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Getting the News: A Signer among Signs

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Getting the News: A Signer among Signs

All this hearing and being heard takes time . . .

—Lyn Hejinian, *A Border Comedy*

AT first there were only looks and very few words. I didn't even have a name, so I asked her *her* name, assuming that if I called her by her name, *I* might begin to have one.

"She" was the ultrasound technician who was examining an image of the inner contours of my breast on a screen. Before I met her, there had been a mammography technician who called me back into her room in the hope of gaining a better purchase on the mystery, of getting the machine to hone in, to bore down into, to see. Behind the scenes, I knew, there was also a radiologist, invisible as Oz's wizard; she was planted somewhere, in an inner sanctum, reading. She was neither chewing gum nor drinking coffee in my mind's eye; she wasn't leafing through the empty paragraphs of a waiting room's magazines, she was *reading*—undistracted, I hoped, by her love life, the pain in her left foot that was requiring an undue emphasis on the right, the impending visit from her estranged daughter, the whiff of a near nightmare she'd had the night before, the matter of her refrigerator seemingly on the fritz with the dinner party upcoming, or the unsettling-because-no-longer-disturbing news of that morning's death toll from the war in Iraq.

Mammograms are painfully unpleasant, but at least you *stand* for them. In the ultrasound room you are supine—which in medical situations, as far as I'm concerned, is never good. Rather than look at the screen, I watched the ultrasound technician watching. I tried to read her face. It was peering, and at a certain point became more alert, the way a scuba diver's might when he finds the endangered anemone he's in search of. But this nearly jubilant alert-

ness turned almost immediately into its opposite: the nameless woman's face turned—there is only one word for it—grave. She gave me her face, her sad face, and said, "You stay right here while I show this to the doctor."

The doctor and the technician returned together, the wizard revealing herself to be buxom and long-nosed, a kind of Wallace and Gromit figure with a British accent—not a mainland accent but the tonally differentiated purr of someone reared in a colony. (My guess: South Africa or New Zealand.) She neither asked me my name nor greeted me, but bustled all aflutter toward the screen as she took the matter literally into her hands. She began to wield the ultrasound wand as if to suggest that if she did this herself, she'd see something different and better than the technician had. The doctor didn't quite know how to angle the instrument, so the technician helped her by saying, "Do you see the shadow, and the peaks?" These words called to mind a painting by Caspar David Friedrich.

The doctor then looked at me as though I were an out-of-focus text and she was without her reading glasses. "Yes, you need to arrange to have a biopsy. This is concerning," she said. And I said, "But I'm leaving town tomorrow; I'm a writer, and I have a new book just out, and I'm giving a series of readings from it beginning in California." She looked at me sadly and said, "You'll have to figure something out." Then she left the room.

"What's your name?" I said to the technician.

"Joan," she said, and I said, "Joan, my name is Mary. Can you tell me something about what you're seeing?" She used the doctor's word—"Well, it's concerning"—and then she said, "It's suspicious." The euphemisms were coming thick and fast, and then her face turned grave again, and I thought she was going to say, "It's your cat, your little cat with the graceful lilt and upturned tail, something fell on your cat and smothered her, and well, she's dead," but what she said was—moving her head to one side as though she knew I would want to punch it—"It's definitely not a cyst."

"So what does that mean?" I asked.

"It means it's a mass. It's concerning."

I'm not sure at what point I moved from lying down to sitting up, but I remember saying to Joan, as though I didn't have to think about it, the words coming so naturally, "I guess it's my turn." Joan gasped a little, my words annoying her, and she addressed me as though I were saying something self-punishing or inappropriately not nice about myself.

"Don't say that!" she said, still with the long face.

So I explained, because Joan clearly wasn't understanding me.

I said, "I'm not saying I'm going to die, but every other woman I know has cancer, so I'm just saying I guess it's my turn. I mean why *shouldn't* I have it?" And hearing myself say this I cried a little, but not for long because I knew I had to gather my "real" clothes now from their locker, and I didn't want to disturb the other women in the waiting room; I didn't want them to know what I had been told about myself, so I quickly wiped my tears.

Now Joan offered help: she told me they were going to call my gynecologist and that maybe the biopsy could be performed that afternoon.

"So this is him, right, Doctor Timothy Speers?" she asked, looking at a chart, and I corrected her: "No, it's Doctor Beaumont, René Beaumont." Joan showed me the form with the wrong name on it, and I noticed that the name of the radiologist was wrong, too, because I'd just met the buxom woman with the long nose and I don't think her name was James L. Fraser, MD. Maybe this world was like marriage: all the female doctors had to take on the names of their male peers.

I was entering a world in which names didn't matter, nor words, when both were everything to me.

I'm amazed by how my mind never slows down, how it gathers together in a flash multiple points of compatible referents as a means of making sense of things. Or maybe that is only something it's doing now, confronted as it appears to be by the c-word: not the dirty word for woman, nor the kiddy name for shit, but the rampant and yet still tabooed emblem for a disease entity that scrabbles sideways like its namesake among crustaceans and hosts patterns much less wondrous than fractals. I'm sure that through the right set of eyes something marvelous must lurk inside a c-cell, not only something horrifying.

