

Thursday

## One

I SAW THE cancer immediately. It was right there in front of me. As always, I found myself taking a sharp intake of breath as the realization hit: I am looking at the beginning of the end.

The cancer was shaped like a dandelion. Sometimes this sort of tumor looks like a cheap Christmas decoration – a five-and-dime star with ragged edges. This specific one was more like a minor-looking flower that had been denuded, stripped down to its seeds, but with an insidious, needle-like design. What radiologists call a ‘spiculated structure’.

*Spiculated.* When I heard that word for the first time I had to look it up. Discovered its origins were actually zoological: a spicule being ‘a small needle-like structure, in particular any of those making up the skeleton of a sponge’ (I’d never realized that sponges have skeletons). But there was an astronomical meaning as well: a short-lived jet of gas in the sun’s corona.

This last definition nagged at me for weeks. Because it struck me as so horribly apt. A spiculated cancer – like the one I was looking at right now – might have commenced its existence years, decades earlier. But only once it makes its presence known does it become something akin to the burst of flame that combusts everything in its path, demanding total attention. If the flame hasn’t been spotted and extinguished early enough, it will then decide that it isn’t a mere fiery jet stream; rather, a mini supernova which, in its final show of pyrotechnic force, will destroy the universe which contains it.

Certainly the spiculated species I was now looking at was well on its way to exploding – and, in doing so, ending the life of the person within whose lung it was now so lethally embedded.

Another horror to add to the ongoing catalog of horrors which are, in so many ways, the primary decor of my nine-to-five life.

And this day was turning out to be a doozy. Because, an hour before the spiculated cancer appeared on the screen in front of me, I had run a CT scan on a nine-year-old girl named Jessica Ward. According to her chart she'd been having a series of paralyzing headaches. Her physician had sent her to us in order to rule out any 'neurological concerns' . . . which was doctor shorthand for 'brain tumour'. Jessica's dad was named Chuck; a quiet, hangdog man in his mid-thirties, with sad eyes and the sort of yellowing teeth that hint at a serious cigarette habit. He said that he was a welder at the Bath Iron Works.

'Jessie's ma left us two years ago,' he told me as his daughter went into the dressing area we have off the CAT-scan room to change into a hospital gown.

'She died?' I asked.

'I wish. The bitch – 'scuse my French – ran off with a guy she worked with at the Rite Aid Pharmacy in Brunswick. They're livin' in some trailer down in Bestin. That's on the Florida Panhandle. Know what a friend of mine told me they call that part of the world down there? The Redneck Riviera. Jessie's headaches started after her ma vanished. And she's never once been back to see Jessie. What kind of mother is that?'

'She's obviously lucky to have a dad like you,' I said,

trying to somewhat undercut the terrible distress this man was in – and the way he was working so hard to mask his panic.

‘She’s all I got in the world, ma’am.’

‘My name’s Laura,’ I said.

‘And if it turns out that what she has is, like, serious . . . and doctors don’t send young girls in for one of these scans if they think it’s nothing . . .’

‘I’m sure your physician is just trying to rule things out,’ I said, hearing my practiced neutral tone.

‘You’re taught to say stuff like that, aren’t you?’ he said, his tone displaying the sort of anger that I’ve so often seen arising to displace a great fear.

‘Actually, you’re right. We are trained to try to reassure and not say much. Because I’m a technologist, not a diagnostic radiologist.’

‘Now you’re using big words.’

‘I’m the person who operates the machinery, takes the pictures. The diagnostic radiologist is the doctor who will then look at the scan and see if there is anything there.’

‘So when can I talk to him?’

*You can’t* was the actual answer – because the diagnostic radiologist is always the behind-the-scenes man, analyzing the scans, the X-rays, the MRIs, the ultrasounds. But he rarely ever meets the patient.

‘Dr Harrild will be talking directly to Jessica’s primary-care physician – and I’m sure you’ll be informed very quickly if there is—’

‘Do they also teach you to talk like a robot?’

As soon as this comment was out of his mouth, the man was all contrite.

‘Hey, that was kind of wrong of me, wasn’t it?’

‘Don’t worry about it,’ I said, maintaining a neutral tone.

‘Now you’re all hurt.’

‘Not at all. Because I know how stressful and worrying this all must be for you.’

‘And now you’re reading the script again that they taught you to read.’

At that moment Jessica appeared out of the changing room, looking shy, tense, bewildered.

‘This gonna hurt?’ she asked me.

‘You have to get an injection that is going to send an ink into your veins in order for us to be able to see what’s going on inside of you. But the ink is harmless.’

‘And the injection?’ she asked, her face all alarmed.

‘Just a little prick in your arm and then it’s behind you.’

‘You promise?’ she asked, trying hard to be brave, yet still so much the child who didn’t fully understand why she was here and what these medical procedures were all about.

‘You be a real soldier now, Jess,’ her father said, ‘and we’ll get you that Barbie you want on the way home.’

‘Now that sounds like a good deal to me,’ I said, wondering if I was coming across as too cheerful and also knowing that – even after sixteen years as an RT – I still dreaded all procedures involving children. Because I always feared what I might see before anyone else. And because I so often saw terrible news.

‘This is just going to take ten, fifteen minutes, no more,’ I told Jessica’s father. ‘There’s a waiting area just down the walkway with coffee, magazines . . .’

‘I’m goin’ outside for a bit,’ he said.

‘That’s ’cause you want a cigarette,’ Jessica said.

Her father suppressed a sheepish smile.

‘My daughter knows me too well.’

‘I don’t want my daddy dead of cancer.’

At that moment her father’s face fell – and I could see him desperately trying to control his emotions.

‘Let’s let your dad get a little air,’ I said, steering Jessica further into the scan room, then turning back to her father who had started to cry.

‘I know how hard this is,’ I said. ‘But until there is something to be generally concerned about . . .’

He just shook his head and made for the door, fumbling in his shirt pocket for his cigarettes.

