

Victoria University

Eating the Underworld

A Memoir in Three Voices

By

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Volume 1

A creative work

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of the degree of Doctor of Philosophy (Creative Arts)

Department of Communication, Language and Cultural Studies

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Declaration

I certify that except where acknowledged, this thesis is the original work of the candidate alone and has not been submitted in fulfilment of any other degree or diploma.

Doris Brett

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Dedication

I would like to dedicate this thesis to Martin and Amantha, the beloved linchpins of my life.

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Prologue

Cesare Pavese, the Italian poet, said ‘We do not remember days, we remember moments.’ In creating the story of our days, some of us will remember different moments from the same events and others will remember the same moments differently.

To decide to tell one’s story publicly, is a difficult decision. To decide to tell a story that involves others is even more difficult. Despite the fact that my sister and later my father have put themselves into the public arena with regard to family matters, I have felt intense discomfort in writing about my family. I am still wrestling with the ethical issues of telling stories about families. I can’t come up with easy answers. The best that I can do is to recognise the complexity of the ways in which people remember and interpret their lives and know that I can speak only for my memories and understandings and that others will have different ones.

There are three voices - each of different tempo and texture - weaving together in this narrative. There is the voice of the diarist, the voice of the poet and the voice of fairytale and myth. In my imagination, I am sitting with them at one of those old-fashioned dressing tables, backed by a hinged, three-sided mirror. The kind I was fascinated by as a child. You can look at yourself full on, turn sideways and be startled by a profile you never get to see. If you lean more deeply into the mirror, you can see that even more foreign-familiar territory - the back of your head. You can gaze, glance, skip, backwards and forwards, return to what catches your eye and watch it widen as the mirrors shift at your command. And always, the unspoken amazement - Is that me? Is that really me? - as you see for the first time, the multitude of disparate, odd-seeming selves that go to make up the one whole you.

Part 1 - The Beginning

Chapter 1

It is a February night, 1994, and I am rolling over in bed - an automatic motion that suddenly stops mid-roll as I realise something feels odd. The feeling is centred around my abdomen; it is as if a part of me is moving in a different trajectory, with a different momentum, to the rest of my body. This is the strangest sensation.

Automatically I hold my arms to my belly as I complete the roll, keeping whatever it is swaddled, secure and in line once again, with the rest of me. I lie awake for a little, wondering what it is. I have put on weight recently, a weight gain that seems focussed around my waistline. Could it be the extra fat that is making itself felt, swaying and moving like a package on a donkey's back? It doesn't make great sense, but it's the only thing I can think of.

My imagination doesn't extend any further into my body. My body's interior is hidden country. Occasionally it makes itself felt by pains - indigestion or cramps - but those pains come from vague amorphous places: down here, over there, rather than distinct, internal entities. If I say I have a stomach ache, it's only because I've learned to identify those pains and that area with where my stomach is. I can't draw an outline of my stomach. If I direct my attention internally, I can't sense the placement or circumference of my liver, my gallbladder or any of the other inhabitants of that mysterious space. It is territory as invisible to me as the furthest stars.

A few weeks ago, I tried on bathers and was dismayed to find that I looked five months pregnant. Lamenting the disappearance of my normally visible waistline,

I pep-talked myself all the way out of the department store - 'It's middle age, you're forty-four. This must be what happens - middle-aged spread. Embrace it. Be graceful.' I spend the next few weeks trying to diet it off.

Diet doesn't work on this waistline. I haven't reached embrace and graceful yet, but I give up on the idea of trying to diet it away. I go the route of the elastic waist and loose, flowing garments. I'm aware too that I feel bloated most of the time. Every now and then, I also notice the slightest touch of urinary incontinence. I have just finished running a support group for women with urinary incontinence. I have never before had even the smallest sign of incontinence. I feel somewhat disturbed. Have I caught it from the group? Empathy is one thing, but this is ridiculous.

But above all of these signs and changes, I feel tired. I feel tired, exhausted, fatigued, spent, wiped out and all of the other associated words the Thesaurus can dig up. Being a psychologist, I put it down to stress.

A month earlier, I had decided to join a gym. I have fantasies of amazing boosts of energy, of transformation into a Nike nymph, of golden, glowing health. They don't eventuate. My tiredness and symptoms continue. So, it's stress, I continue to say to myself, of all the slight and even embarrassing symptoms that have been on my heels for the last few months. Wind and excess burping are some of the least attractive. What wimpy, inconsequential reasons to go to a doctor. I hesitate for weeks, not helped by the fact that my long-time GP retired a couple of years ago and I've not bothered to find a new one. I read up on irritable bowel syndrome. Maybe that's what I have. Finally, feeling like a hypochondriac blowing up the smallest symptom, I ring and make an appointment to see a new GP.

A couple of days before the appointment, I lose my appetite. After two days of eating very little, I am again lying in bed at night. Without food, my abdomen has

not blown up to its recent tight hardness. Instead, it is soft and pliable and, I discover, contains a large, solid mass, easily felt, in the lower right-hand quarter of my abdomen. It is resting there, part of the landscape, almost nonchalantly, as if it has always been there. A muscle, I think at first, puzzled by this new topography. I show it to Martin, my husband.

'It's a muscle,' he says.

'I'm not sure,' I say. 'Do muscles feel like that?'

I don't think they do, but I can't imagine what else it can be. I'm vaguely concerned - enough to be glad that I have a doctor's appointment coming up, but not enough to worry about it.

When I see my new GP and she asks why I have come, I say with a deprecating shrug and a slight sense of embarrassment, 'wind'. It hasn't occurred to me that the mass I felt two nights ago is a slightly more important reason for coming than wind. In my mind, I am still thinking of it as muscle.

My GP, of course, spots it as soon as she begins her examination. She thinks it's a very large fibroid and will require surgery. This startles me out of my 'muscle' complacency, but not with any great sense of urgency or concern. Fibroids are common after all. Surgery certainly wasn't penned in on my engagement calendar, but this is straightforward, non-life-threatening stuff we're talking about here. Nothing to panic about.

I wander off to digest this new information, make appointments for the blood tests and ultra sounds needed, and gripe about the inconvenience of having to ring and reschedule all my patients.

Life starts to get a little surreal at this point. I am in my car setting off for my blood test. Just a few metres away from home, a light on the dashboard begins flashing an urgent red. I have no idea what this signal means. I have no idea what most of my car's signals mean. With fantasies of radiators blowing up, I head home to catch my husband who has majored in cars as a foreign language and can converse fluently with even the most complex engine.

'It's a signal telling you that the back, left brake light isn't working,' he says. 'The globe inside it has shattered.'

'How?' I say. 'I didn't touch it or back into anything.'

He shrugs his shoulders. 'Here, I'll drive you to the blood test.'

We get into his car. He turns on the engine and within seconds, to our amazement, the same red light starts flashing on his dashboard. 'Danger! Danger!', it seems to say, like the robot in *Lost In Space* which was forever warning Will Robinson, but in vain.

Martin gets out of the car to investigate. He has a strange look on his face when he returns. 'It's the same thing that happened with your car,' he says. 'The same brake light. Its bulb has burst.'

The blood test proceeds uneventfully except for the discovery that for my next stop, the ultrasound, I am supposed to have filled myself up with water. No-one has mentioned this to me, so I spend my waiting time drinking interminable glasses of water. I remember reading somewhere about a man who committed suicide by drinking glass after glass of water until he drowned. It strikes me that someone with that amount of determination and will power should have risen to the heights.

Back home after the blood test, I get into my car to drive to the ultrasound. The dashboard blinks determinedly at me. Even though I know it is only a broken brake globe, I feel uneasy. The flashing red light is so insistent. As if it is trying to say something.

Chapter 2

The ultrasound offices are within the same complex as the hospice where my mother spent the last three days of her life. It is a large anonymous-looking brick building, caught between a busy main street and a side street called Saturn. It is the first time I have been here since her death, eight years ago. A shiver of recollection runs through me as I walk in, and I slow down, surrounded by memories of my mother.

I keep wanting to say that she was like those characters in fairytales, as good as she was beautiful. And she was. She doted on my sister Lily and me, was rock-solid and resourceful in any crisis and would do anything for us happily, from the slightest wish to the most taxing demand. She was patient through teenage tempers and sulks and on occasions when I was at my most vile, could deflect my glowering declamations by making me laugh. She gave everything and asked too little.

It is only as an adult that I am learning that fairytales are complex and many-layered, that magical gifts, even those of love, can backfire and that the top layer of the story is only the beginning.

My mother had been through unimaginable trauma in her life, but it was not something that was focussed on at home. Both she and my father wanted to put it behind them, wanted their children to grow up free of such horrors. I grew up without grandparents or extended family, but it was something I took for granted. Most of my friends, also the children of Holocaust survivors, were in a similar situation - not having grandparents seemed normal. My parents had a group of close friends whom I referred to as Aunty and Uncle. There was also my father's brother, Edek, and some distant cousins as well. I didn't question the absence of more blood relatives. Within the cultural enclave created by post-war European Jews in Carlton

and later Elwood, it was what I saw everywhere.

The only aspect of my mother's past that she talked about freely, perhaps the only one able to slip past the pain of memory, was her schooling. She was proud of her scholastic ability, telling me how she had won scholarships and tutored younger children to earn money when she was a student. She was an exceptionally beautiful woman and had been as a girl, but she never mentioned this when she talked of herself as a teenager. What she was proud of was her brain.

My mother's beauty was not something I fully appreciated until I was an adult. I knew she was beautiful but it was not the teen-age, trendy beauty I aspired to. She was my mother. She was *old!* My friends and I used to be highly amused in fact, as we watched the reactions of our male teachers to my mother on parent-teacher nights.

Every Saturday night my parents' group of friends went out together. Every summer, they holidayed together. Friendships were intense, volatile, voluble. Within the group, my mother could be as intense and opinionated as any of them. But with us, her daughters, she was different - deferential, almost reverent, our whims becoming her command.

I am aghast when I look back at the way I simply assumed her life was lived to meet my own and my sister's needs. But this was also her assumption. It was not a martyred sense, carried out with feelings of resentment and debts accrued, but rather a truly joyful belief that my sister and I were what life was about.

Being a mother was a dream, a privilege that she had thought she might never attain. Before the war broke out, she had been set to leave Poland to study medicine in Belgium. She loved children and wanted to be a paediatrician. After her marriage

to my father at the beginning of the war, she gave birth to her first child, a still-born baby boy. My mother, who wanted to be a children's doctor, had to be the helpless witness of her own child's death.

A few years later when she was in the concentration camps, she saw a woman, face in shadow, lying motionless on the floor with her daughter. As an adult, I heard my mother describe this experience, her face lit, as if she were witnessing a miracle.

'She had a daughter,' my mother said. 'A woman with a daughter!'

My mother was starving, but each time she passed the faceless woman, my mother paused to give some of her own food.

Years later, after the war, the woman recognised my mother. 'This is the girl who saved my life!' she announced to the group she was with. 'In the camps. I would have died without her food. She saved my life.' My mother did not recognise the woman - she had never seen her face. All she had known was that she had a daughter.

And now at last, my mother had her own yearned-for daughter. And then another. Here in this new land, new life, she was determined to give us everything. How could she deny anything to these treasured beings? I did not feel singled out in this. It was also how I saw my sister being brought up. Perhaps if it had been just one of us, it would have raised questions in my mind. As it was, I simply took it for granted that we were 'the children' and that the children were everything.

My mother was always on the move in the house, cooking, cleaning, sewing, fixing. In the kitchen, she was like a great, golden humming-bird. Serving this, clearing up that. When she sat, it was on the edge of her chair, instantly ready to fetch, to carry,

to attend to whatever needed attending.

And yet despite this sense of coiled energy, she was somehow able to create an atmosphere of peace and calm around her. It was one of her paradoxical abilities, that despite her own anxieties or tensions, she was always able to reach out and nourish those around her. In this, she was totally dependable - always there to fix problems, give comfort, practical help or whatever was needed.

My friends loved coming to my place. It felt like a sanctuary to them. When one of my sister's friends was in difficulties, terrified and unable to tell her parents, it was my mother she turned to and my mother who pulled off the impossible to help her. Another friend of my sister's, in a chance meeting many years later, tells me that as a teenager, she was convinced she was ugly. No-one in her family recognised what she was feeling. It was my mother who gently led her to the mirror one day, sat her down and said, 'Look at yourself. You are a very beautiful girl.' No-one had ever said that to her before. The woman tells me that it is a moment she has remembered for all of her life.

My friends had always envied me my mother. And I agreed with them. I knew she was the best. But I knew this with the placid certainty of someone who has never had to experience anything less. I felt free to get irritated with her overprotectiveness, complain when she hadn't attended to some minor need immediately and take all her ministrations as purely my due. It was an attitude I saw in my sister too.

I am horrified when I recall the way we treated her - as a servant-mother, always at our beck and call. Lily was the more volatile and demanding of the two of us and her angry outbursts were frequent and intense. I was a quieter, more malleable child, but I can remember my teen-age self having some fine tantrums over

minuscule things that my mother had not done perfectly enough or soon enough. The memory makes me cringe.

It highlights for me something that I only began to realise as an adult. The way my mother had truly subjugated her self to ours. She found it extraordinarily difficult to say no to us. Our wishes always came first. It was as if she believed her needs were genuinely unimportant compared to ours. It was not a matter of balancing the different needs of parent and child, but simply that there were no needs that were ever more important than our own. It was supremely well-intentioned but from my perspective now, I can recognise that it was not a healthy way to bring up children.

My father also indulged us to a fault. As an adult, I was startled to realise that my father was not over six foot tall. My memories of him are of a big, laughing Santa Claus of a man. He patently adored my mother, and she him. They were a contrast in styles - my mother, beautiful and elegant; my father, a boisterous rough diamond. She fussed over his health and well-being and he occasionally shot her glances that revealed how lucky he felt to have landed such a gorgeous woman.

Like my mother, dad would do anything for us - drive us anywhere, pick up this or that, find ways to pay for anything we wanted. He and I were close companions. He would take me with him on weekends when he had work to deliver to outlying suburbs. Always, we would stop on the way as I caught sight of the wild, purple thistles in bloom by the roadside. Dad would get out and, braving mud and thorns, pick me an armful.

As a younger sibling, however, there was a counterpoint to all this unquestioning adoration pouring down from above. It came in the person of a sister, much bigger and stronger than me. She must have been furious at my arrival. My mother had

been ill in hospital for a few weeks prior to my birth. She came home without me - I had to stay on a little longer. My sister would have been on an emotional roller coaster - first her mother's disappearance and return. Then, only a few weeks later, my home-coming and the realisation that whereas previously she had been the special only child, now there was another to share the attention.

I lived my life in a peculiar juxtaposition of undiluted love from my parents and the opposite from my sister. It was a juxtaposition I could never understand. I idolised my big sister, ran errands for her, gave her my pocket money, did whatever she asked - all in the hope that she might someday love me. It was a love I dreamed I might somehow earn if I worked hard enough, gave enough, did enough.

On the other side was the love from my parents that needed no earning at all. That was there regardless, no matter what I did, what I gave or what I didn't.

I have often wondered since then, how I would have turned out if I had been the older sister. The stress of our relationship took its toll of me, but in time, it also gave me my strength. And in the context of a family in which children were loved, but over-indulged, being the younger sister of a strong-willed and dominant sibling, had the side benefit of teaching me early on how to deal with limits, frustrations and a world that wasn't mine to command.

As a psychologist, I now understand the terrible anxiety engendered in children raised without limits and restrictions. The unwitting damage caused in creating and maintaining the child who believes in his or her omnipotence. The child without boundaries or delineations, who is unable to develop a secure and realistic sense of self. The brittle monarch, who needs constant attendance, adoration and gratification. And the rage and anxiety which comes when these are not given.

I feel an intense discomfort in writing about my family. The life of an individual is as complex as a maze of reflecting mirrors. The life of a family is even more so. Each person has their own experience, interpretations and memories of it. Each person has their own truths. The difficulties come when these truths are not allowed to co-exist.

I don't claim to be the holder of some absolute truth, but am merely the holder of my own experiences. I have pulled back from speaking about these for many reasons - because I was told it was shameful to expose differences. Because I wished to protect people. Because I wanted to remain a private person. Because of the difficult question of who 'owns' shared stories. Because I did not want to cause pain. Because of a wish to avoid it all. Because of the impact on others. Because of my concern that if I spoke out, then I would only be doing what I had criticised my sister for. And also, I am not proud to say, because of fear. Because of what happens to those other tellers of truths - whistle-blowers and abused children, the witnesses of difficult or even unbearable experience in which others do not wish to believe. All too often, the bearers of news which bursts bubbles of illusion, idealisation or comfort are turned on themselves - scorned, ridiculed or attacked.

It has been painful seeing the accounts of my family, recounted so publicly by my sister in numerous books, articles and interviews. The family she portrays is a family that feels very different to the one I grew up with. I have had strangers stop me in the street and commiserate with me for having had such a terrible mother. I find myself saying again and again to them, that no, that was not my experience. I have had patients who have come to see me as a psychotherapist because they had abusive mothers and, having read my sister's books, they 'knew' that I had one too, and would understand.

When someone dies, the final thing they leave behind them is their memory. It is

most precious to all of us - the last gift of the dead to the living. The crowning question on interviewers' lips as they strive to encapsulate a life is invariably, 'How would you like to be remembered?'

Those of us who loved my mother have our own private memories of her - a person of rare grace, compassion and love. But there is also another memory of her, one she never expected to have - a public memory. This memory is taken from my sister's writing and interviews. In this memory, my mother wears a face that is unrecognisable to me. It is clearly the way Lily has chosen to interpret her experience and yet in the minds of many, it has become who my mother actually *was*. It is how she will be remembered by readers, critics, academics - people who never knew her, even for a second. It is her image set into the stone of words.

I have been silent for a long time. I thought I had put it all behind me, was leading my own life, separate and apart from my family history. I had thought that silence was a healthy and civilised accommodation to a difficult problem. But, as I am to discover, the experience of facing death also forces you to face life. I have realised that silence may be golden, but it is the gold of that arch-villain of James Bond films - Auric Goldfinger, who painted his victims, brushstroke by brushstroke, in gold, until the final stroke covered the body's last opening to the world and they suffocated and died, prisoners in their own gilded bodies.

I have been privileged; my story is still evolving. As a human being and as a psychotherapist, I am endlessly learning about the delicate, subtle and strange convolutions of the human heart. One of the hearts I have been learning about, is that of my family and the shadows it has cast.

Chapter 3

While I had always loved my mother, it was during the months of her illness that I also felt honoured to have known her as a person. During that time, when our roles were reversed and it was my turn to look after her, I was able to understand in a new way what an extraordinary person she was. She met the experience of illness with enormous grace and courage, embracing us, as usual, with her love, determined that she was going to beat the cancer, just as she had beaten so many terrible odds in her life.

Once, a patient of mine told me that she had been nursing her mother at home in the last months of her illness. I assumed it had been a devastating experience and said something to that effect. She shook her head. No, she said, it had not been like that - it had been a very loving time that she had felt privileged to experience.

I had not truly understood her experience until I nursed my own mother through the last two months of her life. I realised then what a blessing it was to have that grace-time, to give back some of the love and nourishment that she had given to us over the years. She was bed-ridden and I would spend the days sitting beside her, chatting, reading, writing while she napped. What we did, or even spoke about, was often nothing out of the ordinary. What was special was the intensity of the love that radiated through the room. Its presence was so palpable that it did not need to be mentioned. It was there everywhere, in everything. The only thing I can compare it to is the intensity of emotion, of love, that I felt after giving birth to my daughter.

I would go to my mother's house to take care of her each morning. I had shifted my patients around, so that I could spend till mid-afternoon with her. In the mornings when I set out for my mother's, I would rush. Not because I was late, but because I wanted to see her, with the kind of impatience usually afforded to lovers. I wanted

to be there already, not dawdling on the road. Drawing up to the blue-windowed, pale brick house by the sea, I would hurry to get out of the car. It was like the joyous anticipation of waiting to greet someone loved, who has been overseas. Except that here, it was the reverse. Each day was the greeting of someone beloved who was here now, but might soon be away, on unknown and unreachable waters.

My mother did not want to believe that this disease would kill her. She wanted to live, to see her grandchildren grow up. To be there for them and for us. I had come prepared to talk about death and dying - the hard subjects. I wasn't sure what to do when I realised that she didn't want to enter those areas. I puzzled for a while and then decided that what was important was respecting her needs, her wishes. And in the end, it didn't matter that we never talked about her death. What mattered was the love. And that was there, regardless of subject matter. Those last two, intensely loving months of looking after her, were truly one of the gifts of my life. I am always grateful for them.

It is strange that the building where the journey of my illness begins is the one where my mother's ended. I remain aware of it as I enter the building and find my way to the desk where I present myself in the form of a white slip of paper covered with doctor's scrawl.

As requested, I sit down to wait. And drink more water. Is that possible? With all this water, I am beginning to feel whale-like. I am also starting to eye the sign that says 'Ladies'. My bladder and the unknowing ultrasound technician are now in a race for supremacy. The ultrasound technician wins out by a hair. Just as I am about to give up and empty all, she appears in her white coat and beckons me on.

I am handed the latest in hospital chic, a paper outfit in anaemic green. I do the Clark Kent thing and emerge from the cubicle in my new persona of badly-wrapped

cabbage roll. On the examination couch, I try not to wince while the technician smears gel, which has come straight from the Antarctic to me, over my abdomen.

‘Yes,’ it is a little chilly,’ she says in response to my twitches, with that wonderful sense of understatement so common to health professionals. She then produces the wand - no fairy dust, just a metal stick - and glides it along my abdomen. The screen comes alight with images of my interior. My abdominal cavity is a TV star.

The technician keeps up a pleasant chatter as she does her work. After a few neck-straining attempts to view the TV screen - it has been placed just outside my line of sight - I give up and rely on her to be my tour guide.

‘It’s definitely not fibroids,’ she says cheerfully. I relax, thinking this is good, it means no surgery. It hasn’t occurred to me yet that if it’s not fibroids, it has to be something else.

‘Can’t see the right ovary,’ she says, squinting and shifting the wand from side to side. This still doesn’t disturb me. Benignly, I imagine the ovary playing hide and seek behind whatever it is that ovaries play hide and seek. It hasn’t yet dawned that ovaries don’t usually play hide and seek.

‘There, I think I’ve got everything,’ she says. ‘I just have to get the radiologist to okay it all.’

She exits and returns a few minutes later followed by a slim, sober-looking young man. He examines the picture on the TV screen, his expression fixed. Not a muscle twitches, not a word is spoken and yet suddenly I know that something is very wrong. None of us says anything. Radiologists are supposed to deliver the news to the patient’s doctor, not to the patient. I have the impulse to ask him what he sees,

but I know he won't tell me and I don't want to plead.

It is my first encounter with this particular version of the old truth, 'knowledge is power' and I will meet it time and time again. The power of nurses, receptionists, clerks, radiologists holding papers, letters, notes, pathology results - your future in their hands and refusing to reveal it. 'Your doctor will tell you', they say, discounting the fact that it may take hours or days before you can make contact with your doctor. And that each minute of this waiting is what Dante didn't describe about hell.

I go home and ring my new GP.

'It wasn't a fibroid,' I say, expecting her to suggest further investigations, more tests, another meeting at her office. Instead, she says she knows - the radiologist has already rung her, and she has taken the liberty of making an emergency appointment for me with a gynaecologist a half hour from now. Can I be there?

The question is, of course, rhetorical. I get out my diary and change whatever it was I was supposed to do that day. Martin comes with me; fortuitously he's not at work today. There are no parking spaces available at the medical rooms when we get to them. So he lets me out while he searches for a spot. I walk into the doctor's rooms, grateful that I don't have to be circling and circling looking for somewhere to put the car.

I am still digesting this new feeling. It's like the air before a thunderstorm, an aura that says to you: something's going to change, and it's going to be big and dangerous. I know I am about to encounter something that will shift my whole life to the edge. I could deduce it rationally, of course - you don't get sent on emergency appointments to doctors because you have something benign. But my

knowing is also beyond the rational. It is not anything I can delineate or dissect. It is just there. And I am certain of it.

My GP has referred to this new doctor as a gynaecologist. A nice, neutral word. The most traumatic thing I associate with gynaecologists is pap smears. But as I walk into this gynaecologist's waiting room, I see that we are clearly beyond pap smear territory. An elderly woman is weeping loudly, being comforted by her family. 'No!' she is saying. 'I won't go in! I won't go in!' over and over again. The rest of the waiting room sits quietly, heads bent. The elderly woman in black continues to wail. It is hard to witness such distress and not do anything about it.

The room has the standardised features of waiting rooms everywhere - neutral coloured paint on the walls, a coffee-table piled with out-dated magazines, a scattering of utilitarian chairs and couches. I am thrown back to the anonymity of being a patient, a reduced person. Sitting here in this nondescript room knowing that a stranger, to whom I mean nothing, is soon to deliver news that will wrench my world apart, I feel an urgent need, an anxiety almost, to reclaim myself. I don't want to be an illness. I don't want to be an anonymous number. If someone is going to do this to me, I want them to do it to *me*. The intensity of my need surprises me. If someone had asked me what my reactions would be sitting in a doctor's room waiting to be told I had cancer, this would not have been high on my list.

I see now though, that the simple experience of being diagnosed with cancer is such a stripping experience that we need all the sense of self we can get. At a very primitive level, it says: you have lost something, you have been set apart, the weaker impala, singled out from the herd. You are vulnerable. You are not like the others.

This stripping of identity continues in many ways. In hospital, your clothes - those

other skins that you wear as part of your name - are taken from you. In their place is the anonymous sameness of the hospital gown. If you are in for a stay, you are tagged with plastic name bracelets, on your wrist and ankle. It is not your name they carry, but that of your doctor, as if you are now property, a possession. Secrets about you are collected - the view inside your body, the intricate composition of your hidden blood, and they are kept from you, in folders that are not for you to leaf through. The keepers of the secrets hold them, will tell you when they are ready, what they think you need to know.

Half an hour into our wait, Martin's phone rings. It is the alarm-monitoring company. Our house alarm, usually so well-behaved, has gone off and will not stop. It is programmed to shut down after 10 minutes, but is refusing to. Its nerve-wracking wail will continue for two hours until we finally get home. In all of the years since its installment, it has never done anything like this. When we do get home, to its claxon echoing through the streets, I am reminded of a dog, lost and howling at the moon.

The waiting room is still half-full. It is a busy morning. I have been squeezed into an already overflowing schedule. My mind blinks on and off from the wrinkled women's magazines in my lap. They are not enough to distract me. I hear the receptionist saying to someone that the doctor was supposed to be in surgery an hour ago. I think of the impatience with which I have waited in doctors' rooms in the past and wonder if their schedule was delayed because of someone like me.

Every now and then a footballer in a suit wanders past. I wonder vaguely what he is doing here. Accompanying a wife or mother perhaps? Suddenly, with a sense of unnerving incongruity, I remember the last time I sat in a waiting room, speculating about footballers. It was on the other side of the world, a few light years ago, in Washington, DC.

Chapter 4

I am in Washington, to publicise one of my books. American publishers have developed a wonderful sub-set of professionals called author's escorts. They should be cloned immediately and made available to all, regardless of class, gender or profession. All wars would cease, famine would be wiped out, productivity increased and peace on earth would reign.

The sole purpose in life of an author's escort is to pamper you, feed you and get you to your work on time. There are two down-sides. One, is that on the typical frenzied schedule of an American book tour, there is precious little time for pampering. The second, is that it is difficult to re-embrace normal life with quite the same fervour, once you've experienced an author's escort.

I've had an author's escort in all the other cities I've been in, but for some reason - possibly the effect of a sunspot flare interfering with normal neural functioning - my publishers have decided that I don't need one in Washington. 'No sweat,' I say. 'I'll be fine.'

Just how fine, I begin to get a glimpse of, when my plane lands at Dulles airport. I am excited because it is only 10 pm and by my calculations, that means I'll be settled in my credit-card-guaranteed-late-night-arrival room by midnight. That means (oh joy!), that I'll actually get five hours' sleep before having to set out on my rounds of TV and radio interviews the next day.

I retrieve my luggage and head to the taxi rank. This is where I get my first Washington surprise. The queue is being directed with military precision by a uniformed airport employee. And it is a long, long queue.

‘Is it usually this long?’ I ask the man in front of me.

He shakes his head, no.

‘Perhaps World War Three has been declared and everyone’s heading in,’ I suggest jocularly. I am very sleep-deprived. I offer this as my only excuse.

The man turns to me, a look of acute alarm on his face. I begin to wonder if I have inadvertently stumbled on something.

An hour later, I am finally at the head of the queue. With a hydra-like capacity for regrowth, it still tails out behind me at exactly the same length as when I entered it.

The cab commander is about to blow his whistle to signal the next taxi when he takes a good look at me. Then he decides that before he’ll let me into a taxi, I have to sing a few bars of, ‘I Got You Babe’.

The Cher factor has been a constant feature of this tour. I have been chased down freeways in Dallas, with a carload of young men screaming, ‘Cher! Cher!’; shaken awake in an aeroplane, from a huddled sleep in my little economy class blanket, by a man demanding to know if I was Cher. ‘Does Cher travel like this?’ I snarl at him. I was mobbed in a San Francisco department store when I made the mistake of inadvertently entering it five minutes after the real thing had left. And now this.

‘I’m not Cher,’ I explain to the cab supremo, ‘I just want a taxi.’

But he is adamant. No vocals. No cab.

The crowd behind me is getting restless. I sense a nasty mood developing. Most

unfairly, I see that it is me they are considering lynching, not the cab dictator. He is too important. They need him.

I look at their surly faces. And then I unleash my secret weapon. I sing. Milliseconds later, I am in a cab speeding away - anything to shut off the sound. I sit back triumphantly. The mood is still with me as the cab deposits me at the posh Georgetown hotel.

The entrance lobby looks like the dumping ground for used extras from *Nosferatu*. Poor things, I think to myself, unable to suppress a twinge of self-righteous superiority as I survey their pale, desperate faces. They obviously haven't got credit-card-guaranteed-late-night-arrival rooms.

As it turns out, they have. As do I. Whoop-de-doo, as the Americans say. Much good may it do you. The hotel has over-booked and is attempting to find alternative accommodation.

A few hours later as I sit slumped in a dismal heap on my luggage, still awaiting reallocation, a porter takes pity on me. 'I'll find you a room,' he says. Half an hour later, my hero leads me to a room tucked away on the ground floor. I thank him profusely.

As I begin to unpack, I discover why the room is vacant. There are no curtains. The street-level windows don't close properly. And there is a bunch of hoodlums outside who are taking their civic duties of welcoming visitors seriously and offering up a number of suggestions as to how they propose to entertain and educate me tonight.

I have a quick conference with my neurons. If I reject this room, by the time I get

another it will be morning and I will have had no sleep at all. On the other hand, I can turn the lights off, get into bed in my clothes and trust that I'll wake and be able to speed off at the sounds of forced entry.

As a demonstration of what sleep deprivation can do to normal thinking processes, I decide on the lights out and sleep-attire-ready-for-fleeing option. Luckily, the charmers outside have the combined IQ of an infant and are still in the peek-a-boo stage babies go through, where if you can't see it, it doesn't exist. Either that, or they figure I am functioning at a level somewhat above that of the average brussels sprout and have sensibly vacated the room when the lights go out.

At breakfast the next morning, I order the most innocuous meal I can find - toast and cantaloupe. The cantaloupe has a strange bitter taste. I figure the plan is to poison the resident guests, so as to make room for those arriving tonight. Perhaps there was a slip-up with the dosage yesterday morning?

Outside in the street, I discover that there is a problem with being an author on the move in Washington - it is impossible to get a cab. When I finally make it there, the Maryland radio host is aghast, 'They let you out in Washington without an escort?' he shrieks. 'They should be shot.'

He calls a cab to get me back to DC. To my amazement, it comes. At my previous interview with a TV station in Washington, they called three cab companies simultaneously and it still took an hour and a half before one arrived.

My second surprise is that the Maryland cab driver greets me as an old friend. Perhaps this is just Maryland hospitality, I think. But wait, he is spouting details of my life that a stranger couldn't possibly know. My frantic search for explanations has discarded total amnesia on my part. Insanity is a possibility I put aside for later.

Has he met someone I know in Australia? But no, questioning reveals that one to be a dud. I am down to considering the remote possibility of reincarnation as explanation, when all is revealed. He saw me being interviewed on the NBC 'Today' show a couple of weeks ago and now considers himself to be my best friend.

Although slightly unnerved by this, I have to admit it is comforting to have a taxi driver who actually appears helpful and eager to drive you where you want to go. I confide in him my problems with the DC taxi drivers. He is appalled. 'They let you out in Washington without an author's escort!' he roars. 'They should be shot!'

This is becoming increasingly obvious to me. I continue my struggle to make it to my various Washington engagements. But finally, there is no escaping it - I need to get myself an escort or I can scrub the rest of my appointments.

I ring my publishers. But it turns out that they are all at a restaurant enjoying some slap-up publisher-type celebration. No-one knows how to reach them. It is up to me. And that is why I find myself in the waiting room of a Washington radio station, my glazed stare fixed on a six-foot four, built like the proverbial brick shit-house, footballer.

He is accompanied by a miniature, middle-aged woman, whom he keeps close to his side, rather like a child carrying a Tiny Teddy to school. My fevered brain has focussed on them immediately. Toy-boys are not yet fashionable, so I rule that out as a reason for the coupling. Is she his mother? His sister? His grandmother? Is she his... *author's escort?*

I am beside myself at the thought. I have already tried looking up escorts in the phone book. They are there, but not the type that I believe publishers are willing to

pay for. Somewhere in this city I know they lurk, hidden in secret enclaves to which only publishers have the encrypted password. It is impossible for a civilian to break the code. I am never going to find one. And then suddenly, here I am...

I fix the woman with a beady stare. She wriggles nervously. The footballer is called in. It's his turn to be interviewed. I pounce.

'Excuse me,' I say. 'Are you by chance an escort?'

At this point, she is either going to slap me, report me or answer my question. I am prepared to take my chances.

'Yes,' she says, and my heart goes into overdrive.

'I need you!' I say. 'I'm an author alone in the city!'

'They left you alone in Washington without an author's escort?' she squeals. 'They should be shot!'

Then she turns pensive. 'I wish I could help you, but I'm booked for the day.' She brightens. 'You need Lottie Shivers.'

And she writes down the number of one of Washington's top author's escorts.

An hour later, my publisher finally gets through to me. I tell her the problem. She apologises profusely. 'We should have organised it,' she says. And then, 'Damn. I don't have my phone numbers with me.'

'What are you looking for?' I ask.

‘An author’s escort,’ she says. ‘We need to get you Lottie Shivers.’

After a small pause to savour the moment, I explain that I already have her.

Chapter 5

The doctor's waiting room empties itself, patient by patient. The footballer continues to appear occasionally, like a different kind of cuckoo clock. Finally, there are no other patients left. It is my turn. At this point, I am startled to discover that the footballer is the doctor. I am not thrilled by this prospect. I like my gynaecologists to be either female, or avuncular, middle-aged men. Preferably overweight, so they're in no position to sneer at spare tyres or cellulite.

The footballer introduces himself as Greg Henderson, leaving me with the Miss Manners challenge of what to call him: Greg? Doctor? Dr. Henderson? and says, 'Shall we wait for your husband?'

With immaculate timing, Martin has disappeared into the Men's, a minute before my name is called.

Greg, Doctor, Dr. Henderson and I wait at the desk. He is relaxed and easy. He doesn't look like someone who was supposed to be in surgery hours ago. It is as if I am his first patient and he has the luxury of a whole unbooked morning stretching ahead of him.

'I gather it looks worrying,' I say to him. I'm impressed by how calmly and clearly my voice comes out.

He looks at me. 'Not necessarily,' he says.

And I am thinking to myself, 'What a good answer,' knowing at the same time that neither he nor I really believes it, when Martin arrives and we walk into the office.

The doctor (I am deciding on Greg), gestures apologetically at his set-up, the standard chair behind the desk, and says, 'I know you probably don't sit behind a desk when you see people...'

His voice trails off, asking me to forgive him this medical officiousness and I look up in shock. Somehow he knows I am a psychologist. He is acknowledging that I am a person with my own skills and accomplishments in the outside world. That I have a being and life outside this room - an existence which is not simply defined as 'patient'. I feel a grateful amazement. He is giving me back to myself.

I get up onto the examination couch, that odd place where the body transforms into object - suddenly stripped of normal boundaries and the right to defend itself against intrusions from strangers.

Greg palpates my abdomen, hands moving deftly and expertly. Not that it needs either deftness or expertness to feel this mass, apparently. It is big.

'Here it is,' he says.

And then, unexpectedly, he takes my hand and places it on my abdomen, keeping his own hand, big and warm, over mine in a primally comforting gesture.

'There,' he says, 'you can feel it too.'

And there it is. Solid and substantial, like a continent that has appeared overnight.

It is one of those moments that remains frozen in time for me. The three of us joined - he, I and the mass that I am carrying inside me. We are a trinity, come together and interwoven. One of us will be the agent of another's death.

I don't feel disgust or loathing for the tumour. What I feel at this moment is more like amazement, an intense wondering about this new presence inside me and what it will mean for my life. I am struck too, by the power of Greg's simple gesture. He has introduced me to my tumour. And just as earlier, he recognised my wider self, he is now returning to me the body given up to the examination couch. The impersonal body we offer up to strangers while we pretend that we are not there. He has said, 'Here, it is your body, with all that it contains. It is strange, frightening, but it is yours. It is your domain, but I will stay with you while you encounter it, take care of you while we both do what is needed. We are here together.'

I should know all about this, of course. For the last eight years, I have consulted to the oncology department of a major teaching hospital. One of the things I do is teach final year medical students how to talk to people with life-threatening illnesses. But nothing has prepared me for this: the real impact of the alliance formed on the edge, with the drop shearing away and the safety rope possibly obtainable. Or not.

Dressed again, I sit with Martin while Greg tells us what the radiologist saw; a large mass on my right ovary, partly solid. I know enough to know what this means - it means that I probably have ovarian cancer. Greg clearly thinks so too, although he is being careful with his words. This is the point, I know, at which I am supposed to blank out. I always tell my patients to take a relative, friend or tape-recorder with them when they're scheduled for a show-and-tell at the doctor's office. It is well-documented that the mere shock of hearing the word 'cancer' in close proximity to the words 'you have', knocks out the higher thinking processes. A lot of people don't remember anything the doctor says after that.

That's not happening to me though. I feel as if I'm thinking very clearly, taking it all in. Am I in shock? It doesn't feel like it. It feels more like a heightened alertness.

‘Could it be benign?’ Martin asks.

Greg nods. ‘Anything is possible,’ he says.

For a minute I hang on to that thought. Then I am pulled back to reality. What we are really sitting here and talking about is *cancer*.