Joan had cut a path through my gynecologist's waiting room upstairs, and within an hour I was seeing Doctor Beaumont, but with a different sense than I had ever felt before: suddenly I was in love with my gynecologist for the way she stood for someone I had known and in whose care I'd been, however routine that was, and intermittent. She introduced me to a word other than *mass*.

"So it's not a cyst," I said, and she said, "The thing about it is that it's *solid*. Ultrasound is very good at telling the difference. And it could be a kind of fibrous mass that women get, but the thing that is concerning is that its edges are ragged, where the edges of most benign tumors are smooth." Prior

to trusting me with such an important distinction, she had complimented me on finding the lump because she found it hard to feel as she examined me, and had shared her sense of hopefulness that it was small.

“Would that this too, too solid flesh would melt, thaw, and resolve itself into a dew.” Literary references immediately entered my mind. I felt like reciting Hamlet’s words, but checked myself. Alice James’s description of the lump in her breast also occurred to me, and Susan Sontag—almost as though her impeccably wise face were nearby—whispered to me a line from *Illness as Metaphor* about illness depositing a person onto “an island of difference.” (I heard this line even though nothing about a potential breast c- diagnosis made me feel “distinct.” It’s really utterly banal.)

My mind, so as not to spin off course, tries to interpret the situation it finds itself in with metaphors. Without metaphors, I’m hopelessly alone. *With* metaphors, I’m *like*, I’m *kin*. So I gave myself, not trying to, two metaphors when I went back to get my clothes outside the room where I’d earlier chatted with the other women and had even made them laugh as together, waiting, we blankly faced the obligatory tv screen—whose loop of tales of necessary prophylaxis against all the illnesses in the world, and hopeful skits about autistic boys who do karate, and quizzes about which fruit juice was best for your kidneys, went around and around and around like an idiotic song on a player piano.

Two metaphors helped me imagine what I had become, or at least what I *felt* like: the first was an image of a rotten apple discovered among the good. (Maybe because our smocks were red.) I’d been identified as rotten, or at least rotting, and plucked from among the barrel of women in the waiting room to be deposited somewhere else. Fast upon the rotten apple idea, I thought of something else I felt like: the person taken out of line for execution. Somebody had to be picked, and this is what it felt like. “Go with that!” I told myself. Hmm. It’s not the same as being chosen or not for a team in the lineup in gym class, but images of adolescent popularity or lack thereof hung nearby.

Other images I gave myself were more implicitly soothing. Lying on my side, readying myself for the biopsy—no one had ever described to me the parts of this procedure—I’d hoped to gaze at the ocean mural painted by a student from the Rhode Island School of Design onto one of the hospital’s ceiling panels. But the gurney got pulled around, turning the image upside down.

The steps of a core biopsy go like this—and remember, you’re awake: first, a needle filled with local anesthetic is inserted into the affected breast. Then a small incision is made through which the doctor guides a tube, into which she inserts an instrument she’ll use to take samples of the tumor, the contours of which she simultaneously watches on an ultrasound screen. She needs to withdraw five samples minimum, and the instrument makes a loud stapling sound with each extraction. Sometimes the samples “break up” and she has to take more.

I told myself I was of “strong peasant stock,” and I called up an image of my great-grandmother, all but one of whose six children died young. At a certain point in the litany of child deaths, she made a pilgrimage to Rome to climb the Scala Sancta on her knees.

“This is nothing!” I told myself, and when the doctor and technician beheld my calm—“You didn’t even flinch!” they said—I lied a little. I told them I had practiced tai chi.

They sent me home with a prescription: “Go out and buy six bags of frozen peas,” said Monty the technician, “and keep them tucked inside a tight-fitting bra for the next twenty-four hours. That’s going to be the best thing you can do for yourself.”

Again an image came, this time the memory of an afternoon of terrific heat in a town outside Milan. It never got so hot there; no one had air conditioners, and the two pugs that belonged to the woman I was staying with were nearly hyperventilating. So she applied packs of frozen peas to the sides of their heaving jowls, but the dogs bit through the bags and ate the peas.

Given a choice among descriptors for your tumor, which would you prefer—that the edges be “ragged,” “pointed,” “peaked,” “starlike,” “spiculated,” or “fingerlike”? Does a tumor’s edge by any other name rage as fiercely? Each of these adjectives was delivered to me in a twenty-four-hour period, and I was struck by their range. A finger has to be unfurled, a peak scaled, a star . . . well, a star is simply beyond reach, but I appreciated its fanciful dimensions: as though the sheriff’s badge I wore as a kid had embedded itself, as though the fairy who’d touched the tip of her wand to me while I was sleeping, meaning to bejewel me, had harmed me. In an ultrasound image, edges look like pieces of a moth’s wing, the moth caught inside your chest, the tumor’s changing form, its batting. “Ragged” suggests unkempt. “Fingers” emit a body within the body that can encroach, grab, and strangle; “fingerlike” is my least favorite descriptor.

Words *do* matter, and yet there's a way in which a tumor is like nothing but itself—in the same way that, in the earliest days of our lives, when everyone is saying, “You look like your mother!,” “You look like your father!,” one brave, wise soul looks you in the eye and says, “You look like nobody but yourself.”