As I turned back inside I saw Jessica looking wide-eyed and afraid in the face of the CT scanner. I could understand Jessica’s concern. It was a formidable piece of medical machinery, stark, ominous. There was a large hoop, attached to two science-fiction-style containers of inky fluid. In front of the hoop was a narrow bed that was a bit like a bier (albeit with a pillow). I’d seen adults panic at the sight of the thing. So I wasn’t surprised that Jessica was daunted by it all.

‘I have to go into that?’ she said, eyeing the door as if she wanted to make a run for it.

‘It’s nothing, really. You lie on the bed there. The machine lifts you up into the hoop. The hoop takes pictures of the things the doctor needs pictures of . . . and that’s it. We’ll be done in a jiffy.’

‘And it won’t hurt?’

‘Let’s get you lying down first,’ I said, leading her to the bed.

‘I really want my daddy,’ she said.

‘You’ll be with your daddy in just a few minutes.’

‘You promise?’

‘I promise.’

She got herself onto the bed.

I came over, holding a tube attached to the capsule containing all that inky liquid, covering with my hand the intravenous needle still encased in its sterilized packaging. Never show a patient an IV needle. Never.

‘All right, Jessica. I’m not going to tell you a big fib and say that getting a needle put into your arm is going to be painless. But it will just last a moment and then it will be behind you. After that, no pain at all.’

‘You promise.’

‘I promise – though you might feel a little hot for a few minutes.’

‘But not like I’m burning up.’

‘I can assure you you’ll not feel that.’

‘I want my daddy . . .’

‘The sooner we do this, the sooner you’ll be with him. Now here’s what I want you to do . . . I want you to close your eyes and think of something really wonderful. You have a pet you love, Jessica?’

‘I have a dog.’

‘Eyes closed now, please.’

She did as instructed.

‘What kind of dog is he?’

‘A cocker spaniel. Daddy got him for my birthday.’

I swabbed the crook of her arm with a liquid anesthetic.

‘The needle going in yet?’ she asked.

‘Not yet, but you didn’t tell me your dog’s name.’

‘Tuffy.’

‘And what’s the silliest thing Tuffy ever did?’

‘Ate a bowlful of marshmallows.’

‘How did he manage to do that?’

‘Daddy had left them out on the kitchen table, ’cause he loves roasting them in the fireplace during Christmas. And then, out of nowhere, Tuffy showed up and . . .’

Jessica started to giggle. That’s when I slipped the needle in her arm. She let out a little cry, but I kept her talking about her dog as I used tape to hold it in place. Then, telling her I was going to step out of the room for a few minutes, I asked:

‘Is the needle still hurting?’

‘Not really, but I can feel it there.’

‘That’s normal. Now, I want you to lie very still and take some very deep breaths. And keep your eyes closed and keep thinking about something funny like Tuffy eating those marshmallows. Will you do that for me, Jessica?’

She nodded, her eyes firmly closed. I left the scan room as quietly and quickly as I could, moving into what we call the technical room. It’s a booth with a bank of computers and a swivel chair and an extended control panel. Having prepped the patient I was now about to engage in what is always the trickiest aspect of any scan: getting the timing absolutely right. As I programed in the data necessary to start the scan I felt the usual moment of tension that, even after all these years, still accompanies each of these procedures: a tension that is built around the fact that, from this moment on, timing is everything. In a moment I will hit a button. It will trigger the high-speed injection system that will shoot 80 milligrams of high-contrast iodine into Jessica’s veins. After that I have less than fifty seconds – more like forty-two seconds, given her small size – to start the scan. The timing

here is critical. The iodine creates a contrast that allows the scan to present a full, almost circular image of all bone and soft tissue and internal organs. But the iodine first goes to the heart, then enters the pulmonary arteries and the aorta before being disseminated into the rest of the body. Once it is everywhere you have reached the Venus phase of the procedure – when all veins are freshly enhanced with the contrast. Begin the scan a few critical seconds before the Venus phase and you will be scanning ahead of the contrast – which means you will not get the images that the radiologist needs to make a thorough and accurate diagnosis. Scan too late and the contrast might be too great. If I fail to get the timing right the patient will have to go through the entire procedure again twelve hours later (at the very minimum) – and the radiologist will not be pleased. Which is why there is always a moment of tension and doubt that consumes me in these crucial seconds before every scan. Have I prepped everything correctly? Have I judged the relationship between the diffusion of the iodine and the patient’s physique? Have I left anything to chance?

I fear mistakes in my work. Because they count. Because they hurt people who are already frightened and dealing with the great unknown that is potential illness.

I especially fear moments when I have a child on that table, that bier. Because if the news is bad, if the images that emerge on the screen in front of me point up something catastrophic . . .

Well, I always absorb it, always assume a mask of professional neutrality. But children . . . children with cancers . . . it still pierces me. Being a mom makes it ten times worse. Because I am always thinking: Say it was Ben or Sally? Even

though they are now both in their teens, both beginning to find their way in the world, they will always remain my kids – and, as such, the permanent open wound. That’s the curious thing about my work. Though I present to my patients, my colleagues, my family, an image of professional detachment – Sally once telling a friend who’d come over after school: ‘My mom looks at tumors all day and always keeps smiling . . . how weird is that?’ – recently it has all begun to unsettle me. Whereas in the past I could look at every type of internal calamity on my screens and push aside the terribleness that was about to befall the person on the table, over the past few months I’ve found it has all started to clog up my head. Just last week I ran a mammogram on a local schoolteacher who works at the same middle school that Sally and Ben attended, and who, I know, finally got married a year ago and told me with great excitement how she’d gotten pregnant at the age of forty-one. When I saw that nodule embedded in her left breast and could tell immediately it was Stage Two (something Dr Harrild confirmed later), I found myself driving after work down to Pemaquid Point and heading out to the empty beach, oblivious to the autumn cold, and crying uncontrollably for a good ten minutes, wondering all the time why it was only now so getting to me.

That night, over dinner with Dan, I mentioned that I had run a mammogram on someone my own age today (this being a small town, I am always absolutely scrupulous about never revealing the names of the patients who I’ve seen). ‘And when I saw the lump on the screen and realized it was cancerous I had to take myself off somewhere because I kind of lost it.’

‘What stage?’ he asked.

I told him.

‘Stage Two isn’t Stage Four, right?’ Dan said.