After years working with oncology patients, I have an understanding of what I am facing. Ovarian cancer is the deadliest female cancer, often known as the silent killer. It does in fact whisper, but some of the symptoms with which it whispers - expanding waistlines, indigestion, bloating, a feeling of fullness, back-ache, urinary problems, vaginal bleeding or discharge, pelvic pain or pressure, fatigue - can also apply to dozens of everyday, and much more benign, conditions. The whispers are often ignored or misinterpreted, by women and physicians alike. The ultrasound and Ca125 blood test, which are the most useful diagnostic tools for it, are not ordered. The unrecognised disease progresses and is most usually detected only after it has well and truly spread to surrounding organs. In these late stages, the cure rate is dismally low.

Martin is asking Greg about his operating experience and his training. I am startled. Not because these are bad questions - on the contrary, they’re very good - but because it has simply not occurred to me to ask them, to ratify his expertise. I realise then, that I have already given my trust to this stranger, who no longer feels like a stranger. And that it happened without my even being consciously aware of it in that moment on the examination couch.

Greg, it turns out, is a gyn-oncologist, a gynaecologist who has undergone further specialised training in gynaecological cancers. The doctor you want to see if there’s even a hint that it may be cancer. He tells us about the operation - a hysterectomy,

with the possibility of various other organs thrown in, depending on what's found. A week in hospital and at least six weeks off work, recuperating. Perhaps chemotherapy afterwards. He can schedule the surgery for next Thursday.

We nod and he gives us information about the hospital, pre-op admission and a piece of paper that ensures my entry into the system. I'm digesting these facts, still waiting to feel numb. But I remain clear-minded, alert.

On the way out, I remember what it is like to squeeze emergency patients into an over-full day and thank him for fitting me in. He shakes his head and says, 'It's the least I could do.' And I am struck once again by how dependent we become on the kindness of strangers.

'The kindness of strangers'. It is a phrase penned by a playwright an ocean and several decades away, in the Deep South of America, to be uttered by a character in circumstances utterly different from my own. And yet there it is, emerging from some deep chest of memory, locking in with that click of comfort that comes from finding the exact words to capture the wordless world of inner experience. And I am aware once again of the deep mystery of stories and the pull of that strange, universal language at their heart.

Detecting

Rachel told stories. This was a short way of saying that she had graduated with a PhD in folklore from a respected university. She had wrestled with the solar mythologists, the functionalists, the Finns, the ethnographers, the Freudians, the Campbell-ites and the anti-Campbell-ites and somehow, miraculously, she had still come out telling stories. She lectured part-time at her old university, where she tried to do the impossible - giving her students enough academic stiffening to pass their exams, at the same time as allowing them to open to the magic in the stories. She felt sometimes like an old-fashioned corsetiere, outfitting her clients in heavy whale-bone corsets, rigid, intricately-hooked brassieres and telling them to go out and enjoy themselves.

Her other job was in a library. A member of the local council had been visited by an angel one night, this was Rachel's version anyway, and had woken convinced that what the local library needed was a story-teller. So several times a week, Rachel sat in the sleepy Tasmanian library and told stories.

She had expected at first, that her audience would consist of children and that was so, initially. But the adults who brought the children stayed for the stories. And then began to come by themselves. And to bring more and more of themselves. They brought their friends, their families, but they also brought their own stories. After the official story-telling time, Rachel would inevitably find herself approached, carefully, eagerly, shyly, apprehensively by one of her listeners. Here is my story, they would say, in so many

words. And then, with the delicacy of a Tarot reader, unwinding the precious silk swathing her cards, they would begin to speak, unwrapping their story, offering it to Rachel, wanting her to take it, shape it, find its beginnings and endings and tell it back to them.

At these times, Rachel thought of herself as a detective. A detective of the heart. People came to her with clues. The stories were scattered, uneven. It was her job to hear them, track the signs and bring the pieces together. An internal orienteering course - the cryptic instructions, the signals, the sense of direction. Rachel had read a story once about a boy who had been born weightless in free flight. When he came back to Earth, he discovered that he had an extraordinary gift - no matter where he was, even if he was far underground in the dark, spun around a hundred times, when he stopped he would always point to the same direction. He did not think about it or calculate it. He simply did it. Others had perfect pitch. He had absolute direction. Rachel thought that many of the people who came to her, had absolute direction, although it was a skewed direction. It did not matter where they were in life, they would inevitably find as soon as they stopped moving that they were facing the same direction they had faced all of their lives.

It seemed to Rachel that she felt what they said. Not in the sense of experiencing emotions but in the sense of touching. Rachel felt like a blind woman brushing fingers delicately over the objects offered to her. Trying to ascertain their texture, their density, their shape. Trying to feel the force lines, invisible as gravity or magnetic waves. Rachel believed that if she allowed these objects to rest, held in her hands in some way that she could not define, they would eventually

begin to assert themselves. Moving from a jumble to a pattern, aligning themselves in the way that metal filings aligned themselves to the true call of the magnet.

She never knew how this was going to happen. It was a mystery to her as much as it was to the person with her. She knew, certainly, the technical aspects of her craft. She understood about narrative structure, theme and counter theme, but this, the final issue, the ultimate issue, she knew would remain always mysterious, unable to be communicated in any texts or classrooms. It was based on some communion, some curious alchemy between herself and the person sitting with her and she saw sometimes that it enabled them to turn the solar winds around, to slowly shift their own magnetic home.

Rachel wrote a regular column for one of the Saturday papers. It was called 'Tales for our Time'. They were short pieces, compressed, in the way that poetry and dreams are compressed. Rachel sometimes felt that she was dreaming onto the page. She thought of them as fairytales. Fairytales for adults.

Rachel knew that as people grew up, something happened to their memories of fairy tales. They become cloudy, tinged with a roseate glow. They forgot the real and terrible details of the stories. They forgot that the witch had wanted to roast Hansel and Gretel in the oven and then eat them. They forgot that Snow White's stepmother had wanted to kill her and that her father had been no protection at all. They forgot the rage, the desolation, the primal terror. They forgot the heated iron shoes. Rachel thought they forgot because

they wanted to forget what children truly knew.

Rachel came from a home where God was not considered a viable alternative. He had died in the Concentration Camps, from which her parents had emerged, skeletal, but somehow alive. Returning to their native Czechoslovakia was not an option. They needed to be as far from what they used to call home as water would take them. They picked the furthest country they could think of. And then they picked the furthest place on it. And so they came to Tasmania.

The first of the precious children arrived in the first year of the new country - Rachel's sister. Then, two years later, there was Rachel. The two grew up with nothing denied them. That was where the fairy tale was supposed to begin.

In Rachel's family, the Holocaust was not much mentioned. It was deduced - the gap in the family history, the absent relatives. It was nevertheless understood that after the camps, who could believe in anything but the random dice of the universe. God was not denounced. Simply not talked about. As a child, she had had untutored fantasies about God, but only as a presence akin to the elderly senior-school headmaster. Stern but not omnipotent, detached from the everyday life of the junior school.

In Anthropology 1, Rachel had learned that men had created gods in order to explain the mysteries of the natural world - how the sun rose, why the crops grew. Rachel did not believe this. She believed that men had created gods in order to protect themselves from evil, from darkness, from the night without stars. In order to understand

what was beyond understanding.

That was why Rachel loved fairytales. In fairytales, evil was punished and good won out. What could you do in a world where this did not happen? She loved the language of fairytales written, as they were, always in the third person. Stories to pass on from teller to teller. Everybody's property and yet belonging to the listener alone. People rarely had names in these stories. They were the King, the Step-mother, the youngest Prince. To name these people would be to tie them down to the particular. They were apart from that. They had been there a hundred years ago and they would be there a hundred years hence.

Rachel thought that stories helped you to understand. That was Rachel's passion, to understand. Her sister wanted only to explain. She could explain anything. She could explain things so well, that she could make you believe that night was day.

Rachel did not believe explanations were so easy. That was why she loved the old stories. On the outside they seemed so simple, but once you wandered inside them, they were intricate - a detail here, a detail there; things you hadn't noticed at first, that made you pause; odd images, echoes, connections, opening like doors into unexpected places. The longer you stayed there, the more you saw and the more there was to understand.

In the old days, fairytales were what ushered in the night. It was a world which could not yet mimic daylight - pulling its sharp, bright rhythms like a gaudy shawl over the soft, blotting presence of the

dark. Day was day and night was night. And it was the storyteller who linked them, guiding the audience from twilight into dark-time, into the rich, strange meanderings of dream. Rachel knew that one of the original names for fairy tales had been 'wonder tales'. She loved that name. That was what fairy tales did best, she thought. They made you wonder.

Rachel had been asked to collect her columns of tales for a book. She had them assembled on the table in front of her now. She was struck by the odd shapes they formed. Some were long and some were short. Some wove in and out of themselves. They were pieces, she could see now. Like the shards of diamond in a mosaic, separated from, but reflecting off, each other. When she wrote them, she had seen only each single piece. Now she could see there was something more they were trying to say.

At university, Rachel had learned about Gestalt, the principle of closure in perception. If you showed someone a circle with a piece of the circumference left out, they would perceive it as complete, the mind filling in the gap. Rachel found this oddly moving. The optimism of the mind. The belief in wholeness. Rachel was fascinated by gaps, by blanks, by vacuums, by what was missing. Even the mind created itself across gaps. The spaces between synapses - the nerve endings of neurons, those curling, communicating tendrils of the brain. They never touched each other, sending their messages out instead into the electro-chemical aether of the brain.

Rachel shuffled the tales around on the table. They sat separately

from each other, a series of clues. Rachel waited quietly. She knew that if she was patient enough, they would somehow assemble. Each one leaning toward the other, an unfinished circle in bloom.

Rachel imagined that inside the brain there would be an absence of light, a darkness deeper than the most isolated country night. She imagined the synapses, those fabulous, delicate creations, each separated from the other: the storytellers, passing their messages on and on through the dark.

Chapter 6

Before we leave Greg's rooms, there is another blood test. This is the second time in one day, and my veins are not thrilled. They decide it would be more amusing to play hide-and-seek. The nurse does not share their sense of fun. She is staring at them, or where she thinks they are, with a look I will come to see often. Luckily, neither they nor I have any idea right now, of just *how* often.

With the trapping, catching and milking bit over and my veins released to muse sorrowfully on this rough new world they find themselves in, the nurse hands me a sheaf of papers. They contain my travel orders. What time to arrive, what supplies to bring, what to eat, or rather what not to eat and how long not to eat it for.

They remind me of those boarding school lists in Enid Blyton school stories. And indeed, underneath the capable and resourceful adult I know myself to be, I am aware of another presence. A tremulous wariness, the away-from-home vulnerability of a child on her first day of school, in foreign and unwelcoming territory.

These days, the buzzword for patient is 'consumer'. We're told to stride into medical consultations as an equal partner. It's a fine idea in principle, but the truth is that no matter how activist or assertive we are in the doctor's office, those of us grappling with a life-threatening illness have been shaken into vivid contact with the frailties and fears beneath. The forthright discussion of treatments, trials, choices and statistics only subsumes a portion of what is happening in that room.

Unspoken, is the tender, terrifying knowledge that it is *our* bodies we are talking about, our delicate, human selves who will live this. Furthermore, even though we may have educated ourselves on our illness, our doctors carry the authority of years

of study and experience. They hold the keys to hospital admissions, to surgical decisions, drug prescriptions and treatment possibilities. Without them, or other physicians, we cannot gain access to these. While we are thrown into territory we have never visited before, they are at home here. Illness is their kingdom. We have been cast ashore on it with only the clothes we are wearing.

And even though we communicate with them confidently and assertively, we are always vulnerable. We are vulnerable to the power of their words or the lift of an eyebrow. An ill-chosen phrase can elicit in us a powerful fear, a foreboding that lingers, even after we tell ourselves that it was nonsense, meaningless, that they don't know and shouldn't have spoken. They wear the cloak of the medicine man and their words, we fear, may have the power to sing us to death.

Martin and I drive home, talking about what needs to be done before next week's hospitalisation. It's an odd place that I've landed in, an in-between place where nothing has been confirmed or denied. Although it is highly probable that I have cancer (Greg tells me afterwards that he was certain at that initial meeting that it was late-stage ovarian cancer), I won't know for sure until after the operation. So it seems premature to take on the mantle of cancer patient. At the same time, I can't assume that it will turn out to be benign. It's a limbo. In a way it feels as if I have stepped out of the normal world and into a waiting area. There is a stillness around it. The opportunity to arrange things, to prepare yourself, to think about what you need. And always, the knowledge that something momentous is going to happen. And for once, you know exactly when.

I think if someone had asked me what I would have felt in this situation, I would have thought 'panic'. But I don't feel panic. There is fear, of course, but what I feel more than fear is determination - to get through this in the best possible way and survive it. With this determination comes a kind of calm. This calmness is not in

any way the same as relaxation. It is a bunched-up calmness, centred, focussed. The calmness that comes with a readying for action. The stillness of the runner on the starting block.

To my surprise, I am not frightened by the prospect of my own death. What terrifies me is the impact that it would have on Amantha. She is sixteen, my adored daughter, and the thought of her pain is quite simply unbearable. I cannot allow this to happen to her. And I cannot, absolutely cannot, allow myself believe that I may be impotent to prevent it.

I remember long ago taking her for a walk in her stroller. A dog growled from a gateway as we passed and I was instantly on the defensive. It retreated. On the way back, I could feel the adrenaline bubbling as we approached the dog's driveway and I knew that I, the animal lover who was always nursing strays, would kick it to death if it even looked like coming close to Amantha.

I'm young, I tell myself, as I contemplate the deadly statistics on this cancer. I'm fit, I have inner and outer resources. If anyone can beat this, I can. And I determine that I will. What else can you do, after all?

At home, I tell Amantha that I have to have an operation. One of the things that is important to me this week is not to panic Amantha unnecessarily. I know that if I'm calm, she will be. I tell her I have a lump that needs to be removed. They don't know what it is. Could it be cancer? she asks. It's possible, I say, but if it is, the doctor will cut it out and I'll have treatment and be okay. She nods at this and seems to take it in her stride. Later, a few days after the operation, I ask her whether she was anxious about what the surgery would show and she says, 'No. You were so calm, I didn't think there was anything to worry about.' Oscar time for me, I think.

Back home again, after the doctor's appointment, Martin takes care of the recalcitrant alarm. I comfort Tabatha, our dog, who is ready for life as a Valium addict after huddling through two hours of non-stop siren. Probably half the street would agree with her.

I think about what I'll need for hospital. A friend whom I spoke to yesterday suggested I bring short nighties that button up the front. They make you easier to access for the doctors and nurses, she explains. I search my wardrobe, but don't have any nighties that meet these medico-friendly specifications. Despite mixed feelings about my incipient career as an obliging parcel, it seems a good enough reason for Martin and me to head off to the shops. And anyway, it's a task that is soothing. The city is so familiar and buying a new nightie makes me think of travel and packing and that marvellously self-sufficient sense of starting out on an adventure with your kit bag freshly packed and carrying all that you'll need.

As I get into the car and prepare to put the seatbelt on, I am suddenly aware of the need to protect the mass in my abdomen. A doctor friend has already told me to quit the gym in case I rupture it. I put the seatbelt on carefully and stretch it out, so that it isn't pressing on my tummy. It is exactly what I used to do when I was pregnant. I sit back, one hand keeping the seat belt in place, the other circling my abdomen. I feel oddly as if I am carrying a glass baby.

It is disconcerting to be in the city. I have walked through cities in foreign countries and felt like a stranger, but I have never felt such a peculiar and unexpected sense of dislocation as I do now. Here, in streets I have walked through thousands of times, in my home town, I am a stranger, more totally than anything I have ever experienced. The crowds around me are in one country and I am, irrevocably, in another.

I know that statistically speaking, some of them must currently be dealing with grief, pain and tragedy, but that is not how it seems. Right now, they seem to float through the store, cushioned by stability and sameness; by the sheer ordinariness of everyday life. They are like some magical elite - the rich, in an F. Scott Fitzgerald novel. And I have my nose pressed to the window, wishing I could be in there.

At the counter, as the salesgirl wraps the nightie, she says in that toneless, automated way, 'Are you having a good day?'

I resist the urge to reply brightly, 'Yes, I've just been told I have cancer.'

Chapter 7

Back home, there's a lot to do. I have to cancel patients, lectures and other appointments during the next few weeks. Greg has told me that even if it isn't cancer, the recovery from surgery will take six weeks. I remember all the times I've found it difficult to organise a two-week gap in my schedule and worried about how to fit my patients in around it. Now I have to clear triple that amount of time and it seems ridiculously easy. It's amazing how having no choice clears the mind.

I also have to ring colleagues and ask them to cover for me, regarding patients who may need to see someone while I'm unavailable. Then there are a few close friends and family to tell. But one of the first things I have to do is make myself an hypnotic tape.

It's a couple of decades since I did my training in hypnosis. My background was as an insight-oriented psychotherapist and the hypnosis course seemed like a bit of light relief. My readiness to see it as entertaining nonsense can be explained by my first encounter with it.

I am a twelve-year-old schoolgirl sitting in class while Miss Davis, my art teacher, drones on. Miss Davis could make an invasion by ten-metre tall insectoid aliens boring. To do the same for art is a snap. Suddenly the class goggles out of its torpor. A boy has fainted. Miss Davis rushes to his side, loosens his collar and fans him anxiously. A couple of classmates are co-opted to carry him out into the corridor. Miss Davis continues the fanning there, accompanying it with the occasional panicky cheeping sound. The class is very excited. This is our first interesting art lesson.

Suddenly, from beyond the doorway, the cheeping is interrupted by an almighty

shriek. Seconds later, Miss Davis re-emerges, puce with rage. The boy is not seen again for the rest of the day.

When it emerges, the story has us in ecstasy for weeks. On the previous evening our classmate had been to a performance of Franquin the Great, a stage hypnotist. He'd been foolish enough to volunteer for the stage. He had then followed Franquin's post-hypnotic suggestions to the letter: 'At mid-day tomorrow, you will faint and stay like that for three minutes. You will then wake, grab the first person you see, kiss them on the lips and yell Happy Christmas!' I suspect the exchange of seasonal greetings was never quite the same for Miss Davis.

Hypnosis turned out to be completely different to what I had expected. It's a serious, rigorously researched psychotherapeutic tool, a world away from stage hypnosis. And what we can do therapeutically with hypnosis, is far more fascinating than any myth or stage performance.

At its most essential, hypnosis is a way of unlocking our hidden potential and maximising those strengths and resources we know of already. It is not a method of controlling other people's minds; instead, it's a way of learning how to access more of our own. And to top it all off, it's one of the few things that's good for you, that actually feels good.

I've worked with hypnosis for over twenty years now, seen thousands of patients and given countless lectures and workshops on it as part of training programs for doctors, psychologists and dentists. I know that it works. And I know that one of the things it can do is help people recover from surgery more rapidly and more smoothly. I know this both from patients I've seen and research studies reported in medical and psychological journals. I'm now about to discover it from personal experience.

What irritates me, is that I'd like to go and see me. What I really mean, of course, is that I'd like to go and see someone like me. Unfortunately, at this point, I'm the most experienced person working in this area that I know of. So I'm going to have to do it myself. It means being both patient and therapist in the one parcel.

Wistfully, I think of how nice it would be to be guided through this by the kindly, wise, lean-on-me archetypal therapist of my imagination. Then I quit the fantasy and get down to work.

I make the tape and then, on playing it through, realise that the volume is too low. I'll have to redo it. This really irritates me. It's bad enough that I have to make my own tape, that I have to make it twice is really throwing infuriating fuel on the flame.

I fix the volume levels and get back into non-irritated therapist mode to make the tape again. When I play it back this time, the volume is fine, but there is the most curious sound threaded through the tape. It's a low sound, like a heartbeat - but each beat is regularly spaced, like a metronome. The rhythm is slow-ish and then halfway through, the tape adjusts to a quicker speed. Despite the sound being low and subtle, it is definitely there and definitely distracting. Now I am really irate. I say several nasty things to the tape machine and call on Martin to whip it into shape.

Martin plays the tape through. 'Could it be that you've somehow recorded your heartbeat?' he says, puzzled.

I point out that it's not possible, and also that the rhythm is too even.

Two hours later, he has picked the tape machine apart and still not been able to duplicate the sound. 'The fault's not in the machine.' He shrugs, baffled,

‘Somehow, you produced it.’

I’m baffled too. There was no trace of the sound in the room as I was making the tape. And unless my body has produced some peculiar new pulse that it is transmitting straight to air, I haven’t a clue as to the origin of the sound. But I am very, very irritated now. I have to make the tape for the third time! I decide to do a Scarlett O’Hara and think about it tomorrow. Instead, I get down to cancelling my patients for the next few weeks.

Within a couple of hours I’ve managed to contact most of them. When I explain that I need to cancel appointments because of some unexpected surgery, I notice that my non-oncology patients assume it’s something simple like a gallbladder or appendix. My oncology patients are the ones who immediately say, ‘Is it dangerous? Is it cancer?’

I wake in the morning and realise that I left an important suggestion out of yesterday’s tape. If the distracting sound hadn’t made me scrap the second tape, I would have taken it to hospital without thinking about it. Trying for third time lucky, I make the new tape, complete with new suggestion and minus the mysterious sound.

The mysterious sound is about to get more mysterious. A few days from now, I will wake in my hospital room. It is midnight. I was operated on at 4.00 pm and have spent most of the time since then asleep. The room is very quiet. As I adjust to the dark silence, I recognise a familiar sound. It is the soft, regular beat I last heard on my ditched tape. I have just worked out that it’s coming from the intravenous drip, when the door swings open and a torch, followed by a nurse, enters.

‘Just checking the drip,’ she says, padding over. ‘Ah, it’s running too slow.’ She

makes a few adjustments and the soft, beating rhythm speeds up. Just as it had on my tape.

The sound takes its place as one of those odd events that elude explanation. They arrive sometimes, like seeming wrinkles in time or space, and remind us that perhaps we do not know all there is to know. To this day, I have no idea what caused it.

In the months before this all happened, I'd been struggling with a major case of writer's block. My new poetry book is only two-thirds finished and I've been stuck. Finally I decide to turn instead to my new novel. The opening scene is set in an operating theatre. As I write, I realise I know nothing about operating theatres. Damn, I think, I'll have to find some way of seeing one. I am clearly offering myself up to be the embodiment of that cautionary phrase, 'Be careful of what you wish for...' Ten days later, as I'm wheeled in for my surgery, I will be looking around me, frantically trying to memorise everything I see.

But in the meantime, the poetry has come back with a rush. It happened the instant I realised I was in for something serious, life-threatening. I have found the cure for writer's block! Words and images are flowing through, as if a door had suddenly been opened in my mind. It feels wonderful to have them with me again. I am gripped by the totally irrational certainty that as long as I write, I will live. The poems pour out, telling me what is happening to me, guiding me through the journey.

The Waiting Room

Arthur Stace was an Australian eccentric who spent forty years writing the word 'Eternity' across the streets of Sydney

In the back room behind it
the doctors flit backwards
and forwards like fishes
doing the secret thing.

There is the woman who is sobbing
in the corner and the woman on the wall
staring up to the pale, pure ceiling.

There are flat princesses
on the table
in their Woman's Days
and women are dying here
and where are you, Arthur Stace
rising at midnight,
grey as the pale slate pavements
of Sydney, writing 'Eternity'...
'Eternity'...?

And I think that if we all
reached out, wingtip
to wingtip from where we sit,
including the receptionist
typing in the corner
we could stretch out our arms
and slowly lift, rise up,
rise up..., lighter than flowers

over the rusty roofs
and hover
strange great blooms
and look, see -
the houses are breathing
in and breathing out,
bright as candles
wishing towards each other.

Packing for Hospital

You sit down and write a list -
this is for a different sort of journey,
travel for the adventure-minded -
Inward Bound Holidays - give us your body
and we do it for you.

What do you pack for a trip
like this? What do you own?
Photos, those still windows
into another planet,
your sleeping clothes -
dress is casual here
but life is expensive.

Here's the suitcase, open-mouthed
at where it's going. Take care
what you put there. It will
follow you everywhere,
like a dog
bringing all that you give it.

You're ready? Then begin
the mystery tour. Here
is the beating chamber
that Bluebeard killed
and died for.
Enter it carefully.

See where love lies
like a terrible flower, wider
than the walls, higher
than the ceiling. Pick it up
anyway. Wear it in your hair,
close to your heart,
behind your ear.

Keep it with you everywhere.
Wherever you go. And when
you need it, it will sing you
all the way home.

Last Menstruation

'...the object of secluding women at menstruation is to neutralize the dangerous influences which are supposed to emanate from them at such times... The girl may not touch the ground nor see the sun. Whether enveloped in her hammock and slung up to the roof... or elevated above the ground in a dark and narrow cage (sometimes for years), she may be considered to be out of the way of doing mischief, since, being shut off both from the earth and from the sun, she can poison neither of these great sources of life by her deadly contagion...'

The Golden Bough' - James G. Frazer

I

You came a few days early,
perhaps it was stress
but I like to think
you came to say good-bye
to me. Old unappreciated
friend. All this beloved blood
that has performed so cleanly
for me, washing the womb
each month, the tender nurse,
wise blood of the un-wounded body
bringing each month the brimming
chalice, the living news,
Ishtar's dreamed, forbidden moon.

II

I remember at twelve
when a girlfriend said
she couldn't touch plants

because of you. She was told this:
that the witch would rise out
of her, grim and sharp
as the tip of the spindle.
This is the unclean one,
the night visitor,
head on the pillow,
who laughs and sizzles
at the withering bed.

III

And I think too of the caged girls
of Borneo, taken from light
for seven years of bloom.
Brought out finally, they are
pale as wax flowers. Now,
they are told, you can be new.
I think of them everywhere, the feared
girls of the Indians of Alaska,
the Esquimaux, Bolivia, Brazil,
the girls of Rio de la Plata,
hung up high like frozen,
terrified spiders,
and the Orinoco, where they know
that everything she steps
upon will die...

IV

This is what I will do.

I will go out into the world,
my feet deep and rich in the living
earth. I will raise up
my arms higher and higher
until the sun sees every
part of me. I will grow leaves
for you, the night flowering
jasmine, the ash, the cedar of Gilgit
wreathing from my fingertips
onto doorways, armchairs, stoves,
the domestic cat. I will bring in
the fields at midnight and the dark
reeds where the river pulses
like an aorta. I will live.
I will teach you to my daughter.

Uterus

At first they thought it was you,
old wanderer whom the ancients
knew, the seat of emotions,
cause of hysterical women
in your clumsy journey,
bumping and bumping around the room,
looking for whom? Was it those
roses of the ovaries,
blooming each month
and you wanting to collect
them in your red basket,
was it the moon..?

I don't know how
to say good-bye to you
little mother, wandering bowl
of the soul. But I remember,
you took care of my daughter
and when the time came, pushed
her into the world. Time comes
for everyone. In every birth
there is a dying.

Chapter 8

It takes me a couple of days to get through to all my patients. There is also the task of telling friends and family. One friend, whom I don't see often, says immediately, 'Would you like me to come over?' I am enormously touched. We go for a walk together in the warm summer evening. I don't tell many people, only my closest friends. It makes an interesting touchstone. You find out quickly who you think your closest friends are, by who you decide to tell. As I ring them, I'm aware of a need to be in contact with people who care about me. It feels like a blanket I can bring with me into hospital.

My friends are concerned and supportive. But almost universally, they don't want to entertain the idea that it might be a deadly cancer. I can understand their reluctance - who wants to think about someone you care about having cancer. But the continued insistence that, 'It'll turn out to be nothing', becomes frustrating. I don't want to dwell on the prospect of cancer, but I do want the chance to think about it, sort out issues and emotions, prepare myself.

And then, of course, there is the other end of the spectrum. Such as the acquaintance, who having heard the news, rings up to commiserate and tell me that regardless of whether it's cancer or not, the hysterectomy will be my undoing. I'll never be the same again, she informs me darkly.

I think back to what I know of ovarian cancer. If it is late stage, I'm guessing that I may have a prognosis of about two years. Amantha is sixteen now. In two years, she will be eighteen. Too young, much too young to lose her mother. I can't bear the thought of her being motherless at eighteen. I meet an oncologist friend for breakfast. She says that two years used to be the norm for ovarian cancer, but with the new drugs coming on the market, she thinks they can give me five years. I feel

relieved. In five years, Amantha will be twenty-one. Still too young, but at least it's not eighteen.

How strange it seems now, from the vantage point of the future, to feel relieved at being told, at forty-four, that I might have only five years to live. How readily we get into bargaining positions with cancer. Everything becomes relative. A little more time, a little less pain, a little more mobility. All triumphs, that carry with them hope, renewal, reprieve.

I am hyper-aware of my body. Not in a nervous or hypochondriacal way, but with a deep sense of amazement. Of awe. It is something, I remember now, that I have experienced once before. Years ago, in the days following the birth of my daughter.

I remember the sense of being astonished, in the fanatical way of one who has seen the face of God, at what my body has done. It has produced life. It is as if I have been allowed a revelation. *My* body has produced this incredible, this extraordinary, this perfect human being. I am as stunned as if the broom cupboard with which I have lived all my life has suddenly unfurled wings, stepped forward and revealed itself to be an angel. The feeling lasts for a few weeks and then dissipates as invisibly as fine mist in sunshine. I do not come back to it until this moment sixteen years later.

And it is as if once again, I am aware of my body for the first time. Not the exterior of it, but the interior, the essence, the *work* it does. I remember reading a Jack London story as a child, where the hero is starving and close to death in the snow. His attention is caught by his hand and he notices for the first time, what a miracle of engineering it is and how, in all the hours and days of his life, he has never appreciated it before. It is that same sense that I now feel, of being lost in a marvel. All the more so for the fact that it has been there all the time, going about its work

humbly, unnoticed, unheralded, unappreciated.

It is not the way I expected to feel. Decades ago, I was diagnosed with an underactive thyroid. It took years before a doctor ordered the simple blood test that confirmed the diagnosis. I didn't know why I felt unwell. All I knew was that my body wasn't functioning normally. Even though it was summer, I felt cold all the time. My skin, which had been oily, became dry. My hair grew thinner and felt brittle. My metabolism would have been perfect for a hibernating bear. I was tired all the time and every time I sat down, I fell asleep.

It was the time when food allergies were flavour of the month. It didn't take long before someone decided that they were my problem. For several years, I did the rounds of doctors, naturopaths, homeopaths and every other kind of path in an attempt to find out what was wrong with me. They put me on every kind of weird diet under the sun, although they managed to neglect boiled eye of newt and toad's testicles. When the food combinations failed, they tried lack of food, prescribing three day fasts, four day fasts, six day fasts. None of them did any good. Finally, I visited my old family doctor whom I hadn't seen for years. He listened to my symptoms and immediately sent me off for a thyroid test. Bingo! I was put on a small amount of thyroid medication and all my symptoms vanished.

During that time of feeling unwell, but not knowing what was wrong with me, I was enormously frustrated with my body. Why wasn't it working? Why couldn't it just function normally? I felt let down by it, betrayed by it and at times enraged by it.

If I had thought about the scenario, I would have imagined that being diagnosed with cancer would lead me to similar feelings - an impatient anger that my body wasn't working properly. My actual response - this tender admiration for it and the

work it does - has engulfed me without pre-thought or planning, and it startles me. I am flooded with a kind of loving wonder at the intricacies and genius of the body that I have ignored, even belittled, for so many years. It has the force of revelation.

I am aware too, of wanting to say goodbye to my uterus and ovaries. To farewell them and thank them for all they have given me during their time. My menstrual period isn't due until after my surgery, by which time, of course, it will have ceased to exist. Despite the fact that I have often cursed it and the discomforts it brings, I feel sad to think that I have experienced my last period without knowing it and without being able to acknowledge its departure. To my surprise and delight, however, my period, normally as regular as the proverbial clockwork, comes early - a few days before the date of my hospital admission. I am absurdly moved. I feel as if it has come to say goodbye to me.

My patients' appointments have all been shifted. Before surgery, I have a few days completely clear. It is curious having so much free time in the day, as if I am on holiday.

It is summer and I sit outside, eating peaches and reading novels. I have a sense of being enclosed in a special space, a pause. The word 'interstitial' - the adjective describing gaps, the spaces between parts - keeps coming to mind. I am reminded of a magical clearing I once read of in a children's book. It is a quiet, grassy place. Within it are several still, deep pools. They are 'doors' - the jumping off points for other worlds. The clearing, as I imagine it, is empty but in an impossibly beautiful way. Nothing has happened in it. Everything is about to.

In the evenings, when Martin and Amantha are home, life ambles along in its normal routine. I am aware of needing to keep the atmosphere relaxed and comfortable for Amantha. There'll be time enough to tell her after surgery, when

the diagnosis is confirmed. I want to give her as much respite from this as possible. One of the cruellest aspects of illness is the way you become the unwitting cause of suffering in the people you love most dearly.

Amantha is about to start at a new school. She'll be starting while I'm in hospital. I worry that if the news is bad, she'll be in a strange environment without her old classmates or teachers to support her. I am about to make an appointment with her class teacher to explain the situation, when I realise that with wonderful timing, a parent/teacher night is scheduled for the evening before I am admitted to hospital.

Martin and I turn up and make all the usual introductory small talk. Then I take a breath, knowing that what I am about to say sounds ridiculously melodramatic. I tell the teacher that I am scheduled for surgery tomorrow, for what will probably turn out to be cancer, and ask her if she could keep an extra eye out for Amantha during that time. The teacher looks stunned. 'But you look so well,' she says. And then 'This is very brave of you.' I am intrigued by this. What else am I supposed to be doing? And then I realise. It is what I am not doing. I am not doing the mad scene out of Lucia di Lammermoor. It is my introduction to the widely held tenet that all you have to do to be a heroine, is go easy on any gothic tendencies in public and get cancer.

One evening both Martin and Amantha are out and I realise, quite urgently, that I don't want to be alone. I have been perfectly happy being alone in the daytime, but it is as if, in this delicate week, the darkness threatens to draw out all my nightmares. I go over to a friend's house and we sit chatting, sharing jokes and whiling away a couple of hours.

It feels good and I realise that more than avoiding darkness or nightmares, my real

need was simply to be with people who care about me. I am struck again by the way this has been a dominant need this last week. It feels as if it is not just for comfort, but something even more primal. As if the depersonalisation of illness strips us of some identity that love can return.

In all of this time, the classic, 'Why me?' question simply hasn't occurred to me. 'Why *not* me?' makes just as much sense. Everyone has to face the chasm sometime. Now just happens to be my time.

A lot of this is luck of the draw, a combination of disparate elements - genetics, environment, biology, nutrition, stress - all coming together in a particular pattern, at a particular time. I get angry at the suggestion - so often made by the more superficial 'New Age' practitioners, that all cancer patients have simply 'willed' their cancers into existence. Psychological factors may well have some relation to tumour growth, but these simplistic formulations take no account of the biological/environmental factors that we already know trigger, or sustain, tumour development.

A diagnosis of cancer provides an unparalleled push to rethink your life. It can open windows that were previously stuck or opaque. But in order to use these gifts, you needn't have 'caused' or 'needed' your cancer. At the time of my diagnosis, only one person was idiot enough to grace me with the condescending phrase, 'And why did you feel you needed to have this cancer?' Luckily for him, he lived interstate and out of my irate reach.

Right now, in that time before surgery, I am face to face with an enemy I have only seen on the other side of the desk. Although I don't believe I 'caused' my cancer, I don't feel powerless in its presence. I know there are many factors that can affect the course of the illness and I have the ability to access at least some of them. I

know that if it is late stage ovarian cancer, the odds are against me, but that there is still a window of 'cure'. I can see it like a square of light in the distance, beckoning me and I am determined to get there.

In a way, it's easy to feel like this right now. The race has just begun; I am freshly energised by the urgency, the seriousness of the situation. And I have barely met my opponent.

Chapter 9

I forgot who said that the prospect of impending death concentrates the mind wonderfully. He knew what he was talking about. Everything insignificant simply falls away. I am filled with a sense of acute clarity. I know what is important to me, I know what I have to do and I know how to do it.

For the last six months, I have been terribly worried about my father, who is currently living with his second wife, Dorka, in New York. He is preparing King Lear-like to denude himself of his last assets and I fear for him. He is in his late seventies and I have been trying to persuade him to keep his assets for his own use and as a security blanket for his old age. Nothing I say can change his mind. Instead, he is becoming angry with me. I don't want to be cast in the Cordelia role, but it is equally difficult to stand by and watch him do something that I feel could leave him in reduced circumstances. I feel a deep and pervasive anxiety about him that I cannot shake off.

All of the time I've known him, my father has given away what he earns unstintingly, altruistically, quixotically. He has done this all his life. His family was wealthy in pre-war Poland, and he delighted in being able to take his friends to the theatre and share other treats they might not have been able to afford. He's a generous man, always happy to do favours for people or help them whenever he can.

As a child, I saw my father as a mountain of confident *bonhomie*. It was only as I grew up that I became aware of some of the complexities beneath his cheerful, easygoing surface and glimpsed the vein of insecurity that lay there.

When I was young, I had taken his descriptions of himself at face value. As an

adult, I began to see the moving discrepancies between his words and behaviour. He proclaimed that he didn't care what people thought of him, but turned himself inside out to please. At work, he worried terribly about appraisals, even though it was clear that his work was extremely competent. He would go out of his way to help people. He loved to be of service. But sometimes there was the sense that even more than *wanting* to be of service, he actually *needed* to be of service. He told me once that as a young boy with more money than his schoolmates, he would bring lollies to school to ensure his popularity. I felt sad when he told me this. He wouldn't have needed those lollies. He is a warm, good-hearted person who would have been liked without them.

I don't have many images of my father's childhood - he rarely talks of his life pre-Australia. I had always imagined him as a younger version of what I saw as his outgoing, jovial self. It is only as an adult, that I find out that his father was a violent tyrant. As a young man, my father saw his elder brother knocked to the ground by their father in a fit of rage. Dad learned to cope by placating and appeasing him. When I learn of this family history, I feel a sense of recognition. I can begin to connect my adult father who needs to please the holders of power in his life with that young boy's way of coping with the tyrant in the family.

My father's family was very different to that of my mother's. My mother's family, the Spindlers, were poorer in material goods, but richer in family life. My mother adored her father, he was the guiding light in her life. He was a gentle, scrupulously honest man with a strong social conscience. Despite the fact that the family was not well off, he made a point of taking care of those weaker and in need. These were values he imparted to my mother. She was the youngest daughter, very beautiful, but with her mind on books - a responsible and studious girl who dreamed of going to university.

My father courted her assiduously. They were married as the war broke out and after the Germans occupied Poland, were forced to live in the appalling conditions of the Lodz Ghetto. After the Ghetto was liquidated, they were separated in different Concentration Camps and miraculously found each other at the war's end. They remained in love for more than four decades of marriage.

Over the last few months, I have been pleading, cajoling and arguing as I try to dissuade my father from his plans to divest himself of his assets. He is living in New York with his new wife Dorka and says he doesn't need his assets. I know that he is living comfortably in the present, but my worry is for what might happen in the unknown future. I try to set out my concerns as logically as I can.

