mother return to their village in the mountains of British Columbia.

She must get on with her chemotherapy, she is told. The oncologist is a kindly but firm woman full of information regarding the odds of not having chemotherapy. Although she—the-cancer-patient—demurs, she knows the treatment improves her chances of living longer. So how can she refuse it ... even for a minute? She will undergo the treatment for a week every month for six months, starting in two weeks time.

The first day she goes to the chemotherapy unit, she stands at the edge of the long narrow waiting room and stares at the other patients. The word, "losers" loudly resonates in her mind. She is ashamed to think that way; it is not an expression she ever uses, but she is fright-

ened by the people waiting with her, although she understands that she is one of them. She who usually has great sentimental attachment to all forms of solidarity does not want to belong here. She wants only to sit quietly and invisibly reading a novel, awaiting the disembodied voice of the head nurse calling her name on the intercom.

Before long, she learns the routine. She registers, she waits, she is called, and she enters a large room filled with institutional beige and green lazy-boy chairs. Bathed in a muted light filtered through the high curtained windows, it feels like an antechamber for the dying. Everything is organized for maximum calm. The nurses are handpicked for this kind of work. They are articulate, kind, and understanding although often they have difficulty finding usable veins in her spotted, aging hands for the intravenous chemotherapy treatment. "When does the poison go in?" she inquires cheerily, knowing that they don't like this reminder. The "poison" intravenous bag is sensibly flagged with a red iridescent label. She usually tries to read but often falls asleep for the hour she is there. She recognizes how fortunate she is when she sees other patients with much bigger doses, much longer stays in that room. After the first couple of months of treatment she is overwhelmed by nausea the moment she enters the hospital. The nurses have a word for this condition: "anticipatory nausea." The medication to combat this state entombs her in a chrysalis of indifference. She drearily watches the nurse toiling over her brittle veins as though it were through the wrong end of binoculars.

For six months her life organizes itself around chemotherapy. With a somnambulist's regularity, she goes to the hospital, goes through the chemotherapy ritual, returns home, and lies on her bed for hours. She cannot read or sleep. The day passes from light into a long darkness when she might watch some

television. Her elderly striped cat is her only companion. The next week is spent recovering from the therapy. It passes in great passivity, alone with her cat. The third week is the only "good" week when she sees friends, goes to movies or concerts, sometimes even to a meeting at her college. The fourth week is spent in anticipation of the treatment and she has difficulty concentrating and sleeping. She has vivid and frightening dreams that she cannot remember afterward but their mood stays with her all day. Nausea punctually sweeps through her body the moment she enters the airless space of the hospital for her chemotherapy week.

She is on sick leave from her job. This is the first time in 47 years that she is not working. She had anticipated using this time to do all those things for which she had been too busy over the past decades: get back to painting, write the memoirs people keep asking her to write, and inviting people for lovely meals. She can be an excellent cook but lives on take-out these days. Her energy has abandoned her. Most of the time, she feels as if she has a low-grade fever. When people ask her how she is, she always replies, "Getting there!" They do not ask what she means, and she isn't sure herself where "there" is. She is bored with being a cancer patient.

She longs for escape. Sometimes she fantasizes about the day she is through with chemotherapy: it will be a dramatic moment of homecoming like in films when the prison gates slam hard behind prisoners who are then seen walking into the brightness of freedom. She wants to catapult through her illness and land in her life as it she thinks it was, full of exciting new challenges and the energy to enjoy them.

In the winter, when her treatment is over, she leaves the hospital with the restrained good wishes of the nurses. She makes her way home where she lies down for the rest of the day. Weeks later, she visits her

grandson and daughter in the Kootenay Mountains. Because they are short of space, she stays in the home of a friendly ceramicist. One day she has an altercation with her daughter on the sidewalk in the middle of a snowstorm. "I don't want to be with you," her daughter snaps, walking off into the storm with the baby on her back. Her daughter's rejection pierces her heart and she returns to her room in despair. Should she leave? It has been an expensive trip entailing a large plane, a small plane, and a two-hour drive on switchback roads.