‘It still might mean a mastectomy, especially the way the tumor is abutting the lymph nodes.’

‘You’re quite the doctor,’ he said, his tone somewhere between complimentary and ironic.

‘The thing is, this isn’t the first time I’ve lost it recently. Last week there was this sad little woman who works as a waitress up at some diner on Route 1 and who had this malignancy on her liver. And again I just fell apart.’

‘You’re being very confessional tonight.’

‘What do you mean by that?’

‘Nothing, nothing,’ he said, but again with a tone that – like much to do with Dan right now – was so hard to read.

Dan is Dan Warren. My husband of twenty-one years. A man who has been out of work for the past twenty-one very long months. And someone whose moods now swing wildly. As in, having just made that somewhat catty comment he followed it up with:

‘Hey, even the best fighter pilots lose their nerve from time to time.’

‘I’m hardly a fighter pilot.’

‘But you’re the best RT on the staff. Everyone knows that.’

*Except me.* And certainly not now, positioning myself in front of the bank of computer screens, staring out at Jessica on the table, her eyes tightly shut, a discernible tremor on her lips, her face wet with tears. A big part of me wanted to run in and comfort her. But I also knew it would just prolong the agony; that it was best to get this behind her. So clicking

on the microphone that is connected to a speaker in the scan room, I said:

‘Jessica, I know this is all very spooky and strange. But I promise you that the rest of the procedure will be painless – and it will all be over in just a few minutes. OK?’

She nodded, still crying.

‘Now shut your eyes and think about Tuffy and . . .’

I hit the button that detonated the automatic injection system. As I did so a timer appeared on one of the screens – and I turned my vision immediately to Jessica, her cheeks suddenly very red as the iodine contrast hit her bloodstream and raised her body temperature by two degrees. The scan program now kicked in, as the bed was mechanically raised upwards. Jessica shuddered as this first vertical movement startled her. I grabbed the microphone:

‘Nothing to worry about, Jessica. Just please keep very still.’

To my immense relief she did exactly as instructed. The bed reached a level position with the circular hoop. Twenty-four seconds had elapsed. The bed began to shift backwards into the hoop. Thirty-two seconds when it halted, the hoop encircling her small head.

‘OK, Jessica – you’re doing great. Just don’t move.’

Thirty-six seconds. Thirty-eight. My finger was on the scan button. I noticed it trembling. Forty-one. And . . .

I pressed it. The scan had started. There was no accompanying noise. It was silent, imperceptible to the patient. Instinctually I shut my eyes, then opened them immediately as the first images appeared on the two screens in front of me, showing the left and right spheres of the brain. Again I snapped my eyes shut, unable to bear the shadow, the

discoloration, the knotty tubercle that my far too-trained eye would spot immediately and which would tear me apart.

But professionalism trumped fear. My eyes sprang open. And in front of me I saw . . .

Nothing.

Or, at least, that's what my first agitated glance showed me.

Nothing.

I now began to scrutinize the scan with care – my eyes following every contour and hidden crevasse in both cerebral hemispheres, like a cop scouring all corners of a crime scene, looking for some hidden piece of evidence that might change the forensic picture entirely.

Nothing.

I went over the scan a third time, just to cover my tracks, make certain I hadn't overlooked anything, while simultaneously ensuring that the contrast was the correct level and the imaging of the standard that Dr Harrild required.

Nothing.

I exhaled loudly, burying my face in my hand, noticing for the first time just how rapidly my heart was pounding against my chest. The relief that Jessica's brain showed no signs of anything sinister was enormous. But the very fact that my internal stress meter had shot into the deep red zone . . . this troubled me. Because it made me wonder: Is this what happens when, over the years, you've forced yourself to play a role that you privately know runs contrary to your true nature; when the mask you've worn for so long no longer fits and begins to hang lopsidedly, and you fear people are going to finally glimpse the scared part of you that you have so assiduously kept out of view?

Nothing.

I took another steadying breath, telling myself I had things to be getting on with. So I downloaded this first set of scans to Dr Harrild – whose office was just a few steps away from the CT room. I also simultaneously dispatched them into the PACS system – that’s the Picture Archiving and Communication System – which is the central technological storage area in Portland for our region of the state (known by its code name, Maine 1). All scans and X-rays must, by law, be kept in a PACS system for future reference and to ensure they are never mixed up, misplaced, assigned to the wrong patient. It also means that if a radiologist or oncologist needs to call up a specific set of patient scans – or compare them with others on file – they can be accessed with the double-click of a mouse.

The images dispatched, I began running a second set of scans to have as back-up, to compare contrast levels, and to double-check that the imaging hadn’t missed anything. Usually, if the scans in the first set are clear, I relax about the second go-around. But today I heard a little voice whispering at me: ‘Say you got it all wrong the first time . . . say you missed the tumor entirely.’

I grabbed the mike.

‘Just a few more minutes, Jessica. And you have been just terrific. So keep lying still and . . .’

The second scan now filled the two screens. I stared ahead, fully expecting to see proof of my corroding professionalism in front of me as a concealed nodule appeared in some ridge of her cerebellum. But again . . .

Nothing.

That’s the greatest irony of my work. Good news is all

predicated on the discovery of nothing. It must be one of the few jobs in the world where ‘nothing’ provides satisfaction, relief, the reassertion of the status quo.

A final scan of the scan.

Nothing.

I hit the ‘send’ button. Off went this second set of scans to Dr Harrild and the PACS storage center. I picked up the mike again and told Jessica we were done, but she would have to remain very still as the bed was brought back to ground level again.

Ten minutes later, dressed again and sucking on a lollipop, Jessica was reunited with her father. As I brought her into the waiting room, where he sat slumped, anxious, he was immediately on his feet, trying to read me the way a man on trial tries to read the faces of the jurors filing back into court with a verdict already cast in stone. Jessica ran over to him, throwing her arms around him.

‘Look, I got four lollipops,’ she said, holding up the three untouched ones in her hand and pointing to the one in her mouth.

‘You deserve them,’ I said, ‘because you were such a brave, good patient. You would have been proud of her, sir.’