Words do matter. What if, instead of saying “I have breast cancer,” I name it EPM (Environmental Pollutant Marker or Environmental Pollutant Mangler)? Or how about PPP—Plastic Polymer Perverter. I'm not suffering from anything just yet: PPP in its earliest stages is symptomless. In fact, I've never felt better in my life. I've only been duped, despoiled by global capitalism and imperialism, in which case I'm a benighted victim of GCI syndrome—and I was such a “productive citizen” too.

Names are key. The answering machine can be a devilish device once the “news” is out.

Message #1: “Hi you guys, it's Lori White. I just got the news of Jeannie's diagnosis from Laura in an e-mail, and I just want to give you such positive thoughts. Having beat this myself, I know there's so much to be hopeful about, Jeannie, and I really want to talk to you. I hope you'll call me tonight. . . . Tomorrow I'm participating in a triathlon. I'm in great shape, and I'm going to show the world I can run a triathlon with one breast! I hope you'll call me!”

Message #2: “Uh, Jeannie, Mary, I'm so sorry. I just re-read Laura's message and I see it's Mary who has cancer. Mary, I'm so sorry. To be honest, I was a little bit in shock when I read the news and I wasn't thinking clearly. So, *Mary*, I hope you'll give me a call because I really want to talk to you about this, OK?”

You can't blame people. Their being upset must be a sign that they love you, right? But you perhaps should be forewarned that their reading and listening faculties are likely to go awry at this time, so you'll have to keep them on track and stay clear for them.

Mary: “Hi Lewis, it's Mary. I know you got the message that it *is* cancer.”

Lewis: “Oh my god, Mare, I can't believe it, do you really have stage five cancer then?”

I explained to this beloved friend, face to face in my garden, that the *radiologist's code* for my tumor was five, or “highly suggestive of malignancy,” but *stage five* cancer? I had to explain to him that if I had stage five cancer I'd be dead.

Language matters—and if you take a kabbalistic approach, you might fear people’s misuse of words as predictive, prophetic. Jeannie’s diagnosis! Stage five cancer! I’m not paranoid, but I have a sudden fervent need to stay away from these people or at least to find ways to fend off their readerly ineptitude.

“Is there breast cancer in your family?” somebody asks, hoping to take the genetic approach rather than the PPP approach. There’s not a single case of breast cancer in my entire extended family, I point out, only cancer of the blood, liver, lung, vocal cords, and brain.

Language matters: *positive* in cancer-land means *negative*. Dear friends, please stop sending me positive thoughts. Besides which, as valences, positive and negative aren’t all they’re cracked up to be—besides which, positive and negative are joined at the hip in the name of the same.

Would that, would that, were it that, wish it so. A wall has gone up inside me, and behind it I hear a hammering in spite of a splendid morning bike ride on the day I’m set to get “the news.” But I haven’t stopped noticing things. To notice is to know, to announce your own “new,” to be perceiving. I find it hard, though, to see beyond predetermined signs: the predictably claustrophobic edges of the waiting room’s walls, jutting. An “office plant.” Am I the only one to see “nipple” in “Nate Whipple Radiology,” one of many pamphlets stacked in a row for my reading pleasure?

If it were up to me, the whole waiting room gestalt would be different. There should be velvet; light food and drink; the invitation to sing; rich colors, low lights, and crayons; the expectation of mutual massage.

When I set my table at home, I have my guests in mind. I choose my favorite glasses, my most beautiful plates. I set water and wine within reach, and fruit—as much for its color as for its texture and taste. And my living room—it has others in mind, too: that’s why the orchid plant that finally bloomed this year, and the books, face the chair I know a friend will sit in.

From waiting room to news room—I thought the surgeon whom my gynecologist had recommended would take Jean and me into a consulting room, but he chose the “examining room” to share the news. Which means he’ll still be in charge, subject to my object, my being subject to his. What can you notice in the worst five minutes’ worth of waiting in your life, waiting for “the news”?

I notice that the wallpaper is torn, as though someone in desperation had tried to eat it. I notice a female figurine hanging from the ceiling by a string. You know the type: a diaphanously clad, long-blond-haired creature, with head thrown back and Barbie limbs, one leg lifted at the knee, barefoot with pointed toes. Her arms look like paddles—on closer inspection I see they're wings! Outside the door, the telltale shuffling of papers, and then he yells: "Tell her it was benign and I'll see her in six months." Clearly not the message meant for me, and I'm beginning to feel I'm in a foodless diner.

The doctor has that type of beard—there must be a name for it—in which the bristles surround the lips and chin but the cheeks are shaven. He's not about sharing information, he's affectless, and he pokes rather than presses: he gives me the most painful breast examination of my life. I say, "Ow." He says, "Sorry, but it must be done."

"You know, I'm sort of considering . . . I haven't had a chance really to think much . . . but over the weekend I was mulling and I'm considering maybe finding a woman to perform the surgery." He's just given us the "cancer news," but now he rises abruptly and literally shows Jean and me the door. It is an object I haven't really noticed till he swings it open and flees. He moves through the door and simultaneously mumbles without meeting my eyes, "I'm sorry I can't do anything about my gender." He also keeps me from having my pathology report. Maybe I can get it in a week, the receptionist tells me, when the part-time worker who does xeroxing comes in—she's awfully backed up—but it will cost fifteen dollars for the first page and twenty-five cents for each subsequent page.