In the pleasant extra room in the ceramicist's house, she feels the Angel of Death's leathery wing lightly brush her shoulder. She takes out a sketch-pad and begins to draw in the darkest black crayon she has; heavy layered strokes of despair fill the page. On the next page she uses grey graphite to express the flatness of her chemo-boredom. She compares the vistas of despair versus boredom and doesn't know which is worse.

She decides to create a mandala describing her life at this crucial impasse. It is a technique she learned from a Californian 25 years before at a writers' workshop. She has always made mandalas in the summers to record the state and progress of her soul. Her mandalas comprise three concentric circles vertically divided into four segments or themes. The outermost circle represents where she is at the present. The middle circle represents where she would like to be in the short term. The innermost circle—a very small one—shows her final goals. These are her themes now: the cancer itself drawn from memory of her x-rays; the despair and boredom reflected in her sketchbook; her family with its consolations and complaints; and her waning creativity and energy.

Her daughter, with whom she makes up the next day, says she was misunderstood; she just hadn't wanted to be with her mother at *that* moment. Every afternoon and

evening she spends playing with her grandson. The mornings she spends in her room, layering the shapes and meanings of her life on the mandala with coloured pencils, crayons, and anything else she can find. She completes it the day before she leaves. It is now out there, in the open ... how she feels. She is relieved that she has been able to find this creative vein in the wreckage of herself, but she wonders why it took so much pain to excavate it. Sometimes she still forgets to breathe.

Becoming

She knows she must recover, yet she detests the clichés of recovery and self-help language. Her much vaunted energy remains elusive, but she cannot bring herself to participate in any of the self-help or group possibilities available to her. People often assume that she spends time on the Internet reading about her condition or on listserves communicating with other colorectal cancer patients. They are wrong. She has read only one book, and that in a spirit of reluctant duty.

For a while she decides to take her immune system in hand since her oncologist seemed uninterested in it. She receives acupuncture from a charming young Chinese woman doctor who prescribes various potions to be purchased in a store operated by her husband. She so wants to believe in this unconventional treatment, but she is suspicious of the doctor's motives, especially when she finds out she can get the same herbal remedies for half the price elsewhere. She stops going but keeps taking the potions and various vitamin supplements that she buys elsewhere. After all, she assures herself, they won't do any harm. The acupuncturist has explained to her that when her tongue is white, it means her immune system is working well. She examines her tongue every morning. Some days it is more red than white.

In pursuit of her ephemeral en-

ergy, she takes the opportunity to travel with a young woman friend to her birthplace in the Middle East. She falls in love with Jordan, Lebanon, and Syria. She likes dreaming high up on the terrace of a comfortable apartment in Beirut while she gazes at the Mediterranean over several layers of buildings. On this trip, death crosses her path on several occasions: in Amman, where she stays with friends who live in an apartment building; she witnesses extreme grief. It seems the mother of the janitor of the building has died in Aleppo. The young man sobs pitifully on the building's front stairs, receiving everyone's commiseration. His wife does not believe the mother has died and claims his family just wants him to bring them money. His sobbing seems so heartfelt that she does not know whom to believe. When she returns to Lebanon, she accompanies her young friend to the family village for the funeral of an uncle, a man about her age. These and the shards of the dead civilizations she has seen on her travels inspire her the day before she leaves for Canada to start writing a story about death. Until now, the constant novelty of travel has prevented her from thinking too much of cancer or her mortality.

She returns to a cold and wet spring. Her body feels somewhat battered by the trip although she loves narrating her recollections. She revels in memories of the people and places, of the texture of the lives of Arabs at home. Her tongue, however, is quite red and two very bad colds drag on for weeks. She is enervated; her doctor tells her this is normal for people recovering from chemotherapy. Although she is assured that the prognosis is favourable, she is furious with the renewal of recovery talk.

She decides to see a psychotherapist. At several key times in her life she has experienced "talk" therapy, which she unfairly characterizes as blah-blah-blah, although she knows that at times it has been very help-

ful to her and others. She recalls a workshop on bioenergetics she found helpful when she participated in a conference on feminist therapy 25 years before. She finds a bioenergetics therapist in Montreal and brings her mandala to her first appointment. "It's all on here," she says, and he is attentive but somewhat astonished since he has never seen such a mandala before.