'What if you're left on your own, if Dorka dies, and you need money?'

'I'll be fine, he says, 'Dorka has left in her will the house here in Queens for me to live in as long as I want'.

'What if you get sick and need money for medical treatment?'

'If I get sick and don't have the money, I'll kill myself.'

Problem solved. Just the right answer to calm a daughter's heart.

I continue my attempts to persuade him. Finally, he agrees to modify his actions so as to keep some assets intact for himself. I am enormously relieved.

A few weeks later, he flies back to Australia with Lily and her husband David, on a brief visit. The night before his return to America, he arranges to come over to my place. He has something to tell me, he says. I am puzzled by what it may be, but

pleased to have this extra time with my father.

When he walks in the door, his face is set. He wastes no time telling me that he has decided to go ahead after all and sell all his assets. I am horrified. I make a last attempt to persuade him to keep some intact for himself. But he gets angry at me. I respond in kind. And then suddenly, like a monster Jack-in-the-box that has been coiling, half-hidden beneath the layer of the last couple of years, it all erupts. My father is shouting at me enraged. Accusations, denunciations, things I simply don't recognise.

'You are a bad daughter!' He is screaming at me. 'You are the cause of the trouble in the family!'

I step back, speechless. I assume he is talking about the one time I spoke up publicly in my mother's defence and the rift it caused in the family.

'You are a bad daughter,' he screams again.

I can't believe what he is saying. I find my voice again. All the unspoken hurts I have been feeling come to the surface. I start yelling my own accusations. I am as stunned as if the world had tipped upside down, become a fun-house mirror in its most frightening distortions. Our shouting intensifies. My father is purple with rage. He is glaring at me as if I am a stranger. An enemy. I have never seen my father look at me like this before. Never experienced him like this before. I am becoming hysterical. I feel as if I can't bear to see any more.

'Get out of my house,' I scream. The words jump out of my mouth. It is too late to retrieve them. I don't mean them. I can't believe I'm saying this to my father.

I keep talking. Try again. 'Look what we're doing to each other', I say. 'What's happening?'

His response is the same angry litany. We continue like this for another fifteen minutes. Finally I am exhausted.

'Dad,' I say. 'This may be the last time we see each other. You're going back to America. You're seventy-seven, you're not planning to come back here again. I can't get to America in the near future. We may never see each other again. Do you really want to leave it like this?'

He shrugs. 'If it has to be, it has to be.' And he walks out of the house.

I am in shock. Not just for myself. Amantha, his grand-daughter is upstairs. This might be the last chance he has to see her and he hasn't even said good-bye.

I am crying in a way that I haven't cried since childhood. Martin, who has been upstairs and heard everything comes down to comfort me, but I can't be comforted. I am crying as if I am at a funeral. It is a feeling I can't shake.

I keep waiting for the phone to ring that night. Surely Dad will call. Surely he'll want to make contact, at least say good-bye before he leaves. But the phone is silent.

The next morning, I have to fly to Sydney to run some workshops. I am standing in the domestic section of the airport, when I realise with a sudden shiver, that this is also the time that my father's flight back to America is due to depart. He, Lily and David must be standing right now just a few hundred metres away in the international lounge. If I walked just a few minutes to the right, I would run into

him. I am torn in two. Should I go there? Maybe I can fix it? Maybe I can make it alright? But the other part of me recoils. I can't cross that space. I can't bear to see him as he was yesterday. I am too hurt. I can't stand another replay.

And so we stay there, separated, the two of us. Unbearably close. Unbearably far apart.

Two weeks go by and I hear nothing from my father. I can't stand the silence. Dad, I know, won't make the first move. I do it now. I write telling him that I love him and I don't want this alienation. He responds in his usual fashion, as if nothing has happened, makes no mention of the scene at my house. We continue to correspond and speak on the phone in our familiar way, but I can't shake off the sadness. A sense of mourning that feels as if something unutterably precious has been lost.

My father and I have always shared a tight bond. I loved my mother dearly and we were very close, but I was a Daddy's girl. Every Saturday, for decades, even after I left home, we would go into the city together. It was our weekly ritual. We would pick up library books and visit the shops. Bookshops were high on the list. Dad and I were the readers in our family. He had a passion for hard-boiled detective stories, while I read anything that didn't move. I adored him. He was a jovial bear of a father, who loved food, fun and would do anything for anybody.

In the last handful of years though, since he has lived in New York, our relationship has changed. The signs are subtle at first - a slight coolness, a distance that is more than just physical distance. I tell myself that I am imagining this. It's so unlike our usual comfortable closeness. I am getting over-sensitive, I decide, seeing shadows where there aren't any.

But the unnerving signals continue. And then, finally, something I can't ignore.

Martin and I are going to the States. We have arranged to meet Dad in Washington. It's only a half-hour's flight from New York, where he lives now, and he and Dorka will come up to spend a few days with us. I've booked tickets for the FBI tour, knowing that Dad, a crime fan, will be entranced.

It's been a year since I've seen him and I'm really looking forward to seeing him again. A few weeks before our departure date, Dad sends me a Fax. Our Washington stay coincides with a Jewish holiday and he's decided not to come up. I'm flabbergasted. Dad is not religious. In fact he decries it. I've never seen him change his plans for a religious holiday.

By this time, Martin and I are locked into our flight and accommodation schedules. It seems crazy to think of being so close to each other geographically and not seeing each other. I get out my calendar and find that the holiday covers only a small portion of our Washington stay. 'Why not come up for the three days that aren't religious holidays?' I say to Dad.

'No,' he says. 'We'll just have to catch up with each other by phone.'

I am hurt and bewildered. He obviously isn't interested in seeing me. There's no point in bringing it up either. Dad doesn't like to deal with emotional issues. He would pooh-pooh it. 'Big deal!' is one of his favourite sayings.

My friends are all amazed when I tell them that I won't be seeing my father on this trip. 'Why?' they say. 'What's wrong?' I shrug my shoulders. I really don't know.

A few weeks later, we are in Boston, staying with Nancy, an old friend. 'Why isn't your father seeing you?' she asks, astonished. I do the now familiar shoulder-shrug.

‘He could come out and stay here for a few days,’ she says, ‘we’re only thirty minutes away by plane.’

I decide to try again. My father sounds somewhat sheepish when he answers the phone. I wonder whether his New York friends have also been saying, ‘Your daughter is here and you’re not seeing her?’

He seems quite relieved when I suggest that he could come and stay with us in Boston for a few days.

‘I’ll come just for the day,’ he decides.

Nancy, Martin and I pick him up from Boston airport. He looks just the same as he always did, my warm, lovable father. I give him a hug and we head out to sight-see, ending up at Harvard Square, land of a thousand book shops.

My father seems to be enjoying himself. In one of the bookshops, I spot an anthology of Australian poetry that contains a poem of mine that he hasn’t seen. I show it to Dad. He reads it cursorily and then puts the book back.

‘Aren’t you going to buy it?’ Nancy is surprised.

He makes a brushing away gesture. ‘I’ll find it in New York.’

The translation of this is clearly, ‘Forget it’. My feeling of unease returns. My father has always been proud of both Lily’s and my writing and likes to keep copies of all we do. I’ve never seen him like this, but I don’t know what to say. ‘Don’t you want my poem?’ sounds so petty.

I try to put the incident to the back of my mind. Dad seems well. He's lost weight and looks fit. 'Dorka sends her love,' he tells us.

Dad and Mum met Dorka and her husband just after the war's end. They got to know each other while waiting for visas to Australia and America, the countries they respectively chose.

Dorka and Dad meet again, decades later, when Dad is visiting Lily in New York. There is sadness in the reunion. Mum has been dead for some time and Dorka's husband is also ill, soon to die.

Dorka and Dad keep in touch. She is lonely and urges Dad to come to America to live with her. They can lead a good life, she says. She is a very wealthy woman, with homes in Florida and the mountains, as well as New York. They know each other's spouses, they can remember them together.

Dad is more reluctant than she. As he sets out for another visit to Lily, he says, 'I should shift countries at my age? If Dorka wants to marry me, she can come here.'

Three weeks later, he is back in Australia, to pack up his belongings. He is moving to New York.

It's strange to think of my father being so far away. It means I'll only be able to see him every couple of years and I'm sad about that. But I'm glad that he's found a companion. Dorka will never take Mum's place, Dad says, but he feels comfortable with her and it's good to be part of a couple again.

He is a man in his late seventies, preparing to leave the country he's spent the last five decades in. I am struck with admiration and reminded again of what a survivor

he is.

‘What’s Dorka like?’ I ask. I feel peculiarly like a parent whose child has eloped with a stranger.

Dad finds her difficult to describe. Finally, he lights on a phrase, ‘She has a lot of energy.’

Some months after Dad’s marriage, I get to meet Dorka. It is a few years ago. She and Dad have flown over for a visit. She’s short, savvy and intense. We spend the day together and end up at the Botanic Gardens for a performance of *A Midsummer Night’s Dream*. As we walk through the Gardens, Dorka is as alert as a bird - looking around her, asking questions, curious about the origins of this or that.

She has greeted me earlier in the day with a hug. ‘You are the only person in the family I haven’t met yet’, she says and tells me of how she knew my mother all those years ago after the war. She has already met my sister of course. Lily lives in SoHo, a few kilometres away from Dorca’s house in Queens. At the end of the evening, Dorka takes me aside and puts a hand on my shoulder. ‘I listened to what was said about you,’ she says, ‘and I took the opposite. I was right.’

Dad and Dorka look happy. She bosses him about, but he seems to like that. He responds to Dorka’s fussing, like an obedient child. I realise for the first time that he gravitates towards strong women; needs them, perhaps.

Mum’s quiet, inner strength was very different to Dorka’s, but it was my father’s anchor. She was the love-affair of his life. He remained devoted to her throughout their marriage. At her funeral, my most vivid memory is of sitting next to my father while his knees shake continually and uncontrollably. My father is a stoic man. I

have never seen him like this and it is wrenching to witness his agony. Her death has left him directionless. It is good to see Dad blossoming again.

A couple of days after the Botanic Gardens excursion, Martin and I meet Dad and Dorka at my childhood home in Elwood. Dad had taken a mortgage out on the house for someone who needed money. The loan wasn't repaid in time and the bank has been insisting on payment. Dad has to sell the house. He's asked Martin and me to finish clearing it out in preparation for the sale.

Dad and Dorka sit in the kitchen, while Martin and I clear out the cupboards in Mum and Dad's bedroom. I pack her clothes away to give to charities. It is sad work. After a while they come into the bedroom. Dorka is carrying one of Lily's poetry books. She must have found it around the house. She is curious about the poems, she says. People she has met in Melbourne have been telling her about them. She sits down and begins to read out loud from *Poland And Other Poems*. She has selected the poems about my mother.

Dorka starts out strongly and then her voice suddenly falters, picks up, falters again and finally stops. She has a look of horror on her face. 'How can she write this?' she says. 'How can she write this about your mother?' She has tears in her eyes.

The poems are from the section titled *Kaddish For My Mother* and are about Lily's relationship with our mother. In them Lily describes herself as a jealous child and talks about how as a child and teenager, she envied her mother's beauty. She describes how in her thirty-fifth year, just a few years before her mother's death, she finally feels a new tenderness for her mother. But this feeling does not last.

Days before her mother's cancer diagnosis, Lily is back to feeling the old anger at her mother, an anger she attributes to the 'jealous fat child' she was. She talks about

how she thought her anger would change when she knew her mother was dying, that she would be able to speak kindly to her mother. Instead, Lily remains her old angry self, taken over by what she describes as the 'witch' inside herself.

Along with her anger, she also feels anxiety about her coming loss, fearful of being left motherless. In one poem, she describes her mother cooking a goulash for her while she is dying and the abandonment Lily feels in anticipation of her mother's death.

Poem after poem in this sequence describes, in excruciating and repetitive detail, her once beautiful mother's physical deterioration - her emaciated body and jaundiced skin, so that she now fits Lily's 'vicious picture' of her - the 'yellow witch'. In another poem, Lily describes herself sitting by her mother's hospital bed, having emptied herself of her mother's tenderness. As her mother calls her 'Sweetie', Lily gazes back dry-eyed and hard-hearted.

Dorka is looking stricken. 'How can she write these things?'

My father shrugs. He is looking ashen. It becomes the first and only time I have seen him react like this to what Lily writes.

The theme continues in Lily's next book of poems *After The War*. In *I Slip*, Lily again talks about the envy and jealousy she felt towards her mother. At last, Lily says, she has caught her mother, 'consumed' her and in doing so Lily has freed herself of the envy that contorted her. The poem concludes with Lily saying that she has no further need for her mother now that she has become her.

The years go by. Lily has described her poetry as being autobiographical, the 'truth' about her life. Many reviewers and readers have also assumed this of her fiction.

These, along with her autobiographical essays and interviews are what have come to delineate the public image of my mother.

It is late 1993, a couple of months before my diagnosis, when a friend draws my attention to the *Oxford Companion To Australian Literature*.

'I think you should look at what it says about your mother,' she says.

'Why would my mother be in the Oxford Companion?' I ask, startled.

'Look under the section on Lily Brett,' she replies.

I find the volume in my daughter's school library. And there to my horror, under the section on my sister's fiction and poetry, is the sentence 'Many of the stories record Brett's own personal adventures...' Followed by the statement that, 'Lily's mother (Renia Bensky) is the dominating figure of the stories as she was of the poems.' The writer then goes on to describe my mother as vain, irritating, ordinary and venial. There's not a positive adjective in sight.

My mother's real name is Rose (or Rooshka) Brett, nee Spindler. Renia Bensky is the character in Lily's fiction. The writer has clearly assumed that they are one and the same and on that basis has passed judgement on my mother. This judgement is enshrined in a textbook, standard in libraries, schools and universities and read by thousands of people. I am appalled. I have to write to Oxford University Press and point out what they've done. But I keep putting it off - I know it's going to be an upsetting task and my energy is so low. I'll do it tomorrow, I keep telling myself. And the weeks roll by.

I ring Dad in New York to tell him I'll be going into hospital for what is probably

going to be cancer surgery. He is shocked, but I have the sense that he doesn't quite believe me. Although on the surface we have been our usual selves, I am aware once again of the odd distance that has grown between us.

I am saddened as I put down the phone. But there is also something freeing. Whatever is growing inside me, has made it clear that I have to attend to my own life now. My father is making his choices and will have to live with them - it is no longer my battle to fight.

As it turns out, within the next two years, my father's marriage to Dorka will have broken up and he will be back living in Australia. Because of his decisions, his circumstances will be substantially reduced. He deserves better, but he is sanguine about it, never complaining or voicing regrets.

Right now, it's extraordinarily relieving to let go of the family issues. I'm surprised at how easy it is, after all the worrying I had been doing about them. One of the benefits of cancer must be this ability to spring-clean your life. It not only concentrates your mind, but also your energies. Your focus is stripped down, pared away - there's none of it to waste. Too bad it can't be marketed as a new form of therapy.

Chapter 10

Spring cleaning is an issue with me. My cupboards resemble the Black Hole of Calcutta; it takes the muscular strength of Superman to fit just one more garment into each of them. Oddly enough, just two weeks before my diagnosis, I am gripped by the urge to clean out my cupboards. Although puzzled by this urge - the equivalent of the salmon deciding to jog rather than do the swimming thing - I give in to it. My clothes haven't had an overhaul since I moved house eighteen years before. The Augean Stables would have been a snap compared to this. Eventually, I emerge triumphant only to stumble straight onto the cancer fast track a few days later.

Two years on, I will again experience the same puzzling urge to spring clean. I will have just risen from the chaos, with clothes neatly packed for Salvation Army bins, when news of a possible recurrence arrives. I know that shortly before labour begins, the expectant mother often finds herself drawn to a frenzied round of spring cleaning. It's explained as an instinct - clearing the nest for the coming event. Is this in the same class - some intuitive recognition that life is about to be swept out of shape? At any rate, it's given me even more reason to avoid clearing out cupboards in the future.

It's the day before hospital and I have everything ready. A neat little suitcase is packed with everything I imagine I may need. Everything I imagine I may need includes the full make-up collection - foundation, lipstick, lip-liner. I have visions of myself sitting up in bed, reading the latest novel, flawlessly made-up with the 'natural' look as I greet friends and visitors.

In the disappointing way of real life, it turns out that my concentration span barely extends to women's magazines. Anything more taxing has my neurons swooning

and fanning themselves at the thought that they are expected to absorb sentences that actually contain thoughts. Hefty doses of morphine running through the bloodstream also encourage this laissez-faire attitude to intellectual stimulation.

With regard to personal adornment, it's all I can do to lift pencil and paper to jot down thoughts and phrases for poems. Lip-lining and make-up belong in the far-off hazy days when I actually had energy, as well as the kind of fine hand-eye coordination necessary to avoid being besieged by talent-scouts for the local clown school.

The drive into the hospital is quiet, the roads aren't crowded, the sun is shining. To all appearances, it's a perfectly ordinary Wednesday afternoon. And yet every molecule of it hums with an exquisite intensity. I feel as if I am seeing things, feeling things with the acuteness of a Martian suddenly planted on Earth.

Afterwards, when I am asked what this first experience of having been diagnosed with cancer was like, there are many ways I want to describe it, but one of the first phrases that always springs to mind is 'deeply interesting.' I am fascinated, absorbingly so, with the process, the people, the surroundings, the feelings, the sensations. I imagine it must be akin to the old explorers who fell in love with exploration, while intensely in the presence of danger, illness, pain and threat.

The hospital is a familiar building. I have driven past it countless times, but never been inside. A woman, pleasant but impersonal, leads Martin and me into an office where I fill out various pieces of paper. Consent forms are handed out and I sign them in a business-like manner. This room has no emotion in it; the transactions undergone here might just as well be for the sale of real estate or a minor bank loan. I imagine what must be carried into this room as person after person enters, bracing themselves for whatever their stay in hospital means, but there is no trace of it here.

Afterwards, Martin and I sit in the foyer, waiting for my room to be readied, feeling absurdly like tourists in a three-star hotel.

At last, my name is called - someone has come to show me to my room. We walk through to the lifts, making polite conversation. My guide takes us to the nurses' station on the eighth floor and introduces me to the nurse who will be taking care of me initially. I am startled to find that the nurse is a male. I recoil at the idea of a strange man giving me sponge baths and helping me to the toilet. I suddenly realise that this is what male patients have to go through all the time. As it turns out, this male nurse will be the gentlest and most considerate nurse I encounter in this hospital. When his stint with me finishes after a day, I'll yearn for him in the face of a succession of bristly, gruff and tough female nurses.

My room is a private one with a window out of which I can just see a single large tree. I feel encouraged by this and bond immediately with the tree. I bond less enthusiastically with the bed and its thin, cotton hospital blankets. The mound of pillows is good though, reminding me of lazy mornings spent lounging in bed in the 'peel me a grape' pose.

I unpack my bag on that first afternoon and get into bed. It feels odd and a little silly to be sitting up in bed in a hospital room when I'm perfectly functional. I feel like someone impersonating a patient. Martin leaves and the hospital takes over. I'm weighed, measured and tagged. My operation is not scheduled till four o'clock the next afternoon. Why do I have to be in here so early?

The answer is, I discover, to clean out my bowels. I am about to encounter the delights of an enema. As we chat over this procedure, my nurse tells me that I'll also have to drink something to put the final seal on my bowels' sparkling freshness. I've heard about this; stories about having to drink gallon after gallon of

foul-tasting liquid. Luckily, what I have to drink has been condensed down to one glass. The foul-tasting part still holds though.

I down it as quickly as I can, on the theory that the less time it spends in my mouth, the less time I have to taste it. Unfortunately, my taste buds turn out to have excellent memories. I swallow the last drop and sit back in anticipation. I've been told that the effects will have the urgency of the last quarter of the last lap of the Grand Prix. Nothing happens.

After a while, I get bored and go back to reading my novel. Still nothing happens. Some time has passed now. I have a dilemma: do I go to sleep, taking the risk that the nuclear-fission-type effects I have been led to expect from this concoction will impact on a mind too groggy to get out of bed in time? Or do I hang around awake all night? I decide to play my hypnotic tape instead. All is going smoothly until I come to the part where I've suggested that my bowels will recover from surgery rapidly and easily - boom! There's no mistaking this signal. Back in bed again, I rewind the tape. Same thing happens. The instant I mention bowels, they leap into action.

The next day as I sit up negotiating my way through the hours of 'nil orally' with an indignant stomach, the anaesthetist comes to visit. He is alarmingly young and launches into a discussion of the kind of post-operative pain control I would prefer. He sounds disconcertingly like the dietician discussing my menu plans for the day. I have a choice of epidural and intravenous analgesia. With the intravenous option, there is further choice - the standard model or a relatively new gadget that allows the patient a say in how much morphine is administered. You simply press a button to give you an extra spurt of pain relief. The machine has built-in controls to ensure you don't overdose. I go for that one. Anything that gives the patient more say has my vote.

With the decision-making over, I have something to ask of him. It's becoming increasingly well-documented that patients, even under deep anaesthesia, can hear what is said in the operating theatre. They can't usually remember it consciously, but under hypnosis can often repeat word for word what was said. I know it is likely that my cancer will be advanced - not the kind of situation that prompts the surgeon to say, 'Oh good. This looks excellent.' I don't want anyone saying negative things or making gloomy prognoses while I am unconscious and possibly soaking it up. I explain this to him and ask that whatever he sees, he will not say anything negative out loud. He agrees readily and I think to myself that this is the benefit of young minds - they're more open to new ideas. Of course, as I am to find out, there's a difference between what people say they will do and what they actually do.

Another highlight of the day is the shave. All my pubic area has to be shaved. For someone initially concerned about sponge baths with the male nurse, I've really been given the grand tour with enemas at the top of the list.

There's now nothing much to do but wait for the nurse's arrival with the pre-op injection. Martin arrives an hour before I'm due in the operating theatre. He'll wait in my room while I'm in surgery, so that he's there for the surgeon's report afterwards. I don't envy him the wait. I'll be asleep through all the suspense.

Surgery

I have his name tags,
like large wedding rings
around my wrist and delicately
round my ankle. Hareem girl,
dancer with the lucky charms
to be delivered to him,
a singing parcel, late in
the afternoon. A special suite
has been hired, sealed off,
separate from the intrusive
world. That's how honeymoons
are, just the two of us
and a few others. Blood
on the sheets, some witnesses
and it's done. After
the consummation, I will be
returned, back to the back parlour.
I will wake slowly.
I won't remember a word.

On the Way to the Operating Theatre

How strange it is
to see the ceiling go
by like a river.
It smiles at me, sorrowfully
I think. It has been there
for years, silent,
unappreciated - only we
upside-down fliers
on hospital linen
are privileged to see it.

It is white as the moon
and even more secret.
If I study its whorls
and shadows, would it speak
to me? Invite me up
into its vast interior?
I could float up, spreading
the arms of my hospital
gown wider and wider,
and live there,
clean as a fish
and devoid of knowledge.

But the lift swallows us all
up into the whale's
journey, out into a tunnel.

The story pauses.

And now I see:

Here is the room of light.

The red-haired anaesthetist,

the surgeon with gloves

are all waiting.

This is how fairy tales are.

I am the princess in the casket.

They are offering me the apple.

Operating Theatre

The first thing they do
is take your shadow.

Also your clothes.

This is the strictest temple
and the priests here know
the meaning of worship.

You have fasted,
you have been purged
in the cold grey rooms
where daylight is only
the beginning.

This is another world.

They have made you a citizen of it.

This is the room that God lives in
with his single eye
staring down from the ceiling.

This is the room
you will be born in,
do not ask why.

If you close your eyes
you will see again
they tell you
and in the end, remember
after the sacrifice
comes the ascension.

They are coming for you now
in their loose green gowns
and masks...

Soon they will reach out their hands
and bend over you
green and leafy as hearts.

Chapter 11

Soon I'm rolling down the corridor with that crazy, bat's eye view of the ceiling that's part of the trip. The orderlies wheeling the trolley are cheerful, cracking jokes as we lumber along. We pause, momentarily, outside the operating theatre and then we are in. The first impression is of light and cold. Then a sense of conviviality. People in masks and gowns are chatting genially, music is playing. The walls are white and everyone is dressed head to toe in the pale colours of scrub suits. It's like a party in Antarctica.

Greg greets me and I make my request about not saying anything negative aloud. He looks surprised, but agrees. The anaesthetist taps my hand, looking for veins. I feel the prick of the needle. Then I'm asleep.

The next thing I know is that someone is speaking to me. It's Greg. I'm still in the operating theatre and Greg has just finished sewing me up. He's bending over me saying, 'I am very pleasantly surprised.'

I am sure that I am looking at him, staring straight at him in fact. But then I notice that my eyes are closed. And that I can't open them. Can't move a muscle - of them or any other part of my body. I am puzzled by this. I try again, but am completely and utterly paralysed. I'm not in pain and am not frightened, just frustrated. I have to let Greg know that I can hear him. It feels urgent, imperative even. Just then, there's another voice. It's the anaesthetist.

'She can't hear you,' he says, and I can hear the dismissiveness in his voice.

I redouble my efforts to open my eyes, to make a sound, to show even the slightest sign of my conscious presence. I have to let Greg know that I *am* here, that I *can*

hear him. I struggle intensely, but remain silent and utterly immobilised. Then Greg responds to the anaesthetist's words.

'Yes she can,' he says, firmly and clearly. I feel a sudden, extraordinary relief, almost elation - he has heard me, he knows I am here - and I sink straight back into sleep.

When I wake next, I am in my hospital room, with Martin sitting beside me. I've woken before after general anaesthetics. It's a strange process, with the mind convinced it hasn't been asleep, that time hasn't passed and that the surgery is yet to begin. This time it's different from anything I've experienced. I wake clear-headed. I know exactly where I am, what has happened and how much time has elapsed. But overriding all this, is something which has an intense and moving life of its own: I wake with the words, 'I am very pleasantly surprised' burned into my consciousness. I can remember every detail of that conversation above my anaesthetised body in the operating theatre. It feels strange and wonderful.

It is evening already, the surgery took several hours, and Martin relays what Greg has told him about the operation. It is ovarian cancer, but I'm in luck - it looks as if it's early stage, with an excellent chance for cure. We are both weak with relief.

When Martin leaves, I drift back into sleep, the hospital sounds receding further and further beyond my doorway. Hours later I wake again into the middle of the night. I discover I am wearing an oxygen mask. It is not uncomfortable, merely unusual. It rests lightly on my face and I am reminded of the elaborate feathered masks I have seen worn at fancy dress and masquerade parties. I think of the Everest explorers, their oxygen strapped to their backs as they labour towards the sky and I know I am in rarified weather. In the mountain tops where strangeness is ordinary and even ordinary air is strange.

I lie quietly in the unfamiliar darkness. A nurse enters like a night animal with one glowing eye. She adjusts the drip and pads off quietly. I slip back into sleep.

The next morning Greg comes for his first post-operative visit. After telling me what he found and did during surgery, he asks me if I remember anything of it. I repeat the conversation I woke up to and his jaw nearly hits the floor. It is clear that he didn't really think I could hear. I am touched again by the way he stood up for me in the operating theatre, stating his belief in me, even against doubts and the risk of looking foolish before colleagues.

When I'm well, I tend towards rather roseate visions of hospital. It takes on the shape of an expensive spa: meals in bed, being tended to hand and foot, oodles of time for reading, relaxing and napping. The shock I get each time I encounter the reality ought to be enough to permanently shake a few neurons out of day-dreaming on the job.

The first thing I notice when I awake on the morning after surgery is that those pillows I was so taken by yesterday have migrated downwards during the night and I am stuck in a neck-stretching, reverse-guillotine position. I try to shift either them or myself, but even the slightest wriggle brings a sensation like red-hot knives to my abdomen. The muscles in my neck and shoulders are also shrieking pathetically, but I am a beetle, stuck on my back.

I ring the nurse's bell for assistance. I imagine the women in white rushing to my side with soothing noises and capable hands. Five hours later, a surly nurse appears. She is clearly irritated by this intrusion on her day. She fixes the pillows and addresses me with a few terse words. At first I think she has taken a dislike to me. But as I over-hear her conversational gambits with the occupants of neighbouring rooms, I realise that it's not me. She is just one of those people with a natural talent

for making strangers.

The migrating pillows and beetle-on-back experience will be repeated tomorrow. As will the five-hour wait for assistance. By the third day, I can move enough to adjust the pillows by myself. The relief of this independence is marvellous. It gives me a sobering, and thankfully brief, insight into just a little of what 'disabled and at the mercy of others' feels like.

That first day, as I wait hopefully for the nurse to come, I have plenty of time to complete a 'before and after' inventory.

Before surgery, I hadn't noticed that the bed was lined with a rubber under-sheet. Now, with the clarity given by a sweaty night, I am all too aware that I am sleeping on rubber.

Before surgery, my abdomen was inflated, but otherwise unencumbered. Now my midriff is firmly girdled in tight, white bandages. I look like half a mummy.

Before, as I filled in the lengthy hospital admissions form, I was asked whether I was allergic to adhesives. No, I replied blithely. After all, how much chance had I had to find out? It's not every day you decide it would be fun to experiment by wrapping yourself in large expanses of white, plastic-backed adhesive. Soon I will discover that under that dazzling, waterproof exterior, my body has decided that no, it *doesn't* like adhesives, and is bubbling and blistering away.

Before, I was pain-free and had total ease of movement. Now, any movement involves instant, intense pain. Even though the operating site is in my abdomen, theoretically leaving my arms, legs and head free, I am discovering that, in the spirit of true friendship, anything they do, they want the abdomen to do with them. I can't

move up, I can't move down, I can't move sideways, I can't roll over. If I lie still the pain is fairly bearable, like an unpleasant background buzz. If I attempt to shift myself, in any direction, it roars up to 707-accelerating-for-take-off levels.

I also have a couple of tubes leading out of me. One is the catheter to collect urine. The other is an intravenous line attached to a drip. It belongs to the new-fangled patient-operated pain control apparatus. It's a terrific idea in principle. In practice, it turns out that the nurses haven't yet mastered its principles. When the drip needs refilling, it lets out a piercing scream. Not just a short, sharp piercing scream, but one that, like the average baby's, goes on and on until you feed it. As the nurses haven't quite worked out how to do that, the kind of chaos that leads to thoughts of infanticide, ensues. The machine is having a panic attack. The nurses are having multiple panic attacks. I am taking slow breaths, vainly trying to recapture wisps of my hospital fantasy; the one that runs along the lines of quiet peaceful rooms, tender nurses, leisurely hours to read and recuperate...

At this point in my re-introduction to reality, the dietician arrives. Here, the peel-me-a-grape part of the fantasy dissolves. The menu she is offering looks quite respectable, but I discover I am not at all hungry. All I feel like having is vegemite on toast. And that is all I will feel like having for my entire hospital stay. Not having thought about vegemite for twenty years, I am startled by this new love affair. But, like all the best love affairs, it is irresistible and over the next few weeks, I work my way steadily through numerous jars of the stuff.

All this, however - the pain, the discomforts, the nurses - are nothing, because what I am feeling above all else is happy. Incredibly, marvellously, ecstatically happy. I have won the lottery, I am going to live! I feel luckier than I've ever felt in my life.

I've never thought of luck as playing a particularly auspicious role in my life. This

last decade particularly has been dogged by bad luck. I'm used to getting my head down and working to undo it. It feels almost overwhelming to be handed this, the biggest piece of luck in my life, on a plate. Although I am not particularly religious, the word that keeps coming to mind is *blessed*. I feel blessed. By whom or by what, I don't know, but the feeling pervades me.

Waking Up

Does the caterpillar know
what's happening to it?
Waking one morning
feeling strange, an ache,
for instance, a head
like stone, the need
to slow down, wind up
into that oval sleep
greater than darkness
greater than the whole
of dreams where you can
hide and never be found.

Is it love that breaks
the brown carapace?
Or is it something harder -
the surgeon with his glistening
knife, the anaesthetist
with tubes. And how it must
feel at first, waking to the news

of loss. The city in ruins
around you, brown
shell and ash. The old
body gone. The new one soft
and unusable. Waking to the hot
brute face of sunlight, hard

as the arcs of operating
tables. The thin
cracking struggle,
the unseen filaments starting
to unfold, to name their colours.
The crazing terror - your
legs gone, your skin gone
and all the while
unknown, behind you,
rising, rising in the slow air
are the strange markings of angels.

Intravenous Drip

The thin man is always beside me.

He was there when I woke,
holding my wrist like a genteel
hospital visitor

He feeds me
nutrients, water, morphine.
Drop by drop, the most
devoted mother.

He performs magic too,
thanks to him the flowers
have started to beat like hearts
in their baskets.

And when the nurses come in,
I smile at them gauzily.
He is deeply attached.
And it shows.

He would follow me anywhere,
even to Fairbanks, Alaska.
I am his life, he exists
only to serve me. He says

this over and over.
the way the wolf speaks

to the moon's rising.

Sometimes at night I see

that if I just lie still,

I will be fed forever.

Chapter 12

Greg comes by on his daily visit the first day after surgery. He tells me what he has found - early stage ovarian cancer, confined to one ovary. No sign that he could see of any spread. Martin has already told me this, but I like hearing Greg repeat it. I like hearing *anyone* repeat it.

Greg has taken samples of the fluid in my abdomen, as well as tissue samples from various neighbouring organs. All of these are currently being examined by Pathology. If they show microscopic traces of tumour cells, Greg tells me, I could suddenly find myself classified as having late stage, instead of early, ovarian cancer. This sobers me briefly, but only for a minute. I'm betting on my luck this time.

After Greg's visit, my nurse arrives. To my horror, I discover I am supposed to get up and attempt to walk. Sitting up in bed is excruciating. Attempting to swing my legs over the edge of the bed is worse. Hanging on to the nurse, I manage to put one foot in front of the other and execute a few wobbly steps around the room. She pronounces herself satisfied and helps to lever me back into bed. I resolve never to move again.

Hospital stays are like being a vampire's house-guest - someone is always coming at you asking for blood. I'm getting so conditioned that I grit my teeth, roll up my sleeve and offer my arm the minute a strange face enters the room. Occasionally, the strange face turns out to be the cleaner.

The cleaners, overall, are the friendliest staff members. My nurse and her successor are still into the *Sturm und Drang* method of care-taking. An Irish nurse has been assigned to patients in the rooms opposite mine. I hear her cheery morning voice

saying, 'And what can I do for you m'darlin'?' as if she really means it. I lie there silently thinking, 'I want *you!* I want *you!*' willing my thought-beam to invade the nursing roster and bring her to my side. One afternoon for a brief two hours, the universe accedes. I am in seventh heaven as my fantasy nurse helps me up and disentangles me from my drip with gentle, loving care.

The pathology results are supposed to be due back on Friday. I look up hopefully when Greg enters the room, but there's been a delay. The same story is repeated on Monday. On Tuesday, Greg comes in grinning. They're clear - it's a confirmed stage 1. 'Wow!' I say, with stunning eloquence. The tumour was 12cm, grapefruit size, and grade 3 - meaning it was large and very aggressive - but somehow it hadn't spread. I have a vision of it as a big, overgrown bully-boy, who is secretly agoraphobic and doesn't want to leave home. I am also to discover that grapefruits will never again look the same to me. Beside myself with excitement, I ring everyone I know to tell them the news.

Twice a day, I haul myself up and go for a little stagger around the ward. The first few days of this are agony. Any movement involving my abdomen sets off sensations that feel like the classic torturer's implements. I shuffle a few feet around the ward and return to bed feeling as if I've completed six marathons. I am stunned by how weak I am. It's as if I've aged a hundred years in a few days. I set myself a goal of a few more minutes, a few more yards, each day and enter into the challenge with the machismo of an elderly Schwarznegger.

One morning a stranger a middle-aged woman tentatively enters my room. I figure she has come in by accident, looking for someone else. But no, she sits herself down by the side of the bed and smiles at me. I smile back, wondering who the hell she is. 'I'm a chaplain,' she says. And smiles again. I smile back. Silence. I smile again. She smiles back. Silence. I am sure that chaplains are supposed to speak

comforting words to their patients. Perhaps she got confused and went to psychoanalysis school by mistake? She smiles again. I smile back. I deduce that she is actually very nervous and doesn't know what to say. She must be a trainee chaplain. I decide to put her out of her misery. I'm feeling fine, I tell her. I don't really need to talk. She sighs with relief and becomes positively expansive. 'That's wonderful,' she says. And leaves. I feel exhausted.

I have to decide what to do about chemotherapy. I have been expecting to have it from the outset, but Greg tells me that it's not considered necessary for a stage 1a. He knows that I was presuming I would have it, so he's gone ahead and got a second opinion from another oncologist. He, too, says no chemo necessary. An oncologist friend of mine agrees with him and consults another colleague as well. Yet another voice saying no chemo. And so I figure that with four oncologists saying I don't need chemo, it would be verging on masochistic to go ahead.

Australia follows the European line - that chemotherapy isn't needed for 1as. America takes a different position. Over there, a stage 1a tumour that is grade 3, i.e. very aggressive, would be given chemotherapy. There's no right or wrong position here - it's an illustration of the tricky decisions that need to be made with early stage ovarian cancer.

By far the greater majority of stage 1as will only need surgery and be cured. Their cancer will never come back. A small percentage of 1as who only have surgery will experience a recurrence of their cancer. If they had initially been given chemotherapy as well as surgery, it is possible that fewer of them would have experienced that recurrence. This poses the dilemma: if most 1a women don't need chemotherapy, then by giving chemotherapy routinely to 1a women, you are subjecting them to very toxic chemicals that may harm them and won't help them. Is it worth doing this to the majority of women in order to catch the small number

of 1a women who *will* need chemotherapy? It's a hard one to answer.

The hospital recovery period is dotted with small victory flags. My bladder works smoothly when the catheter is removed. My bowels are back on line with equal efficiency. (I'm sure the hypnosis is helping with this.) The bandage is taken off my abdomen. This leaves me amazed to see that I really have been cut open and sewn up. It looks astonishing to see the long line of black stitches, like a child's sewing sampler executed on living flesh.

It is disconcerting too, in another way, to see the concrete evidence of what has actually happened. On the one hand, it is one of the most intimate contacts anyone has ever had with my body. And on the other, it has been conducted in the most impersonal way possible - myself unconscious and draped, a mere body part, and everyone else masked, gowned and gloved. It is the most paradoxical of experiences. I imagine how disturbing it would feel if you had a difficult relationship with your surgeon. Entering into this intimate, total relinquishing of your body to another person's hands requires an enormous leap of trust. And yet this experience, with its underlying emotional subtext, is spoken about in terms akin to entrusting your car to a skilled mechanic.

The Lady Next Door

The lady next door is having visitors.

Their voices murmur

like knitting, like the soft

clicking of distance

as the railway line speaks

to the sun. They believe

in the weather, that it is

still going on out there.

Their voices go backwards

and forwards like the sea

that I have invited into this bed

with me, with its salt memories

and old tongues

that roll in on the night,

tidal, swelling

messages from the long,

lost, continents of health.