I'm noticing a feeling of being bludgeoned, not by "the news" but by his affect. I'm noticing too, en route to radiology to get my records, in hospital elevators and sterilizing halls, the feeling of my smiling. I'm joshing with strangers in the halls, I'm almost catching my arm inside the elevator door and laughing. I'm smiling, I'm glad, I'm surprised to feel glad, I understand I'm glad to know now, to have the news, to have enough news to act on, to live with.

Words matter. "We didn't find what we were hoping for. It is cancer" was how I got the news, whereas a friend of mine who had cancer was told, "First of all, I want you to know you saved your own life with your finger; secondly, you're going to be in expert hands. There'll be a whole team of us taking care of you. Third, you might not hear everything I have to say today because it's all so overwhelming, so I'm going to take notes for you as I go."

Since “getting the news” I see the world differently, of course. For days I’ve been noticing beards—they’re everywhere!—the kind that surrounds a hungry, pouting mouth and lacks a face.

To read or not to read. That is the question. My new surgeon, whom I find in the ensuing days on the advice of a friend, is amazing. She’s generous, informative, brilliant, and highly skilled, and my new doctor is human, by which I mean, in the midst of her seamless presentation on infiltrating ductile carcinoma, she exhibits what they call in poker a “tell.”

She reads breasts and I read people, so I couldn’t help but notice. She was walking me through the labyrinth of possible treatment trajectories, a map of logical if-this-then-that and of how we would confront each “if.” She already had inspired my confidence like no other doctor in the history of my body except Ronald Batt—specialist in endometriosis, bless him—before she said, “*You* don’t want to be in the operating room any more than you need to be, and *I* don’t want to be in the operating room any more than I need to be. . . .” When she said this, she lifted her hand to her lab coat, simultaneously touching her own breast and pulling her coat across more fully to cover it. I don’t remember if it was her right or her left breast that she did this to—my problem being in the right breast at one o’clock, as they say—but the gesture meant something to me. Like ambivalence around the very thing she’s good at.

Maybe she doesn’t entirely like cutting into breasts.

Maybe she’s afraid someone less skilled than she may someday have to cut into hers.

Maybe she likes cutting into breasts and doesn’t like that she likes it.

Maybe she thinks I want her breasts—and maybe I do, though I couldn’t make them out behind her lab coat, and it’s her hands I take most seriously. I’m really interested in and mystified by the destiny of her particular hands operating on my particular breast at this moment in the midpoint of both our lives. I can’t possibly read her tell, but I observe and note it, and find in it desire intermixed with knowledge, which makes her more like me, which makes her human. I don’t conceive of our relation as involving an anonymous set of *shes*.

And yet the encounter makes me newly appreciate the work of the earlier radiologist who didn’t ask me my name. Because I can’t imagine the kind of reading she daily has to do, the stakes of her interpretations, the concentration required, the need to distinguish what, in a day’s work, must begin to

look maddeningly the same. Names might have to fall out of such a picture crammed with yawningly bland or boldly declarative signs, out of a lexicon of shadows, peaks, and gray matter, dense or dotted, variegated or matte, perversely amorphous as smoke signals.

In the week of waiting for “the news” and still thereafter—after “getting” it—my readerly apparatus goes a little crazy. The world suddenly seems full of *messages* meant for me. Every sign, a harbinger. The world abounds with signs transmitted mainly through animals and plants. Bicycling with my friend Karen, I watch a swan sail directly over us. When was the last time we saw a swan fly that high? Never. This has to be a “good sign.” A rabbit sighting—also good. Meaning: birth. On the way to the airport with Jean: wild turkeys. Standing uncannily on a plot of ground alongside the rushing highway. Regally plumed and puffed just like the paper ones on Thanksgiving tables. We’ve never *seen* wild turkeys. Indecipherable.

Alone in the garden, I see that the wintergreen I was going to pull up—it was decimated—is suddenly abloom with an abundance of new leaves. Message: you too will rejuvenate. One of my favorite plants, the honeysuckle, is *covered* in blight. Aphids, I notice, are sucking the life out of one cluster of blooms; then, my eye climbs the stairs of the entire plant to see all eight feet of it, usually happily wild in all directions, completely covered in aphids. It’s me, it’s cancer, I’m going to die.

Is reading the world this way plain narcissism or, more severely, solip-sism? Is it life reduced to the saccharine dimensions of an O. Henry tale? “The Last Leaf,” as I recall it, features a depressed, bedridden woman who has begun to identify with a vine growing outside her window. Every day someone opens the blinds for her, and every day, with the season’s change, more leaves have fallen—just as, every day, she feels more feeble. She’s convinced that when the last leaf falls, she too will die. An impoverished painter who lives in the same building gets wind of her *mishigas* and paints through the night, by starlight, a trompe l’oeil leaf onto the wall to trick the woman into hopefulness and living. Unfortunately, though the painting works for her, the painter, in true O. Henry storytelling fashion, falls off the scaffolding to his death.

Imagine if the world could be about something other than ourselves.

It’s a little sad to think that after all these years of seeing, I can’t see the world for what it is, as something distinct from me. Honeysuckle bushes don’t tell us things other than how we and the environment make it possible for them to grow.

Post notices. Take note. What's new? Did you hear the news? My making nature into a messenger tells me I want the world to notice that I'm in it—and to notice, just as significantly, that I'm gone.