The therapy clarifies for her what she does and does not want to do with the rest of her life. She is puzzled by the vehemence with which she does not want to be famous any more; she does not want to give lectures, talks, or find herself in the newspapers. She does not want to do any more research or academic writing. She is not sure she is willing to take up further causes. Above all, she wants to restore her true voice as a writer, her true form as an artist. She wants to paint but cannot think of a subject. She used to be filled with energy in rendering into words, line, and colour truths she considered beautiful.

When summer arrives, she retreats alone to her house in the mountains of Vermont. She will be returning to work in the fall and must get her life in shape. She will take daily walks, swim, go to the fitness centre in the village, and eat sensibly. Some of her friends have asked her if being a cancer patient has been a "learning situation," as if that somehow made it worthwhile. In silent response, she makes this list of things she wishes she'd never learned:

1. My disappointments in the loved ones who didn't come through.
2. Pain can be so terrible that you forget what it was like.
3. I do not have infinite energy. I thought I did.
4. Sometimes my children are so filled with their own Angst that they resist helping me at

the very same moment they feel the most anxiety about me.

5. I am running out of time and I have only limited energy. There is still so much I want to see, to say, to do.

6. Although I have been told that they “got it all,” I am suspicious that cancer cells are cruising through my body in search of a good place to build.

7. I will be turning 66 this year. I can no longer tell if breathlessness and lack of energy are a result of cancer, chemotherapy, or of aging itself.

8. Cancer is *not* the worst thing that has happened to me in my life.

One night, she is reading in the Vermont house with her cat lying at the foot of her bed. While she has accustomed herself to such solitude, she is aware of the fact that there is only a fragile door between her and the rest of the world. The village nearby is in a state of increasing poverty, dereliction, and hopelessness. There is much drunkenness, drug use, and crime. The local paper reports weekly vandalisms, arson, and home invasions. As an outsider, she feels conspicuous and endangered.


She becomes apprehensive when a bright light shines a circle around the book she is reading. Could someone shine a strong flashlight on her book from the garden two stories below, she wonders. Although it is unlikely, she turns off her light and steps onto the balcony. There is no one in the garden; it is only the moon that has risen over the mountains and is riding high in the clearest of skies.

She stands in the cool night air inhaling the layered view: velvety blackness on the ground level outlines the trees in dark silhouette; a layer of fog rises from the river valley above the tree line and into the

mountains. This fog, shot through with brilliant moonlight, looks three-dimensional. The mountains in black-blues and black-purples have become undulating shapes; the bright moon floats over them in a midnight sky.

In her mind she assembles the materials with which she will render this scene. She can feel her energy returning and she knows it will sustain her in this creation. She comprehends that this felicitous intersection of desire and capacity is the cornerstone of her becoming. She doesn't really know how or why this is happening, but she rejects the kernel of worry forming deep within her: is this creative impulse ephemeral or real? She has learned how to lay aside such questions on her voyage through breathlessness and the many layers of pain in its myriad guises. This moment can form the nucleus of her reminiscence ... of getting there.

Greta Hofmann Nemiroff is a feminist educator, researcher and writer. She has published articles in both English and French in journals and anthologies in Canada and the USA, and she has edited and written several books. Currently she is teaching English, Humanities and Women's Studies at Dawson College where she also coordinates the Creative Arts, Literature and Languages Program.



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The Becoming

she uses lavender oil
on linen

rubs it
on her feet at night

touches the perfume
to her wrists

she wears
quiet mauve dresses
of soft fabrics
that slip
against her skin
whispering sunlight
and June

when evening moves in
she closes her eyes
folds hands
over dried sprigs
and inhales the dusky
full-throated scent

her body melts
to the fragrance
flowing
in her bloodstream
as lavender
she becomes

Joanna M. Weston has published nationally and internationally in journals and anthologies including The Missing Line (Inanna Publications, 2004).