‘I’m always proud of my daughter,’ he said, picking her up and putting her on a bench, asking her to sit there for a moment, ‘while this nice lady and I have a talk.’

Motioning for me to follow him outside into the brisk autumn morning, he asked me the question I always know is coming after a scan:

‘Did you see anything?’

‘I’m certain the diagnostic radiologist, Dr Harrild, will be in contact with your primary-care physician this afternoon,’

I said, cognizant of the fact that I also sounded like a scripted automaton.

‘But you saw the scans, you know—’

‘Sir, I am not a trained radiologist – so I cannot offer a professional opinion.’

‘And I don’t design the ships I work on, but I can tell when something’s wrong if I see it in front of me. Because I have years of on-the-job experience. Just like you. So you now know, before anyone, if there is a tumor in my daughter’s head.’

‘Sir, you need to understand – I can neither legally nor ethically offer my opinion on the scans.’

‘Well, there’s a first time for everything. Please, ma’am. I’m begging you. I’ve got to know what you know.’

‘Please understand, I am sympathetic . . .’

‘I want an answer.’

‘And I won’t give you one. Because if I tell you good news and it turns out not to be good news . . .’

That startled him.

‘Are you telling me there’s good news?’

This is a strategy I frequently use when the scans show nothing, but the diagnostic radiologist has yet to study them and give them the all-clear. I cannot say what I think – because I don’t have the medical qualifications. Even though my knowledge of such things is quite extensive those are the hierarchical rules and I accept them. But I can, in my own way, try to calm fears when, I sense, there is clinical evidence that they are ungrounded.

‘I’m telling you that I cannot give you the all-clear. That is Dr Harrild’s job.’

‘But you think it’s “all-clear”.’

I looked at him directly.

‘I’m not a doctor. So if I did give you the all-clear I’d be breaking the rules. Do you understand, sir?’

He lowered his head, smiling, yet also fighting back tears.

‘I get it . . . and thank you. Thank you so much.’

‘I hope the news is good from Dr Harrild.’

Five minutes later I was knocking on Dr Harrild’s door.

‘Come in,’ he shouted.

Patrick Harrild is forty years old. He’s tall and lanky and has a fuzzy beard. He always dresses in a flannel shirt from L.L.Bean, chinos, and brown desert boots. When he first arrived here three years ago, some unkind colleagues referred to him as ‘the geek’ – because he isn’t exactly the most imposing or outwardly confident of men. In fact he does veer towards a reserve which many people falsely read as timidity. Before Dr Harrild the resident diagnostic radiologist was an old-school guy named Peter Potholm. He always came across as God the Father, intimidated all underlings, and would happily become unpleasant if he felt his authority was being challenged. I was always ultra-polite and professional with him – while simultaneously letting him play the role of Absolute Monarch in our little world. I got along with Dr Potholm, whereas three of the RTs actually left during his fourteen-year tenure (which ended when age finally forced him to retire). Dr Harrild couldn’t have been more different than ‘Pope Potholm’ (as the hospital staff used to refer to him). Not only is he unfailingly polite and diffident, he also asks opinions of others. But he did quietly engineer a staff member’s early retirement when she messed up five scans in a row. He’s a very decent and reasonable man, Dr Harrild – and an absolutely first-rate diagnostician. The

diffidence and the slight social awkwardness mask reinforced steel.

‘Hey, Laura,’ Dr Harrild said as I opened his office door. ‘Good news on the Jessica Ward front. It looks very all-clear to me.’

‘That is good news.’

‘Unless, of course, you spotted something I didn’t.’

Peter Potholm would have walked barefoot across hot coals rather than ask the medical opinion of a lowly RT. Whereas Dr Harrild . . .

‘I saw nothing worrying or sinister,’ I said.

‘Glad to hear it.’

‘Would you mind talking to Jessica’s father now? The poor man . . .’

‘Is he in the waiting area?’

I nodded.

‘We have Ethel Smythe in next, don’t we?’ he asked.

‘That’s right.’

‘Judging by the shadow on her lung last time . . .’

He let the sentence hang there. He didn’t need to finish it – as we had both looked at the X-ray I’d taken of Ethel Smythe’s lungs a few days earlier. And we’d both seen the very sinister shadow that covered a significant corner of the upper left ventricle – a shadow which made Dr Harrild pick up the phone to Ethel Smythe’s physician and tell him that a CT scan was urgently required.

‘Anyway, I will go give Mr Ward the good news about his daughter.’

Fifteen minutes later I was prepping Ethel Smythe. She was a woman about my age. Divorced, no children. A cafeteria lady in the local high school. Significantly overweight.

And a significant smoker, as in twenty a day for the past twenty-three years (it was all there on her chart).

She was also relentlessly chatty – trying to mask her nervousness during the X-ray with an ongoing stream of talk, all of which was about the many details of her life. The house she had up in Waldeboro which was in urgent need of a new roof, but which she couldn't afford. Her seventy-nine-year-old mother who never had a nice word for her. A sister in Michigan who was married to 'the meanest man this side of the Mississippi'. The fact that her physician, Dr Wesley, was 'a dreamboat, always so kind and reassuring', and how he told her he 'just wanted "to rule a few things out", and he said that to me in such a lovely, kind voice . . . well, there can't be anything wrong with me, can there?'

The X-ray said otherwise – and here she was, now changed into the largest hospital gown we had, her eyes wild with fear, talking, talking, talking as she positioned herself on the table, wincing as I inserted the IV needle in her arm, telling me repeatedly:

'Surely it can't be anything. Surely that shadow Dr Wesley told me about was an error, wasn't it?'

'As soon as our diagnostic radiologist has seen the scan we'll be taking today—'

'But you saw the X-ray. And you don't think it's anything bad, do you?'

'I never said that, ma'am.'

'Please call me Ethel. But you would have told me if it had been bad.'

'That's not my role in all this.'

'Why can't you tell me everything is fine? Why?'

Her eyes were wet, her voice belligerent, angry. I put my hand on her shoulder.

‘I know how frightening this all is. I know how difficult it is not knowing what is going on – and how being called back for a scan like this—’

‘How can you know? How?’