I let them wash over me... Grandmothers talking,

neighbours, aunts that I never knew.

Outside, they continue to say, the weather

is still going on.

They are talking of light and shade,

the summer rain, of what to do with tubers,

Sarah's plants, the niece's cure,

and what the ground really says

if you sift it through.

I only know the weather of rooms.
Here in this temple of voices
sounds float in with the doors,
the odd drift, the wrecking sounds of illness,
the day's single eye
clicking into night.

At eight-ten, she has her daily appointment.
I hear her footsteps, tentative
at first, trembling
from the night's dark
labour. And then
she comes into view.
She inclines her head gracefully -
a slow, great queen
and I see that she is guided,
that she has roses in her mind
drifting from the hard
hospital ceiling, that the nurses,
attendant as tug-boats,
are only part of the circle
shifting around her
where she waves,
the mother-ship leaving safe harbour,
and makes her way upwards, stately, serene...
Each morning, she goes out to meet
the radium of love.

The End of Visiting Hour

Is when all the sets revolve.
The flowers get up and change
places. They walk on their thin
green legs all the way up the curtain.
Somewhere behind there is the forest
where the sleepwalkers go at night,
circling and circling, their eyes wine
red, the tablets powdered on their tongues.
The tree, whom I think of as my friend,
stands at the edge of all this,
guarding me, I think,
from the witch in the corner.
This is the one with the hook
embedded in her nose.
She laughs at anything,
especially at me in the iron bed
at the end of visitor's hour
listening to the footsteps
tapping down the corridor
always going home.

After the Operation

Some time afterwards
you see the zip
in your body and you begin
to realize what really was done.

You apologize to your body,
you wish it to excuse
such indignity,
after all, it was to save a life.

Your body says nothing.
It trusted you,
believed you would take care
of it, steer it across roads,
avoid fires, not approach
strange men with knives.

'No', you say. You lift a hand,
your wrist comes into view
pivoting on its ballet-bones,
(miracle of miracles)
'It wasn't like that,

I thought of you,' you say,
'before the operation. I pictured
you opening, mysterious flower,
and instead of intrusion,

I thought 'hands', 'healing hands',
the master gardener tenderly
tending the plants.'

Your body stirs. It's getting
interested. You think of all the slurs,
the sullen chants and incantations
you've poured on it for years -
the workhorse, the slavey, the drear.

And how it's remained faithful,
silently serving your needs,
asking for little - some food and drink,
a simple place in the corner
of your syndicated life

And how, all the while,
and now you see it,
is the daily miracle,
wilder than flying fish or falling
loaves, the thin exquisite

sheath of bone and blood
the pumping heart and lungs,
the secret liver, the moss
of tissue, the living
muscle's curve. Here

are the networks of nerve -

cathedrals under the skin,
the whole waiting
city beneath the lake
that you wake to deeply
at moonlight while the bells
ring miracle, miracle...

And because there seems
no other word, you say
it again 'miracle, miracle'...
and your body purrs,
hums and begins to heal.

Chapter 13

On the last day of hospital it's time for the stitches to come out. 'Will it hurt?' I enquire nervously of Greg. 'No,' he says, in confident, assured tones. A pause, while he grins, 'It's never hurt me.' In fact they don't hurt; it's more like an odd, pinching sensation. Of course the knowledge that this pinching sensation is due to thread being pulled through your flesh adds a certain frisson to the experience.

One thing I notice over the week is that apart from Greg, none of the hospital staff ever mentions the word cancer to me. It feels odd to have the reason for my being in hospital cloaked in such silence; as if it is hidden, unspeakable. I'm feeling buoyant and saved - I don't feel a need to talk about cancer to the staff - but I wonder what it's like for those who are struggling with their feelings and fears.

At last, it's coming-home day. Leaving hospital is as exciting as stepping into a new life. I'm thrilling with the anticipation of an ordinary shower and sheets that aren't lined with rubber. And putting some distance between me and the all-pervasive scent of hospital disinfectant.

Oddly enough, some years later, I am writing an essay on the hospital experience. I have been trying to put myself back there, imaginatively, but some of the scenes are blurry after all this time. I walk into my hotel room in San Francisco and am suddenly overcome by a Proustian flood of memory. The cleaning lady has just been and the bathroom smells exactly like my old hospital room. I run down the corridor after her and jab at her collection of bottles.

'The bathroom - what do you use to clean it?' I say, excitedly.

She steps back nervously. She is used to nutcases in San Francisco. 'I don't know,'

she shakes her head. 'Please, ring housekeeping.'

I get on the phone to housekeeping. 'I... I adore the scent of your bathroom cleaning fluid,' I improvise wildly. 'Could you tell me its name?'

There is a startled silence. Clearly this is not a common request.

It turns out to be a generic brand which sounds something like 1 2 3. I make a note of it and then promptly lose it. Still, I feel sure it will be waiting to surprise me in some other bathroom, in another time, some other place in the world.

I've been experiencing drenching night sweats. Partly a post-surgery reaction and partly my accelerated introduction to menopause. Because I have no ovaries anymore, I have the express ticket to those menopausal treats of night sweats and hot flushes. The sweats and hot flushes are a drag (forget about wearing delicate silk blouses), but otherwise I'm feeling great. By six weeks post surgery, I'll be feeling fit, energetic and better than I've been in years.

The day after I come home from hospital, Martin and I hire a video, *Sommersby*. We've picked it almost randomly from the shelves and it turns out to be a story about a man who takes someone else's name and creates loving family links under his assumed identity. When a jealous neighbour threatens to unmask his deception, he chooses to die rather than reveal that he has been an imposter. The final scene is wrenching, as his wife begs him to admit his guilt so that he can live and not be parted from her. Watching the death scene does it: I have a sudden lurching encounter with the reality of how close to it I have come. I spend the rest of the evening in tears - an odd combination of fear, relief, horror and gratitude. Martin joins in. Amantha's turn comes a few weeks later, when she unknowingly hires the video of *Beaches*, where the storyline involves a young woman dying and leaving

her child motherless. Enough said.

At home, in the early days after hospital, I'm still sore and geriatric in my ease of movement, but having a great time. I don't do very much - I'm still on painkillers every four hours, still weak, and my walk is more of a wobble than a stride - but I feel terrific. It's a cliché, but the world has never seemed so fresh. On my twice daily walks, I pause because I am struck with amazement at the sheer wonder of it. I am soaking in the sun, the sky, the leaves, the birds; everything that I took totally for granted before. I alternately read, write and nap for the rest of the day. I feel utterly at peace. I continue to be astonished at the marvel of my body. I see it growing stronger and younger every day. After all that it has gone through, it is quietly and patiently healing itself.

I am finishing my poetry book. The third that stubbornly remained a blank during my writing block months before diagnosis is turning out to be a poetic recounting of the journey through cancer. The writing is flowing. It's exhilarating to be writing again. Like coming home.

The only sour note happens a few days after I get back from hospital. A woman who has been a close friend for decades breaks off all contact, never to resume it. I have heard countless patients' stories about disappearing friends but nothing prepares me for the shock. I am hurt, angry and bewildered - all at once.

Another old friend also reacts oddly. Although we only see each other irregularly, we've always had the comfortable bond that comes from so many years of knowing each other.

I ring her after I come home from hospital. She is shocked when she hears I've just come home from cancer surgery. 'Why didn't you ring me before?' she asks. I

explain that I didn't want to worry her unnecessarily, but that I'm home now, the cancer's been caught early and everything's okay.

'I'm so glad,' she says and then suddenly, 'I've just got something on the stove. Can I ring you back in a minute?'

'Of course,' I say and hang up. I never hear from her again.

But in general, friendships are proceeding as usual. A couple of years down the track, I will realise that in fact they were never really tested during this first experience with cancer. It is all over so quickly and the outcome is so positive that I haven't really needed much from friends.

I make decisions about my life. I realise I haven't been giving myself enough time to write. The books that I've written have been crammed into the minute spaces left in a week of intense, energy-demanding work as a psychotherapist. I decide to leave my consulting work at the hospital and keep only my private practice. I'm sad to leave my hospital work, but it's also liberating to have more time to write.

I resolve too, to let go of the family issues that were so distressing for me before cancer claimed my attention. I am going to put it all aside, I decide. I imagine myself sealing it up in an airtight jar and stowing away it on the highest, furthest shelf I can find.

The sun is shining, my book is on track and I'm feeling fantastic. We're having an extended summer. The gravel shimmers like a houri when I walk on it, the trees are tremblingly green. I feel deliriously a part of it all; as if Nature, the living world, is carrying me along, celebrating with me.

The Frog Prince

'Nature,' said the head librarian, sweeping her hand towards the rows of ill-assorted glass containers housing ants, beetles and the mud of the local park. 'The children are doing projects on natural science for Science Week.'

One of the jars had a curious, oddly familiar shape. Rachel was just reaching out to touch it, when she suddenly shuddered and pulled back. She had remembered her own jar.

Remembering it was like seeing a series of shots cut from a moving film. The eight year old Rachel being handed a jar, heavy with water (and something else?), covered with a tattered paper bag. Rachel carrying the jar, a few paces up from the path leading away from the creek. Rachel peeling away the wrinkled brown covering and...

She is holding the ugliest, most hideous thing she has ever seen. It is moving, pressing its face against the glass directly where Rachel's fingers clasp it, And suddenly Rachel is convinced that the glass is not there. That there is nothing between Rachel and the monster. She tries to tell herself to hold on to the glass. That it is just a frog, that it can't get to her. But it's impossible. She screams and drops the jar and runs.

Even now, Rachel was embarrassed by the intensity of her response. The sheer repulsion, terror really, the creature had inspired. What had happened to the frog, she wondered? She liked to think of the jar breaking as it fell and the frog emerging. Not

being trapped in its glass bell forever.

Frogs! That was biology, she thought. Science. Her fairy story for the week. The Frog Prince.

The Frog Prince, she knew, was one of the oldest of fairytales. It dated back to thirteenth century Germany and had appeared in Britain three hundred years later, encompassing a variety of titles and forms. The stories began differently, but had a similar body and ending.

The original Frog Prince began with Rachel's favourite first sentence out of all the fairytales. 'In olden times, when wishing still helped one...' And went on to tell the story of a King's youngest daughter.

Close by the castle in which the Princess lived, was a great, dark wood. And in the wood, under the spreading leaves of a lime tree, was a well. The Princess came here often in her wanderings, to sit by the side of the cool fountain and play with her favourite toy - a golden ball. She would toss the ball up in the air and always, its glittering trajectory would curve it straight back into her waiting hand. Always, except once.

The Princess had her hand outstretched as usual, ready for the ball to come home to it. Instead, it flew straight past her little hand and off into the well. Shocked, the Princess rushed to the well to retrieve it. But the water was deeper than she could imagine and dark, so that she could not see. She began to cry piteously, louder and louder and could not be comforted.

Rachel remembered the horror of that jolt. She had been sailing along, expecting each day to come to her, as surely and easily as a ball caught in the hand. And then she had missed. At the instant of her diagnosis, the day had swerved, sailed past her. And with it, a deck of days, trailing out behind it. All the days in the world, that might not now be hers. Soaring away from her, higher and higher. Or was it that Rachel was falling?

The Princess was distraught now, weeping as if her heart had forgotten how to stop, when a voice from the well called out, gurgling and deep, like the voice of water swelling - 'What ails you, King's daughter? You weep so that even a stone would show pity.'

Startled, the Princess saw that it was a frog speaking. 'I would give anything,' she said to the frog, 'my clothes, my pearls, my jewels and even my crown, if you can bring me my golden ball from the well.'

But the frog was not interested in her possessions. What it wanted was more costly. The frog wanted her to love it. It wanted to be her companion and playmate. To sit at her table, eat from her golden plate and sip from her golden cup. It wanted to sleep in her little bed.

What does a frog know? the Princess thought. Not even that it asks the impossible. A frog can never be companion or playmate. And so she promised all, knowing that it was a promise that could never be claimed on.

And how could she know, thought Rachel. No-one knew. You thought it was all over, all through. How could you know it was still with you?

Gravely, the Princess thanked the frog for the returned ball - why not humour the creature, after all? The frog acknowledged her gesture, hopped closer, ready to accompany the Princess home. But then with a sudden twist and turn, the Princess was off, running for home, her two slippered feet much swifter than the frog's clumsy leaping. Finally, the frog stopped exhausted and the Princess sped into the distance, leaving the frog croaking helplessly behind her.

Home free, thought Rachel. She knew that feeling. Making a daring run through obstacles and sliding to safety before anything could catch up with you. Like the bat and ball games she had played as a child. She had imagined herself throughout her illness, to be the batter. She had hit the ball high and wide and run, scrambled, for the bases. She had passed each base, while the ball was flung from player to player, always evading its deadly touch. It had not been easy - it had required concentration, focus, a kind of wild, determined energy. She had had to weave between opponents, duck shadows, grit her way through the drip of chemicals, falling hair, the shock of her vulnerable body and skid, with the last of her breath, to home base. It had been hard, but all the time, she had known where she was going and when she had made it, she knew that she was home free.

The next day at the palace, the Princess had already forgotten the frog. She was seated at the great banqueting table, lunching with

the King and his courtiers, when there was a creeping splish-splashy sound. Something soft and wet was coming slowly up the stairs.

Her heart suddenly rapid with terror, the Princess slammed the door against the intruder. But the King said, 'My child, what are you so afraid of?'

And then the story emerged.

And as she was telling it, the frog who had followed her home was knocking and knocking on the door, calling, 'Princess, youngest princess, open the door for me. Do you not know what you said to me yesterday, by the cool waters of the well. Princess, youngest princess, open the door for me.'

The princess was frozen to her bones, brittle as glass, as the King, who knew the rules, made his pronouncement. 'That which you have promised, must you perform,' he said. 'Go and let him in.'

And she had no choice, but to open the door to the slimy creature, who followed her step by step to her chair. 'Lift me up beside you,' it said. But she cringed back and resisted until the King commanded her to do so.

And when the frog was seated beside her, it said, 'Now push your little golden plate nearer to me that we may eat together.' And the bile rose in her throat and she jerked her head involuntarily, at the thought of her lips touching something that its frog lips had

touched.

But the King looked at her and she obeyed, stomach clenching and throat choking, with every tainted mouthful. The frog, however, was enjoying its meal. 'I have eaten and am satisfied,' it said, 'now, carry me to your little room, make your little silken bed ready and we will both lie down and go to sleep.'

And at that, the Princess began to cry. But the King grew angry and said 'He who helped you when you were in trouble, ought not afterwards to be despised by you.'

Trembling with disgust, the Princess picked up the frog up between two fingers and, holding it as far away from herself as she could, carried it up the stairs. In her bedroom, she found a spot for the frog in the corner and warily backed away to the safety of her bed. But once she was under the covers, there was the soft slap of wet, webbed feet on the floor. The frog had crept up to her and was saying. 'I am tired. I want to sleep as well as you. Lift me up, or I will tell your father.'

And finally, it was too much for the Princess. She picked the repellant creature up and threw it *splat!* so that it burst against the wall.

Rachel paused in her reading, puzzled. Something odd was happening here. This wasn't the way fairytales usually went. In fairytales, the heroes and heroines were supposed to keep their word. To honour their promises. What was going on here? Why did

the Princess renege on her agreement? Why did it involve such violence? And what had really followed the Princess home from the well?

Rachel frowned at the page, looking for clues. They didn't offer themselves. She turned to her shelf for another book, flicking through to its version of The Frog Prince - an old Celtic variation. Perhaps the other Frog stories held the answers?

But they were all similar. In each, the girl was helped by the frog in return for a promise that the frog could come and live with her. And each story shared a violent ending - the frog had to be flung against a wall, or have its head chopped off by the girl.

It wasn't quite the ending of course, because in all the frog stories, once the frog had been smashed or beheaded, the wicked enchantment was broken and the frog transformed into a golden, glorious, prince. But the Frog Prince was clearly a story that eschewed sweetness and light, where spells were not broken by the mere, soft touch of a kiss.

When she finished chemotherapy, Rachel had thought that the story had finished. She had pulled herself up, out of the smooth, enclosed walls that illness had formed around her. She knew where she was heading. It was towards what she had seen all through her illness, golden and glittering, high above her. Above even the odd, refracted image of herself, that she sometimes saw, wavering and uncertain, upside down, as though reflected in water.

It was the world, she was heading for. And when finally, she broke through the cool, translucent surface, she knew that she had made it. She was home free. What she didn't know, was that something had followed her home.

It seemed to Rachel, that in the year after chemotherapy, the universe had taken her by the throat and was swinging her, ever more wildly - thwack, thwack against a wall. She fought at first, writhing madly, calling, trying for words. It was impervious. She became passive, curling into herself, protecting herself, tight as a ball. And still it continued. By the end of the year, when the worst was over, Rachel felt that she had burst.

'Why? Why? Why?' was all she had asked that year. No-one had been able to tell her. It was what she was asking now, as she read through the fairytale.

There were other fairytales involving marriage to beasts or animals. Overall, the girls in those stories were good girls, gentle ones, dutiful daughters. They had been given away, as part of an inadvertent bargain by their fathers, to be wedded to beasts or monsters. The endings of these stories were very different to the Frog stories. In these, the girls accepted their fates sadly, tended to their beasts and in the end, fell in love with them. Their monsters were transformed by love, a look, a tear. Why not the Frog Princes?

Rachel spread out 'The Frog Prince' and its variants before her. The answers had to be in here.

In one story, the Princess had made her bargain with the frog in order to recover a lost possession. In another, she had done it to cure her ailing mother. In the third, it was to obey a feared and evil step-mother.

After these differing beginnings, the stories merged. The frog followed each maiden home. The girls were reluctant to keep their promise. There was the same violent resolution - the frog had to be smashed or beheaded. The stories were perfectly clear - to break the enchantment, the frog had to be cast away, not kissed; rejected, not embraced.

So what was it? thought Rachel, irritated. What made these frog stories different from the other beast husband ones? She had a sudden flashback to childhood dinner tables at the Jewish festival of Passover, where the escape of the Jews from enslavement in Egypt is celebrated. There, Rachel, the youngest child would chant the required ritual question 'Why is this night different from all others?'

Rachel leaned back. There were frogs in that story too, she thought idly. They were one of the plagues unleashed upon the Egyptians. The Israelites had escaped in the wake of those plagues, led by Moses towards the desert. At their moment of gravest danger, they had experienced the miraculous parting of the Red Sea. They thought they had got away, but they had carried something with them. Only forty days after witnessing the miracle, they had flowered with doubt. They had broken the sacred covenant they lived by, made a new one with a false god.

The covenant! Rachel sat up suddenly. That was what the frog stories were about. Covenants. Each of the girls had struck a bargain with the frog. That was what was different from the other stories. In the other beast-husband stories, the girls had been passive, the victims of someone else's bargain. In the Frog Prince stories, the girls had struck the agreements *themselves*.

The Frog Prince girls had made their bargains for various reasons - to recover something precious, to heal a mother, appease a tyrant. Each girl had spent the rest of the story trying to deny the cost of those bargains, but they had made the bargains themselves.

Rachel sat very still. Had she made a bargain with the darkness that had followed her home? At first, she had thought that what she was feeling was grief. The grief of a survivor who had believed she would not have to mourn. Later, she had seen that it was more than that. It was what the grief had opened up for her - cracks, a maze of fine, angular lines, running all the way back into her past.

Recovering something lost, healing a mother, evading a bully - these were bargains that everyone understood. They were bargains that Rachel knew well. What she had never understood was the cost.

That was what the stories did, she thought. In all three stories, the girls were dragged, pushed, *forced* to look full-face at what they had done, the true cost of what they had agreed to - to carry the frog with them, every minute of every day of the rest of their lives.

And it was unbearable. Finally, they had been made to see to see

that it was unbearable. They had made agreements that they could never, should never, keep. Untenable agreements. And they had not wanted to know.

They had not wanted to know. And finally Rachel saw. That was it, she thought, the answer to the mystery. That was why the violence had been necessary. It was the violence of recognition. The violence of splitting open secrets, the truth, innocence, the frog. The force that they had allowed to bind them. The energy necessary to break free.

And it was only then that Rachel remembered that the original 'Frog Prince' tale had an alternative title. It was also called 'Iron Henry'.

Henry was the character who appeared only at the very end of the story, when the wicked spell had already been broken. He was the enchanted Prince's faithful servant, who had come to drive the couple home to the Prince's kingdom. Henry who, in his grief, has wound three iron bands tight around his heart, to keep it from breaking with sorrow during his master's absence.

As they ride home happily, in the splendid, shining carriage, the Prince and Princess hear, in quick, startling succession, three loud cracks, each as sharp as the sound of gunfire. What is it, they ask, alarmed? Is something wrong? Is it the carriage tearing and falling apart? But no, the answer comes back, it is Henry. With his master now redeemed and free, one by one, the bands are bursting, releasing, springing away from his faithful enduring heart.

Part 2 - Recurrence

Chapter 14

It is late November 1995, twenty-one months since my diagnosis. My scar is a fine, pale silver line, reaching from my navel to my pubic bone. I like it. It reminds me of knights of old with their scars earned through honour. And like them, it comes from another time - I'm fit and well and the cancer story seems a long way behind me. I've been told that I have a ninety-five percent chance of cure. Ninety-five percent seems close enough to one hundred percent and for a long time now, I have been assuming just that. I have blood tests every three months to check the levels of Ca125, an ovarian tumour marker. For at least a year, I have been feeling so *laissez faire* about them, that I haven't felt even a twitch of anxiety as I ring up to get the results. I had cancer, I was extraordinarily lucky, I'm cured. That's the way it reads to me.

It's been a time of rebirth and renewal. I'm feeling terrific. I have loads of energy. My poetry book is nearly ready for publication. The poems in it have won three major literary awards in manuscript form and it feels like a wonderful omen. There are days when I have to restrain myself at some point from jumping high up in the air and shouting, 'Yippee!'

I'm working on another book as well. Greg has asked me to co-author a book on ovarian cancer with him. As part of this new arrangement, I'll change doctors - it's too confusing to mix the different roles. Greg is in the process of thinking about who he'll suggest as my new gyn-oncologist.

A few months ago, a friend was waiting on the results of a breast lump biopsy. It came back benign. Heady with relief, she said to me 'How long does it take before

this feeling wears off? How long before you stop appreciating how incredible it is to be alive and you just get back to being normal?’

As soon as she asks it, I know it has already happened to me. When did I stop feeling amazed and start to take things for granted again? I can’t remember. I want to stay amazed. I want to remember how lucky I was and how extraordinary the ordinary world is. I begin looking for a pendant or bracelet that I can inscribe and wear - a talisman to remind me.

I look in shop after shop, but nothing catches my eye. Finally, I forget about it. I am busy working in my psychology practice and polishing my poetry book. I also have to prepare for a hypnosis workshop I’ve been asked to run in Perth.

Three weeks before I fly out to Perth, I am flying on foot down Chapel Street. I have to pick up something in an unfamiliar part of the street. As I hurry along, a movement in one of the shop windows catches my eye. An assistant is laying out a tray of pendants. They’re engraved with a mixture of odd angular patterns. One in particular draws me in to find out more.

They are Viking Runes, the assistant explains. An ancient, alphabetic script, whose letters carry many layers of meaning. The one I have picked is called *Peorth* or *Perth*. It signifies rebirth and renewal after chaos or death. I am enchanted, I have found my talisman.

I get the back of it engraved with the words, *I am very pleasantly surprised* - the first words I heard in that strange, dark sleep on the operating table. They ushered me in to my second chance at life. As I look at the rune hanging around my neck, I think how odd it is that I should pick a rune called *Perth*, just weeks before going to Perth for the first time.

A few days before I leave for Perth, I get a phone call. It is from the Northern Territory. They are ringing to tell me that I've won the Northern Territory Government Literary Award, a prestigious prize also known as the Red Earth Award.

I effervesce happily on the phone. The presentation dinner, it turns out, is the evening of my last Perth workshop. Geographically challenged, as I am, I suggest that maybe I could drop by the Northern Territory on the way home from Perth. My reasoning runs thus: Perth is a long way away from Melbourne. Darwin is a long way away from Melbourne. Therefore the two cities could be close. There is a long silence on the other end of the phone. Then, with slow, careful enunciation it is explained to me that no actually, there is a distance of say, approximately a continent, between Darwin and Perth.

I get onto the Perth plane still high from the Red Earth win. The red earth of the Northern Territory and Perth, in Western Australia, will be inextricably linked for me from then on. The next time I see Perth, this link will have become part of one of the most eerily lovely stories of my life.

The day after I come home from Perth, I have my three-monthly Ca125 blood test. It's the last one before I graduate to six-monthly tests. It's part of the step-by-step progression to a pronouncement of cure. Three-monthly tests for the first two years, six-monthly tests for the next three years and then once annually for the rest of my life.

A few days go by. It is nearly time to ring for the results of my blood test, but I am so blasé about it by now, that I have literally forgotten about it. It's been a busy, but pleasant week, so it is startling to wake up shaken on Friday morning, gripped in the after-effects of an intense nightmare.

In my dream, I am going swimming at a local pool. I leave my bag and clothes, which consist of two white blouses with fine blue stripes, tucked away by the side of the pool. When I come out of the pool, I discover, to my horror, that someone has taken my bag and deliberately left it out on the open bench so that it will be stolen. Everything that identifies and empowers me - my cards, my keys and my telephone numbers - were in that bag. I feel stripped and bereft. I walk to the tram stop to try to get home. I need to get a number 15. Just as I get to the stop, I see the number 15 rolling away from me. I try to catch it, but it is too late. Tram after tram goes by, while I crane my neck, desperately trying to see their route numbers. Finally, I see it - another number 15. I jump on board, only to realise to my horror that it is not a number 15 after all, it is a number 42. I'm distraught. All I want to do is get home and this tram is taking me further and further in the opposite direction. The tram forges straight ahead without making any stops and then, to my astonishment, I see that it is heading right out into the bay. With impeccable dream logic, it glides smoothly on top of the waves, out to an island in the centre of the bay where it stops. I get out, knowing that I am stranded here for the night. As I look through my clothes, I discover to my amazement the missing bag, concealed under the second pin-striped blouse. I realise it was hidden there to frighten me. I settle myself down for the night, knowing that I'll be able to get back in the morning.

When I wake, I feel almost breathless from the intensity of the dream and the memory of the trams flashing by me, wrong number after wrong number, as I search frantically for the one that will take me home. I am mystified by the dream. Life has been going along peacefully. I can't relate it to anything happening internally or externally.

I get up, still shaking off the effects of the dream. Amantha calls out to me that Greg rang for me yesterday while I was out. He wants me to ring back. It must be

about the book, I think to myself. And then one minute later, it hits. Numbers! The nightmare about not getting the right number. It must be the blood test. Something is wrong with my Ca125.

Shakily, I dial Greg's number. He's with a patient and will ring me back. An hour later, the phone rings. 'It's your Ca125,' Greg begins. 'I'm, sure it's just a lab glitch, but it's risen above normal.'

The 'normal' range is below 35, although some researchers say that for women who have already had ovarian cancer, the cut-off point should be even lower. My Ca125 has been stable at 15. I suddenly remember my dream-search for the number 15 tram. And how I found it, only to discover that it was actually the number 42 tram. 'What has it risen to?' I ask.

'41,' Greg says.

Chapter 15

I take a breath and calm myself. Laboratories make mistakes all the time. The Ca125 marker can rise for reasons other than returning cancer - an infection, an inflammation. It will be something benign. This is just a blip. It means nothing.

‘What I think we should do’, says Greg, ‘is retest you in a month’s time. We’ll probably find it’s just gone back to normal.’

He sounds calm. Later he will tell me that his heart dropped like a stone when he opened that envelope and saw my elevated Ca125.

I ring a medical friend. I want to know more about the Ca125. I want to know all of the innocuous reasons it could rise, so I can recite them to myself. Calm myself. The friend says, ‘I think it’s very likely that this means you’re having a recurrence.’ So much for plan A.

Plan B involves worrying. It is a hard weekend. Martin is away at work, as is Amantha. Fear really does feel like chills. My mind is racing. I know that once ovarian cancer recurs, it’s almost always deemed incurable.

It’s hard to concentrate on anything else. I alternate the scary thoughts with upbeat ones - it’ll work out okay, it’ll just be a blip. But it feels as if the black-gloved, horror-movie hand, that slides around door handles in the dark, has found its way into my heart and is squeezing tight.

I ring up some friends. I want company. Someone to chat to. A hug. They’re not home. A couple of friends know what has happened, but haven’t rung to offer support. I’m not good at asking for help, but I figure this is Nature’s way of making

me learn. I ring one of them.

And this is where fantasy and reality collide. In the fantasy version, I do it - I ask for help and immediately, my karmic lesson having been learned, I'm enfolded in the open arms of friends. They come immediately, with the friendship version of chicken soup, saying, 'Why didn't you ask us before? Of course we're here for you.' Fadeout.

The real version takes over. What actually happens is...

I ring a close friend whom I've supported through many difficult times of her own. She was with me on the morning I got the news of my Ca125 rise, knows what it means and how terrifying it is. That was four days ago. She hasn't rung since. I think of the hours I spent on the phone with her each day when she was going through her crises and I feel hurt that she hasn't called. I take a deep breath and tell her that I'm frightened, that the last few days have been nerve-racking. That I'm aware of her silence and disappointed that she hasn't been in contact. And then she attacks me. Launches into furious speech - tells me I am selfish, demanding and self-centred for wanting support at this time.

I am beyond shock. I hang up, not quite able to believe that this has happened. A couple of days later, she realises what she has said and sends apologies. I am too hurt and angry to respond. It is weeks before I feel able to resume our friendship.

It's a lesson on the intense and confusing reactions a cancer diagnosis draws from people. Another good friend will respond in the same way with anger, minus the apologies. One more will simply stop speaking to me. I have other close friends, but out of all of them, these three are the ones to whom I have given the most concerted and sustained support during their many troubled times. I am shaken to discover

that now, when I need help from them, they are turning their backs and indeed, attacking me for asking.

It is hard to describe the impact of this experience. It is worse, in many ways, than the shock of diagnosis. I experienced that as simply a random throw of the dice. It affected me intimately, but I never felt that it was aimed *at* me. Being diagnosed with cancer was not something that I was singled out for, that I deserved or didn't deserve. It happens to millions of people and I happened to be one of them. Cancer has no face. It's like the weather - impersonal.

With friends, however, the experience is deeply personal. These are people I trusted and cared about. Their reaction now feels literally unreal. A part of me keeps expecting the film to rewind and the projectionist to say, 'oops, sorry, wrong film'. I struggle to make sense of what has happened. I am aware too, that whatever the mechanism, obviously I have had a role in it. I am a part of this. I need to find out what it is, understand what I have done, what they have done. But right now, I am too wounded, too angry, too raw.

I know intellectually of course, that this mix of friends' reactions is pretty much the norm. My patients invariably have at least one friend who dropped them like the proverbial hot cake on discovering they had cancer. The fear that cancer inspires cannot be underestimated. Many people simply cannot bear to think about it, let alone come into regular contact with it and the reminder of their own mortality. Others react in infantile ways, angry that you will no longer be able to be 'mummy' and support them in the ways to which they have become accustomed. Others still, are so overcome by the anticipated pain of losing you, that they can't bear to have contact with you. Still others don't know what to say to you and so they say nothing and keep away. None of this, of course, makes it any easier on you. It still feels like abandonment.

A few years later, I will discover an Internet site containing an article by psychiatrist, Karen Ritche. It is titled '*Angels and Bolters: A Field Guide to the Wildlife of Cancer*'. 'You will find out who your friends are, as the saying goes,' she says. 'As if that's a good thing,' she continues. 'As if anyone ever really wants to find out who can be counted on and who can't.' I am up out of my seat, cheering by this stage, as she goes on to detail among the 'wildlife', the Preachers, the Clueless, the Angels and, close to my heart, the Bolters.

Bolters... disappear when you are diagnosed with cancer. The Bolter is someone who was always around before you had cancer, but now does not call and does not show up. Bolters may or may not send a card before they leave. When questioned, Bolters make excuses: they knew you were tired, or they knew you would ask if you needed anything, thus blaming their absence on you. Like the Clueless, their distance reflects their own discomfort. They stay away because they are afraid of their own sadness or mortality.

There's a comfort in knowing I'm not alone in this. Because one part of me whispers sometimes, in a small, hateful hiss, that it is shameful to have friends turn away from you. That it reflects your worth. That you are the pariah in the corner, humiliated and rejected. That something is wrong with you.

At a time when we are so vulnerable and fragile, how easy it is to enter into this deadly pact with what is most destructive within us. I shake off the *Welcome to Christmas at the Leper Colony* feeling, but it is a sobering way to begin a terrifying journey.

It is not till long after that I am able to think about the choices I made in ringing those particular friends. I have recognised by then that there were other friends whom I didn't ring, who would indeed have come over and given me the support I

needed. The friends I turned to for help were the ones I had given most help to in the past.

It highlights again, the shadow of the younger self I thought I'd left behind me; the one who felt she had to be extra good, nurturing and responsible; the one who was there to take care of people, not ask to be taken care of. I recognise the amazed gratitude I still feel if someone, unasked, goes out of their way to do something for me. The astonishment, because I haven't 'earned' it. And I can see that in turning to those friends to whom I had given a great deal, rather than those with whom I'd had a more equal relationship, I was again bowing to that inner fear. The accusing voice that says, *who am I to impose, to dare ask from others, something purely and selfishly for myself?* I realise with fascination too how, with those particular friends, I managed to evoke a response that mirrored exactly that same inner, recriminating voice.

Having failed the test ('Asking for help' - discuss and dissect, with special respect to the underpinnings of friendships), I discover I am about to get a supplementary - the summer crash course is coming my way. The next few months will act as a kind of magnified Petrie dish for friendship. There are those who will drop out of my life altogether and others who will rise to the occasion. Some friends, whom I haven't seen much over the years, will go out of their way to keep in contact; while others, of whom I've seen a lot, will retreat to a single token phone call or less. *Clarifying*, is the word I keep thinking of.

But this is not the clarifying of a mist gently evaporating to reveal answers. This is the clarifying of paint-stripper. A solvent that stings and burns with its harshness, but reveals what was truly there all the time.

Chapter 16

With that first weekend behind me, I feel stronger. The world regains some normality. I become more optimistic. It's definitely a lab glitch, I tell myself. I remember that I had a bit of a bug when I left for Perth. A scratchy throat, a feeling of slight malaise. Of course! If it's not a lab glitch, then it could have been the infection sending the Ca125 up. Undoubtedly, the next test will find it safely back down to normal levels.

Greg decides that the next test will be in two weeks. I get through them by taking myself in hand, Mary Poppins style ('Now children, come along!'). I think about how relieved, and even silly, I'll feel when the new results come back as normal again. I remind myself of the statistics I've been given - only five percent of women with stage 1a die, ninety-five percent live. With odds like that, it couldn't possibly be a recurrence. It doesn't make *sense* that I could have been saved - one of the lucky few to have been diagnosed early - only to trip into that terrible five percent hole. Luckily, no-one is there in those first weeks to lazily blow smoke rings upwards, roll their ennui-lidded eyes and say in Garbo-ish accented words, 'And you theenk ze universe makes sense, darlink?'

I'm feeling fairly calm as I go in to the Pathology Centre to have my blood taken. As I hand in the written request for the test, I notice that the official paper for this pathology centre is white with fine blue lines, like the blouses in my dream.

The Ca125 test takes longer to evaluate than the average test. It's a wait of one week until the results come through. I manage patience for five days, but on the sixth day, with the results so nearly at hand, the waiting becomes intolerable. I'm jumpy and tense. I dream that I am trying to add up numbers, but that they keep coming out too high. The last hour, waiting for the results to come in, lasts for

agonising centuries. Finally the phone rings. My Ca125 has climbed a few points higher.

A few days of intense fear and anxiety and then I am back to reassuring myself. Okay, so it's not a lab glitch, it could still be an infection. Or it could have no explanation at all. Just a response to some mysterious internal climate that means nothing at all. Or at least not cancer. Ninety-five percent, I keep telling myself. The odds are with me.

I have also discovered a corollary to Einstein's relativity theory. Time expands in inverse relationship to the proximity of test results. And in particular, it expands exponentially in the last few hours before delivery of results. It occurs to me that with all this slowing down of time, theoretically, if you could just manage to ensure a constant stream of impending, and critically important results, you might just keep yourself young forever.

A month goes by. Time for the next Ca125 test. The rationale for the wait is that if it's cancer - with the rate that those little guys go forth and multiply - a month should give them time to double.

This time, the wait for results is excruciating. Mary Poppins is by now only a distant, umbrella-shaped speck in the sky. I manage the first few days after the blood test, but by the end of the week, when I know the results will be in any day, I am a frayed, high voltage wire.

I feel fragile, on the easy edge of tears. I wake at 4.00 on those mornings, poised over a precipice. The house is silent with sleep and it feels as if I am entirely alone, filled through every pore with deep, invasive terror. It is at these times that the sense of what may lie ahead of me takes on its most concrete shape. It is when my

mind begins to reach out and touch the fact that it really may be death waiting for me with the next batch of Ca125 numbers.

This wait is so much harder than that of two years ago. Then it was concentrated into ten days and I had the optimism of the unscarred, first-time fighter. Now, the wait stretches and stretches. Nothing definitive, nothing relieving. And I know too much by now about ovarian cancer and the deadly meaning of a recurrence.

Finally, the hour has arrived. I phone for the results. Engaged. I phone again. Not ready yet. And again. Give us an hour. I am dementing rapidly. And then at last, they're in. But they're not what I want to hear. The numbers have gone up again. My Ca125 is now 55.

At least it hasn't doubled, I say to myself, hopefully. That's good. If it had doubled, we could have been practically certain that it was cancer. It's only gone up a bit. What does it mean? Greg doesn't know either. He agrees that it would have been much worse if it had doubled. But at the same time, it hasn't gone down. Or even stayed steady. So we still don't know. He suggests another test in a month. See what happens then.

I catch my breath and return to some semblance of normality. Only it isn't really normality. I'm going through the motions - doing pretty much the usual things, but it is like skating on the most delicate of thin ice - caught between the safety of the shore, which beckons in the distance, and the terrible, freezing depths. Which is it going to be? I am astounded by the trivial talk I hear people engaging in - at tram stops, in shops, in queues. How can they possibly be interested in these insignificant things? It seems unimaginable that I too was one of them just months ago.

Apart from Martin and Amantha, no-one wants to talk about what is happening. No-one wants to admit the possibility that I might be facing a recurrence. My friends wave it away - it's not going to happen, end of conversation. I can feel their reluctance, as solid as a push. I know it's too frightening for them to think about, but I'm frustrated. I don't want to talk about it endlessly, but I do want to be able to say, 'I'm scared of what might be ahead,' and have someone take the prospect seriously, sit down and recognise with me that sometimes the nightmare really can happen.