Remember a book called *The Secret Life of Plants*? Its author tried to convince his readers that your plants could read your mind, feel your feelings, even register your mood and droop or spring accordingly hundreds of miles away. What could possibly have been going on in the culture to have produced such a book and made it a bestseller? That must have been a cataclysmic, desperate time, of people out of touch with themselves and with each other.

Do I believe in messages? Are messages a kind of news? I'll tell you this much: what's really unnerving about those aphids on the honeysuckle is that I had sucked the nectar from a few blossoms the day before—a practice begun in childhood and never given up—which means I probably ingested aphid eggs. I'm not sure if that's "good" for cancer or not. Are aphid eggs compatible with cancer or a deterrent? I'll probably never know.

For those who believe in messages, here's a tale: coincident with "finding my lump" a second time—because I noticed it one month and thought nothing of it until I felt it the next time—I dreamt about a woman named Dana. If this wasn't enough, I also saw Dana on a street in downtown Providence the following day. She was strolling with a backpack slung onto one shoulder. She glanced back at me and I almost called to her—"Dana?!" but stopped myself because Dana has been dead for at least eight years. But this woman on the street had the same butch swagger, the same blue-eyed glance, the same ease of movement, even the same downy blondness on her neck—the same neck I had to stop myself from kissing one day when Dana, the sun falling into the window of her pickup truck, drove me to her house to see her new tractor or her herb garden or the new chapter of her newest book. Dana and I were hired into the university's English department the same year, and I was glad at the orientation meeting to find a fellow dyke. Dana's lump was the same small size as mine, but she was only thirty-eight years old, her cancer showed up in other parts of her body, and she only lived a year beyond its self-discovery. "Seeing" Dana, I tried to psychoanalyze my sighting with a friend. I don't believe I *really saw* Dana but that I *wanted* to see her. I was particularly missing Dana that day, but why?

Because I wished she were alive to share my new book with, but also because, as I spun explanations with my good friend Arthur, my good friend Karen, my good friend Stephen, it had turned into a repetition compulsion

that went like this: “*Don’t you think it’s wild that I’m inventing this lump in my breast just now? It’s so transparent! So much that is good is happening to me this year that I’m superstitiously afraid I’m going to die. You know, I’ve been so blissed out for so long, and at first I thought my father might die during my book tour, or that my brother might truly attempt suicide instead of checking into the psychiatric ward—he’s back to calling me daily this month. So now I think I’m facing the real fear; it always comes down to the fear of your own death, right? These other worries are just displacements. If you die, you don’t have to face your desires. It’s all so transparent!*”

When Stephen hears me talk this way he starts to cry, as though he knows something that I don’t. He cries and apologizes, and he calls me back and cries some more, and says he’s just been in a mood and is sorry he burst into tears.

Dana Shugar, dear Dana, didn’t visit me in the merry month of May 2007, nor did she, in walking ahead and offering a backward glance, come to invite me into the “beyond.” Dana Shugar, one of the healthiest, strongest people I’ve ever known, was in this case a message I was trying to give myself *to see the doctor*. Dana’s meaning: you really should get that lump checked out.

Amid the bustle of the conscious life abloom, there’s another active set of selves, unconscious, worth listening to. Living is so untranslatable, unbridgeable, even occasionally unlivable in this regard: it daily presents us with messages worth listening to and messages worth ignoring. Here was, as I see it, a message from myself meant to help me, though at other times we’re nothing better than our own self-saboteurs.

A friend asks me if I’m sleeping and I say, “yes,” and really I’m amazed that I’m sleeping, that “the news” hasn’t disturbed my sleep. But of course it *has* because I’m *dreaming*—of chemotherapy sessions and furtive consultations inside of overly tiny rooms. I’m dreaming, which is better than not sleeping. Maybe the question is: “are you dreaming or have you stopped all that?” If we’re dreaming, we’re still “messaging,” and in that way, unlike frightened Hamlet—“to sleep perchance to dream”—we know we’re still alive.

Now that cancer has announced itself—and I’ve not just felt but acknowledged its presence at one o’clock (though I prefer “northeast”)—I fear that it might “travel” before the lump’s removed. Will it travel? Is it traveling now faster than the pace at which I place these words upon the page? “When I have fears that I may cease to be . . .” I imagine that if it travels it doesn’t do so on its own, willingly in search of a destination because it’s tired of my breast. I imagine it blundering in aqueous nothingness, utterly without meaning in its

movement—but this is only because I wish to remain more meaningful than it, for there's every possibility that my body, not just my mind, is a complex messaging system. If the cancer travels, there must be signals involved, and even interpretations. For all I know, my life and death are premised on my body's interpretations of itself.

Does a cancer cell sound, and if so, at what frequency does it speed a person to his death? These "signals" involved in cancer's moving—can I turn them off? Dim all the lights? Play dead and trick the cancer into dying too?

These interpretations of the body's relation to itself are neither right nor wrong. I've been telling my students this for years in the context of literary interpretation: there is no right or wrong interpretation, but some are better than others, and the best are those that make most possible a new account of truth, a different world, an abler set of options inside the nothing.