I squeezed her shoulder.

‘Ethel, please, let’s just get this behind you and then—’

‘They always told me it was a stupid habit. Marv – my ex-husband. Dr Wesley. Jackie – that’s my sister. Always said I was dancing with death. And now . . .’

A huge sob rose in her throat.

‘I want you to shut your eyes, Ethel, and concentrate on your breathing and—’

More sobs.

‘I’m going to step away now and get all this underway,’ I said. ‘Just keep breathing slowly. And the scan will be finished before you—’

‘I don’t want to die.’

This last statement came out as a whisper. Though I’d heard, over the years, other patients utter this, the sight of this sad, frightened woman had me biting down on my lip and fighting tears . . . and yet again silently appalled at all this new-found vulnerability. Fortunately Ethel had her eyes firmly shut, so she couldn’t see my distress. I hurried into the technical room. I reached for the microphone and asked Ethel to remain very still. I set the scan in motion. In the seconds before the first images appeared on the screen I snapped my eyes shut, opening them again to see . . .

Cancer. Spiculated in shape, and from what I could discern,

already metastasized into the other lung and the lymphatic system.

Half an hour later Dr Harrild confirmed what I'd seen.

'Stage Four,' he said quietly. We both knew what that meant – especially with this sort of tumor in the lungs. Two to three months at best. As cancer deaths go, this one was never less than horrible.

'Where is she right now?' Dr Harrild asked.

'She insisted on going back to work,' I said, remembering how she'd told me she had to hurry back after the scan because the school lunch she'd be serving started at midday, and 'with all the cutbacks happening now I don't want to give my boss an excuse to fire me'.

Recalling this I felt myself getting shaky again.

'You OK, Laura?' Dr Harrild asked me, clearly studying me with care. Immediately I wiped my eyes and let the facade of steely detachment snap into place again.

'Fine,' I said, hearing the enforced crispness in my voice.

'Well,' he said, 'at least the little girl's news was good.'

'Yes, there's that.'

'All in a day's work, eh?'

'Yes,' I said quietly. 'All in a day's work.'

## Two

PEMAQUID POINT. A short stretch of sand – no more than a quarter-mile long – facing the open waters of the Atlantic. The ‘point’ is more of a cove: rocky, rugged, fringed on either side by vacation homes that are simple, but clearly upscale. Ostentation is never liked in this corner of Maine – so even those ‘from away’ (as anyone not born in the state is called) know better than to throw up the sort of garish shows of money that seem to be accepted elsewhere.

In Maine so much is kept out of sight.

I had the beach to myself. It was three-eighteen in the afternoon. A perfect October day. A hard blue sky. A hint of impending chill in the air. The light – already beginning to decrease wattage at this hour – still luminous. Maine. I’ve lived here all my life. Born here. Raised here. Educated here. Married here. All forty-two years I’ve had to date rooted in this one spot. How did that happen? How did I allow myself to stand so still? And why have so many people I know also talked themselves into limited horizons?

Maine. I come down to this point all the time. It’s a refuge for me. Especially as it reminds me of the fact that I am surrounded by a natural beauty that never ceases to humble me. Then there is the sea. When I was in a book group we worked our way through *Moby-Dick* two years ago. A retired navy woman named Krystal Orr wondered out loud why so many writers seemed to be drawn to the sea as a metaphor for so much to do with life. I heard myself saying: ‘Maybe

it's because, when you're by the sea, life doesn't seem so limited. You're looking out at infinite possibilities.' To which Krystal added: 'And the biggest possibility of them all is the possibility of escape.'

Was that woman reading my mind? Isn't that what I was always thinking as I came out here and faced the Atlantic – the fact that there is a world beyond the one behind me now? When I looked out at the water my back was turned to all that was my life. I could dwell in the illusion of elsewhere.

But then there was the distinct *bing* of my cellphone, bringing me back to the here-and-now, telling me that someone had just sent me a text.

Immediately I was scrambling in my bag for my phone, as I was certain that the text was from my son Ben.

Ben is nineteen; a sophomore at the University of Maine in Farmington. He's majoring in visual art there – a fact that drives my husband Dan just a little crazy. They've never been able to share much. We're all products of the forces that shaped us, aren't we? Dan was raised poor in Aroostook County; the son of a part-time lumberman who drank too much and never really knew how to spell the word *r-e-s-p-o-n-s-i-b-i-l-i-t-y*. But he also loved his son, even if he often thought nothing of lashing out at him while tanked. Dan grew up both adoring and fearing his dad – and always trying to be the tough outdoorsman that his father considered himself to be. The fact that Dan himself rarely touches alcohol – and looks askance at me if I dare to have a second glass of wine – speaks volumes about the lasting trauma of his dad's considerable drink-fueled furies. He privately knows his own father was a weak, cowardly little man who, like all

bullies, used brutality to mask his own self-loathing. As such, I've tried to talk to Dan on many occasions about the fact that he is a much better person than his father – and that he should extend his innate decency to his son, whatever about their polar differences. It's not as if Dan is in any way cruel or hostile towards Ben. He shows only nominal interest in him, and refuses to explain to me why he treats his only son as a stranger.

Only recently, after Ben was written up in the *Portland Phoenix* as a young artist to watch – on the basis of a collage he had exhibited at the Portland Museum of Art, which turned 'the deconstructed remnants' of lobster pots into 'a chilling vision of modern incarceration' (or, at least, that's what the critic in the *Phoenix* called it), Dan asked me if I thought Ben was, in any way, 'disturbed'? I tried to mask my horror at this question, instead asking: 'What on earth makes you think that?'

'Well, just look at that damn collage which all those smarty-pants down in Portland think is so fantastic.'

'People respond to the piece because it is provocative, and uses something indigenous to Maine – a lobster pot – as a way of—'

'*"Indigenous"*,' Dan said with a decided sneer. 'You and your big words again.'

'Why are you being so hurtful?'

'I'm just voicing an opinion. But go on and tell me I'm shooting my mouth off again. And this is the reason I'm still out of work twenty-one months after—'

'Unless you were keeping something from me, you didn't lose your job for saying the sort of inappropriate things you're saying now.'