The Christmas holidays fall between now and the next test. I'm determined to enjoy them. We're going away, as we always do, with a group of old friends. We all meet up on that first day in Merimbula and the women head out to walk to the township. It's been a month or two since most of us have seen each other and we bring each other up to speed on our lives. When it comes to my turn, there's an awkward silence as I tell them about the Ca125 results.

It's not the silence of people who don't care, but rather that of people who don't know what to say. The talk turns to something else and we walk on. Apart from a particular friend who takes me aside to ask how I'm doing, it's not mentioned again for the rest of the holiday. Once more, it's a telling lesson on how hard it is, for even those who genuinely care, to respond to such frightening issues.

It's a sunny day and it feels so good to stretch out and walk. I realise how constricted I've felt in the last few weeks. I haven't walked regularly as I usually do, and I've stopped going to my dance classes. This ten days in Merimbula is like time out. There is, however, an unreality that permeates it. Even though it is not spoken of, the knowledge of what lies in store is always there with me. It provides an odd split. There is the me who is able to have fun, hike, laugh at jokes and be my 'normal' self. And then there is the other me, stiff with terror about the threat to

come. This other me is not addressed. She is a silent and lonely watcher on the holiday scene. I mostly meet her at night, lying awake in the dark.

Chapter 17

When I get back from Merimbula, I'll have to go for the last blood test. If my Ca125 is still climbing, Greg thinks we can't leave it any longer. He'll do a laparoscopy, which consists of inserting a fine scope into my abdomen, so that he can see what's going on.

I am remembering my dreams most nights. One in particular stands out. I am floating in the sea near Perth. I am supposed to sit for an exam, but it has been deferred for a bit. As I float, I meet a large spider-crab, native to Perth. We chat to each other. It tells me, in a rather aggrieved tone, that its reputation for aggressiveness is undeserved and that it isn't really such a bad sort. I commiserate with it and we chat on.

It is not until some weeks afterwards that I realise, with a rather eerie feeling, that it was my tumour that I was talking to in my dream. In the Zodiac, Cancer is the crab and my tumour has been classified as very aggressive. Perth, the symbol of death and rebirth, seems the perfect place for the crab to reside. Years later, the memory of floating lazily in the blue waters off Perth chatting to the indignant spider-crab, is still perfectly clear. It has both the oddness and the absolute rightness of Alice's adventures in the looking glass.

I return from Merimbula to the next blood test. The definitive one. The night before the results are due, I have a vivid dream: I am on a bike in a marathon-like event. It is frightening, but exhilarating, swooping down and around the sharp curves of the path. The last stretch of track is angled so steeply upwards that I have to dismount and walk the bike to the top. There is a woman up there who has dropped out of the main group because she couldn't make it. She has skinned knees and is in pain. I decide to distract her, to take her mind off the pain. At the same time, I suddenly

become worried that I have lost my way and strayed off course. Someone gives me a map and I see that the course takes in a stretch of water. Everyone except me has crossed over in a ship, but I have had to take the underground path - longer and harder, but the right path for me. I am on track, I think to myself. I am on the right track.

In the morning, I look back on my dream with mixed feelings. The on track part sounds good. But the steep upwards angle of the last stretch of track reminds me unpleasantly of the numbers that continue to rise. And it doesn't take Einstein to see the hurt woman and the psychologist as two aspects of my grappling with this experience. The other thing, and this is what I feel most uneasy about, is the fact that all of the rest of my group travelled safely and comfortably over the water. I was separated out from them, to take the lengthy, difficult underground route. In a group with a ninety-five percent cure rate, most of them will take the safe, short journey to their goal. Am I going to be one of that tiny minority who doesn't?

This morning, the results are due to come in. The hour's wait to hear them is agony. Amantha and I opt for retail therapy as a way of distracting us from the phone. We get to the mall, but discover that it's no protection from the driving anxiety. We end up finding a phone booth and ringing, even though we know it will be too early. It is. The results aren't in yet and we head back home, stretched tight with tension. At home, we wait another, interminable half hour and ring once more. The results are in. The Ca125 has gone up again.

Once again, it has not doubled, but it has still risen. Greg rings me. 'It's time to do something,' he says. 'I'll arrange a CT scan for you and organise a laparoscopy for next week.' He sounds authoritative, in take-charge mode. It feels so good to hear this decisiveness. I realise that it's what I've wanted. Someone to say, 'Enough of this. No more waiting. This is what we're going to do.'

It's comforting too, to have a doctor who knows and cares about me. To whom I don't have to introduce myself. Because of the book we are writing, Greg has been on the point of referring me to someone else. I shiver at the thought of going through this time of vulnerability and fear with a stranger.

Greg doesn't expect the CT scan to show up anything. It will only pick up tumours above a certain size. When ovarian cancer returns, it is usually as grain-sized pellets scattered throughout the abdomen and pelvis like a pot full of cooked rice that's been thrown, splat, against a wall. The surgeon can't remove it all. Chemotherapy is the recommended option.

I'm scared and angry, in a way that I wasn't the first time. After all my feeling of being blessed and lucky back then, it's like a bad joke to find that I'm one of the five percent who recur. It's not fair I think, an upset, bewildered child, stamping on the floor. To have been given a reprieve and then have it taken away. I'm the only one of my friends who has had cancer. I envy them their unthinking health. I want mine!

The night before the CT scan, I have a short but vivid dream. I am very upset. I have been pushed out of my upstairs study and forced to work downstairs at an old-fashioned school desk in the corridor. It isn't very comfortable. I open the lid of the desk and discover, to my dismay, four old banana skins. I am sure that I had cleared them out some time ago. Someone must have put them back in. I take them out, throw them away and clean the desk up again.

The dream seems ominous. The obvious parallels are my surgery of two years ago, where I was 'opened up' to have some tumour cleared out. Is it telling me that the tumour has come back and needs to be cleared away once more?

I arrive for the CT scan to discover a large jugful of chilled, foul-tasting raspberry cordial waiting for me. Mixed into it is a substance which will help highlight my internal features to the scanning eye of the CT machine.

I drink glass after glass as quickly as I can. I start shivering uncontrollably. I assume it is fear and marvel at how dramatic its physical manifestation is - until Martin informs me that anyone who downed so much chilled liquid so quickly would also start shivering.

There are just two glasses to go. They've run out of the raspberry cordial. If I thought the cordial tasted foul, I am about to discover what foul really tastes like. I sit, waiting to be called in. Eventually, the call comes and I am part of the hospital process again - anonymous, dressed in a thin paper gown, lying on a table with someone trying to find my veins.

Apart from the vein-finding experience, which occurs midway through the scan, the procedure is painless. The worst pain comes at the end - the process is over, you are still on the couch and the radiologists are conferring. For a very long time. As you lie there, you are sure that the longer they take, the more likely it is that they've seen something suspicious.

After I'm dressed, the radiologist calls me in to see him. Greg, bless him, has told him to be open with me about what he sees. There are two things they are concerned about, the radiologist says. They're very worried about a mass on the liver.

The liver, the liver, I think frantically. A mass on the liver is really bad. Then I remember that when Greg operated on me, he saw an haemangioma on my liver - a benign clumping of blood cells that would show up as a mass. I tell the radiologist

and we smile with relief. I have almost forgotten that he said there are two things he is worried about. The second thing is a four centimetre mass in my right pelvis.

Greg is more optimistic. 'It's exactly where I operated,' he says. It might just be scar tissue. Or it might not. He sends me for an emergency ultrasound to see if that adds to our information.

The cold gel of the ultrasound experience reminds me of that first time. It doesn't seem right to be back doing it again. I'd become so cocksure, thinking of myself as cured. I know enough now to warn the ultrasound technician about the haemangioma. She sees that on the screen. She can also see the mysterious other mass. No new information though. That's going to have to wait until surgery.

I'm booked in for the laparoscopy next Thursday. Greg says it will probably be a day procedure, perhaps an overnighter, depending on how it goes. Is there any chance that he will be doing a laparotomy, the much larger operation where the abdomen is opened right up? I ask. No, he says. There's no point. If it's not a recurrence, then it's just subjecting you to major surgery that you don't need. If it is a recurrence, then surgery's not likely to help much and it will just make you weaker for the chemotherapy.

Four A.M.

Is when you wake
into that strange country,
realising only now
how it has been with you
all of the time, truly
sailing below you, quietly,
the way a ship slides
over its own reflection.
And how all of the days
have been counted backwards
from that place
where moving away
is only moving towards them.

And how in the night
there is suddenly a moment
when you wake, weightless
just as you did as a child
in that strange instant
at the top of a swing
where you lived motionless
just for that second
belonging to neither earth
nor sky and you wondered
whether you would come down
and why.

Taking the X-Rays to Hospital

You have come out of an ordinary morning,
taken your beating blood with you,
picked up your heart
from the photography shop
where the camera stole it
while it was otherwise engaged,
floating on a long bed in a blank room.

The grey film slides in its paper,
slick as a big baby
the delivering doctor will soon
hold up to light.
Black spaces, white spaces,
how much for a life to slip into?

You park outside. Fridays
the car-park is full
of nesting engines, radiant,
swelling the slow, thick air.
Only a few steps to go
and the brown envelope,
which has been resting so quietly

suddenly comes to life.
'Where are we going?', it says,
high, plaintive -

the voice of an oddly familiar child.

It is shaking now, rattling its cage of fingers.

'Where are you taking me?'

It wants to know. It wants to know

everything. What happened in the room

with the white walls, where the men hid

and the camera moved

and spoke and knew its name.

It wants to go back

it wants to reclaim the body

the flash lit and took from it forever.

It wants to-

It wants to go home.

You are at the pass now,

five more steps

to where the hospital doors

hiss and slide.

The envelope is still sobbing and crying,

and what else can you do

but step inside.

Being Admitted

When you enter, there is the sudden shift
as if glass had melted
and you could just move through it.
On the other side everything looks the same.

McHale's Navy plays to the TV screen,
over and over the boats line up and fail,
light has taken twenty years to get here.
People curve on couches,

wander in halls. The loudspeaker's
blowing out souls, each one a name
in a perfect floating bubble.
They waver like tentative bows, like curtain

calls. Outside the door is a single tree,
already strange - you see now
you are inside the TV -
there's someone's lounge

on the right side of reality,
children are playing, the table's set for tea,
a dog snores gently by the lapping fireside
and even if you wave they will never see.

You are going further away now,
it is your name they are calling

up the stairs, four flights closer to heaven
where the pavement fades

like a patient face in a train exiting stations.
Light hits the nurse by my side,
he does not blink even though his hair
is on fire, he goes on laying out clothes.

And I am suddenly reminded
of the airport where the brown hillsides
of San Francisco line up nose to nose
and the planes flash light

that is lifting us higher and higher.
Where the Captain's a friendly uncle
sending us postcards from the other side
of eternity wishing us happy days

and reminding us please to stay
seated and how in the end
no-one ever explained what strange
hand has lifted the earth away.

Chapter 18

‘Are you really sure you won’t need to do a laparotomy?’ I ask Greg. I am remembering my dream of lifting the desk lid and clearing out banana skins. That sounds like a laparotomy to me. Greg shakes his head firmly. He is positive I won’t need a laparotomy. I toy with the idea of saying, ‘I had a dream about an old school desk and some banana skins and I think you should change your operating technique,’ but decide against it.

That night, in the context of days of intense anxiety and fear, I have the most vivid and wonderful dream of my life.

I am in a farmhouse in Kansas, in the heartland of America. The farmhouse is old and the paint is crumbling, but it is simple and real and filled with unpretentious love. I am talking to some visitors to the farm. ‘I came here two years ago to recuperate from my first illness,’ I tell them, ‘and I am here for my second convalescence.’

When I first came, the farmer and his wife were strangers, but we have grown to love each other. Someone tells me that the mail has arrived. I go around the long verandah, wondering vaguely if there will be any mail for me, but also realising that people won’t know where I am, to send it to me. There is a drizzly rain falling and I don’t have any mail, but it doesn’t matter. Nothing matters in this wonderful place. Everything is just as it is supposed to be. It is the home of my heart. My true home. I am absolutely in the right place.

I wake from the dream with a feeling of deep serenity. I’m aware that the Kansas setting is Dorothy’s Kansas, from the *Wizard of Oz* and that somehow it is important that this place is in the heart of the country, in its geographical centre. I

feel better than I've felt for months. I don't believe the dream is saying that I am not having a recurrence. On the contrary, I am at the farm for recuperation from a second bout of illness. But I wake with the strongest sense that whatever happens to me is supposed to happen. This sense of 'rightness' is absolute and profound. I feel cradled by the dream.

The images of the farmhouse remain intensely vivid even after I have thoroughly woken. A friend and I are going to see a Russell Drysdale exhibition. I am floating in the aftermath of the dream and enjoying being with Eve, but am totally disconcerted by the painted depiction of Australian country scenes. I keep turning away, wanting to block out the paintings. The canvas images are getting in the way of my dream-scene and I don't want to lose it.

It is an extraordinary dream, not just for its gifts of stillness and peace. It will reach out into the future and touch me in the strangest and most marvellous way.

It is the day before the laparoscopy is scheduled. I ring Greg's rooms to find out whether I need to do any bowel prepping. 'No,' he says. 'Because it's only a laparoscopy and not major abdominal surgery, you don't need it.' I feel uneasy. I keep remembering my dream of the desk and banana skins. What if Greg finds that he does need to perform a laparotomy and my bowel hasn't been cleaned out? I know that surgery with unprepped bowels can be dangerous, increasing the risk of infection and wound breakdown.

I decide on a DIY approach. I will bowel-prep myself. The CT scan has been very helpful here. The gallons of liquid that I drank, gave me galloping diarrhoea. I take myself off food for the remaining day before surgery.

Time to make myself an hypnotic tape again for surgery. It's a difficult one to

make, given my sense of uncertainty as to which surgical procedure will actually be taking place and what the findings will be. As before, I think wistfully of how nice it would be to have someone do it for me. I want to regress and be taken care of, not have to do it myself. It's hard to work out the right combination of suggestions and I go through five versions before I'm satisfied. At this point, I realise that it's just as well I'm doing it for myself. If I'd been getting someone else to make the tape, I wouldn't have had to worry about facing surgery. They would have strangled me in frustration somewhere around the third attempt.

It is a strange feeling to be journeying to hospital again. I have flashbacks of my first trip, which ended with such a sense of luck and blessings. This one feels much more ominous. The hospital looks at once both familiar and new. It has been refurbished, the couches rearranged, moving towards office-block chic. I am reminded of those old spy spoofs, like *Get Smart*, where the bland exterior offices conceal a far more sinister interior - the real business of the building.

I'm in my hospital room again. As usual, feeling out of place in civilian clothes, but silly to be donning a nightie in daylight when I'm feeling perfectly well. Eventually, I opt for silly and get into bed and wait. When the nurse comes in to check on me, I ask whether a bowel prep has been organised. No, she says, it hasn't been requested. I ask whether she can ring the operating theatre and check with Greg. She looks at me quizzically. Clearly she thinks I am some sort of enema freak, but she complies. The answer comes back, no. Oh well, I tried, I think.

I'm due in surgery at one. The idea is that the short, easy operations are listed first, with the longer more complex ones kept for later. I'm scheduled to be in and out of surgery in twenty minutes. That's the plan, anyway.

The plan, however, has other ideas. Greg begins with the laparoscopy. He makes

the first small incision and inserts the slender tube containing the fibre optics which allow him to view the interior of my abdomen. Everything looks fine. He makes a second small incision on the other side of my abdomen and repeats the procedure. Everything looks fine. Then he makes the last incision. And suddenly the view is not fine. He can see a 4 cm mass of tumour on my bowel at exactly the place where my ovary would have been.

So, it is laparotomy time. He not only has to perform major abdominal surgery, he has to perform bowel surgery on what he thinks is an unprepped bowel. He is not a happy surgeon. Luckily though, my amateur bowel-prepping has worked and my bowel is, to his profound relief, in a state that Mr. Sheen would be proud of.

Four hours later, in the recovery room, I surface to groggy semi-consciousness. Greg is telling me what he found in surgery. I am preoccupied with trying, unsuccessfully, to make my eyes stay open. Why is he telling me all this? I think rather irritably. Can't he see I'm still asleep? I feel vaguely indignant, like a person who's had their Sunday morning lie-in interrupted by an overzealous caller. I gather threads of information from Greg's speech - he found a tumour and removed it. Then I fall straight back into sleep.

I wake to the familiarity of a morphine drip. Martin is sitting next to my bed. He fills me in on what's happened. Apart from the tumour that Greg removed, there seemed to be no other spread. As usual, of course, we have to wait for pathology to confirm this. Greg's taken out a section of my bowel. Martin reports to me that luckily, Greg didn't need to do a colostomy. This last bit definitely wakes me up. It hadn't even occurred to me that I could surface with a colostomy.

Greg comes in to see me the next morning. He repeats what Martin has told me, adding that chemotherapy is the next step and that as soon as I'm out of hospital,

he'll refer me to an oncologist to get started. He also adds that because I've had bowel surgery, the recuperative process will be a little different to last time. For a start, I won't be able to eat or drink for five days, so that the bowel can rest and heal.

As he's speaking, the nurse comes in. Greg introduces her to me. 'This is Doris,' he says, 'you'll have to take special care of her.' He is looking at me. I am looking at the nurse. She is looking at me. It doesn't take a rocket scientist to read her expression. It is Vlad The Impaler's morning face. Before he's had his fix of victims for the day. She has been put out by Greg's remark. *She* wants to be the special one, not me. I'll be paying for this.

And I do. She finds many little ways to make life unpleasant for me. Her attitude only shifts when I unexpectedly faint in the bathroom. I come to, puzzled as to how I got to be lying on the floor by my bed, when the last thing I remember was standing near the shower. (The answer is, they dragged me). My enemy is kneeling above me, looking concerned. Has seeing me laid low raised the magnanimous victor in her? Can she now allow compassion to bubble through into her tungsten-hard heart? Or is she just worried about being sued? Whatever. After this incident, she is sweetness and light.

This is an exciting lesson for me. I am beginning to realise why Victorian women spent so much time fainting. I resolve to practise my limp-falling skills.

As a teenager, I used to be quite taken with limp-falling. I had read about the Limp-Falling Club, whose members were sworn to limp-fall at all kinds of opportune moments (at an elegant restaurant, or in the middle of a swanky ball), and been charmed by them. I practised limp-falling quietly by myself, got very proficient, but never quite worked up the nerve for a public display. And now, here I was, not even

trying, and with such magnificent results.

Chapter 19

I am surrounded by vases, bunches, bouquets and boxes of flowers. Greg looks startled when he walks into my room, which has disdained mere florist shop aspirations and is heading at a fast clip for floral wholesaling premises. He mutters ineffectually about oxygen deprivation and looks accusingly at my vivid, vegetable companions. But I don't care. I love them. As someone who was wont to send boxes of fruit to friends in hospital (so much more useful; everyone sends flowers), I swear never to err again. These utterly useless, oxygen-sucking, inedible, impractical bits of beauty are exactly what I need.

The flowers are intermingled with a rainbow of get-well cards. Conspicuous by its absence is any kind of message from my sister, a silence which will extend through the years up until the present day. Lily is co-incidentally in Melbourne at the time of this surgery, which only serves to underline her silence. I am surprised to discover I feel hurt by this. If it had happened three years ago, I would have expected this non-communication, but the last contacts I've had with Lily, to my knowledge, have been cordial. I shrug my shoulders over the matter and put it in the mental column labelled 'clarifying.' It's a column that has grown at an exponential rate since this recurrence. I am hopeful that I've filled my 'clarity' quota for a while. Foggy, deluded and opaque are beginning to sound wonderfully restful.

A few weeks later, as I am sorting through some papers, I find a copy of the last contact I had with Lily, one and a half years ago - a short, friendly Fax I sent her, thanking her for my birthday present. It was met with silence from Lily. She was in town a few weeks after my Fax, but made no contact with me. That was the last I heard from her, or rather, didn't.

The story goes back a long way. Lily and I have grown up to live very separate

lives. We meet and chat pleasantly at family functions. On the odd occasion, we'll exchange favours. Martin changes the locks on her doors, she gives me some credit that David, her husband, has owing at a dress shop. But this is rare - generally we have little contact.

When my first book of poetry is published, people ask why my sister isn't at the launch. She's been invited of course, but I'm not surprised that she hasn't come. She hasn't started her writing career yet and I understand that perhaps it is difficult for her to see me at the centre of this attention. When my book goes on to win two literary awards, she doesn't ring to congratulate me. But this distance has simply become part of the normal fabric of our lives - I'm not hurt or offended by it. In fact, I'm so used to it, that I am surprised by my friends' surprise.

The equilibrium is shattered soon after Mum's death. Since Mum died, Lily's public descriptions of our family life, and in particular my mother, have become more and more unrecognisable to me. In one interview, she describes regularly being woken at night by my mother's screams. I am mystified by this. I'm a light sleeper and I've never heard screams. My father, when I ask him, says that he too has never heard my mother scream at night.

A few years later, in a radio interview, Lily will elaborate on this experience in a way that is even more startling for me. She describes being fourteen and going to sleep overnight at an Australian friend's house. She tells of waking in the morning to something novel and realising that it was the absence of my mother screaming in the night. I shared a bedroom with Lily until she was thirteen. Not once did I hear a scream. It is painful to see my beloved mother, who can no longer speak for herself, depicted so publicly in this way.

And then, someone shows me a copy of the *Jewish News*. It contains a review of

Lily's poetry book, *Poland and Other Poems*. The reviewer approvingly notes that Lily writes about her mother 'with a frankness ... that can only be described as admirable...' The reviewer then goes on to name my mother and describe her as 'erratic, (and) verbally violent.' She continues by describing my mother's 'unceasing lamentations of the Holocaust,' lamentations which, she says marred, if not stole Lily's childhood.

I am aghast. It is beyond belief to me that someone who has never met my mother can make these bald, uncompromising statements about her, without any need to check them further. Erratic and verbally violent are the last adjectives I would associate with my mother. And the Holocaust was rarely talked about in my home. Years later in fact, I will watch a video of my sister interviewing my parents about their experiences in the Holocaust, an interview she conducted just prior to writing her first book of Holocaust poems. On the video, she asks my father how they treated the topic of the Holocaust with their children. My father replies that they chose not to talk about it, wanting to protect the children and put it behind them.

I've been silent up until now, but I can't allow this to pass without comment. I craft a careful letter. It states that my experience of our home-life and mother was very different from the reviewer's description - that my mother was and did none of the things attributed to her in this piece. That she was an exceptionally loving, kind and generous person whom I am proud of and grateful to have had as a mother. I focus my comments on the reviewer. I don't want this letter to be seen as an attack on my sister. All I want to do is speak up for my mother.

I show my father the letter before I post it off. He reads it and says, 'It is a good letter.' And then, it is printed.

On the morning it comes out, Lily doesn't contact me herself, but someone rings on

her behalf, furious at me for writing the letter and accusing me of trying to sabotage Lily's career. It does no good to explain that I wrote the letter to share a different view of my mother. He is convinced that my aim was the destruction of Lily's career.

I hang up from this call, only to have the phone ring under my hand. It's my father, fresh from a conversation with Lily. I am shocked to hear that his voice is tearful. 'How could you do this to Lily?' he asks me. 'You are doing it to ruin her career.'

'But Dad,' I say, 'I showed you the letter before I posted it.'

'No,' he says, 'you didn't.'

I am speechless at this. It was only a few days ago that he held it in his hands.

'All of Mum's friends are very unhappy that you wrote the letter,' he says. 'They think that it's not nice.'

I am saddened to think that Mum's friends feel like this. It's an image I keep until years later, when I am having coffee with my mother's best friend. For some reason, the subject of my letter to the *Jewish News* comes up.

'Everyone was so pleased that you wrote that letter,' she says.

'Really?' I am startled.

'Of course.' She looks puzzled. 'People were glad that at last someone is saying what we all knew, about what a wonderful person your mother was.'

After the *Jewish News* letter, Lily stops speaking to me. This is not an entirely unpleasant experience. I am feeling increasingly distressed about the way she continues to depict my mother. To meet and chat pleasantly in social situations would be straining things. It's better for us to be separate. It's a situation that continues for a few years and then, for reasons I am still unsure of, Lily decides that she wants to end our estrangement. She doesn't tell me this directly, but sends the message through Dad.

'While she continually repeats those terrible things about Mum in public, I'm not comfortable with her' I say to him. 'If she's prepared to talk about it, I'll meet her.'

I don't know what he tells Lily, but I assume she's not prepared to do it.

Dad however, continues to plead with me to talk to heal the rift.

I repeat my message. He repeats his pleadings.

By this time, I am in a real dilemma. This has become a moral issue for me. It feels, rightly or wrongly, like an ethical stand I am taking. I feel as if I'm the only person saying, 'It's not right to do this to our mother.' For me, it's become a matter of personal conscience.

But in response to my father's pleadings, I waver constantly. Shouldn't I just give in, talk to Lily and make my father happy? I swing miserably backwards and forwards. Each time I see my father, he brings the subject up. He's an old man, he says. He doesn't have much in his life. This is all he's asking. Can't I just give him this one thing? Each occasion inevitably ends with me in tears.

A few years go past. Dad by now is living overseas with Dorka, his second wife. It

is the time when I've been pleading with him not to sell his last assets.

Dad, Lily and David are about to arrive in Melbourne for a visit. Lily wants to organise a dinner so that Dad can be reunited with his friends for possibly the last time. Lily writes to me, saying that she apologises for anything that I think she may have done to me. She urges me to come to the dinner and end the rift in our relationship, so that Dad can have peace of mind.

Finally, I give in. I write back saying that Martin, Amantha and I will come to the dinner. I add that our schism is not due to what she has done to me, but is about her treatment of our mother.

I give the sealed letter to Dad to pass on to her - she has already left for America and I don't have a contact address. At the dinner, Lily says a brief hello, but makes no further conversation.

When, a few months later, I find myself in hospital, diagnosed with cancer. Lily sends flowers and a get-well note. I send thanks. A month later, home again, I answer the phone and am startled to hear Lily's voice. She chats on as if nothing had ever happened between us. I am too bemused to do anything but go along with the conversation. It is oddly surreal - a denial of the reality of the last few years.

But I continue to go along with it. In the wake of my diagnosis, I've decided that I'm letting go of family struggles. It's time to focus on my own life now.

There are a couple more phone calls from Lily and an exchange of letters, all friendly and amicable. She sends me a few pills and potions aimed at helping my symptoms of instant menopause. I'm appreciative and thank her. Then there's her birthday present to me, a black head scarf, and my thank you letter.

A few weeks after that, she's in Melbourne. I am fully expecting her to contact me - I don't have her contact number here. After all, she's been saying for years that all she wants is for us to be friendly. So when she doesn't call, I am surprised. I can't think of anything I've done to offend her. But I don't spend a lot of time on it. I simply assume she has changed her mind about sisterly bonds and I let it go. I hear no more from her.

Now, two years later, her silence in the face of my recurrence is sobering, making me realise the true depth of the split between us. It is sad. But, I hope that for her, it brings some resolution. For me, it becomes part of the emotional work brought on by the recurrence - a cleansing that is painful, unpleasant and to which I am dragged in the undignified kicking and screaming position.

Chapter 20

A few days after the surgery, Greg announces that it is time to take my urinary catheter out. The nurse looks concerned. 'Don't you think it's too early?' she says. 'Well, if it is,' says Greg airily, 'we'll just put it in again.' Not over my conscious body, I think.

That afternoon, the catheter is removed with a tug, not really painful, it just looks as if it's going to be. I decide I'd better get things moving. I settle down with my hypnosis tape and focus on my bladder. I fall asleep into a dream. I am standing in a field and I am supposed to do battle with something, but I don't know what it is, or how to go about it. Then I hear that an extremely ancient warrior queen has found out about my plight and is coming to help me. At first I am startled, thinking maybe she is a bit crazy, but she comes anyway in full ancient warrior regalia, on a charger, with a few men. She sweeps into the field, clears out whatever I was supposed to be battling with and sweeps off. I wake a couple of minutes after the dream and realise that I need to urinate. At first, I am disbelieving, thinking it is too soon. But I go off to the bathroom and it all works perfectly. I am bemused by the dream and the ancient warrior queen. Does she represent the archaic, primitive parts of my body's functioning, like the bladder?

Flushed, pardon the pun, by this success, I decide it is my bowels' turn next. The next day, I do my hypnosis and focus on coaxing my bowels into action. A couple of hours later, I feel the urge and head off to the toilet. Proud as a newly toilet-trained toddler, I look forward to sharing my exciting news with Greg. He is aghast. My bowel is not expected to be working yet, it is too early. It may be too stressful on the stitches holding it together. I rapidly start focussing on the stiches healing and holding when I do my tape.

As with my previous stay, I have been in tottering marathon-training mode since my first day after surgery. The definition of *marathon* involves a complete circuit of the ward - a track that feels approximately equivalent to a Melbourne to Sydney run. I wince my way towards the halfway point in steps as delicate and tiny as a foot-bound Chinese concubine. I have my eye on the lounge room situated at the far end of the corridor. When I arrive, I find myself gazing out at a panorama of the Melbourne skyline. What I am struck by though, is a derelict area to the left, which looks as if it has been abandoned by a construction company mid-chaos. In the middle of the dusty brown debris, rising incongruously like an enormous, exotic flower, is a rainbow-coloured hot air balloon. I have its twin on a favourite mug at home. It is the mug I bought in a careless hurry, merely needing something to drink from at work. When I brought it home, I discovered that the balloon was named - the fine, black lettering stamped onto it spelled out the word 'Hope'.

I have been having night sweats regularly since surgery, but after a few days, they spread into the daytime hours and assume malarial intensity. I switch with manic speed between cold and shivering and hot and sweating. This isn't helped by the internal climate of my room. We're having very peculiar February weather and it's raining and blowing a freezing gale outside. The frigid blast is elbowing its way in through a gap in the window. I beg the nurse for a towel to cover the gap. She comes to inspect the window, and despite the presence of six sane people pointing out the exact location of the draught, stoutly refuses to acknowledge its existence.

The sweats and shivers continue to yo-yo violently. It's not an infection. What can be causing it? Suddenly I realise it's because I've been off my oestrogen for a week. The sudden withdrawal, added to the stress of surgery, seems to have thrown my body's natural temperature-balancing mechanism into disarray. I resume my mini-doses of oestrogen and the sweats and shivers stop almost immediately.

The faint of a few days ago turns out to be because I am very low in iron. Greg decides to put me onto iron tablets. Up until that point, my recuperation has been going smoothly. I'm off the morphine drip and feeling pretty good for a centenarian. The iron tablets change all that. My bowel shows its feelings by going into spasms like a tantruming child. I cease and desist with the iron immediately, but my bowel is not taking apologies. The excruciating spasms continue without let-up for the next few weeks. And in a catch-22, I can't take any serious pain-killers, because they'll constipate me and make it worse.

The excitement of going home is tempered by the pain of constant spasms. For the first week, they don't let me think of much else. It's like being in ongoing labour, without the incentive of a baby. I live permanently attached to a hot water bottle. A study in life as a slowly poaching egg. In the brief respites from spasm, I try to take in my new situation.

Greg says that my presentation is very unusual. There's not much literature on relapsed stage 1 ovarian cancer patients, so it's hard to get statistics on what happens to them. A friend tells me about an interstate professor who's an international specialist on ovarian cancer. She suggests it might be worth ringing him to see if he's had any similar cases.

My brother-in-law, a doctor, contacts him. The word comes back that he's seen a couple of women with similar presentations. One had a discrete recurrence five years after diagnosis. She had chemo, but six months later, another tumour developed and soon after that she died.

The words give me the sensation of swallowing eels. Death. For a couple of days, all I can think about is: will that be me? Then I regain my balance. Okay, I decide, you can look at this two ways. One: because my cancer recurred when so many

don't, you could say that it's more aggressive or persistent than most. Bad news. Or, two: you could see it as simply a left-over seed that grew. It's been removed, I'm going to have chemo to clean everything up and then I'm back to where I was two years ago, looking good.

I go for the latter interpretation. One of the advantages of not having statistics to hand is that you can create your own. I decide I'm going to create good ones.

Night Sweats

In that sweet weather we can't remember,
it all comes back to me.
How the body slips hotly
again and again
into summer. It is the odd
sun of that other country,
further away than sleep,
further even than the dream
of the uses of hands and feet.
It is not the sea
that made us, but something about heat
and a life that we lived once, flickering,
unlimbed, the body in memory
shimmering, salt-slicked,
liquid as the thousand minds of fish.

Chapter 21

I have time off work, thank goodness. My disability insurance will kick in to cushion me over the next few months. I'm putting my practice on hold until treatment's over. As a psychotherapist, you need energy and concentration. I don't know how much of that I'll have and I don't want to give my patients less than they deserve. And, purely selfishly, I don't want to tire myself out.

But I also don't want this time to be lost time - something I just get through for the sake of getting through. Years ago I read a book by a woman who had ovarian cancer. It was a bitter, angry book. She ended by saying that her experience with cancer had been wholly negative; that it had only taken away from her, that she had not gained or learned or been strengthened in any way by it. That she was writing this book to dispose of the myths that cancer brings gifts along with its troubles and that suffering ennobles.

I remember that woman now. I know what she is saying. Suffering isn't noble - it's awful, often horrifyingly so. Suffering in itself is a terrible thing. But suffering has a context - the experience of suffering is coloured and changed by the meaning we ascribe to it. I don't want to just 'suffer'. I want to create something from it, find something in it, learn something from it, do something with it.

It doesn't make the hard things easier, but for me it's a way of saving the self from being demolished by suffering. I don't doubt that I will feel bitter, despairing and angry, but I don't want that to be *all* I feel, *all* I do. I want to come out of this experience with more than that. I don't know what the 'more' will be or how successful I'll be at achieving it and it's frightening to contemplate, because really, despite all these brave words, what I really want, is to not have the experience at all.

When I was sick last time, the poems were my imperative. They were my way of creating something from the experience. This time, it doesn't feel as if poetry is what I need to do. But I don't know what is. It feels odd, not to know. As if I have landed somewhere and forgotten to arrange my lift home.

After a few rather unsettling days of dithering around, I wake suddenly with the thought that I have to write a journal. This idea is so startling that it precipitates me out of bed. I cautiously examine my face in the mirror. Could the thought have somehow lost its way and landed in the wrong person's head? Journal writing has not been on my list of preferred activities since I was fifteen. At that time, to my horror, my diary was taken from its hiding place under my bed and read out loud for the amusement of others. This induced a very sturdy case of diary phobia that has remained intact until... now?

I get settled with a lap-top and start typing the first entry. It feels strange initially. I am definitely rusty, but it is more than that. The page feels so shockingly open, as if I have suddenly transposed into the *Maidenform* girl - arriving at a cocktail party, to discover I am wearing only my underwear.

I persevere and discover that it begins to feel good. I determine to write something each day - a travel journal through chemo country. But it is more than that, I realise. It is also my need to find the story of my illness.

Soren Kirkegaard, the Danish philosopher, wrote that, 'Life can only be understood backwards, but must be lived forwards.' In the face of a life-threatening illness, it is as if you live both forward and backwards at once. You crane anxiously into the future, trying to see if it is really there. You look behind you, trying to understand, examine the past. It is like standing at the fulcrum of finely balanced weights. Everything comes together at that point. You can see the landscape like a view from

a mountain, clearly visible in some directions, obscured in others. And the topographical lines you draw on that landscape are the story lines of your life. You need those lines, because how else will you know where you are?

I've been home from hospital for a week and the pain is, at last, starting to get more manageable. I can't believe the difference it makes! The constant, intense pain of the last ten days has felt as if it will swallow me whole. It takes all my energy to keep on top of it and there's none left over for just being me.

Tabatha is getting very impatient with me. She has a clear view of household priorities. I am not meeting them. During my days of acute pain, I am curled up in agony on the couch with Tabby barking, groaning, rolling her eyes and pointedly nudging me and her leash alternately. She is clearly exasperated. I had seemed to be so well-trained and now look at this.

I have read somewhere about animals that are exquisitely sensitive to their owner's needs. They do things like lie devotedly by their owner's sides, communicating their empathic sense of shared pain, shored up by the occasional loving lick. Clearly, Tabatha and I have not read the same literature.

She is our second standard poodle - they're the big ones, about the size of Labradors. Our first was also Tabatha, nee Tigger. She was originally Lily's, handed down to my parents. She was big, black and boisterously immersed in that extended puppyhood that poodles are supposed to have. It was love at first lick when we encountered her. As soon as we moved into our house, she moved in with us. Lily, showing the kind of proficiency that could have led to her starting up a 'Dating for Dogs' franchise, had another hit with her next hand-me-down. Snowy, the golden Labrador, click-clicked her way around my mother's house, as her adoring companion, for all the rest of her life.

Tabby has decided that if I can't walk her, at least I can feed her. She is rattling her feeding bowl and moaning pathetically. I know from experience that I have about five minutes' grace before she gives up and, in a fit of existential angst, demands to be let out into her therapy room.

Tabatha's therapy room was originally designed to be her outdoor kennel. Martin constructed it lovingly, complete with a little window and wall to wall carpeting. As she's definitely an indoor dog, her kennel was supposed to have the same function as a Brighton Beach bathing box - a place to provide a little shade and relaxation while she's out enjoying the natural world.

Tabatha had other, more advanced ideas. Entirely off her own bat, and with a perceptiveness that made me proud to say that she is a psychologist's dog, she decided she needed a therapy room.

I believe the Japanese have done it before her, but Tabby - if we can believe the ethologists - was starting with a handicap of several rungs lower on the phylogenetic scale. We first noticed her mental health arrangements years ago. She'd put in a request to go for her third walk for the day, but it had been refused. Obviously disgruntled, she went outside, straight to her kennel, from which emerged a cacophony of furious scratching, pummelling and snarling. Alarmed by these Desert Storm sound-effects, Martin and I rushed to see what was wrong.

Through the window, we could see a flurry of black fur as Tabatha beat the hell out of something. What was it, we wondered? Mountain lions were discarded only because of their relative local scarcity. Surely an ordinary cat wouldn't arouse such commotion?

As we watched, Tabby sauntered out. Relaxed, at ease, with the air of one who has

just a had a deep, calming massage. There was no-one else in the kennel.

From that point on, every time she felt frustrated by one of life's little roadblocks, Tabby would take herself straight off to her kennel, beat up the carpet and emerge as her usual, sweet-tempered self; a dog who had not an aggressive bone in her body.

Feeding Tabby reminds me that it is time for my medicinal croissant. All that fasting after the bowel surgery has left me below my normal weight. It's an unpleasant feeling - a sense of my body being insubstantial and fragile in a way that I don't like.

On the other hand, for the first time since surgery, I've had the focus and concentration to actually read. I'm wallowing in Stella Gibbon's *Cold Comfort Farm*. It's decades since I first read it but it's just as sharp, and Flora Poste remains my idea of a literary heroine.

Chapter 22

I see my new oncologist today. Greg only does surgery, so he's referred me to a specialist in chemotherapy. Greg thinks I'll be put on a carboplatin/cytosin combination - a relatively easy regime to tolerate. Most people don't even lose their hair on it.