For most English profs, teaching advanced courses is more fun than, say, the class at the beginning of the beginning, the "introduction to the major," in which students know less than nothing—not even their names, or that naming has meaning. Whenever I teach that first course, though, I have the happy surprise of watching another's eyes widen to what they had never before considered: there's a joy in basics, in groundbreaking, in fundamentals. On the first day of class, we talk about the assumptions that attach to English profs—beards and pipes and grammar police—and to English majors. There's a difference between cultivating an alert, loving, inspiring relationship to language, I tell my students, and being a grammarian. We're not grammarians, I explain, nor are we training particularly to become beauticians, morticians, magicians, technicians, or electricians. I give them a new word for themselves (and for their parents); I explain that the power and pleasure of the English major is in becoming a semiotician—a reader not just of books or of literary uses of language, but of signs as basic to living as cells, and just as constitutive of what we take to be real.

Signs tell us how to move in our bodies and at what pace; they tell us who we are and how to know that; they even tell us whom to love and how. There doesn't seem to be a middle ground where semiotics is concerned, because once you begin to notice how language represents reality, justifies acts, and becomes a determinant of future action, you can't shut off the newly born faculty. Once you become sensitive to sign systems, you aspire to the multilingual,

you recognize in yourself a signer among signs. No longer an amnesiac in the world of signs, you proceed as though ever and always in love: you cling to words, you're a hanger-on of words.

My students and I pursue a double-entendre that looks something like this: what does it mean to "interpret" things? What does it mean that human beings have this capacity? How can we hone it and later put it to good use, even as we never claim to master it, but remain naive and humble inside a dread-filled fun house of signs?

The fact of breast cancer in all its commonness is not nearly so difficult to navigate as is its cavalcade of typically indecipherable, oh-so-well-meant, meaningfully meaningless signs.

In my first meeting with my new surgeon, I was given the pathologist's report as the single most important interpretation in a cancer dossier, an identifying grid that I must carry now inside my wallet alongside my driver's license and my library card. Exiting the examining room, I was given pamphlets describing procedures, cards documenting appointments, and a folder with explanations of treatment trajectories and expectations. I almost didn't have enough hands for it all when the kind receptionist added, "Oh, and this is for you," and with those words dropped an anthropological artifact from an unnamed culture onto my stash. It was an assemblage of words, objects, and possible uses. It exhibited signs of handicraft and care, however paltry, and its predominating color was among my least favorite—pink.

The "gift" consisted of a Styrofoam cup in which was lodged a tiny, no-longer-than-my-thumb figurine, topped with a rosebud. Someone had tied a thin strand of golden ribbon around the pink budlet from which hung a message in bold black print that read: "This 'Bottle of Hope' was made just for YOU!"

I felt an instant aversion to the YOU in capital letters—this you that needed special care, that needed bolstering, that might usurp the you you knew as you. I was acutely aware that it was given to me and not to Jean, to me alone and not to Jean and me. On the elevator, I guffawed and then cursed: "What *the fuck* am I supposed to do with this?" I stared down into the cup's lavish interiors to discover a carefully folded, perfectly pink napkin within which the entire ensemble was lodged.

I tried to "understand" it. I knew I'd need to respect whoever made this gift just meant for me—to appreciate the intention. Had "cancer survivors"

prepared the gift, or crazy people low on knitting supplies, or elderly women in search of volunteer work who loved the anonymity of good deeds—of knowing that some stranger’s dark cancer day would be brightened by all that pink?

Then I noticed that the slender thread of gold ribbon was attached through a *heart*-shaped hole that could barely contain the gift’s ironies: doesn’t Styrofoam cause cancer? Shouldn’t a bottle of hope have something in it—like maybe one’s drug of choice? And here I could only feel a little regretful that the only drugs I’d ever consumed in the course of my forty-six years were Advil and Tylenol (I didn’t trust generic brands) plus a combination of estrogen and progesterone to keep my endometriosis in check. I’d never “done” a single recreational drug—sad admission—in my life; I hadn’t even entered the realms of middle-class palliatives such as anti-anxiety drugs or antidepressants. Perhaps there was still time. Perhaps now was the time to live more recklessly, because that might give me hope: to buy a pipe or snort some coke, to eat some morning glory seeds and watch the world revert to its vibrations.

But this bottle of hope was empty. Empty of substance but not of meaning, for as I examined it more closely, I discovered that the bottle resembled a tiny milk container, which meant the whole ensemble functioned metonymically as breast. If the little bottle stood in for a breast, the rosebud was a nipple. But there was more: the bottle/breast also wore a *badge*: a pink ribbon barely clung to its surface, wanly affixed with a sticky backing. Were they gifting me a replacement for the breast I might have to lose? I tried again: was the little bottle filled with the milk of human kindness? And again: could I stuff into the bottle all of the words I didn’t wish to hear and then toss the bottle, rosebud and all, into the ocean?

I couldn’t place, contain, or properly receive this bizarre concoction of signs, suitable to no room in my house that I’m aware of, and I couldn’t for the life of me surmise what it had to do with my diagnosis. Are people with stomach cancer given trinkets? Or how about those with cancer of the brain, or pancreas, or prostate?

The cup of Bottle of Hope makes me feel that my fellow females, all pink and daintily doily-ed, are not making the best use of the slender thread of time from which life hangs. So many docile bodies lining up breast/bottles all in a row.

We think we are closest to the people and things we can touch, but it is also the case that all this rubbing up against one another collapses our perceptions

of difference until those things and people we consider most familiar we actually know least well—unless we make an effort through language to address one another again as though we are first meeting. Otherwise, we risk never plumbing so many unplumbed depths effaced by touch.