‘So I’m also inappropriate, am I? Unlike our “brilliant” son. Maine’s next Picasso.’

Ever since he’d lost his job Dan had begun to increasingly display flashes of unkindness. Though an apology for this last harsh comment was immediately forthcoming (‘There I go again, and I really don’t know why you put up with me’) the effect was, yet again, corrosive. Even if these momentary lapses only arose twice a month, they were coupled with the way Dan was increasingly withdrawing into himself – and refusing to share any of the understandable anger he felt about being laid off. The result was that things just seemed askew at home. I can’t say ours was ever the most romantic or passionate of marriages (not that I had anything since my marriage to compare it to). But we had rubbed along for years in a reasonable, stable way. Until the lay-off that suddenly opened up a dark recess which seemed to grow larger with each ensuing month when Dan was stuck at home, wondering if his career would ever be resuscitated again.

What I sensed most unsettled Dan now about his son was the fact that he was, at the age of nineteen, already getting recognition for his work. To be chosen to exhibit in the Young Maine Artists show at the Portland Museum of Art, to be just one of two college students included in the exhibition, to have a critic call him innovative and a talent to watch . . . All right, I know my maternal pride is talking here. But still it’s quite an achievement. And Ben is such a thoughtful, considerate, and wonderfully quirky young man – and one who just wants his father’s love and approval. But Dan simply can’t see that. Instead, from hints dropped here and there, it’s clear that he’s quietly uncomfortable with the

fact that the boy he always wrote off as different, weird, not the sort of son he expected, is very much coming into his own – and being publicly praised for that. I often tell myself that once Dan finds a good job again, all will be well. Just as I simultaneously think: If only an instant fix could change everything.

*Bing.*

More pips, informing me that this newly arrived text was demanding my attention. I now had the phone in my hand and was squinting at the screen, the sunlight blurring the message. Cupping my hand around it I could make out the following words:

Please call me now . . . Ben

Immediately I felt anxiety coursing everywhere within me. The same anxiety that now hits whenever Ben sends me one of these messages. My son is currently in a somewhat dark place. From the outside – if you just look objectively at the facts – it might seem like much ado about a silly romance. Nine months ago Ben met a young woman named Allison Fell. Like him she's studying visual art at Farmington. Her father is a big-deal lawyer in Portland. They live in one of those big houses that hug the coast in Cape Elizabeth – the most exclusive suburb of the city. I gather that her parents were wildly disappointed when she didn't get into a variety of ultra-prestigious colleges ('I was never that into studying,' she told me) and had to 'make do' with U Maine Farmington (which has actually become quite a respected liberal arts college, despite the State U tag). She's relatively pretty and seriously bohemian; the sort of nineteen-year-old who dresses all the time in black, keeps her long nails also painted black, and wears her elbow-length black hair in an elaborate braid.

I often think she targeted Ben because he was the most talented of the small group of young visual artists at Farmington and because he was so ‘cute and vulnerable’. For Ben, the fact that this very outgoing, very confident, very flamboyant, rather rich young woman wanted him . . . well, considering how in high school he was girlfriend-less and often considered himself ‘something of a freak’, he was just completely overwhelmed by Allison’s desire for him. Just as I’m pretty sure she also introduced him to the pleasures of sex.

All this started in January of this year – though Ben told me nothing about it until Easter when he was back from college. He asked if we could go out to Moody’s Diner for lunch. There, over grilled cheese sandwiches, he informed me, in such a shy, hesitating way, that he’d met someone. His difficulty in articulating this – the way he also said, ‘Please don’t tell Dad. I don’t think he’ll like her’ – filled my heart with such love and worry for him. Because I could see that he was in an unknown territory and rather deluged by it all.

‘What do you feel exactly for Allison?’ I asked him at the time.

‘I want to marry her,’ he blurted out, then blushed a deep red.

‘I see,’ I said, trying to sound as neutral as possible. ‘And does Allison want this?’

‘Absolutely. She said I am the love of her life.’

‘Well . . . that’s lovely. Truly lovely. But . . . you’ve been together how long?’

‘Ninety-one days.’

‘I see,’ I said again, thinking: *Oh my God, he knows the*

*exact number of days and maybe even the exact number of hours.*

‘First love is always so . . . surprising,’ I said. ‘You really cannot believe it. And while I certainly don’t want to rain on your parade . . .’

*Oh God, why did I use that cliché?*

‘. . . but . . . all I’m saying to you, is – how wonderful! Just give it all a little time.’

‘I love her, Mom . . . and she loves me.’

‘Well . . .’

There was so much I wanted to say . . . and so much I realized I couldn’t say. Except:

‘I’m so happy for you.’

We met Allison once. Poor Ben was so nervous, and Dan asked a lot of leading questions about how much seafrontage her parents had in Cape Elizabeth, and Allison was looking around our rather simple home and smiling to herself. Meanwhile I was trying to will everyone to relax and like each other, even if I knew this was downright impossible. I didn’t like the way she was so deliberately tactile with Ben, stroking his thigh with her hand at one point in full view of both Dan and myself, whispering things in his ear (she may think herself a Goth, but she behaves like an adolescent), and playing on his evident neediness. All right, maybe I was being far too maternal/cautious – but what worried me most here was that Ben was so in love with being in love. How could I explain to him that sometimes we project onto others that which our heart so wants. As such, we aren’t seeing the other person at all.

Dan told me after the dinner:

‘She’ll drop him like a hot potato the moment she’s decided he’s outlived his interest to her.’

‘Maybe you should have a talk with him about—’

‘About what? The kid never listens to me. And he finds me so damn conservative, so Republican . . .’

‘Just talk with him, Dan. He really needs your support.’

To my husband’s credit the next time Ben was home for a weekend from college they did spend much of the afternoon raking leaves in our garden and talking. Afterwards Ben said that his father seemed genuinely interested in knowing how he felt about Allison and just how serious it was. ‘And he didn’t lecture me about anything.’