Martin takes some time off work for this first appointment, which is great because firstly, I'm not allowed to drive yet and secondly, on your first visit to an oncologist, you need all the moral support you can get. We arrive armed with a list of questions.

Jim, the oncologist, is a pleasant, straightforward kind of man. He might not call a spade a 'bloody shovel', but he would definitely call it a spade. I get a shock when he announces that he thinks I need to be on a carbo/taxol chemotherapy regime, a much tougher one than the carbo/cytosin. Apart from the fact that it's harder on the system, the taxol addition means that I'll lose, not just the hair on my head, but every hair on my body. Carbo/taxol, he says, has now become the gold standard for ovarian cancer treatment. In one respect, I'm lucky, because at this point in time, the Australian government hasn't approved it for initial treatment, only for recurrences.

Having just recovered from the shock of discovering that I'm going to lose my hair, I then proceed to be really stupid and ask him for a prognosis. He says, as usual, that there aren't many statistics to go on, but that he'd estimate that I have a fifty to eighty percent chance of being alive in five years. All I hear, of course, is the fifty. I give him my rosier version of events, ie. that there was one left-over seed, it's gone now and I'm going to be okay.

He proceeds to shoot this one down in flames. If there was one seed left over, there were many lurking all over the place. That's why I need the chemotherapy - to clean them out. He's not being nasty as he says this, just telling me what he believes.

I go home in shock at suddenly being demoted from someone who had a ninety-five percent chance of cure, to someone who has only a fifty percent chance of being alive in five years' time. I note too, that the figures don't mean that I'd be cured, or even well, in five years' time if I was in the lucky half. Only that I'd be alive.

I've known of course that a recurrence changes the picture, but having someone say it out loud makes it terrifyingly real. I wake the next morning feeling tearful and wondering how much time I'll have left with Amantha. She and I cry together and the mood slowly lifts.

The next morning, I think things through. Jim was obviously just trying to impart what knowledge he has to me. But the truth is that he simply doesn't know what's going to happen. There may be seeds left over, or there may not. He has no way of telling. I may be dead in five years, or I may not. He doesn't know that either. The future isn't fixed. For anyone. Even if the odds are a thousand to one, everyone's entitled to hope that they'll be the one. And someone has to be.

In the old days, doctors didn't even mention the word cancer to their patients. The impact of the diagnosis was thought to be so frightening that to deliver it was like delivering a curse - one that could lead to the patient dying even earlier, out of sheer terror and hopelessness. Only close relatives were told the 'secret'.

Nowadays, the pendulum has swung right around. Doctors deliver the truth with the zeal of reformists. Largely, that's driven by legal and ethical issues and the change of cultural climate. But as well as that, delivering the 'hard news' can free them of

it. They don't have to 'carry' it for the patient. The trouble is, it can leave the patient staggering with the impact.

And everyone gets so worried about inspiring 'false hope' in patients. This is an interesting concept. If you asked people whether they'd rather live in hope or with a sense of certain doom, you wouldn't get too many takers for the latter. Hope is what keeps people going. No-one has the right to take that away. It doesn't mean you have to lie to patients. You can let them know that the situation is very serious, but you can also let them know that nothing is set in stone and no-one can predict the future.

I decide that I'll talk to Jim at my next appointment. I'll tell him that I know that most medical 'facts' are open to several interpretations. I don't ever want him to lie to me, but I always want him to give me the most positive interpretation. And no more asking people for prognoses. I'm going to focus on my own version.

The wound from the drainage tube in my abdomen is still seeping blood. Greg wants me to come in tomorrow so that he can check to see that it's not infected. It's going to be the first time that I've seen him in 'civvies' since my sudden redefinition as a patient. I feel nervous and uneasy about it. An irrational fear that he'll react to me differently now. That my identity will have been taken away and I'll have been 'demoted' - back to the anonymous, depersonalised role of patient. It's re-awoken that intense need I had when I was first diagnosed to be 'me'.

Having a recurrence feels very different to the initial diagnosis. When it was confirmed that the cancer had come back, I was horrified to find myself feeling fleetingly ashamed. As if I had failed. The feeling didn't last long, but it rocked me. Here I was, a sane, rational professional in the field, caught up in this irrational feeling of stigma. Oscar Wilde's lines echo in my mind: 'To lose one parent, Mr

Worthing, may be regarded as a misfortune; to lose both looks like carelessness.'

With the original diagnosis, I went into fighter mode. It was a battle. I was going to win. A recurrence makes you question all that, throws everything into doubt. If it's a battle, then cancer has won the first round. What does that make you - a loser? Of course it doesn't. But it's a hurdle you have to lift yourself over.

I ate some dried apricots yesterday. I don't know quite why I ate them except that, like mountains, they were there. I paid for it last night. I spent the night wracked with painful spasms. It felt like someone reaching out and shaking me by the shoulders saying, 'You've forgotten about pain have you? Well here's a little reminder.' I was struck, in fact - when the pain was over and I had the energy to be struck - by how easily I do forget pain. I remember it at an intellectual level, but I forget what it really feels like and what it does to you. And how grateful you are when it's over.

A friend phones me today, to apologise for not ringing. She says she has been scared and not known what to say or how to say something positive in the face of what was happening. I appreciate her honesty and thank her for it. I tell her that I've realised you don't have to think of 'positive' things to say. Being the recipient of sunshiny inanities irritates the hell out of most people anyway.

I don't want to be treated with kid gloves. I know what I've got ahead of me, but I also know I'll deal with it. I don't need people to 'lift' me up; I'm not depressed. But I *am* in the middle of a frightening experience. What's important, I say, is simply being there in some way - by phoning, sending cards, or visiting. The sense that people care about you is what counts in the end. We chat pleasantly for a while, then say good-bye. She doesn't ring again.

Pain

When it's over, the body
can't bear to remember
how it was that time -
taken by something larger than passion
and surprised, a kind of horror
at the way you ceased to exist.
You didn't ask to be loved like this.
Didn't imagine even, it could really happen.
Now you see
that this is the hesitant follower
in shadow - the face you saw,
dismissed in a thousand streets.
It is the wallflower,
which has been sending you shy
messages all its life - small tokens,
a veiled note, a found rose.
In its imagination,
you are already making
the small, low sounds of love
as it rushes forward,
will not let you go.

Chapter 23

Chemotherapy is two weeks away. And it's not just the chemotherapy I'm not looking forward to, it's getting back into the whole hospital experience, of having things *done* to you, instead of doing them; the infantilisation that both you and the system enter into, the sheer number of discomforts you have to tolerate, the issues of being brave.

Being brave. This is something I've discovered the second time around. I am a brave person, I don't have to try to be brave. What I've been amazed by, is how hard it's been for me to admit to being scared. Not to people who know me really well, but to people who know me less, but whose opinions I care about.

It happened while the Ca125 counts were rising. At each rise, I felt really scared, vulnerable, frightened. I wrestled with the issue of whether it was wimpish to be scared, whether I was being a panic merchant - after all, nothing had been proven yet, this could just be a false alarm. I remember telling Greg that I felt frightened and he replied that he would be terrified if he were facing cancer. I immediately relaxed.

I saw Greg yesterday and feel much better. I was still 'Doris' and not a disease or a prognosis. He was able to say that this experience was scary for him too. It felt good. We're back to being real people again. There's no infection in the drainage wound and he said the bleeding should stop in a few days.

It's funny how superstitious you get in situations like this. Sitting in Greg's waiting room I opened, at random, a poetry book I'd brought to read. The book fell open at a poem called 'She Lived.' Yes! I thought to myself, feeling ridiculously light-hearted.

Today, following a yen for something sweet and crunchy, I find a box of Chinese fortune cookies in the cupboard. I break one open and in the split second before I read it, feel a sudden, totally irrational anxiety. What will it say? What it actually says is, 'This insert has a protective coating.' After a moment's puzzlement, I turn it over and read, 'Your future is as boundless as heaven.'

It's wig-buying time. The idea is that you buy your wig while you still have your own hair, so that you can match it. I discover that longish, curly-haired wigs that look real are thin on the ground. On your head, they become the reincarnation of eighties big-hair, mutated and gone wild, like those freak pumpkins that grow to six times their normal size. I do, however, find a cheap, spiky Tina Turner style that looks racily wild and is very flattering.

I still can't really imagine losing my hair; it feels so much an integral part of me. Although, as Martin points out, think of the time I'll save in the shower and the money I'll save on hair products. Amantha, in a similar vein - and demonstrating an uncanny knack for positive reframing - says about the insurance-subsidised time I'll be taking off for chemo: 'Think of it as a writing grant.'

They say your hair grows back thicker and curlier after chemo. This opens up a whole new possibility - chemo as an exquisitely expensive hair treatment. Only available in certain, selected salons.

In truth though, I'm terrified of losing my hair. It feels like such a stripping bare of myself. When I look in the mirror, what will I see? And while I never felt that I was losing my femininity with the loss of my uterus or ovaries, I wonder if I'll lose it with my hair. The female equivalent of Sampson.

And yet it occurs to me that this is also like one of those ancient purification rites.

Hair is cut or shaved off at those ceremonies too, signifying the shift from one role to another. I like thinking of it like this. As part of a ritual where you cross - cleansed and hairless - towards renewal.

Taxol, the drug responsible for the hair loss, comes from a tree - the Pacific Yew. It grows along the rim of the Pacific Ocean in America. I look up Yews and find that traditionally they have been considered among the most sacred of trees. They were associated with rebirth and planted in graveyards because of their reminder of the eternal circle.

This comforts me. I have always liked the thought that my chemotherapy comes courtesy of a tree, with their yearly renewal - seemingly dying each winter, only to revive in spring. I feel seriously relieved too that they've now found a way to extract taxol's active ingredient without harming the tree. I hate the thought of a tree being killed.

I alternate these thoughts though, with feeling just plain scared of what lies ahead. Two doctors who find out I'm going to be on Taxol instead of the lighter chemo both purse their lips and make depressing little tut-tut sounds about high toxicity and whether my body will be able to take it. This, of course, is just what I need right now.

I see Jim, my oncologist, again today. It's much better than last time. I deliver my speech about medical 'truths' and positive interpretations and he listens and says he'll be happy to do that. As I am standing by the receptionist's desk before leaving, he passes by, touches me on the shoulder and says, 'You'll be alright.' It's a warming gesture. I am struck all over again by the power of simple, human contact.

The wound from my drainage tube has finally stopped bleeding. It feels wonderful to be able to take the bandage off; as if it's been the last impediment to healing. I go for daily walks and can feel myself getting stronger and fitter every day. Although, as I luxuriate in this new-found robustness, it crosses my mind that it's a bit like fattening up a turkey for Christmas.

We've organised a date for chemo to begin. It will be in March, nearly a month away, in the first weeks of autumn. It's time to make myself an hypnotic tape for chemo. As with surgery, I know that hypnosis helps minimise the side-effects of chemotherapy.

I'll put in suggestions of the chemo as healing energy and focus on welcoming it in and having it work in harmony with my body.

I calculate the dates of my six chemo sessions. If I go through them as quickly as is possible, the last session falls on the day after my birthday. That's what I want to do. Celebrate my birthday, knowing that it also celebrates the end of chemo.

The hypnotic tape must be working. I wake up this morning and notice that I'm feeling different. I'm thinking of the chemo as an ally, rather than something to be feared. The phrase *Welcome Taxol* keeps floating through my mind, as if I am opening the door to welcome a good friend.

Chapter 24

I find out about an amazing website today - oncolink. As an Internet moron, most websites are amazing to me, but this one is exactly what I need. It co-ordinates cancer-related information and websites, and through it I discover the ovarian cancer discussion list. 'List', I discover, is cyber language for group and the List's formal title is Ovarian Problems Discussion List. I'm thrilled.

I'd like to be part of a support group, but I'm in an odd position - any support group I joined in Melbourne, would have my patients in it - difficult for them and difficult for me. An online support group for women who have ovarian cancer is ideal.

When I join and introduce myself, I am struck by the warmth and vibrancy of these women. It's definitely not an average group - they're educated, intelligent and active in exploring treatment options. Bright, lively minds as well as hearts. And there's a wealth of knowledge as people share the results of their research and other useful issues. I also get all my best jokes from this group.

On learning that I'm about to start chemotherapy, group members write to tell me to drink lots of water. Kathy tells me of a research paper about this which she found and followed. She drank increasing amounts of water for each successive chemo session and the chemo side-effects became milder and milder. She gives me guidelines as to how much to drink. I gulp when I read the amount - four litres - and think, no wonder she signs herself Kathy the Camel. But Kathy writes back to reassure me that it's do-able. The trick, she says is to carry a water bottle with you and take constant sips. It's the small, practical things like this that the hospital system often doesn't tell you, so it's wonderful to have this sorority to journey with.

And finally, I've worked out a pattern for a hat that doesn't look like a tea cosy.

Amantha has made a prototype for me which looks terrific. I immediately order a whole slew of them from my own personal cottage industrialist. Amantha looks aghast at the number. 'Do you really need them all?' she asks weakly. I nod ruthlessly. I want them all. I want all the colours of the rainbow. I am determined to be surrounded by colour over these months.

The hats are brilliant. They're light, comfortable, easy to make and they look fantastic. Every time I leave the house, I have people trailing after me to ask where I bought my hat. I feel like a glamour girl from *Vogue*.

I'm still trying to imagine what it will be like to have no hair. Will I walk around the house bald, or will I feel the need to wear a hat or wig even when I'm by myself? I simply can't get my mind around it. I was an ugly duckling as a teenager. I used to hide behind my hair. A bad hair cut would give me the urge to lock myself in the cupboard for weeks, until it grew out. I used to straighten it, iron it, blowdry it and otherwise torture it with a stunning variety of sadistically conceived techniques. If my hair looked good, I felt good. If it didn't, it was paper-bag-over-the-head time. The intervening years have given me some small sense of perspective about hair - I don't immediately head for the nearest dark, enclosed space when my hairdresser cuts my hair too short but being bald is still going to be distinctly character-building.

A patient whom I haven't seen for years phones me today. She's concerned because she needs more chemotherapy for recurrent ovarian cancer. She also obviously needs to talk about how difficult the chemotherapy has been for her. She doesn't know that I'm facing it myself. I feel a real struggle between the therapist in me, who would naturally invite her to talk, and the me who's awaiting chemotherapy and wants to say, 'No! Don't tell me how bad chemotherapy is. I don't want to

know.’ The therapist wins out and I talk with her for a while about her treatment and possible strategies for the future.

Keeping yourself separate from other people’s experiences is one of the hardest things with this illness. You hear of someone having a bad time and you automatically think, will that be me? You read an account of someone succumbing to cancer and you feel depressed; you read of someone surviving and you feel elated. It’s as if your vulnerability and uncertainty have thinned the boundaries between you and others, so that they are more permeable than usual.

I have a long talk with Amantha today. It’s hard for her. As well as worrying about me, she has her own worries and feels they’re dwarfed by what I’m going through. She thinks she doesn’t have the right to worry about them. It’s the old comparison game - usually about as helpful as the ‘think of the starving children in Africa’ gambit when you push your plate away with uneaten food.

Three days to go until I start chemo. Three days before everything changes and I can’t go back. I am reminded of the old Ghost Train at Luna Park. You get into the carriage. It starts to move down the track. You know that it’s going to burst through that door into darkness, as if you had smashed through a movie screen into another reality. It will jolt into different speeds, shock you with unexpected pauses, accelerations beyond breath. You veer and turn. You don’t know where you are anymore.

But this is why you took the ride, you remember. You rock around corners, one vista flicking disconcertingly into another. You stop trying to orient yourself. And then just as you are prepared to be lost forever, in a sudden jerking swerve, you are swept through walls that turn out to be doors, into the sudden oddness of the normal world.

The First Minute After Midnight

Rachel was in the crowded foyer of a theatre, about to see a play about a dog who might really have been a woman or a woman who might have been a dog, when she noticed someone buying a packet of sandwiches.

Without warning, she was suddenly back in the experience of hospital. In bed, watching the arrival of the thrice-daily meal trays, their contents concealed by metal domes, rising as singularly as pulp-fiction moonscapes from the dun-coloured plastic.

Hospital food, she thought, was like airline food - magical in its packaging and arrival out of thin air. It came from a place where there were no kitchens in sight, no fry-pans, no fires, no spices, no connection to the real world outside, where bread was baked and soups simmered on stove-tops. It appeared suddenly, without warning, created whole, in the way that wishes materialised in the old stories. It was created in some underground cavern by the servants of the genie. It was a sign of the strange new world you had entered.

One of the things that Rachel remembered afterwards was the experience of waking in hospital. What she remembered was that she couldn't remember it. It was different from waking at home where consciousness came with a slow seeping through of awareness, like the soft, wet colours in a water-painting. It was different from waking after surgery in the recovery room, where you awoke torn by the drag and pull of two different tides - the drugged

world of the unconscious behind you and the hard world of reality in front.

In hospital, each morning, Rachel would simply *be awake*. She had been asleep before and she was awake now. It was seamless, there was no sense of actually waking. She had tried many times to recall the experience of transition, but it was impossible. She could not. It reminded Rachel of science fiction stories where people walked through a doorway in one world straight through into the next. The barrier between the two worlds was magic. It existed to separate two worlds which could not co-exist. One was here and one was there. And there was no in-between. It was as simple as that.

That was what it had been like in the enchanted mansion that Beauty inhabited. With one step, she had passed through the gate and into a different universe, into the house of the Beast, her lover, whose true face she had never seen. In this house too, meals appeared without preparation. The work of the house was done by invisible hands. A few servants might be seen here or there, going about their business, but to say that these were the forces which vitalised the house was as misleading as to say that clocks, with their little cogs and fidget wheels, controlled time.

Beauty's father had met the terrifying, shambling Beast while on his travels. In return for a favour, the Beast had demanded the first thing the father saw on his return home. The father had agreed. That first thing had been Beauty as she ran to greet him.

And so, Beauty had been given up to the monster. Her father had

made a bargain - inadvertently, unavoidably perhaps - but he had made a bargain with a monster. And what the monster wanted was his daughter.

Trembling, Beauty had been spirited away to a great, distant mansion. She had come in fear. The Master of the house was horrifying in his appearance, bestial, frightening. If she had been able to run, she would have run. But she had to stay; she had entered another world.

All through the early days of terror, she had to stay. Through the fear for her life, her physical safety, her sanity - she had to stay. Day by day, she stayed. And as she stayed, something began to happen. Through something she could not name, or even understand, she began to be embraced by love.

And there it should have ended. And would have, but for the outside world. Beauty wanted to go home. Just for a visit, she insisted. Her family would be worrying about her. She wanted to reassure them, share her new-found joy.

How easy it was to remember what never really was. How could you remember your old home, for instance, as filled with anything other than happiness and smiles? How could you remember that your beloved father gave you away? And when your two sisters approached - filled with jealousy, spreading their lies, doubts and deadly machinations - how could you not trust? And not knowing how changed you were, how could you know that you could never go home again?

That was what Beauty didn't know. The Beast had said she could stay away for seven days - any longer and he would die. Her two sisters saw her happiness and raged with envy. They plotted her doom, persuading Beauty to stay past the magical seventh day. She did so. Almost too late, she realised that she loved the Beast and that her delay had nearly cost him his life.

Everyone wanted to go home, thought Rachel, and a shiver suddenly rippled down her back. She had just remembered the fairytale she had always wanted to forget.

It was 'The King of the Golden Mountain' - the only fairy story she had been frightened by. The oven in 'Hansel and Gretel' had not frightened her, the iron shoes in 'Sleeping Beauty' had not frightened her nor had the poisoned apple nor the wolf in the woods. But something about 'The King of the Golden Mountain' had left her terrified. So terrified that she could not even remember it properly.

She had been left instead, with a series of odd images - a wild, raging man, magical transportations and a sense of foreboding and loss that closed around her like a thick feather cloak, seemingly weightless and yet with the capacity to block out light and air. She had gone back to read it again in the intervening years, with the same result: an inability to remember it and the lingering sense of being alone in a landscape of desolation and emptiness.

The story rested in her bookshelf, in an old thumbed-through copy of the *Collected Grimm's Fairytales*. This morning she had read it

again for the third time.

It was about a father who had lost all his money and met a black dwarf who promised to remedy his plight. In return, the dwarf wanted the first thing that rubbed against the merchant's leg when he returned home. Thinking that it would be his dog, the merchant agreed. It was his son, however, who ran out to welcome him home.

As a way of evading the dwarf, the son was cast out into the river where he floated downstream to an unknown country. Here he found a magical palace, where a princess had been bespelled into the form of a snake, coiling and writhing on the floor. She had waited twelve years for him.

To break the enchantment, the son had to submit to twelve black men who would visit him at night to beat, torment and pierce him with instruments. He was to stand silently, to endure, to make no response. On the second night, another twelve men would come to do the same dark work and on the third night, there would be twenty-four and they would cut off his head.

But their powers would cease at midnight, at the first moment of the new day - at Cinderella time, when all things were transformed, even though it was dark, even though there was not yet the knowledge of the light.

If he remained stoic through this - steady, enduring without uttering a word - then the princess would be freed from the spell. She would sprinkle him with a flask containing the Water of Life,

and he would be alive and well and as whole as before.

He agreed. He did it all. It was a bargain. He understood his part in it, understood his reward. Happiness in recompense for sacrifice. That was something he understood.

And so he broke the spell. The snake became the beautiful princess, who returned with him to her kingdom of the Golden Mountain. There was joy and jubilation. Their marriage was celebrated with dancing and feasting and he became the King of the Golden Mountain.

But after a while, it was the same old story - the hero wanting to go back, to visit the country, the father, the life he had come from. To say, 'It's me. I'm back.' To be welcomed into their arms. To reclaim them. And to reclaim himself.

He was warned of course - as they are always warned - that it is dangerous. That the past is a marshy territory, never what it seems to be; that the pathways are mischievous; that what you have lost is never what you find.

Through all the months of chemotherapy, Rachel focussed on reclaiming herself. In the shower, her hair came off in soft and strangely frightening clumps as if it had no anchor. Nothing whatsoever kept it where it was supposed to be, where it had always been. Her hair said more clearly than anything else that Rachel's world had come unhinged, that her own personal physics had cut loose and were headed for parts unknown.

Rachel reacted by cutting her hair off so that all that framed her face was a shadow; then later, nothing. Her friends said it suited her, said she should keep it short. Rachel acquiesced shyly. But beneath it all, she realized afterwards, that what she had always been thinking was, 'It will come back, it will grow again.' She had gone through the whole experience thinking that she would come back. That she would come out the other end of the tunnel and meet herself, Rachel, smiling in the sunshine.

The King of the Golden Mountain went back. The snake-princess had grudgingly given him the magic ring that would transport him there. But on one condition - that he must never use it to wish her away to his old home as well.

He agreed. In his nagging, blinkered need to go back home, he would have agreed to anything. And perhaps he meant it at the time.

He went back to his old world, his home, family, friends. But they didn't recognise him. They turned him away, denied him. He had no existence in this old world. He was dead in it, just as surely as he had been alive in the new one.

He was distraught. He broke all his promises. He sent for the snake-princess, who came against her will, furious at being called. She disowned him too. He was doubly disowned now. He belonged neither in this world nor the other. He was alone now, stranded, desperate for his new home, for the strange palace of the King of the Golden Mountain.

Despairing and penniless, bereft of the ring that carried his magic, he met three giants, squabbling over an inheritance. He stole it away from them - a magical sword which cut off heads, a cloak of invisibility and boots which would transport the wearer instantly to wherever he wished to go. He knew where he wished to go.

He arrived at the palace of the King of the Golden Mountain on the eve of a great celebration. The snake-princess was marrying again. He had on his cloak of invisibility. He passed by the guards, the guests, the snake-princess. No-one saw him. He passed by like mist.

After her chemotherapy, Rachel had expected the world to be wonderful. After wrestling with the dark angel, although Rachel had always felt it was more like dancing; a strange, whirling dance where you had to concentrate on the steps - she had imagined she could rest. Her hair would grow. Her body would become strong again. The old Rachel would bloom.

Instead, it seemed that all of the usual or unusual troubles and trials that space themselves out in a life had gathered in clusters to attend Rachel that year. They came, one after another in groups and larger groups. Rachel, who was used to picking herself up, picked herself up - although more and more wearily. She went back to her old fairy stories and read them over. No-one had told her about this. And neither did they.

Rachel was used to being optimistic. It was not a facile optimism, it was hard-won. She had seen darkness before. But in some way that

she knew could never fully be understood with language, Rachel had always reclaimed the light, reclaimed herself, reclaimed hope. But in this year after chemotherapy, for the first time since adulthood, she could feel it fading.

Rachel had read somewhere that when the body is deprived of food, it begins to cannibalize itself, to eat itself up. When the soul is deprived of hope, does the same thing happen?

The King of the Golden Mountain was enraged. The guests were feasting, his pain meant nothing to them. The snake-princess was supping at her wedding feast, laughing and happy; he did not exist for her.

The King made himself visible; roared out his betrayal. He took the magical axe he had stolen and ordered it to cut off the heads of all the people he had once loved and cherished. He ended up standing alone in his castle, once more and never as he had imagined it, the King of the Golden Mountain.

Rachel finished reading the story in the light of her bed-side lamp. She had taken the book to bed. That was what fairy-stories were after all, bed-time stories to hold you through the dark. But not this one. Rachel could see why she had always been frightened of this story. It was the most terrifying story of all. It was the one without the happy ending, the one about the loss of hope.

Rachel had thought that she had done all that she was supposed to do. She had befriended the chemotherapy; she had kissed the

Beast. The transformation was supposed to happen. She saw now that it had been too easy. The chemotherapy had been ugly, but it was on her side, just as the Beast had been for Beauty. What she had not embraced was the loss. Just as Beauty and the King of the Golden Mountain had wanted to go back, so had she.

But how could you embrace loss? It was like embracing absence, the unknown, the darkness. It was the letting go of all that was old and past. And how could you trust in letting go, when what you might find was a vacuum?

Rachel turned off the light. The past did not exist, she saw now. If you went back to the past, you would not exist.

Rachel lay in the dark. She had read books that talked of being transformed by the light. But Rachel understood now that that was wrong. Light was not what transformed you. Transformations took place in the dark. Like Jonah in his whale, like Daniel in the lion's den.

She thought of the King of the Golden Mountain on the third night of his test. She imagined him in pieces on the ground, waiting for the first minute after midnight. She could feel the changed interior of her body with its dark, mysterious caverns. She remembered lying in the narrow bed in hospital, the alchemist's palace, feeling the chemicals drip in, trusting blindly in her body, in her ability to take them in, to make them part of herself, a part of her wholeness.

She had betrayed that trust now, she realised. In the months of

disappointment, in the losses, in the loss of hope, she had failed to see the real task. The real task, she now saw, was to wait in the darkness - without clocks, without signs, without indications of light. The real task was to wait in the darkness and, not knowing whether it would ever happen, trust in the first minute after midnight.

Part 3 - Chemotherapy

Chapter 25

I wake up today feeling sad. It's the day before chemo and it feels as if it's my last day as my old, familiar self. I have, in my time, fairly spouted sentiments such as, 'change is good for you' and 'if you go through life unchanged, you're not alive.' I suspect that if I met myself now, I would smack myself in the mouth.

I brighten up by deciding that perhaps I'm just getting some of my changes in a lump sum, instead of a yearly return. I picture a peaceful decade ahead of me. This, I discover, is not quite so soothing as I had anticipated, bringing back as it does, the possibility of not being around in five years' time to enjoy the pay off.

But, at the same time, there is something enormously *interesting* about this experience. A friend sends me an email wishing me luck for chemo. He ends it by saying 'have a wonderful time.' It's an odd thing to say, but I know exactly what he means and it feels right. Even though I'm apprehensive about tomorrow, it reminds me that it's also an adventure and I love adventures. And I remember that they can be exciting and exhilarating as well as terrifying.

I also have to spend some of today pursuing one of my least favourite occupations - getting my photo taken. Over the last few weeks, Martin has been taking a series of photos of me for the cover of my poetry book.

The series of photos was not intended to be a series. It started off with one shoot. The word that comes back from the publisher is, 'Great photo.' A few days later, it is amended to, 'Great photo, but we'd like one where you can't see the chair.' A second series of photos is taken, with me carefully arranged to conceal any stray

chair-like protuberances. The publisher sends back word, 'Great photo.' A few days later, this becomes, 'Great photo, but we'd like to see your hands.' Cut to the third photo shoot. Me, muttering increasingly pugnaciously, draped on a chair, with hands cunningly arranged in serene pose. Word comes back from the publisher, 'Great photo.' A couple of days later, 'Great photo, but we'd like you in something blue.' So this is why, on the day before I begin chemotherapy, when I'd rather be doing almost anything else (except possibly, be beginning chemotherapy), I am having my photo taken - hands artfully arranged, no visible signs of chair, wearing blue and attempting to wipe the irritable expression off my face.

It's the fifteenth of March, the day I start chemo. I wake at around three a.m. and can't get back to sleep, just doze for the rest of the night. Initially, I think it must be tension keeping me awake. But it feels different, buzzier than tension. Is this my adventurous spirit surfacing, I wonder admiringly? Then I remember that last night, as part of the preparation for chemotherapy, I had to take dexamethosone, a steroid that slips you into overdrive.

I get up fairly early and pack my bag - my chemotherapy requires an overnight stay. Martin isn't working today and drives me in. It's not the hospital in which I had my surgery, but a newer one, closer to home. I've often been here to see my patients or give lectures and it feels peculiar walking in as a patient myself. The little overnight bag that I carry gives away my new, reduced status. I feel oddly awkward, almost embarrassed; like an employee who has been sacked, sneaking back into the office hoping not to run into any former colleagues.

This split between the professional me and the patient me continues when one of the charge nurses arrives in my room. I'm in bed already, in my nightie, and she sits down, puzzled, because she knows me but can't think from where. 'You've been in before, haven't you?' she asks me.

‘No,’ I say. But my confession of being a chemotherapy virgin confounds her.

‘I’m sure I’ve seen you here before,’ she says, wrinkling her brow.

We have met before, I explain. In my capacity as psychologist, when she asked me to give a lecture here.

Her face clears up, she looks embarrassed and we laugh, somewhat awkwardly. What a difference a nightie makes.

I’ve been worried about my veins. They’re fine - as in slender - and definitely on the shy side. I wonder how they’ll stand up to chemotherapy. I’ve heard so many stories about veins collapsing, becoming corroded, painful and unable to be accessed.

The nurse comes in to have a look at them. She peers doubtfully at one on my left arm and says she supposes that might do. She goes off to do something else and says she’ll be back in half an hour. I put my tape on and focus on my veins, imagining them swelling and rising to the surface. When the nurse comes back, to her astonishment, and mine, a new vein has emerged on my other arm, standing up like a rope and begging to be used.

The drip is inserted and then we run into technical difficulties - the drip is not flowing properly. The nurses are discussing taking it out and starting all over again. Luckily Martin, god of all mechanical devices, is on hand. He works out which dials need to be twirled and how. I release my eyes from the rabbit-in-the-headlights stare, brought on by the contemplation of yet another insertion of sharp object into unwilling flesh.

The chemotherapy drugs that will be fed through the drip are Carboplatin and Taxol. But like rock stars, they come with assorted chemical friends and hangers-on. There are drugs to prevent allergic reactions, drugs to prevent inflammation, drugs to counteract other drugs and so on. They are fed one by one through the drip.

Years ago, I read a novel by C.S. Lewis in which, one by one, the ancient gods visit a household. As each takes over the spirit of the place, the inhabitants become by turn, jovial, dreamy, aroused, witty, and so on. I am in the midst of this experience now, as each chemical in turn suffuses me. They announce their individual arrivals in different ways. With one, my arm burns. With another, my legs become uncontrollably restless. Another brings instant grogginess. This is phenergan, a compound I've only known previously as an antihistamine for infants. It also has an interesting effect on my speech centres. Half way through it, I suddenly realise I am horse-devouringly hungry. 'I'm hungry,' I announce. 'Will someone go down to the shop and get me a packet of soldiers.' And then as I see their puzzled looks, and realise I am talking to morons, I announce in the kind of slow, deliberate tones used to address a six-year-old child. 'Get me soldiers. I'm hungry. I want a packet of soldiers.' After a while - and more puzzled glances - I suddenly realise to my surprise that what I really mean to say is *sandwiches*. As it turns out, I get neither.

Jim picks that moment to pay a visit. He chats to me while I ask questions in orangutan. He appears to be able to decipher this and answers them patiently and kindly. Nothing of which I retain for more than four seconds. Now that he's arrived in the hospital, the nurses can bring on the Taxol.

There is a small risk of severe and potentially dangerous reaction to Taxol. If it's going to happen, it's likely to happen on the first or second sessions. An antidote will be prepared and standing by. A nurse will stay in the room with me for the first

hour as it infuses, watching closely and then making frequent checks on me for the next couple of hours. My mind keeps flashing to film images of ever-vigilant FBI men flanking the president and I realise that this is probably the closest I will ever come to having my own personal bodyguard. I attempt to enjoy the glamour, but discover that the problem with bodyguards is that they keep reminding you that there is danger.

The Taxol is carried into the room like royalty, followed by its faithful retainer, the antidote. Blurry as I am with the phenergan, I'm impressed by its entrance. Despite the prominent preparations for something going wrong, all of which shriek, 'Beware! Beware!' the phrase, 'Welcome Taxol' keeps reverberating through my mind. Hypnosis works, I decide.

The Taxol takes its turn on the drip and I lie there feeling a mixture of welcome, a touch of apprehension and a lick of adrenaline. It's like entertaining a dragon. You may know it's friendly, but you're never quite sure whether an accidental flick of its tail or a fiery breath in the wrong direction might set the room on fire.

The nurse checks me regularly, but I feel fine. Well - fine, given that I'm drugged to the gills and my brain has decided to retrace its evolutionary steps all the way back to primordial slime. It's all going smoothly.

A few hours later, all of the drugs have gone through and the drip is switched to a simple saline infusion. It will run all night and then be taken off in the morning. I stagger in the direction of the bathroom, do something that resembles tooth brushing - in the way that a child's stick figure resembles Michelangelo's *David* - and then more or less accidentally find my way back to bed. I close my eyes and wake in the morning.

I open my eyes to March sunshine. Apart from the drip in my arm and some residual grogginess, I feel okay. 'Shouldn't I be feeling something, after having all those chemicals coursing through me?' I think, a little suspiciously. But apart from a flushed face which gives me a drunken reprobate air, and co-ordinates nicely with my still somewhat wobbly legs, I can't feel much difference.

The nurse gives me my going-home instructions. 'Make sure you wash your hands very carefully and flush the toilet twice each time you go for the first couple of days.'

I look at her, puzzled. 'It's to make sure the toxic chemicals you're excreting don't get transferred to anyone else.'

I leave, feeling like an ambulant Chernobyl. I'm intrigued by the 'flush the toilet twice' instruction. Does the toxin's method of world domination involve jumping up and biting people on the backsides?

Inside a Tree

(The chemotherapy agent Taxol is derived from the Pacific yew tree.)

I imagine pulling a tree over my head,
slipping into it,
over shoulders, elbows, knees,
the breathing floor.
Inside the tree, it will be dark, sap-sweet.
Daylight never enters here.
Instead there are the chemicals of light,
from those distant messengers, the leaves,
pricking into me,
the blind, delicate fingers
talking to blood
in tongues, in words
dug up from soil at the edge of the Pacific
that speak to me, beg me to listen
to what cannot be heard,
see when light is another language.

Inside the tree,
I will be what skin is -
a door that opens and closes
the beating world.
Inside the tree, I will receive
the slow movement of water.
I will be still,
letting it move into me,

its small, cool memories
rising, seeping.

Inside the tree, I will wait quietly,
tree-wrapped,
the bark complete around me.

Inside the tree,
I will sit inside the tree's heart
and slowly, carefully, learn
to be the dark.

Veins

Trees of my life,
dancers, branching under the skin.
Oh blue animals,
how you rise and fall for me
while the nurse takes my hand
like a white book
that she is studying under moonlight,
the pages blank or the writing indistinct.
Her head bowed, she is still,
studying, studying.
She is looking for love
like an old mystery.
She is looking for what
makes the harbour sail off
like an odd cloud on a day
when no-one is watching.
She is looking for rail lines,
for markers, for the heart
of a prime number.
She is looking, but she does not see.
She turns my hand over, touches it,
gives a shrug.
That's all there is...

And how should I call you?
Dolphins, whales, angels under the skin,
so you come, simple as answers,

to rise, trusting,

to the needle's tongue?

Chapter 26

A couple of days later and I'm feeling pretty good. I can feel that I've imbibed a chemical cocktail, but the feeling is subtle. I'm not nauseated. I have no pain. I've felt a lot worse than this with a common cold. I've been going for walks in the sun, chatting to friends and generally thinking, 'Hey, if this is chemo, bring it on.' I'm not even feeling especially tired.

Tonight, as I am trying to get to sleep, I notice an irritating buzzing in my ears. I know that you can get hearing side-effects with cisplatin, but you're not supposed to get them with carboplatin. I lie awake, hoping the buzzing will disappear. It doesn't. I am up to building elaborate scenarios based on severe, idiosyncratic reactions to carboplatin, when Martin suddenly wakes up. 'Damn,' he says, 'the alarm system's playing up.'

I'm discovering that the other 'big C' in this equation is constipation. This comes courtesy of the pharmaceutical cornucopia that is part of each chemo experience. It's not the most socially sophisticated topic of conversation, but one that has its own imperatives. I've taken to asking people their favourite remedies. Oddly enough, everyone seems to have one.

I'm developing enormous respect for bowels in the process. How unappreciated they are, like the untouchable caste in India. But look what happens when they go on strike - the bodily equivalent of gridlock. This could be the ultimate revenge of the underdog. I discover that they are such shy, retiring creatures that even the hint of contact with the surgeon's hand or instruments can leave them paralysed with fright. I find this rather touching. An internal organ with a social phobia.

I've also developed a mouth ulcer. I have been given colourful descriptions of how

they can run rampant when you're on chemo. With your immune system lowered, they can take off and aim for the big-time, spreading painfully all down your throat and gullet.

I swing into preventative action. This means brushing my teeth each time I eat, rinsing my mouth with baking soda and water and coating the ulcer with milk of magnesia. This is clearly the basis for a revolutionary new diet, no-one would snack if they had to do that every time they put food into their mouths.

I am rapidly discovering that the set-up - during and post cancer treatment - is a hypochondriac's dream. Instead of dismissing all those boring aches and pains, you're supposed to pay them instant attention. And not just you - the doctors get excited about them too. The kind of slight sore throat that you would barely notice in your previous incarnation is now met with instant antibiotics. It's a tight-rope walk through all of the ordinary nasties that your body would have scoffed at just a few short weeks ago.

I hate having to be vigilant about my health. I'm used to feeling fit and confident in my body's ability to deal with everyday wear and tear. But now I am like a snake shedding its skin in those moments when the old skin has sloughed off, but the new skin has not yet hardened. It's the vulnerability of all new beginnings, but in a concentrated way, distilled down to the essence.