I can feel my cancer with my fingers. It feels as if it's floating beneath a soft mound of skin, soft as the small of my lover's back. But I have a need to picture it to know it better, as though I need to be able to think it, not just feel it. I need to be able to *read* it, not just "have" it. To see it and hear it to know how to get on with it.

Pictures of the breast's anatomy haven't clarified matters because just when I thought I had it down, having been presented with images of tubes (ducts) and sacs (lobules), I learned that these structures aren't scalable by the eye but are microscopic. My gynecologist's description of the breast's anatomy as treelike—with branches, roots, and leaves—helps, but I still don't really get it, and I don't know why the interior of the breast is so hard to picture.

Illustrations of cancer cells remain similarly obscure. So-called "normal" cells look the same to me as cancer cells, except that the center of the cancer cell is darker, and by the time it becomes a tumor, it resembles the footprint of a mythical beast—all Sasquatch-like and extra-toed.

I haven't entered deeply into the annals of literature on breast cancer, but poised as I am at a crucial starting point, as a recipient of the news of cancer in my breast, I've noticed that everything I've found or read about the breast describes it as a "milk-producing organ." Nowhere is it represented as a highly sensitive erotogenic zone; an orgasm-producing receptor; a complex bundle of nerve endings; a WATS line to the clitoris. Or are those just traits I've projected onto my breast that aren't really real? I don't know about you, but my nipples get hard without my wanting them to: the effect sometimes of a word, a look, a rush of adrenaline, or the weather.

Clearly, women's breasts are signs that we still don't know how to talk about, and that we still are not sure how to feel about, properly or fully. Breasts as integral to desire are hopelessly muted by pink valences and rosebuds. Medical illustrators and manufacturers of cancer-consoling rosebuds alike might need writers to help them out, because part of the difficulty is that a rose is a spent sign, and a breast is a sign that is at once glutted and empty.

When Gertrude Stein strung together the words "rose is a rose is a rose," she was attempting to re-arouse a host of possible meanings and functions for

that lyric icon, that romantic symbol—a sign voided of vitality by overuse and sapped of signifying power by sentiment. As one of my students once showed me, a simple transposition of one letter in Stein’s line restores to the rose its ample bounty: “eros is eros is eros.” Stein was also of course posing a linguistic counterargument to Shakespeare’s “a rose by any other name would smell as sweet,” which says that signifiers are arbitrary, that something essentially “rose” exists outside of language. Stein, on the other hand, pushes words as signs into a realm of radical autonomy: “rose is a rose is a rose” entertains the possibility that something essentially linguistic exists outside of things. Putting the icon “rose” into a seriated structure of presumed equivalence (*rose is a rose is*) would seem simply an admission of the word *rose’s* petrification, but if you read the phrase out loud enough, you can begin to glimpse language’s movement, the fact that language never stands still—try as we might to stop it in its tracks. “Rose is” starts to sound like “roses”; “is” starts to gain ascendancy as a noun rather than a verb; verbs start to appear inside of nouns: a rose is arose is arise is arouse. And what IS a rose (is): not only a sweet-smelling flower that grows on a prickly bush, but the spout of a watering can, a warm pink color, the past tense of rise, a proper name, a flower abused by people who use roses as signs in a lexicon of love.

Emily Dickinson reinspires rosebuds too—and neither she nor Stein had breast cancer. (Dickinson’s actual cause of death is still somewhat of a mystery, and Stein died of colon cancer.) Both writers knew that rosebuds were bound up not just with a tired language of romance but with the ineffability of female desire and with the unrepresentability of breasts in particular and female anatomy in general. Neither negation was acceptable to them, and neither is acceptable to me with my newly cancerous breast.

Dickinson wrote a gorgeously fragmented letter to her sister-in-law Susan that I’ve never been able to get to the heart of, even though, every time I read it, my biological heart quickens. The letter is an address on longing in which Dickinson uses the trope of a rosebud to ask, “What is longing’s most fulfilled time?” A crude summation of the letter might pose its question as something like, “What’s your favorite time—before, during, or after?” Part of the letter looks like this:

Inquire of the proudest
 fullest
 Rose closing
 Triump

then I'd feel disarmingly overwhelmed by it as though awash, wading in an ever-mounting surf—waves of undeniable recognition meeting silence meeting waves throughout a day. And my bed takes on new meaning: there's no good way to lie.

If I lie on my stomach with my arm dangling off the side, my cat might mistake it for an object and swat it; she must be able to tell that I'm something other than what I was, that I'm heading toward thingness rather than liveness.

If I sleep on my back, my bed might become a bier.

Some images I cannot control: arriving in Philadelphia on a recent trip, I listened to messages from my two older brothers left back to back on my cellphone. I never hear from my brothers both at once like this. Hearing them sidled up against each other in search of me, concerned, I watched their voices waft into their bodies' future forms. I was trying to take a nap in a sumptuous bed and breakfast. I was alone, and beset by an image of my brothers as pallbearers carrying me in my coffin even though I'm younger than they. I know what I want done to my body when I die, and it has nothing to do with Catholic tradition, but memory can be more powerful than present clarity or wish, so I saw my brothers carrying me because they carried me in so many ways when I was small. I saw them carrying me because I always felt both sad for them and envious when, by virtue of their gender, they were made to carry so many of our dead relatives' bodies in their coffins by their sides. Even if their hands shook, and they were grieving, and their hair was light and streaming, and their knees were bending, they were required to be strong.