Then, just six weeks ago, I got a phone call early one morning from the college. Ben had been found by a campus security officer in the middle of the night beneath a tree near his dormitory, oblivious to the pouring rain that had been cascading down for hours. He was brought to the college nurse, diagnosed with a bad chill (thank God it was only the tail end of August) and sent back to his dorm room. After that Ben refused to get out of bed, refused to speak with anyone. When this carried on for two days his roommate did the smart thing and alerted the college authorities. A doctor was called to Ben’s bedside. When he didn’t respond to the doctor’s entreaties to speak or even make eye contact with him Ben was transferred to the psychiatric wing of the local hospital.

That’s when Dan and I both rushed up to Farmington. When we reached the infirmary and Ben saw us, he turned away, hiding his head under a pillow, refusing to engage whatsoever with us, despite the nurse on duty asking him to at least acknowledge his parents’ presence in the room.

I was doing my best to keep my emotions in check, but Dan actually had to leave the ward he was so upset. I found

him outside, smoking one of the three cigarettes he still smokes a day, his eyes welling up with tears, clearly so unsettled by the psychological state of his son. When I put my arms around him he briefly buried his head in my shoulder, then shrugged off my embrace, embarrassed by the outward sign of emotion. Rubbing his eyes, sucking in a deep lungful of smoke, he said:

‘I want to kill that little rich bitch.’

I said nothing. Except:

‘He’ll be OK, he’ll get through this.’

The psychiatrist on duty – a large, formidable woman named Dr Claire Allen – told us later that day:

‘I suppose you are aware of the fact that Ben’s girlfriend took up with someone else just a few days ago. My advice to you is to give him a little space right now. Let him start talking with me over the next few days. Let me help him find his way to an easier place – and then I’m certain he’ll want to talk to you both.’

To Dr Allen’s credit she phoned me every few days to update me on his progress – though she also informed me that the information she was providing me with was ‘very generalized’ so as not to breach patient/doctor confidentiality. As such she would never go into anything that was discussed during their sessions. To Dan’s credit he was eager to hear all the developments from Farmington and seemed relieved to discover that Ben was talking and ‘genuinely wants to get better’ (to quote Dr Allen’s direct words). He left the hospital after a week. But it was a full three weeks before Ben returned to classes and before Dr Allen gave us the all-clear to see him. On the day in question Dan had a first interview for that job in Augusta, so I went up on my own to the college.

I met Dr Allen alone in her office. She pronounced herself pleased with Ben's progress, telling me that, though still rather vulnerable, he seemed to have come to terms with what had befallen him and was having two sessions a week with her to 'talk through a lot of things'.

'I have to say that, without revealing too much of what Ben told me, he still does have a great deal to work through. I know all about him being chosen for that big exhibition in Portland. But like so many creative people he is also wracked by considerable doubt – especially when it comes to the issue of self-esteem. He has told me he is very close to you.'

'I like to think that,' I said, also noting her professional silence on the subject of his father.

'There's a sister, isn't there?'

'That's right, Sally.'

'They are rather different, aren't they?'

Understatement of the year. If Ben is creative and withdrawn and tentative about himself, yet also given to thinking outside the box, then Sally is his diametric opposite. She is wildly outgoing, wildly confident. Dan adores her, as she adores her dad – though his testiness has been getting to her recently. My own relationship with Sally is a little more complicated. Part of this, I think, has to do with the usual stuff that adolescent girls (she's seventeen) have with their moms. But the other part – the part that troubles me – stems from the fact that we are, in so many ways, such profoundly different people. Sally is Ms Popularity at her high school. She has worked hard at this role, as she truly cares about being liked. She is very all-American girl. Tall, clean-limbed, sandy-haired, always fresh-faced and well scrubbed, with great

teeth. Her image means so much to her – to the point where she is already obsessively working out two hours a day and spends at least forty-five minutes every night ensuring that her face is blemish-free. She uses teeth-whitening strips to make certain that her smile is electrifying. No wonder she has half the football team chasing after her, though her current steady, Brad, is the school's baseball star pitcher. He's also something of a politician in the making who, I sense, sees Sally as nothing more than a very good-looking girl to have on his arm. Sally knows this too. When Brad was admitted early decision to Dartmouth a few weeks ago, I found her crying in our living room after school. In a rare moment, she confided in me:

'He'll be in that fancy Ivy League college in New Hampshire and I'll be up in Orono at stupid U Maine.'

'U Maine is where I went.'

'Yeah, but you could have gone anywhere you wanted to.'

'U Maine offered me a full scholarship. My parents didn't have any money and—'

'Well, if I had the grades to get into Dartmouth, would we have the money to—?'

'We would find the money,' I said, sounding a little tetchy on this subject, as Sally will sometimes bemoan the fact that we have to live so carefully right now – though, thankfully, she only targets me for these comments, as she knows it would devastate her father to hear his much-adored daughter going on about the lack of family capital. But she also chooses me to vent her frustration to about most things to do with her life – especially the fact that she wasn't born into a family of Wall Street big shots. For Sally there are always points of comparison. Brad's father made a lot of money opening a small

chain of big box hardware stores around the state – but still decided to send his very ambitious youngest son to the local public school (I like that fact). Brad’s parents live in a big waterfront house with all sorts of deluxe fittings (a sauna, a jacuzzi, an indoor gym, an outdoor pool, plasma televisions in every room). They now also have a home in ‘an exclusive gated development’ (Sally’s exact words) near Tampa. She spent a week with Brad down at their Florida spread, and went out with Brad and his father on the family cabin cruiser. And Brad already has his very own ‘cool’ car: a Mini Cooper. And . . .

I truly love my daughter. I admire her optimism, her verve, her forward momentum. But I also wonder often what she’s driving towards.

‘I know Brad’s going to drop me as soon as we graduate next summer and we both head to college. Because he thinks of me as his high-school fun, nothing more. And he’s after somebody who can be a future senator’s wife.’

‘Is that what you want to be – a senator’s wife?’

‘Do I hear disappointment in your voice, Mom?’

‘You never disappoint me, Sally.’

‘I wish I could believe that.’

‘I don’t want you to be anything you don’t want to be.’

‘But you don’t like the fact that I want to marry a man like Brad.’