I look out of the window this morning and to my surprise see that the Jacaranda tree is in bloom. I'm sure that's not supposed to happen at this time of year - it's April - but my Jacaranda has always had its own sense of timing.

I bought it as a sapling nearly thirteen years ago. It was when my first book of poetry had been accepted by Jacaranda Press. Being big on symbols, I went out and

bought a Jacaranda sapling to commemorate the realisation of a dream I'd had since I was five years old and knew that I wanted to be a poet.

Previous to that, my only gardening exploit had involved a packet of purple bean seeds, when I was ten. The combination of purple and beans seemed so strange that there was at least a chance that magic might be involved. I faintly nurtured the hope that they might provide some vegetative stairway to enchanted adventure.

What they provided was a batch of purple beans. Although disappointed, I found these fascinating enough until I discovered that when cooked, all the purple leached out, leaving me with devastatingly ordinary and clearly non-magical green beans. Which, to my mother's excitement, I then felt obliged to eat.

I planted the Jacaranda tree in 1983 when Jacaranda Press first told me they were interested in the manuscript. Time passes. Jacaranda starts saying they want it but aren't sure if they have the resources to go ahead with it. My little bubble of expectation starts to look a touch flaccid. More time. More hedging. I begin to give up hope that Jacaranda will publish it. Then one day I look out of the window and see that the green Jacaranda sapling that I'd planted is now a stark brown stick with no sign of life. I am distraught. I race out into the garden for further inspection. It is dead. Utterly, unmistakably dead. Clearly the universe has taken to using vegetation for its postal services.

Jacaranda Press continues to become more and more gloomy in their prognostications until one day it gets to be too much. Screwing up my shaky, new-writer's courage, I ask them to either give me a contract or give up the manuscript. Within weeks a contract arrives. I have just brought it in from the post box, when I happen to look out of the kitchen window. There is the brown stick of the Jacaranda. Except this time, it has a haze of green on it. No-one has told me

Jacarandas are deciduous.

Time passes and my book is due to be launched. On the morning of the launch, I glance out of the kitchen window and discover that my Jacaranda has produced its first flowers. No other Jacaranda is in flower at that time and it doesn't flower again for another two years.

Seeing my Jacaranda - a full grown tree by now - bursting out in bloom, is surprisingly heartening. I have the irrational feeling that it is out there, barracking for me.

Today, the vein in my arm used for chemo is really aching. One of the things on the 'Ring the doctor if...' list they give you includes aching veins at the infusion point. Which leaves me debating: just *how much* aching qualifies, how long after the chemo, or doesn't it matter and what's just *ordinary aching* and what's *dangerous aching*? All the simple questions that you never think to ask until it's a Sunday afternoon and it's all happening.

It occurs to me that perhaps the longish walk I've just taken might have sent extra blood pumping through my arm; hence the, 'Leave me alone, you fool, I'm trying to recuperate' message from my vein. I decide to leave it for a day and see what happens.

Yes! I got the message right. After a day's rest, my arm feels much better. When I go for my walk this morning, I try Napoleon-style perambulation and hook my arm horizontally instead of letting it hang down. My arm obviously appreciates this. I also garner some admiring glances in the street for my martial carriage. I suspect they are scouts for Madam Lash.

The sore throat and earaches that I've had for a few days have cleared up too and the touch of nausea has gone. I have no aches, no cold symptoms, no nausea. How luxurious. If only I could appreciate it like this in ordinary times.

Chapter 27

Today is supposed to be my nadir, the time when my white cells are at their lowest. I wake up with the most energy I've felt in weeks. 'I'm not supposed to be feeling this way,' I say to my friend, puzzled. 'This is when I'm supposed to feel most tired.'

She shrugs. 'So what's new? You've never done anything the way anyone else does it.'

I feel as if I should be tuned into my body's lowered-defence state. I do another mental check-up - but no, I feel terrific. Lots of energy. Good mood. Clearly, I am an insensitive sod.

A revelation hits this morning. The bad taste I've had in my mouth lately is due to chemo, and the baking soda mouth-rinses I've been blaming are innocent. The taste is metallic and constant. And of course, as I am being pumped full of platinum derivative, there is good reason for this. I discover that the most effective agent for countering this is the oral application of cacao bean derivative. I eat lots of chocolate.

Rejuvenated by this unexpected splurge of energy, I realise too that in my frustration at how long the sore throat and ears lingered, I totally forgot to recognise the sterling job my body was doing in ensuring that the aches didn't get worse. This recognition sounds revoltingly pious in print, but manages to feel interesting and inspiring in real life. This is deeply worrying. Am I turning into a homily-delivering maniac? Will I end up door-knocking for the spiritually pure and clichéd brigade? Can I blame it on the chemotherapy?

I've finally found a wig which looks like my hair! Having done the rounds of wig shops - whose products transformed me variously from over-done opera diva to Dolly Parton - I discover that the place to go for real-looking wigs is the Jewish ultra-orthodox community. Because of their religious beliefs, wigs are an everyday part of life.

A friend gives me a contact number and I go to the house of a woman who runs a small wig business. She sits me down with a couple of Israeli-brand wig catalogues. I leaf through them, looking for dark and curly, like mine. To my surprise, almost every page is filled with smooth, elegant and straight hairstyles. I remember my friends and myself as adolescents, frantically, ironing, straightening and otherwise torturing our hair to get that *Seventeen* covergirl look - stick-straight and sleek. Even a hint of kink and you went straight to Jail and did not pass Go. Somehow back then, I had associated curly hair with being Jewish. It seems strange to be looking at an Israeli magazine filled with the kind of hairstyles I'd connected with those epitomes of Waspish glamour.

Finally, towards the end of the brochure, a curly wig appears. Although I am doubtful that it's really what I'm looking for, the salon owner knows better. She gets the real thing out, flicks a few strands here and there and behold: it's my hair! And it looks totally natural.

I am incredibly excited. It's like finding a lost part of me. I hadn't realised what a relief it would be to know that I can still look like me when I want to. It is sitting on its wig stand on the kitchen table right now. Every time I pass by, I get a shock. I keep thinking I'm seeing the back of my head.

I have an appointment to see Jim today - a post-first-chemo check-up. He's hoping

to schedule my second chemo a few days early because of Easter. In keeping with the death and resurrection theme, Jim tells me that's when I can expect to lose my hair. I was very tempted yesterday by a hat that was shaped like an elephant's head, complete with long, waving trunk and flapping ears. I have visions of wearing it out and, in response to the questioning looks, tapping it solemnly and whispering, 'Chemo. A side-effect.' Luckily, it was too big.

Jim tells me that my Ca125 has now returned to normal. It was taken after the surgery, but before the first chemotherapy. 'So,' he says, 'any seeds left are microscopic.' I look him in the eye and say, 'I don't think there are any seeds left.' Jim looks at me, debating how to respond, and finally says, 'Well, there won't be after this.'

He tells me that my white cell count is very low, which is what you'd expect at this point in time. It's 0.5. It needs to go up to at least 1.0 before it's safe to give me chemotherapy. Jim's not sure that it will have risen enough by next Monday's blood test.

My scalp is getting sore. It feels as if an overzealous butcher has been at it with a meat tenderiser. Does that mean my hair is getting close to falling out? No-one mentioned that my scalp would feel like this.

I email a query to my online ovarian cancer group and the answer comes back from a few women. Yes, your scalp gets really sore before your hair falls out.

The group is a godsend. I 'talk' to them at least once a day and have formed individual friendships with several of them. There's Virginia, unfailingly perceptive and compassionate, who has become the 'wise woman' of the group; Sima, whose sharp intelligence and honesty illuminate our conversations; Ina, of the acerbic wit

and failsafe bullshit detector; Anna, the physician, who sends me a wooden comb in anticipation of the day I will need it again; Emily, whose motto KOKO (Keep On Keeping On), is adopted by the group; Deb, the artist-turned-systems analyst, whose humour keeps us in non-surgical stitches.

We dive into the 'big' subjects - death, pain, courage, despair. But we also make each other laugh, swap cutting-edge information, argue with and support each other. We cheer for each other's good news and mourn together for our lost members.

I plan to cut off my hair as soon as it's clear that the hair loss is well and truly starting. Martin, who used to cut Amantha's hair when she was little, has offered to do the job. The thought of that first irrevocable chop of the scissors feels so daunting. It's like having everything that is familiar and secure about myself, ripped away. As if I have been trying to pretend to myself that I am still me and that being bald will reveal that I'm not. I imagine myself weeping, picking up the clumps of hair from the floor and trying to stick them back onto my skull.

I got my blood tests back today. My white cells are high enough so that I can have my chemo on Wednesday! I didn't think I'd be able to do it; I feel ridiculously excited. I'm so impressed by my body. I want to give it elephant stamps and stars and medals. As well as my white cells, it's managed to get my iron levels back up, without the help of iron tablets. I've been eating small amounts of red meat regularly, but my doctors were sure that wouldn't be enough to get my iron levels back to normal before I started chemotherapy. I'm convinced the hypnosis has something to do with it.

My hair is definitely falling out more than usual. If I run my hands through it, I come away with a significant number of strands. Other than that though, it looks

normal. Should I cut yet, or shouldn't I? I don't want to lose a single day of looking normal that I don't have to. I feel this with a real sense of panic. I am trying to hold off something - King Canute, trying to hold back the sea. My hair has become the marker. How will I know when it's really time?

I've done it! Last night, my hair started coming out in handfuls when I touched it. I knew immediately that I had to cut. Holding on to it seemed so wrong, it was like trying to hold on to a corpse.

Martin got out the sharp scissors and gave me a crew-cut. There was a strange mixture of terror and exhilaration. I felt like a banana being peeled. But when I dared look properly, to my astonishment, I found that I looked quite elegant.

Amantha was surprised too. She liked it. She told me that she had been scared that she would be frightened by the sight of me without hair. Martin also thinks it looks good.

Chapter 28

It's my second chemo today. I've dressed for the occasion in 'co-ordinates-by-chemo' - my new hat and a matching shawl I made. They look very swish and I get lots of admiring comments as I enter the ward. I change into my nightie and whip out my piece de resistance - a soft, flannel hat to match. I feel unutterably stylish.

I get into bed and the nurses wheel over the intravenous drip stand. As usual, vein-finding time is full of suspense. Will the nurses be able to find one? Will it shut down if they do? Will the drip work? Will it know in that inimitable way that inanimate objects have, that Martin isn't there to fix it? Once success is achieved and the intravenous line is inserted and running, I breathe several sighs of relief.

The mix of drugs produce the usual symphony of sensations. The strange, restless ache in my legs lasts longer this time, but I don't get any urgent cravings for soldiers. I clunk into sleep as solidly as last time and wake in an instant to the morning.

I notice, as I write in my journal, that I'm making more spelling mistakes than usual. The women in my Internet group talk about chemobrain. The kind of fuzziness that, in absent-minded professors of philosophy, is considered endearingly eccentric. Less so in chemotherapy patients. Is this how it begins?

But the big news is that I wake this morning to find a snowstorm of hair all over my pillow. Three weeks to the day, after my first chemo. Just as Jim predicted. Luckily, thanks to my new buzz cut, the strands on the pillow are only centimetres long. To wake up and find clumps of my normal, shoulder length hair all over my pillow-case would have been much worse. I thought I'd prepared myself, but it's still intensely unpleasant to see that my hair no longer adheres to my scalp. It feels

strange and unnatural. As if a part of me has decayed and been cast off.

In spite of all this, there is also something incredibly impressive about the sheer sweep and power of the chemo's contact. Like shaking hands with an alien, only to be blown back by the discovery that it is thrumming with some intense, high-voltage energy.

It struck me today, rather belatedly I admit, that I've never thought of the chemotherapy as poison. The doctors and nurses regularly refer to it as that. So do my patients, when they first arrive to see me. But even at the beginning when I was skittishly stepping into the territory of hair-loss, side-effects and the unknown, something in me refused to label it as poison.

It wasn't a matter of diminishing the chemotherapy in my mind, whittling it down to Mickey Mouse size or pretending it was sugary sweet. Chemotherapy is strong stuff. But the experience of cancer is strong stuff too. It's a demanding experience, an initiation, a passage, a transformative rite more powerful than most we are likely to face in our lives.

Such times traditionally demand 'strong medicine', whether it is the ordeal of fasting in the wilderness, performing feats of endurance or entering another state of consciousness. Powerful substances, to be eaten or imbibed, are often a part of these rituals. They are challenging, dangerous even, but they also provide a key. They offer us a way of unlocking the gateway through which our new lives shimmer.

Oddly enough, some years later as I am writing this manuscript, I press the 'Edit - find in page' key. The word I have typed in is 'mother' - I'm looking for a section I've written about her. The cursor flashes immediately to the word 'chemotherapy'.

Startled, I look again. And yes, there it is, smack in the middle of the word - **chemotherapy**. How odd, I think. And then immediately, how right. It has been a mother. A tough, strict powerful mother - the kind you know not to mess around with. But a mother. And like all good mothers, it was there when I fell over and it came to help me.

Chapter 29

I am showing a friend the photo for my poetry book today. I have dug it out of the old cardboard box, brimming with photos, that acts as my photo-filing cabinet. As I stand up, my foot catches on the box corner, tipping it over. Photos pour everywhere.

‘Look at you!’ my friend exclaims. She is holding up an old sepia coloured photo of myself and Lily, when young. There is nearly four years difference between us, but in addition to that, Lily is also tall and big for her age. I stand next to her - looking apprehensive. She towers above me, twice my size and I remember again the experience of living with her, like living on the foothills of an active volcano.

Looking back, it seems easy to assume that my sister’s behaviour was motivated by jealousy - that she had never forgiven me for unseating her from her ‘only child’ status. As a child, however, I had no way of understanding this, nor the depth and intensity of her feelings towards me. I saw her as centre-stage in the family - a strong-willed, charismatic and forceful presence. She could be immensely charming, but her temper was explosive and frequently aroused.

We were a contrast in personalities. I was shy, introspective and eager to please. I was also a precocious child, reading and writing before I started kindergarten and effortlessly topping my classes, none of which can have endeared me to my sister.

For me, the hardest aspects of my relationship with my sister were not the fights - they were easy to understand. She was angry, she hit me; nothing to explain. It was the everyday behaviours that came out of nowhere, outside the context of an argument or fight, that were the most difficult to absorb.

The first time I remember consciously recognising the truth about our relationship is when I am very young.

It is 1956. I have been in a state of excitement and yearning for weeks. A huge Toy Fair is coming to town, near where we live. I desperately want to go, but my parents are unable to take me and I'm too young to go by myself. Sorrowfully, I resign myself to 'maybe next year'.

It's the week-end and Hannah, my little friend from next door is over to play. I have to go off to the toilet. When I come back, Hannah is nowhere to be seen. I'm puzzled, but assume she got called back home. I notice Lily isn't in the house either. It never occurs to me to connect the two disappearances. Lily and Hannah don't have any particular relationship.

A few hours later, the mystery is solved. Hannah returns, looking rather sheepish, and tells me that Lily took her to the Toy Fair. For weeks, it turns out, Lily, knowing of my dream, has been saving her money so that she can take one of my friends to the Fair.

I still remember the feeling of finding out. My six year old self is struck dumb, literally. I have no words. Within the shock, is a feeling I struggle to understand. It is not anger, not the frustration of a child who has had a treat taken away. It is something much more frightening. It is a recognition. A gaping, horrifying hole in my universe that has suddenly opened up. It is too frightening to look at for long. So I don't.

I continue to idolise her, to take part in the strange *pas de deux* that we were executing back then. Every now and then, the pain would get too much and I would withdraw from her. And then she would woo me back with that alluring

seductiveness that is so much a part of her. She would become Lily the enchantress. Her charm, mesmeric - drawing you in, inviting you to be part of the magic circle, part of her - and I would be won over again and again.

Occasionally, my young self is reminded that sibling relationships are not always like this. I see my friends' brothers and sisters, families in the park, families in the streets. When I see younger siblings pestering older ones, I am aghast at their temerity. When I see older siblings taking care of younger ones, I am lost in wonder. I imagine what it would be like to have a sister who loved me, took care of me even. The possibility fills me with amazement. Could it ever happen? Maybe? Maybe? And I keep hoping.

And it is the hope that keeps me going and also the hope that nearly destroys me.

As a psychologist I have learned about the complexities of human relationships, the puzzle of the human heart, cleaving to that which is most dangerous to it. I see it in patients, paralysed in such relationships and the terrible toll it takes. Because to continue to be in love with someone who hates you, is to ultimately ingest that hatred, to take into yourself the abuse, the degradation; to become fused in a terrible way with the hater - to hate yourself.

A few years ago, a friend, asked me, in view of what was happening, why I never felt upset at my parents for not intervening. The question stopped me in my tracks. It had never occurred to me. I reached back to my childhood experience to try to explain. Living with Lily felt to me like living with a force of Nature - as unstoppable as wind or tide. A force beyond anyone's ability to contain.

So I don't feel angry at my parents; instead, the situation reverses. I feel protective of them. I see my mother worrying and anguished about Lily and I want to make it better. And I become good. I take on what is traditionally the role of the eldest

child. I am responsible, dependable, nurturing. And my voice gets quieter and quieter.

It took me many years, as an adult, to be curious about my parent's lack of response to my sister's behaviour. The only time I remember my mother reacting to this, stands as a cameo in my mind.

It is evening and my mother is supervising Lily's and my bed-time preparations. I am five and we are still living in our cottage in Carlton. As I wriggle into my pyjamas, my mother gasps. My whole thigh is covered by a huge, deep-scarlet swelling. 'It's a bruise,' I venture, in response to my mother's horror. And when she asks how I got it, I indicate Lily.

My mother looks at her, but says nothing. Instead she examines the bruise again and then begins to tell us both how dangerous it is. How a bruise like that could really damage my leg, how ill I could become. She goes on for a few minutes in a similar vein. I imagine, from the vantage point of years, that this is the only way she can find of saying to Lily, 'You mustn't do that, it's wrong', but I don't know that then. Lily appears unmoved, but I am becoming increasingly terrified, suffused with visions of impending doom.

As a method of discipline - it failed fairly predictably. It highlights for me, however, the difficulty my mother, who loved us both so deeply, had in setting limits on behaviour. It was only when I became a parent myself, that I began to truly wonder about it.

In the research and clinical arena, the area of sibling relationships has traditionally played second fiddle to those between parent and child. It is only now beginning to be recognised by psychologists and psychiatrists that there has been a widespread

blindness to the impact of sibling relationships. There is a kind of folk-wisdom that it's 'natural' for siblings to fight and will do them no harm.

'Fighting' however, covers a wide continuum. It may be the harmless everyday squabbling, so common amongst sisters and brothers. But it can also extend to sustained and severe physical or verbal abuse. The latest research shows that this kind of emotional, physical or sexual sibling abuse does indeed do harm, in the same way that any other ongoing experience of abuse does.

It is a difficult area for parents to deal with, because of a natural wish to believe that siblings truly love and care for each other. Many do, but the sad truth is, that many don't. The denial of this on the parents' part may be understandable, but in failing to recognise the reality of their children's relationship, they may also fail their children, both the bullied and the bully.

I wonder too, about the part that my parents' Holocaust experiences played. My mother would have given her life for either of us, defended us like a lioness against any enemy or hurt. She was protective to a fault. Her passivity in the face of my sister's behaviour, is even more striking in this context.

I cannot even begin to imagine the horror of living through the Holocaust or how one keeps sane in its aftermath. I've always felt amazement and awe at the way in which my parents were able to come out of such a devastating experience as loving, trusting and generous human beings, who were able to build a good and meaningful life in their new country.

One of the ways in which they coped was to build mental walls around their terrible experiences. They didn't talk about the Holocaust - they wanted to put it behind them. I grew up knowing little of the Holocaust and almost nothing about my

parents' particular experiences. I can't speak for the years before I was born, but in my memory - and I was an alert, inquisitive child - the Holocaust was rarely even alluded to in the conversations within the family. I only came to know it in more detail as an adult.

In my youth, I naively saw this partitioning off of the past as 'good coping'. And in many ways, it was. Perhaps even the best way of coping with such unimaginable experience. My parents were truly remarkable in the extent to which they managed to reclaim life after the horror. What I failed to recognise then though, was the hidden cost of such repressed, undigested experience.

I think of my mother who was plunged into this sadistic maelstrom of brutality, death and humiliation when merely a girl in her mid-teens. Her whole family died - she was the sole survivor. She went from the terrible deprivations and dangers of the ghetto to the nightmare of the concentration camps. I am aghast at the idea of having to cope with even one millionth of this experience - and yet she coped with it all.

She came through it in a way that was extraordinary and a tribute to her own reserves of courage, humanity and integrity. It is tempting to idealise her - she was so loving and nourishing to us in every other way - that it is difficult for me to admit that she failed me in this way, in not intervening between Lily and me. And that she failed my sister too, in not helping her set limits on her behaviour.

As a child, I had always assumed that it was the sheer force of Lily's personality that silenced her, as it did me. As an adult though, I find myself wondering whether the hidden legacy of all those horrifying blocked-off war years of intimidation and violence played some part in her passivity in the face of my sister's behaviour. As a psychologist, I know that what is denied or split off from the self is often in danger

of being enacted or lived by someone else; that what is emotionally blocked off strives to find an expression, sometimes through the body, sometimes through families, partners or the social or work groups in which we find ourselves. That in this way we are often the inadvertent re-creators of the very situations we fear or seek to avoid.

Chapter 30

The years go by. My relationship with my sister continues to be difficult. Sometimes Lily goes overseas, on holiday or work, for a few months. And something amazing happens at those times. She writes me wonderful, warm letters. I am entranced. I write back immediately. Our correspondence flows like the correspondence of my dreams. I am transported. I have a sister! My fantasy has come true.

When she comes home, however, it fades and the old patterns take over. But I realise that she too has a fantasy sister. Sometimes I wonder who it is? I have very little idea. In her autobiographical essays, Lily rarely mentions sisters. Her last few works of fiction - which are often seen as thinly veiled autobiography - also contain no sisters. The closest she comes is in her novel *Just Like That* when she talks about Tosca, the four years younger cousin of Esther, the narrator. When Tosca comes to live with them, the young Esther grinds up a bottle of aspirin tablets into a paste and tries to feed it to Tosca in an attempt to murder her. The adult Esther reflects on what a clever child she must have been to think of this solution and notes that she has no memory of being jealous of Tosca.

I try to imagine sometimes what it would have felt like to be an only child. My daughter, Amantha, is very happily an only child. It was not a conscious decision on my part to have only one. Before having Amantha, I had a gut-urge that was like an aching for a baby. This was new to me, a tomboy who had never played with dolls and never been clucky about babies.

I had been meandering along happily, immersed in my career, with children a 'Yes of course, but no immediate plans' issue, when suddenly I noticed that my eyes had taken on a life of their own. Every time a pregnant woman came within fifty metres,

my eyes cleaved to her and refused to let her go. Puzzled by this ocular obsession, I tried to control them, staring determinedly straight ahead as I walked, or at the ground if straight ahead seemed littered with pregnant women. But soon it seemed that everywhere I went, pregnant women sprang from trees, emerged from phone booths, bumped into me in supermarket aisles.

Shortly after this, my brain caught up with my eyes and I realised that I wanted a baby. I really, really wanted a baby.

When she was writing about motherhood, Elizabeth Stone put it beautifully: 'Making the decision to have a child - it's momentous. It is to decide forever to have your heart go walking around outside your body.'

It's an image that conveys exquisitely, not just the vulnerability of parenthood, but the intensity, the enormity of the love affair into which parenthood sweeps you.

Amantha has been the great joy of my life. I remember that moment after birth when I first met her. She was placed on my belly, I looked into her eyes and - this is the only word that fits - I *recognised* her. It was beyond rationality. I simply knew her. And it felt too - this also beyond rationality - as if she knew me.

I still look back on those years as some of the best in my life. There was the lost sleep of course, the fatigue, the limitations - all those things people had warned me about. But what they hadn't told me about was the love that flared, blazed through every cell in my body. The sheer amazement of it. I felt as if I was alight with love in a way that I had never imagined. Martin and I would tiptoe in at night just to watch Amantha sleeping. We would stand there with tears in our eyes just watching her breathing.

With an experience as positive as that, surely it would seem natural to want to repeat it, have a second baby? But the gut-urge didn't come again. It wasn't something I thought about much at the time. Most of my friends were having babies because of conscious decisions - 'It's time' or 'An x year gap would be best.' Because my decision to become pregnant had been so insistently mediated by an intense and primal urge, it felt right to wait for that signal again. When it didn't come, I simply accepted that one child was the right number for me.

I had never had any belief that I should have another child 'for Amantha's sake.' My own experience of siblinghood was not the kind that left me imagining siblings as gift-wrapped packages with a bow on them - companions for your present child. I had no sense that Amantha was missing out by being an only child. But it was only years later that I gave it conscious thought and suddenly realised that clearly it was my own experience of being a sibling that had turned off my gut-urge switch at one.

It makes me realise again the way in which unconscious forces shape and govern our lives. How ineluctably a part of ourselves our past is. That trying to separate ourselves from it is like trying to cut raw egg with a knife. I have been shaped by being a sister, just as I have been shaped by being the child of the parents I was born to. They are all part of my story.

It's a story I have tried to separate myself from at times. As a writer, I've steered clear of alluding to my childhood family. In my novel *Looking For Unicorns* I was going to beat the widely held tenet that first novels are autobiographical. I took care to make the family as different from my own as I could. The mother was Anglo-Saxon and academic, the father was absent. Stephanie, the protagonist, was a twin. I wanted to explore the issues of loss, denial and identity, in someone who used humour as a defence against insight.

It is only after it is published and I am swimming with pleasure in the reviews, which are gratifyingly good, that I notice the word sibling appearing in them.

‘Sibling?’ I think to myself - I didn’t set out to write about siblings. And then the penny drops and I realise, to my horror, that twins are also siblings and that the core of the novel lies in Stephanie’s reclamation of her identity, submerged in a difficult, early relationship with her sister

Score 1 for the tenet.

A few years ago, I am brought up short by a friend who tells me that until she got to know my family, she took what I was telling her with a bucket of salt. I am shocked by this. How could she not believe me I think? And then I realise of course, how easy it is. That I have been guilty of the same offence. I have had patients tell me stories of outrageous mistreatment by professional colleagues. ‘Histrionic dramatisation’, I have thought to myself, ‘that sort of thing couldn’t possibly happen’. And then, to my horror, I’ve discovered that it’s true. I’m aware of my own need to believe what is good and comfortable and familiar. How can I fault anyone else?

Another friend of mine, on reading a deleted section of this manuscript exclaims, ‘What a sad childhood you must have had!’ I am startled. I think of my childhood as a fortunate one. I was a child with a generally sunny nature, an odd cross between a bookworm and a tomboy. I was loved by my parents, had many friends and a vibrant, nourishing school that I adored - Lee St. State School. Carlton in the fifties was like a village and a child could roam its streets without fear or danger, with a freedom that the modern city child is denied. I had some wonderful times.

My relationship with my sister was certainly painful and difficult. It was a defining experience for me, but I don’t see myself as its victim. It ultimately gave me

valuable and unexpected gifts. I had to find myself or drown. And in the end I found myself. I was forced into the discovery of my own strength, resilience and integrity and I am grateful for that. It has played its part in making me who I am and I am glad to be that person.

As I think of my friends' reactions, I'm aware once more of the multiplicity of lives that any one experience takes on. Of how particular each person's memory and perceptions are. How we pick a flower, or several flowers out of a garden to represent that garden. How one of us calls the flower mauve and another purple. How the scent is sweet to one and sickly to another. And how layers of experience, elaboration or insight reveal to us more and more ways in which the flower may be viewed.

It is an area that continues to intrigue me. I am fascinated by the differences in Lily's descriptions of our childhood family and my own memories. Some aspects I can recognise easily - our cottage in Carlton; Mrs. Dent, our wonderful next door neighbour who was almost like a grandmother to us; Lily's propensity for fabricating stories about her life. I can still remember the dawning realisation as a youngster, that many of Lily's accounts of her doings, to which I had listened wide-eyed, were in fact untrue. Lily herself has said that she was continually making up stories about her life, and our family in particular, in order to gain attention and sympathy. She came to believe in these so much, she says, that she actually forgot they were not true.

Other of Lily's descriptions of our life mystify me. Her depiction of Lee St. State School in the fifties. She talks of daily school assemblies where many of the eight-year-old girls were being masturbated by the boys - she describes them as sitting cross-legged with the boys' hands down their pants, while the teachers gave their morning talk. I attended five years of school assemblies at Lee St. and never once

saw anything remotely like this.

The teenage baby-sitters that Lily describes are also foreign to me. She writes about a brother and sister whom she says my parents hired on occasions when she was an adolescent. She describes the boy forcing her to watch while he had vigorous sex with his sister. I have no memory of teenage babysitters. All the babysitters I remember were adult women.

When Lily's essay comes out detailing this, I ask my father whether he remembers teenage babysitters. He says no. I don't know what he would say if I asked him today. As I am watching the *Shoah* (Holocaust) Foundation interview he made when he was nearly eighty, I notice that he is convinced that Lily went on to do two years of university after she finished matriculation. I feel a sense of sadness as I watch this, aware of the way memory changes with ageing. In fact, Lily failed a number of attempts at matriculation and didn't gain entrance to university. She confirms this in her autobiographical essays.

Her memories of our home life also differ vastly from mine, from the descriptions of its emotional atmosphere to the more concrete details, such as her memory that my mother did not want anyone cooking in the kitchen except herself. Lily describes envying children who were able to cook at home. I don't remember a prohibition on either of us in the kitchen. I have clear memories of polishing my cooking skills in our childhood home. Irish Stew and *blancmange* were among the favourites I regularly served to the family. They seemed unutterably exotic to me, compared with our usual fare of *klops*, *sauerkraut*, *gefilte fish*.

These differences in memory are testimony to the complexity of inner life and the way it colours and shapes our perceptions of outer life. Psychologists have known for years that fantasy, unconscious needs and re-interpretation of events all affect

our memories of past and even recent events. It is confusing, disorienting. And yet in this profusion of difference, our own experience is all that we have.

This manuscript began with a need to write about my mother, to add to her memory. It has taken me into territory I never expected to explore publicly. It has been discomfoting, disturbing and distressing at times. I have had doubts, flinched from revealing myself and my family in this way. But it has been like many a journey - the first step taken with no way of knowing where the road will lead you. One of the things I have discovered as a traveller, however, is that I must honour my own voice, my own truths. Knowing that they are all I can own and that as I give them form, they in turn become part of a larger mosaic. A twisting, turning pattern of many stories, many truths that taken together form that greater story that each of us spends a lifetime trying to understand.

Chemotherapy

Having often admired trees
I now find I am to become
like one. Here in the season
of falling, I am the autumn
one, un-feathering, un-feathering,
bald as an egg, a kind of a nun
of the new beginnings.

I have been watching
the trees, losing each leaf
by leaf (this is not forgetting),
watching the soft trust
in air, earth, dust, invisible
Spring. Wishing in leaves
in drifts and at last, seeing
the difficult trick - how to love
the cold, clear heart of winter.

Chapter 31

I'm quite bald now, although I still have my eyebrows and eyelashes. It's all happened over a couple of days. To my amazement, I'm beginning to quite like the way I look without hair. Very *Star Trek*-ish. But also, there's a kind of elegance to it. It's as if I can see my face more clearly, more purely.

In the shower today I notice that my underarm hair and pubic hair have nearly gone. My legs too are hairless and feel incredibly smooth. Obviously, one of the hidden benefits of chemotherapy is no more shaving or depilatory cream.

For the first time, I also notice a bit of tingling and numbness in the tips of my fingers, the way they would feel if you had been squeezing them tightly for a while, or thawing them out from extreme cold. This must be neuropathy, the nerve damage that comes from the effect of Taxol on the nerve endings. It almost feels as if my fingers are turning into twigs, like the trees that Taxol comes from.

Martin took some photos of me in my new hats last weekend and they've just come back. They're marvellous; the best I've seen. It's amazing for me to look at them, such a transformation. As if I'm seeing myself for the first time without a cloud of hair to hide behind.

A strange thought occurs to me today. I suddenly realise that if I could go back to last year and wipe out the recurrence before it started, I wouldn't choose to do it. This thought startles me. Really startles me. It feels like being on a journey - some strange trek into an underground country. But it's a journey that I'm supposed to be on. And even though it's dangerous, it doesn't feel like one that I'm going to die on. I'm sure everything would feel different if it did. That was the terrifying thing about this recurrence - being faced with the possibility that this could kill me. But

now I don't think that's going to happen.

When did this transformation happen, I wonder? Somewhere along the line I have shifted from the terror of seeing my survival statistics so unexpectedly downgraded, to a sense that it will be alright. I can't pinpoint the moment, there's no event flagging it and no particular reason. It's not as if my new prognosis has changed over the last couple of months. And yet, somewhere in my head, it has.

Perhaps it's just a natural human resilience. You find ways to adapt, to function in any situation. Everything becomes relative. When you think you've got a ninety-five percent chance of cure, a sudden drop to fifty to eighty percent seems terrible. But when you're settled into the new category, you start thinking, hey, this is workable.

And now that I've got used to the new status quo, it's almost like an adventure. The things that most terrified me have already happened - the recurrence, the first chemo, the loss of my hair - and I've survived them. So I'm free now simply to explore the strangeness of it all, to wander around the odd new surroundings.

There is also a feeling that is difficult to put into words without sounding fatalistic, which I'm not. It is a sense that somehow this is all part of a story, my story. It's not that I am a depersonalised actor in a play - on the contrary, the experience is immediate and deeply personal. It's that these events form part of a *narrative* and the subject matter is my life. It's a story that I can't fully see right now but one that I'll be able to. A year from now, two, three, however many years, I imagine myself being able to look back and say, 'Aha, *that's* what it was about! If *x* hadn't happened, *y* would never have eventuated. *This* is where the story's led to!' I don't mean this in the psychological sense, as in the search for underlying causes, but rather in the pure narrative sense, the discovery of plot unfolding.

It's an intensely comforting feeling. Being part of a story always is. It says there is meaning, reason, the opposite of chaos. And now that I've claimed it for my story, the beast seems tamer, less frightening. I'm harnessing it with that most ancient of magics, the story-teller's spell. I'm taking control.

I've read that you lose a huge proportion of bodily heat through your head. Now that knowledge is no longer academic. I'm astonished by how cold my head gets and how cold it makes the rest of me feel. In bed at night, all of the rest of me is tucked up in an eiderdown while my head feels like a naked baby hatchling on the pillow.

Tonight I wrap a long black scarf around my head for warmth. On the way to the bathroom I glance absently in the mirror. Uncle Fester, of the Addams Family, is looking back at me as startled as I am. We both burst into laughter. I note that there is money to be made hiring myself out for Halloween.

The cold reminds me though, in a very literal way, how much less 'buffered' I am. I feel open to the elements in a way which is totally new. I am used to thinking of 'naked' as being the most physically exposed I can get. And yet here is a step beyond naked.

I am discovering how hair has clothed and protected me in ways I hadn't even dreamed of. My eyelashes, guarding my eyes. The fine hairs inside my nostrils, a barrier for microscopic invaders. The hair on my head nurturing the delicate temperature of my body.

It is the stripping of a second layer of skin. A layer I have found out about only through its absence and it is unnerving. There are gaps, it is saying. Broken fences.

There is less between you and the outside than you imagined. And the outside is trying to move in.

Eve came over for a visit today. Eve and I first met over twenty years ago, in the night-time kitchen of a monastery, drinking cups of tea while a couple of puzzled monks wondered out loud about where the terrible screaming was coming from. We explained to them that it was coming from people beating up old telephone books. This did not seem to make them any less confused.

We were at a five-day, residential Elisabeth Kubler-Ross workshop for therapists, held in a monastery in the hills outside Melbourne. The workshop was wonderful and Elisabeth inspirational, but one afternoon was set aside for participants to 'beat out their negativities.' When this spilled over into the evening, Eve and I, independently, decided to take a break. Hence, the monastery kitchen. We've been close friends ever since.

Eve hasn't been able to get down much, but rings regularly, so we can have phone-visits. It's her first sight of me since I lost my hair. She really loves it and says I am looking wonderful. And it's true, everyone's saying that. It's the last thing I would have expected before starting chemo. It's bizarre really; how what you thought was going to be one thing turns out to be quite another. It reminds me of a story Eve once told me.

Back in mediaeval days, a poor peasant farmer loses his only horse. It has run off during the night and his friends gather round to commiserate. 'What a disaster,' they say, 'now you won't be able to plough your field. What a terrible thing to happen.' The peasant responds by shaking his head, "'Tis neither good nor bad,' he says and won't be drawn any further.

A short time passes and the Lord of the Manor is gathering forces for a crusade. His men comb the district, appropriating all the peasants' horses. The peasant farmers are distraught, but there's nothing they can do. A few days after the Lord's sweep, the poor farmer's lost horse finds its way home. Now he is the only peasant farmer left with a horse. His fellow farmers gather around in envy. 'How fortunate you are,' they say. 'You must be the luckiest fellow. This is a wonderful thing.' The farmer shakes his head and says, 'Tis neither good nor bad.'

Some time later, the farmer's son goes for a ride on the horse, which bucks and throws him. The farmer's son breaks his leg and can no longer help the farmer with the harvest. His fellow farmers gather around to sympathise. 'What a terrible thing to happen,' they say. 'Now your fields will lie rotten. This is a disaster.' The farmer shakes his head. 'Tis neither good nor bad,' he says.

A few days later, the Lord's men are on another sweep of the district. This time, they are co-opting all the young men for the Lord's army. The peasant farmers' sons are dragged away to an uncertain fate, fighting in a foreign country. However, the poor peasant's son isn't taken; his broken leg would simply hinder the army. The peasants gather around to congratulate the poor peasant. 'This is astonishing,' they say, 'you are blessed. We have lost our sons, but you still have yours. What a wonderful thing this is.' The peasant shakes his head and says (no prizes for guessing), 'Tis neither good nor bad...'

And so the story goes on, for as long as the teller has energy.

Chapter 32

In my Internet group lately, there's been a heated discussion over some of the more spurious New Age-type principles. One of the list members has been sending daily posts exhorting everyone to fight their cancer with 'positive thoughts'. The posts contain enough woolly thinking to revolutionise Australia's sheep industry. They're full of extravagant claims, unbacked by research, and carry the zeal of a television evangelist. They drive me nuts. Virginia, Ina, Sima and I take turns in posting sane, rational rebuttals, along with requests for back-up data to prove the claims. None is forthcoming, of course, but I learn that the 'delete' button is a brilliant device, which can solve many problems. The lack of this in real life is clearly one of the great oversights of Universes R Us.

I'm struck by the mix of attitudes in the group. People with late-stage disease and a couple of recurrences feel hopeful, and people with early stage disease are often disabled with fear. The group is extraordinarily compassionate and supportive to all comers.