That I have cancer is not new, but it's news to me. My cancer is not new; it's old, very old. It's been in me for years and in the world for much longer than that, but now it is announcing itself. What's new is that it is readable. My cancer has become legible. But evidently it's been happening in its way, silently residing for a long, long time.

A person's cancer is new to her but not to itself, and that's all I can deal with right now: its newness to me, to one who generally despises "new." I've always preferred old. I'm a purveyor of junk and secondhand goods, a frequenter of thrift shops, yard sales, and old houses. Old things have life in them; new things remind me of death.

If someone asks, "What's new?" can I lie and say, "Not much"? The world has to be gentler with me, doesn't it? But I can't tell the world my news so it

can know to coddle me—not the fellow driver leaning on his horn, not the sales clerk impatient with my fumbling for change. So I ask the world instead to *bring it on*. I invite its punches, and pretend I can roll with them, because I can't retreat. I don't like the idea of not leaving the house, so I smile more broadly, not less than I used to, and I'm a fairly frequent smiler.

Smile more broadly, not less, or the horde might trample you. Address the trees when people's faces fail you. Notice nature: these trees like long pointed beards turned upside down, bowing every which way, like bowling pins, vibrating and serene as a Burchfield spruce. Say a prayer to them like, "Please allow me to remain a part of this." If you're quiet and attentive long enough, eventually they'll nod, "Okay."

My cat could pose a problem at this time because she knows me well. She knows I'm moved easily but don't cry often. One morning in the days just after receiving the news, as I was brushing my teeth, I found myself overcome by sobs. I dropped my toothbrush into the sink and wandered toward my study and my books. I sat in my writing chair, my mouth filling with toothpaste and self-pitying tears.

"I didn't want to be announcing cancer," I said to Jean, who appeared like the genie that she is. "I wanted to announce my book!"

"You *will* announce your book," Jean said, making me think, *Enunciate. Nonce. At once. Out loud*. Would that a quieter personality had been mine. Would that my book could announce itself.

Our cat entered the room and stared up from the floor at me, head-on, with a look that was both concerned and stern: "What is wrong with you? This isn't like you. Stop it! Stop it! Stop announcing yourself like this!"

Jean thought the cat's face said, "Feed me."

I worry about my cat: I worry that when I'm on chemo she will no longer recognize my scent.

Desire, by definition, can't be met. In order to be active, it can never arrive. Writing is like this, too—you can never achieve your best writing because it's always ahead of you. Consummation is a pipe dream, but it keeps you going. The kicker is that to keep desire active you have to trick yourself into believing that it will find an end, that something or someone will fulfill it even though its nature is boundless and uncontainable. So the question is whether I can truly admit this now. Forced to consider not even the probability but just the

possibility that the end of my life might be nearer than I thought, what do I do with the nature of desire, with the former belief that desire will be met, with the well-fed illusion that a sentence will come when I call it, recognize and lick my face as well as those of many others? How do I keep up desire's charade now that I know the endpoint is the endpoint?

Ephemeral is a beautiful word. This is all ye know and all ye need to know. Across the table of a simple lunch, ephemeral makes me want to find Jean's lips and kiss them. It makes me want to feel my lips with Jean's and kiss them.

This is not a dream: Jean's hand on my thigh, people in rowboats, oboe and tympanum, Jean's kiss, Jean's hair, this beehive, water lily, sneeze, this braid, this lock, this emerald, gnarled day, these peaks of desire, are real. My name is Mary, and words, as I have always believed, cast shadows—shadows being a sign that they are real. More real, maybe, even, than this tumor.

When Dana Shugar and I were both thirty-eight, when she was dying and I was living, so many things felt hard to me that she found fun. I'd bitch about something I couldn't deal with, and she'd say, "It's fun." I'd rant about something I was dreading, and she'd say, "Oh, it's fun." And she made fun of her lot: she invited me one day to watch mosquitoes die the moment they bit her chemotherapy-ed flesh.

I'm in the garden alone. I'm unwinding the hose and turning on the water and thinking about the face of a student I saw the day before who told me that reading made a communication bridge to her stepmother, so she was buying her my book and could I sign it. I was reminding her of a paper she wrote about Gertrude Stein and William James: she was the only student willing to take on the hardest question. She couldn't believe I remembered this, so I didn't remind her of the moments in my office when she cried because the paper was late and she was struggling with the sentences. I had told her to read to me what she had written so far, so she stopped crying and did that, and I helped her to see how she could keep the paper going, how all of its newborn questions were still waiting to announce themselves—and how, in answering their call, she could take herself to the end of the work. I'm reviewing our encounter in my mind—who knows why? because I love her fresh and eager face? because I talked with her at length about ideas the day before but didn't tell her of "my cancer"—when I become aware of a presence: soft and silvery, still and flutter-

ing, a dragonfly has landed on the bright white sleeve of my T-shirt, pleasingly poised like a beatitude, an antediluvian grace. This has never happened before! This is new! At the same moment that I notice its unexpected beauty, its gentle eye, I scream.

And it flies off.