*As opposed to specifically marrying Brad? Was that the underlying theme here – marrying a guy with money who has firmly planted himself on the career escalator marked ‘Up’?*

‘Everyone has their own agenda, their own aspirations,’ I said.

‘And there you go again, putting me down.’

‘How is what I said putting you down?’

‘Because my aspirations strike you as small. Because I am not going to do anything fantastic with my life . . .’

‘You have many gifts, Sally.’

‘You consider me shallow and vacuous and someone who, unlike you, never picks up a book.’

‘You know that I think the world of you.’

‘Ben is your favorite.’

‘I consider you and Ben equally wonderful. And the thing is, you honestly have no idea what your life is going to turn out to be. Or where it will land you. Even when you think: “So this is what my life is now,” well, things can change in an instant or two.’

‘You think that because you look at other people’s tumors all day.’

*Ouch.* I smiled tightly.

‘Well . . . it does give me an interesting perspective on things.’

‘I don’t want to be a slave to routine.’

‘Then don’t be somebody’s wife.’

There. I said it. Sally flinched, then shot back with:

‘You’re somebody’s wife.’

‘Yes, I am. But—’

‘You don’t have to complete the sentence, Mom. And I know if I were a really creative type like Ben . . .’

There are certain arguments with children that you simply cannot win.

*‘There’s a sister, isn’t there?’*

*‘That’s right, Sally.’*

*‘And they are rather different, aren’t they?’*

I was snapped back into the here-and-now of Dr Allen’s office.

‘Sally is a rather different person to Ben,’ I said, hopefully sounding neutral.

‘Ben intimated that to me. Just as he intimated he feels closer to you than to his father.’

‘Dan stills loves Ben.’

Dr Allen looked at me with care.

‘I’m sure he does, in his own way,’ she said. ‘But let me ask you something, Laura – do you always feel the need to make things better?’

‘Is there anything wrong with that?’

‘It can be rather disheartening, can’t it? I mean, other people’s happiness – it’s ultimately their own concern, isn’t it? And that also includes your children at this point in their lives. You can’t blame yourself for Ben’s problems.’

‘Easier said than done.’

Half an hour later I met Ben – as arranged by Dr Allen – at a café off campus. He’d lost a noticeable amount of weight – and he was already skinny before all this. His face still looked a little pasty. He let me hug him, but didn’t respond in kind. He had difficulty looking at me directly during the half-hour that we spoke. At first, when I told him how well he looked, he said: ‘Mom, you’ve never lied to me about anything . . . so please don’t start now.’ He then proceeded to ask me how things were going at home, whether his sister was ‘still hung up on Mr Jock Republican’ (I was very reassured to hear his natural acerbity hadn’t vanished), and how he’d actually started a new canvas that was not a collage.

‘It’s a painting this time. So it doesn’t contain body parts or try to replicate a car crash with me behind the wheel of a Porsche.’

‘You mean, like James Dean?’ I asked.  
‘My mother the Culturally Aware Technologist.’  
‘Not that culturally aware.’  
‘You just read more than anyone I know.’  
‘That’s more of a hobby . . .’  
‘You should try and write, Mom.’  
‘What would I have to write about? I’ve not done anything that interesting or important with my life . . . outside of raising you and Sally.’  
‘You were under no obligation to add that.’  
‘But it’s the truth.’  
Ben reached out briefly to touch my arm.  
‘Thank you.’  
‘You look a little tired,’ I said.  
‘I’m finally starting to sleep again without pills. But I’m still on other medication. Pills to keep me happy.’  
‘There’s no real pill for that,’ I said.  
‘Isn’t that the truth,’ Ben said with just the barest hint of a smile.  
‘But you seem stronger . . .’  
‘You’re being far too nice again.’  
‘Would you rather me be far too mean?’  
Another half-smile from Ben.  
‘You’d never pull it off,’ he said.  
‘It’s good to see you OK, Ben.’  
‘I’m sorry if I freaked you out.’  
‘You didn’t freak me out.’  
‘Yeah, right . . .’  
‘OK, I was very concerned. So was your father . . .’  
‘But you’re here today.’  
‘Your dad’s got a job interview this morning.’

‘That’s good news. Because it’s all such bad news with him now.’

‘That’s a little extreme, Ben. He loves you very much.’

‘But we’re not friends.’

‘That will change.’

‘Yeah, right.’

‘At least *we’re* friends,’ I said.

Ben nodded.

‘You’re sure you’re not angry at me?’ he asked.

‘I’m never angry at you.’

Upon returning home that evening from Farmington I wrote my son a text, informing him that, though I was always here for him day and night, I still wouldn’t crowd him.

Take your time, know that I am always at the end of the phone – and can be with you in ninety minutes if you need me.

Since then, I’ve had at least two texts a day from Ben – often funny/ruminative (Do you think the only real broken hearts are in country and western songs?), sometimes troubled (Really bad night’s sleep. Session with Dr Allen today), sometimes just a hello. Twice a week there’d always be a phone call. But still no indication that he wanted to spend a weekend at home, or wanted to see me.

Until . . .

*Bing.*

Staring out at the water from Pemaquid Point, my brain awash with so many thoughts, I dug out my cellphone and found myself reading:

Hey Mom. Want to finally get out of Dodge this weekend. Thinking maybe we could meet somewhere like

Portland. A couple of good movies in town. We could also catch dinner somewhere. You up for this?

Damn. Damn. Damn. This would have to be the one weekend in literally nine years that I am going out of town. I texted back:

Hey Ben. Would love to do dinner and a movie Saturday . . . but I have that professional conference this weekend in Boston. I could try to get out of it . . .

His immediate reply:

Don't do that for me.

My immediate reply:

It's just a work thing. But you are more important than that.

And you never go anywhere – so let's push the night out to next weekend.

Now I'm feeling guilty.

You're always feeling guilty about something, Mom. Go run away for a few days – and try not to feel bad about it.

I stared at this last text long and hard. Thinking of a phrase my poor father invoked time and time again whenever considering the limitations he'd placed on his own life:

Easier said than done.

And considering my own personal condition, Ben's admonition genuinely unsettled me. Because the only response that came to mind was:

Easier said than done.