One woman writes that she was diagnosed with stage 1a, with a ninety-five percent chance of cure three years ago and that she still spends most of each day paralysed with terror, petrified that the cancer might come back. The group posts back letters of support, saying, 'Yes, we understand. The diagnosis of cancer is a terrible shock. Of course you're upset. It takes time to get through it.' She writes back thanking everyone for the support and says no-one else understands.

I feel concern at her letter. To feel so incapacitated three years on from a very positive prognosis, seems worrying. I have the feeling that she needs more than support, she needs therapy. The experience of illness has triggered issues that she needs more help in understanding or managing.

But I don't post this in. The writer sounds fragile and I'm not sure how she'd take the suggestion of therapy from a stranger. I don't know her and I don't want to upset her. And she is so obviously needy and drinking in the support. And so I say nothing.

Afterwards, I wonder if in 'protecting' her, I did her a disservice. That in being careful not to upset her, I have actually failed her. It reminds me of how easy it is to fall into the trap of overprotecting the weak, so that they become even weaker. And how in the end, that weakness can become a kind of tyranny.

Reading her correspondence makes me remember how lucky I felt at the time of my diagnosis when I realised that my cancer was early stage rather than late. When they heard I'd had cancer, people would say to me, 'How awful for you.' And I would say 'No. No. It wasn't like that. It wasn't awful. It was amazing. I'm so lucky.' I could see them measuring me up for the straight-jacket, or alternately elevating me to heroine of the year.

But I really did feel blessed - that I'd been given a miraculous second chance at life. This recurrence doesn't carry those happy certainties - it's taken longer to find my bearings with it. Occasionally, when I'm reading about ovarian cancer, I come across those deadly paragraphs that talk about how lethal, recurrent ovarian cancer is and I get the ice-cubes in the stomach feeling. But generally I'm okay. I think there are enough exceptions in my case to give lots of room for hope.

A lot of the women in the group refer to ovarian cancer as the 'Beast' - a ravaging, devouring monster. I've never thought of it like that. The image I had of it in my head after my initial diagnosis - a bumbling, confused lout who postured a lot but hung around home, didn't change with my recurrence. Although there were no ovaries left, the tumour had attached itself to the closest thing to home - a piece of

my bowel, just where the old ovary would have been. Perhaps if my tumour had been more widespread or inoperable, I'd also be thinking of it as the 'Beast'?

I notice that one of the side-effects of chemo is that I've started to misread the printed word in very inventive ways. My most memorable experience of that was decades ago when I was a psychology student. I spotted a noticeboard saying that the department was going to be showing a short film entitled, *The Calming Effects of Librarians on Wild Animals*. I was hugely excited by this and waited eagerly for the big day. That was when I discovered that the actual title of the film was *The Calming Effect of Librium* (a psychotropic drug) *on Wild Animals*. Today I read in the paper of a play entitled *The Ideas of March* and think, what a great title. Only to find that it is really the much more plebeian *Ides of March*. This new ability adds a touch of creative colour to the generally dismal daily news.

The cold symptoms are starting to clear up. I continue to be startled by the difference this makes to my energy levels. One of the delights of finishing chemo will be not having to worry about colds. Not that I won't get colds, but that I won't have to cottonwool myself if I do.

Jim's description of the way colds can slide swiftly into pneumonia when your immune system is down has left me paranoid about germs. I'm determined to finish chemo in the fastest time possible and I'm not letting any germs get in the way. I've never been obsessive, but I'm beginning to get a taste of it now. I can spot a person with a runny nose at a hundred paces. When I venture out into the flu-laden Autumn world, I feel like a deer trapped in a volley of sharp-shooting coughs and sneezes.

This awareness of physical vulnerability plays hide-and-seek games in my mind. On the one hand, there is the me who has developed the hearing range of a radio

telescope with regard to distant coughs. On the other, is the me who is reading today's paper - an article on the outbreak of a rare and unpleasant infection. The journalist is cautioning people not to panic. The average person is quite safe from infection, he says. Only children, the elderly and those with impaired immune systems are at risk. Oh, I think, that's not me. I relax. Then sit up suddenly. Impaired immune systems - that *is* me!

I have to go and renew my driver's license today. This means getting a photo taken for identification on the license. A pause for thought ensues. Do I get photographed bald? Do I wear my Tina Turner wig? My hat? Heavy duty decision making here.

After an animated internal debate, I finally decide on the curly-haired wig that looks most like my old hair and the old me. As I put it on, I realise that this image bears no relation at all to what I really look like today and maybe none to what I will look like in a few months time, a year. It's a strange feeling to realise that I don't know what I'll look like even six months down the track. My hair changes my face so much that I have visions of not even being able to identify myself in a police line-up. Which leads to the conclusion that this may possibly be the ideal time to commit a crime.

It is disorienting to have to rediscover my physical self. So many things I 'knew' about myself - from what my face looked like to the level of physical resilience I could count on. All of these things are in flux, up for grabs. And all of them so intimately connected to the larger issue of 'who am I?'. .

The only other time I can remember this odd jolt of physical redefinition is many decades ago. I must be about nineteen. I have lost the pimples and pounds I piled on during my teenage years, but their image stays with me. I am coming home from university, walking past the large, polished windows of our house, when I suddenly

catch sight of an attractive, young woman also walking up the path. She's pretty, I think and am about to turn around to see who she is, when with a shock, I realise that she is me.

The breath-catching sense of discovering I am not who I thought I was, is disconcerting. It's like living in a house all of your life and then suddenly discovering that three new doorways have appeared overnight. Where have they come from? What rooms do they lead to? How do they fit with the rest of the house? What will you put in them?

Time is going by so fast. This morning, I realise that another three days have disappeared without my noticing. After luxuriously sleeping in, I wake and thank God for the el cheapo insurance which is delivering this privilege. I bought it on a whim a few years ago, mainly because it was so cheap. It never occurred to me that I might actually end up using it - a charming denial based on my certain knowledge that I was not only immortal, but as physically durable as the bionic woman. It's provided a welcome financial cushion while I've been off work.

I'm lucky too to have my writing, a sense of my own strength and the possibility for hope about my future. That sounds unutterably sanctimonious, written down like that. But how else can you say it? I'm noticing how difficult it is to talk about the positives in a situation like this without either using snappy humour or sounding as if you're lobbying for sainthood.

Just got the news that my blood count's okay and I'm having chemo tomorrow, which means that I'll be halfway through! I ring Celia to tell her the news. We're both really excited about it, saying, 'Terrific! Isn't that great!' As if I've won a prize. How odd, I suddenly think, to be celebrating the fact that I'm going to have chemo tomorrow. But it's not about that really. It's about the praise due to the body

for its extraordinary work. It's been bouncing back, taking things in its stride, doing what it needs to do, healing itself in the face of this onslaught.

Chapter 33

Last night, I dreamed that the women of my ovarian Internet group were down by the sea. We were in this eerily beautiful place where the sea met the shore. We would go on walks there, our feet leaving tracks of light in the sand. Suddenly, one by one, the tracks vanished. I tried to find out what had happened, where the women were disappearing to, but no-one knew. I woke with a sense of icy, pervasive loss.

Some of the women I'm close to in the group aren't doing well. They're having relapses, their treatment isn't working. They've fought so hard, survived so much and with such grit and courage that it's unbearable to know that the disease now seems unstoppable.

All of us in the group are trying to find words for our grief, our horror and the sheer rage at the unfairness of what is happening to our friends. A couple of women leave the group saying they can no longer bear the losses. We all understand what they are feeling.

A discussion opens up. Can the caring and support found in the group make up for this - the terrible, regular confrontation with death. Is it better not to make friends than to go through the pain of losing them one by one? It's a variant of the old argument about the risks of love. For us too, there is an additional sting - the torment of watching friends die is added to by the knowledge that we have their disease.

I think I'm feeling stir-crazy. I'm frustrated by how little I do each day. This morning, I am wandering around making soup and wanting to feel 'useful'. As if I have to be doing something in order to be useful. It's hard to go from someone who

does demanding and intensive work, brings in good money and takes care of the family, to someone who sometimes doesn't have the energy to swat a gnat and spends most of her days lolling around reading or napping. That phrase 'lolling around' is the give-away isn't it. Do we think it hints at a distinctly Protestant work ethic? I mentally slap myself on the wrist and tell myself in greeting card-ese, that, as I loll around reading and napping, I am being useful simply by *being*. This doesn't wash with the Protestants.

This need to make myself useful is irritating. I don't normally have any problem in lounging around with a book. And of course, it's only now that I'm discovering why - because I've *paid* for it by working beforehand. I start to become intrigued by the question of these internal bank accounts - how has the pay scale been determined, who is in charge of the valuations and has it been indexed for inflation?

I'm really feeling the fatigue these days. It's an odd, unnatural tiredness. Your brain can see that you have just spent a fair amount of time hanging around the house doing nothing, but your body is insisting, in an outraged voice, that it's actually just come back from an arduous five-day hike.

The lack of energy has been increasing (or is that decreasing?) exponentially. It's currently at a particularly aggravating level, where I don't have enough energy to do very much, but I do have enough energy to feel frustrated at not doing much! Occasionally, I find myself wondering what energy actually *is*. It's so intangible and yet so clearly either there or not there. How is it created, transformed, blocked? These arcane thought excursions are rare however. Most of the time, I just feel like a horse champing at the bit, saying, 'Enough already! Get this off me!'

I feel fed-up and irritated with the whole experience. I've just been looking back

over my journal and reading my notes about this as a transformative experience. Well right now, I think 'transformative - shmormative.' Who was that woman who wrote those words? Some Pollyanna-freak? Some saint? Do I know her? I'm pissed-off, is what I am. I want to be out there doing the things my friends are doing and not having to think about chemotherapy or cancer. I want my hair back, my eyelashes, my taste-buds, my energy, my self. I'm sick of needles, side-effects, drips. I'm sick of it all.

This irritation wasn't something I felt at the beginning. Then, I was too busy - there was too much to take in, too much to do. I was frightened, everything was new. I'm an old hand now, for whom familiarity has brought contempt. I'm free to feel annoyed now that I've decided my life is no longer hanging in the balance.

And as well, this is the middle part of the journey. The part with its own particular set of difficulties. You're not faced with the challenges of the initial upheaval, that demand to be 'transformative'. You're not 'almost through' with it yet either, adrenalised by the buzz of the home stretch. You're still trudging along what has become a familiar though not enjoyable track, coping with the 'drudge' part of the journey. You've got a fair bit behind you, but you've got a fair way to go. And the novelty has definitely worn off.

Even friends respond differently to this part of the journey. It's old hat to them now and phone calls and visits are much less frequent. Most of them have determined that I'm coping well and concluded that that means I need them less. A lot of them effectively disappear. Only a handful of friends make the effort to keep in regular contact. There are times when I feel forgotten and isolated.

Even as I write this though, I begin to feel ashamed of myself for griping like this. I'm lucky to have the luxury of feeling irritated at this stage. Some of the women on

my email list have never even made it into remission. I think of what they must live with and anything I'm going through pales immediately. This has to be one of the down sides of the List. You can't even get in a decent burst of self-pity.

It's like living that old saying - that there's always someone better off to compare yourself with and always someone worse. It's an odd oscillation. When you're in one mode, you disown the other. On one side of the spectrum it feels shameful and whingeing to be complaining in the face of suffering worse than yours. On the other side, you feel resentful and miserable, comparing yourself with friends who are brimming with health and carrying on uninterrupted lives. The complicated part is that both experiences are valid. The trick is in allowing them to be so.

Chapter 34

I'm due for my blood test this morning, to see if I can have my fourth chemo this Friday. I have my blood taken at a pathology centre close by. By now, I have the nurses pegged out. I know which of them will leave me feeling like a failed needle-point sampler and which are the ones who are 'good' at veins. I have their names memorised; I recite them to myself with a fervour greater than that of the most ardent football fan.

To my dismay, Megan, one of the good ones, left last month. Now there is only Kathy, the snake-charmer of veins. I ring up airily to check what time she's on this morning. Disaster. She's not working here today. Where is she? I ask. The receptionist is curious. Perhaps she has picked up the edge of panic in my voice. 'Are you a friend?' she asks.

'No,' I reply, 'a fan.'

This does not seem to reassure her. Doubtfully, she provides me with the phone number of the other clinic.

I ring to make sure that Kathy is there. Kathy herself answers the phone. I explain that I am following her from one clinic to the other. Even as I say this, I am aware that it sounds slightly odd. 'It's just that you're so good with veins,' I add helpfully.

Kathy hesitates. I notice that my little speech is beginning to sound like the vampire's Mills and Boon.

Kathy has noticed it too. I can hear a slight wariness in her voice. Has she picked up an unusual stalker? Bravely, she tells me I can come in any time this morning. I

respond with an exuberant, 'Wonderful! Wonderful!' that seems to startle her even more.

'Yes,' she says rather weakly. I can hear her thinking that at least if there's any trouble, she'll be the one with the sharp instrument in her hand.

After the blood draws, I ring Jim's secretary, to see if my blood counts are okay. They're not. She tells me that they're very low and she doesn't think I'll be able to do chemo on Friday. She adds that Jim hasn't seen them yet, but she'll ring me when he does.

I am stricken. Not have my chemo this week? That means I won't be able to finish on my birthday. I feel like a child denied a long-awaited treat. (But Mummy, you *promised* me my chemo...wah!)

Waiting to hear from Jim, I am as nervous as an athlete waiting for the umpire's decision. I have been in a competition, with each blood test doubling up as the scoring board for 'me' versus 'the treatment'. So far, it's been me: 3, treatment: 0. While not exactly thumbing my nose at it, I've been getting cocky. Now it's bouncing about on the other side of the ring, shadow-boxing the air and saying, 'Hey baby, now we're getting down to it.'

Jim rings after a couple of hours. Yes, my blood counts are very low, but he's decided to give me the chance to get them up. I can have another blood test on Friday morning and if my counts are high enough, I can have my chemotherapy that afternoon. And to top all this off, I don't need to take my Dexamethasone in advance; he'll give me extra in the drip if I do have chemo.

Buoyed by the chance to score again, it takes a moment for me to realise that I only

have a day and a half to get my white count zooming into 'sock it to me' zone. How I get this to happen, of course, is another question. I sit down and think about the hypnotic tape I made for myself at the beginning of chemo. Back then, I included a suggestion for keeping my white counts high, but I see now that the image I used wasn't the best. I had focussed on the count - that is, the number - as being like a cork floating in water. It was pushed down, but would immediately bob up again. It occurs to me now, that it would make more sense to focus on the bone marrow, where the white cells are actually manufactured. To imagine it revving up, producing more and more of the white cells I need.

I remake my tape using this new image. I imagine a factory, full of enthusiastic workers. It is lit up and bright, bouncy music is pouring from it. The production line rolls at full speed, day and night, tended with increasing zeal by its energised workers. They are producing neutrophils, a particular kind of white cell, that Jim uses as his measuring stick for chemo-readiness. I play my tape twice a day and call up the factory image each time. I have no idea if it's going to work.

I did it! My neutrophil count went from 0.6 to 1.4. I get home from chemo and hospital this morning feeling groggy and very, very tired - but victorious. The fatigue is much more marked than before and when I read, the letters on the page go blurry. But hey, it's four down now and only two to go! While I was in hospital, I was told that my platelets were also very low and that I might need a transfusion. I decide instead to add them to the production line of my bustling hypnotic factory.

A few months into the future, after I've finished all of my chemos, I will pick up the results of all my blood tests over the chemotherapy period and spread them out before me. I am graphing the changes in levels of neutrophils and platelets. And it is fascinating. Before I changed my tape, the neutrophils and platelets were cycling in tandem, rising and dipping together on pretty much parallel lines. After I

changed the image on my tape, focussing on the neutrophils, my neutrophils started to rise. The platelets continued to go down. Two days later when I began to focus on the platelets as well, bingo, they began to rise. And even through the succeeding fifth and sixth chemos, they both remained higher than the level they'd reached for the fourth chemo. It's not a controlled double-blind experiment with hundreds of subjects, but as a single case study, it looks pretty good to me.

It's a couple of days since coming home from chemo, and I'm still very tired, but the blurry vision has gone. My concentration span is now a wraithlike echo of what it used to be. It's hard to settle down to reading a novel, for instance. As usual, I'm amazed by how little I remember of the chemo experience. The strongest image that I'm left with is of Neil, an oncologist who was standing in for Jim, examining my hand and wrist, looking for veins. He turns my hand over delicately, touching the veins with his fingertips tracing the thin blue lines. He looks as if he is examining an ancient map or reading tea-leaves. Then he just slips the needle in.

I'm definitely feeling much more debilitated this time. In tandem, I'm also feeling bored and cranky, like a sick child who doesn't have the resources to entertain herself. I wake in the morning, thinking of lots of things I want to put in my journal but by the time I'm up, the flow of thoughts has deserted me. I feel like a blob.

My eyebrows have almost disappeared and I have about three eyelashes left. Sometimes when I look in the mirror, my face looks so pale and featureless that I think 'where have I gone?' It's like becoming a watercolour instead of an oil painting. I never realised how much expression eyebrows and eyelashes give a face until I saw their absence. It's stranger than losing my hair. Then, my face was still my face, maybe even more so. Now, it feels as if my face is disappearing.

My lashes and brows really started diminishing a few weeks ago. Around the time I

went to the chirpily titled 'Look Good, Feel Good' seminar at the hospital. The seminars are run to help women make the most of their hair-by-chemo, complexion-by-drugs new looks. Cosmetic companies donate samples and there's a whole pile of wigs to try on.

It was fun opening our goody-boxes to see what cosmetics we'd been given. Like being at a children's party. We each had a sprinkling of different brands. I copped an el cheapo one and was deeply envious of the woman sitting next to me - she'd lucked out with Christian Dior. No-one else was on my particular chemo regime and so I was the only one who was going to lose eyelashes and eyebrows as well as hair. I learned how to pencil in eyebrows, but about the eyelashes, alas...

Eyebrow loss, however, has a curious side-effect. Making my face up each morning, proves to be unexpectedly entertaining. As I draw in my eyebrows, I discover I can pick my expression for the day - surprised, thoughtful, grim - whatever my fancy desires. The eyebrows say it all.

Today, in a shop, I have to produce my old driver's license - the new one hasn't come through yet. I pull it out and am suffused with the oddest feeling. The woman pictured, with all that hair, looks familiar. Who *is* she? It takes a second for my brain to click in and tell me that it's me. I feel as if there are two of me. As if our paths diverged mysteriously, the way parallel universes are supposed to split off, and that one of me, the one with the hair, is going about her usual business in her usual world. The other me, the one without the hair, has been transported into another world, quite separate from the normal, outside world and has remained there in this other universe for the last five months. People visit, but it's like visiting a prison or a boarding school. They simply alight, like butterflies, briefly on the outside and can have no comprehension of the other reality within.

Chapter 35

Fifth chemo time and my blood count is high enough for me to go ahead with it! White cell counts usually get lower, and stay suppressed longer, with each succeeding chemo. But my neutrophils are double what they were at this time last chemo and my platelets have jumped up and are much higher too! I am impressed. I think my body heard when I was talking to it. What a strange thought that is.

This chemo is an eye-opener. This time, at the beginning, one of the nurses notices that I am distinctly uncomfortable. She notices this because I am writhing around like a snake on amphetamines, convinced that if I can just stretch my legs enough, or get them into the right position, the ache will go away. She decides to dilute the chemo more than usual and runs it through more slowly. Magic! No more burning or achy, restless legs. If only I'd known the first time.

Jim stays a long time chatting on his trip through the wards. He says if he had to draw up a vision of how the ideal chemo patient would go through Carbo-Taxol, it would be just as I've done it; he can't think of any improvements. I swell with ridiculous pride, and have to restrain myself from holding out my copy-book for an elephant stamp. The nurses have noticed it too and ask me whether I'll give them a talk about hypnosis.

I'm really tired today, but otherwise okay. I spend a lot of time dozing, which I'm getting exceptionally good at - about the only skill I'm perfecting these days. I'm also feeling the cold in ways I never thought possible. Everyone else is living in Melbourne, a city in the temperate climate zone. I am living in Antarctica. I'm wrapped up in multi-layers of wool, jumpers, turbans and scarves. But the warm air from the heating vent strikes my cheeks like a frigid breeze. I am sure that I am huddled in an igloo. I can't understand all these other souls striding around in what

seem to be ridiculously flimsy outfits. One single wool jumper? Are they mad?

I am proofing the galleys for my poetry book. The Anti-Cancer Council is helping with the launch. It reminds me that when this happens, part of my public role will be as cancer survivor. I'm used to all sorts of public roles - therapist, writer, bread-baking teacher but cancer survivor is a new one. A part of me feels uneasy about it. I don't want to be put up as a 'poster-girl' for cancer. And I hate the way the word 'courageous' is automatically paired with 'cancer survivor'. It makes me squirm. I've had it relatively easy. Others have had to cope with a lot more than I have.

I vacillate between wanting to step back and also knowing that it's important to step forward; to say to people: 'Here I am. I've had cancer and I'm fine.' There's such fear and shame about cancer and maybe I can help by being public about it.

Anyway, the launch is going ahead. And I'm really excited. The book has been my light at the end of the tunnel for all these months of chemotherapy. The launch is scheduled for September. I'm praying I have some eyelashes by then.

It feels like centuries since I first started chemo. I'm restless and frustrated. It's the social isolation that's got to me. In ordinary times, I'd be fine with this amount of time by myself. I'd be able to entertain myself, create things, go out and so on. Now, I don't have the energy to do that, but I do have the energy to miss it. My world seems to have shrunk to claustrophobic levels. And apart from a few dear friends, people barely visit or ring any more. The steady ones, who stay the course, are a very small proportion of the people I thought of as friends. I think the others have ascertained that I'm okay and dropped out; they have their own lives to lead and be immersed in. With a lot of friends whom I saw irregularly anyway, that's fine, but there are some whose absence really hurts me.

I have a renewed appreciation of the friends who have stuck by me. And I am

enormously touched by the friends with whom I hadn't had much contact previously, who made time to come and see me or phone. With the ones whom I felt let down by, it has taken time. I don't think I'll ever be able to trust them in the old way, or be as giving as I used to be with them. I am more clear eyed. The view is not the view I wanted to see, but it is there and I am finding now that I can live with it.

I'm not angry at them any more, the way I was months ago. I have to recognise the part I have played as well, try to understand it. I feel as if I've just taken a compressed course of Grown-Upness 101. Part of me has the slightly dazed expression of the child who's just accommodating the fact that no, the Tooth Fairy doesn't really exist. I am more cynical. Not a characteristic I particularly like, but perhaps a more successful one than being too naively idealistic. And maybe the real phrase is clear-eyed. Simply more ready, more able, to see things as they really are.

Because it does feel now as if I am freer to simply take these friends for who they are. I don't want to idealise them but neither do I want to demonise them. It doesn't have to be an either-or situation. I know their flaws. And although I can't imagine that I will want our previous degree of closeness, I can still enjoy a friendship. Not everyone has the capability, or the will, to be there through the difficult times - and perhaps not everyone has to.

On the night I write this I have a very vivid dream. Someone has been stabbed to death in a back room of a housing complex. I am a detective and my colleagues and I have the job of finding the murderer. I am beginning to realise that it may actually be one of us. I tell the others that we should only explore this house in threesomes. That way, if one of the trio is the murderer and attacks one of us, the third member will be there to lend assistance. We go out on patrol, but it still feels scary. Finally, the whole group decides to visit the murder scene together. Although it is dark and

frightening, I feel much safer in the company of my friends and colleagues. We enter the room in which the crime has been committed. It is full of shadows and menace. Suddenly, my friends surround me and I realise that they are, in fact, the murderers and have taken me here to get rid of me. I am frozen with horror as the dream ends.

I wake, feeling shaken. The dream has reminded me that behind all the understanding in the world, being abandoned by friends you cared for and trusted, nevertheless hurts like hell. You can't rationalise it away, unless you're in training to be an android. But you can't let it be the whole of your experience either. Because then you truly are murdered - and you have taken part in the killing. Grown-Upness 202, here I come...

Chapter 36

While going through some papers, I come across a bundle of crinkled old letters. Curious, I unfold one. It's in my handwriting. 'I can't stand this place!' I have written to a friend. I will NEVER stay another year here! NEVER EVER! I HATE IT! Smiling with nostalgia, I am immediately transported back twenty-nine years, to what my seventeen year-old self is convinced is the worst year of her life.

It is the end of 1967 and I have to make a decision about where to do my first year of university. Adolescence has not been a highpoint. I am excruciatingly self-conscious. I feel ugly, awkward, ridiculous.

I have put on weight during my teenage years. I am fat. I am pimply. I am shy, with the fervour of someone who believes that imposing their presence on another, is an act of cruelty comparable to forcing the appointed other to swallow several dozen toads, live.

On a one to one basis with a friend, I am different. I can be witty, entertaining, intelligent. As soon as one other person appears though, I freeze, certain that I'm an imposition on group time.

I make efforts to change. I force myself to meet strangers, try to learn how other people do it. I challenge myself to switch schools for my senior year. A class full of people I've never met before.

A friend gives me instructions on how to fit in with groups. 'You don't have to do much,' she says, 'just smile, nod and agree with people.'

It sounds simple, but I can't do it. I feel like the big, clumsy gawker at the window,

watching the real people pirouette. I apologise to store dummies, when I bump into them. Basically, I apologise to the world for daring to be in it.

It is a curious course I am charting. I am loved by my parents. I have close, good friendships. I'm bright - I have a string of scholarships to prove it. Why then do I feel so stupid, so useless, so insubstantial?

It's an odd conundrum. I have grown up sandwiched between parents who love me and a sister who hates me. What happens when you feed in two such substances? Does the one cancel out the other, as an acid does an alkaline solution, a positive number does a negative? Do you end up with nothing?

I remember reading as a child, that the moon rotates in an orbit which keeps half of it continually lit by the sun while the other half remains permanently in shadow. The line which divides the shadow half from the bright half is called the terminator. I am fascinated by this image. My young self spends endless hours picturing that strange place where half of you is standing in light and the other in darkness. How wide would it be? How many inches would you have to move, to be fully on one side or the other? I never find the answers, but somewhere between childhood and adolescence, and without consciously knowing I have done it, I have crossed the terminator to live in the shadow.

By my final year of high school I am definitely not having a lot of fun. Added to this, my study technique, which consists of getting out my books on the day before the exam, is proving less and less successful. My marks are on a downward slide. I've been studying science at school but want to do arts at university. That brings more problems - I've picked the wrong subjects, I don't have the faculty prerequisites.

As a result, I don't get into the course of my choice in Melbourne universities. There are a lot of other universities around Australia willing to have me. I have their brochures spread out around me. My mother has been trying to persuade me to study science at Melbourne University (I got into that one), but I don't want to. I'm determined to study the subjects I've set my heart on - psychology, English, sociology, philosophy. Much as it terrifies me, I'm going to go interstate.

But how do I decide which one? I read the description of courses and cities and campuses until my eyes spin. And then suddenly it happens. The one deciding sentence leaps out at me. In between a sober description of colleges and costs, there it is: 'New England University is the only university in Australia completely surrounded by a rabbit-proof fence.' That's it, I decide. I know nothing about rabbits or their fences, but any university that's crazy enough to put that in their brochure, has to be the one for me.

So, here I am. And it's Time Warp City. New England has perfected something much more impressive than cold fusion. It's worked out how to travel backwards in time. In Melbourne, the students are up in arms about Vietnam. When I mention Vietnam in conversation with a New Englander, she says, curiously, 'Where's that?'

'It's a little country town in Victoria,' I reply.

'Oh,' she says. And the conversation continues. It takes me a moment to process the fact that she actually believed me.

And so it goes on. A student peeks curiously at my trendy sixties' wardrobe and says with genuine astonishment, 'But we don't have fancy dress parties here.' In a chat to a neighbour, I casually mention that I prefer cities to the country. The next

morning, I am called up to the college principal's office. There is a grim expression on her face. 'I hear you don't like New England!' she greets me accusingly. Stalin, eat your heart out.

The year starts off badly. It is my first week on campus. I have contracted an ordinary, garden-variety cold. It is almost gone when the College doctor arrives for his check-up visit.

'How are you feeling?' he asks.

'Much better,' I reply enthusiastically. My cough, which has almost gone, gives its one little peeping appearance for the day.

The doctor straightens up. 'Well, you can get dressed,' he says.

'Great,' I respond.

'You're going to hospital.'

And for the next week there I stay, in a ward sandwiched between two elderly women who chat about me over my body. No-one will tell me why I am there. I am feeling perfectly well, apart from the sense that I have stumbled onto the set of a Kafka-esque movie.

At the end of the week, when I am finally released from hospital, I discover the reason for my urgent incarceration. My cough hadn't gone away on the day the doctor predicted. It was a day late.

The year goes downhill from there.

I've come expecting intellectual debate, excitement, creativity, fun. Instead, I find myself in a place where even John and Betty, those hell-raisers from my ancient primary school reader, would have gone insane from lack of stimulation. The calendar of cultural, social and intellectual events for the entire year fits into approximately one hour of an off day at Melbourne University. I miss my friends, family, theatre, pictures, dances. I miss my life.

It's also the first time I've come across discrimination. In the township, I see aboriginal people shunned, despised, sworn at. I can't believe it. It upsets me so much that I stop going into town. One student tells me that he won't be inviting his best friend to his wedding because he's not from the right social class.

I have come expecting the best of small town living. Instead I am seeing the worst. Small-mindedness, bigotry, narrowness. Qualities that are not exclusive to any one group of course, but that somehow seem to be all I see around me that year.

In Sociology 1, I learn the meaning of the word anomie - the state of being unable to find a psychological home in one's society and I have the 'aha' experience. I am trapped in an alien sociology experiment.

My parents beg me to come home; they know how miserable I am. But I hang on. If I can get good marks at the end of the year, I'll be able to get into what I want at Melbourne. I am determined to see the year out, even if I spend each day wandering around campus like a cloud looking for something to rain on.

The one thing I am enjoying is the teaching. New England, it turns out, has a high academic standard. Situated as it is in Armidale, New South Wales, it used to be the

country branch of Sydney University and is, at the time, one of the very few universities whose academic standards are unconditionally accepted by Melbourne University. The fact that this coincides with its possession of a rabbit-proof fence is pure serendipity for me.

In keeping with my practice, I have been saving all my study and slog for third term. Third term, however, has been saving something for me. A week into term, I come down with what at first appears to be shingles. It's a swollen, rash-like inflammation that appears to have set out on a 'Let's follow Doris's nerve trunks and see where it takes us' holiday. The pain is acute, constant and debilitating.

The assorted Armidale medical fraternity spend many happy hours ruminating over its current camping site. My visits take on the animation and function of an old-fashioned sewing circle - a get-together over my body for anyone interested in unusual disease and congenial conversation. I keep insisting that it must be caused by stress. They keep insisting that it isn't. Eventually, they rule out shingles, but they still haven't worked out what it is. Reluctantly, they give up their regular morning's entertainment and refer me on to the local skin specialist in nearby Tamworth.

My friend and I decide to make a day's outing of it and go around telling people that I'm going to Tamworth to see a specialist. People promptly stop speaking to us. It is not until many years later that I find out why.

Tamworth, metropolis that it is, turns out to be the home of several medical specialists. The only one that concerns the New Englanders, however, is the psychiatrist. Going to see the specialist in Tamworth is the euphemism for going crazy. And just to put the final New England seal on it, my informant tells me the psychiatrist's name. It's Dr Moriarty.

The Tamworth dermatologist can't come up with any answers either, but I certainly brighten up his day. He muses excitedly about various exotic possibilities before finally admitting that he really doesn't know and that I'll just have to put up with it.

'Putting up with it' involves unremitting pain, occasionally enlivened by the shock of cold calamine lotion. The constant intense pain of my mystery illness also prevents me from sleeping and the inbuilt heater in my room has decided that I am of Venusian origin and need a constant temperature of approximately 462 degrees centigrade. All this, in addition to the ongoing New England gloom, doesn't help my study techniques. I am panicking. I have to get honours in order to get back to Melbourne University. And get back, I have to. There is no way I could last another year here.

So I panic more. Panic as a career path, however, doesn't lead very far. I choose despair instead. For the first time in my life, I actually lose my appetite. It's a bizarre experience. Food tastes like foreign matter. My body has no interest in it. I am beyond weepy. I am into waiting for doom.

Suddenly, two days before my exams my mystery rash - although to call it a rash is to describe T. Rex as simply a large lizard, disappears. I don't have the energy to celebrate. By this time, I haven't had a night's sleep for months, have a brain addled by pain and a body that has only grudgingly accepted the one item of food that I've managed to push down its throat in two days - an orange.

Oddly enough, this alarming combination seems to do wonders for my academic prowess. I finish each of my six exams an hour before everyone else. At first, I uneasily watch everyone else at work and wonder which page I've missed out on. After the third exam, I give up wondering and simply exit the room an hour early. This inevitably leads to the exam supervisor running anxiously after me. He knows

I have been ill. The university has bent over backwards to accommodate this and given me an extra half hour for each exam - a concession on time. (The news, delivered with grandiose gestures a few weeks previous, was not the highlight of my day. I didn't want a concession on time, I wanted a concession on brainpower.) The announcement has been made gravely at the commencement of each exam. 'Please don't disturb the poor, sick student in row six as you walk out - she has been granted extra time for her exam.'

Chapter 37

My appetite slowly returns after the exams, but my mood doesn't. I have no idea how I went in my exams. (Brilliantly, as it turns out. Infuriatingly, I never manage to better those chart-topping peaks again.) I'm exhausted, I'm depressed and I'm back home in Melbourne.

I have the energy of a soggy bath mat and a temperament to match. I feel like the survivor of a train wreck who painfully emerges, only to discover she is in the middle of the Mongolian desert. It is December. Mum and Dad are away on holiday. Lily is living in the house with me.

And it is in that setting, on the evening of the second-last day of the year, that I experience what becomes one of those small handful of days that mark borders in a life. There are usually signs at these borders inscribed *Here be dragons*. That is why we have been avoiding them so assiduously. We have usually been pushed, slipped or otherwise inadvertently entered this territory. There *are* dragons there. The sign is not lying. But that is exactly why we have to enter.

The events of that evening are clearly etched in my mind, but I am not at liberty to give them words. When one writes about another living person, there are often legal restrictions, in which truth is not necessarily a defence. It is one of those tricky conjunctions of rights. The writer's right to explore his or her own life versus the individual's right to privacy.

There are many events and issues within my family that I am not free to talk about. Because of its position as a turning point, this is one that cannot simply be submerged into the unseen layers of the story. What do I do with it? Do I pretend it didn't happen? Soften it? Change it? Shift the turning point to something else? No.

All of these things belie my truths. They make me worse than voiceless, they make me inauthentic.

What do to then? How to acknowledge this gap without it engendering a sense of titillation, the frustration of a censorship sign slapped on a page you were reading, the confusion, recoil and doubt that gaps can produce?

I don't have the answers. All I can do is acknowledge the limitations.

I can recognise too, that these limitations are also part of a wider and enormously complex issue, which each society, group and family responds to differently. How do we address the multiplicity of human experience? Should there be only one voice, one story? And if so, whose will it be? If not, how do we allow the others to be heard?

All of us have stories that for one reason or another remain as the lining - the invisible, yet inextricably joined underside of the garments of our life. That evening in December must become then, one of those.

And so, I am like a traveller, stopped at the bank of a river, looking blankly for the stepping stones to help me cross, get to the other side. But they are not there.

All I can do is leap - cross that gap in a bound. And what I have learned on that crossing, through the events of that December evening has changed me. Why that event and not those of two, four, six, pick a number, years earlier? Who knows? But that evening becomes what finally makes the bucket overflow.

I am eighteen years old and I have at last been made to see. And the conclusion is inescapable. I am forced to recognise what I have spent years twisting myself inside

out to deny. The painful truth about my relationship with my sister. It is a harsh reality to face and yet with it, comes an odd kind of relief. Because I know it is the truth. And the truth is freeing.

And to my surprise, I *am* free. It is the strangest of feelings. As if something I didn't know I was carrying has dropped away. I am shaken, but there is also the sense of something oddly exhilarating. Like waking up suddenly in a new land where the terrain is fresh and the future is before me.

Freedom of course, is not that simple - a voyage, not just the raising of an anchor. But that is how it begins. I am changed from that day on, beginning the long journey towards myself. It is three more years before I can speak of my sister without crying.

In that third year, I am a postgraduate student in psychology, beginning my first clinical placement. We students are all very excited. It is the first time we will have contact with real live patients. I take to it like the proverbial duck to water. It's absorbing, moving, fascinating. And I seem to be good at it.

The students are closely supervised. Each week, I have to meet with the senior psychologist who supervises my work with patients. Except that all of my patients are progressing perfectly smoothly. And when this happens, of course, there's not much to talk about. I go through all my patients at the beginning of each session. It doesn't take long. I've said or done the right things, picked out the right dynamics. There is a whole yawning gap of supervision time to fill.

To fill in the silence, I begin to gabble. Usually about me. Usually about everything I have decided I don't want to talk about. I hate these sessions at first. The other students are experiencing all the usual beginner's problems with their patients. They

spend their supervision times talking about what to do. I spend my supervision time examining all things I never proposed to examine. This is not fair, I decide resentfully. How did I get into this. I'm going to keep my mouth shut. Comment on the weather. But my mouth has other ideas. The words keep spilling out.

It is three months before it suddenly dawns on me that I am changing. That what these sessions have been, this unexpected exploration of shadows - my family, my life, is therapeutic. I realise this with a sense of astonishment. The same astonishment with which I notice the old layers of shyness, self-deprecation beginning to fall away from me. The sessions continue. They are challenging, frightening, daunting, but I no longer resent them. I know I am being offered the keys.

Chapter 38

In the next three years, I thrive. I feel like a plant that has been given a dose of Super-Grow. I am unfolding, blooming, meeting the sun. This impression of being the subject of a sped-up plant-life documentary is heightened when I meet an acquaintance whom I haven't seen for some time while shopping in the city. She stops me as I pass by. 'How are you?' she says and we exchange a few pleasantries. Then she pauses and looks at me closely. 'Something's happened to you, hasn't it?' she says. 'You're looking...' and she gropes for the word, '...you've blossomed.' I step back, struck by how someone who barely knows me has picked up exactly what I am feeling inside.

It hasn't escaped me either that this life-affirming spurt of renewal has come hot on the heels of - and indeed perhaps because of - the New England fiasco. The year I wept my way through, swearing that it was the worst, most useless year of my life.

If I hadn't been so depleted by that year, would I have made the turnaround that December evening? I think perhaps I might not. It was something about that rock-bottom year that actually enabled me, no forced me, to see what I had spent a lot of energy avoiding. Perhaps quite simply, there was no more energy left to use on avoidance. Perhaps, after going through a year that felt like a bad dream, I was no longer frightened to open my eyes.

But New England hasn't finished with me yet. Although I don't know it, there is an afterword which comes many years later.

It is 1984 and I'm getting ready for the publication of my first book. Well, not truly my first book - my bread-baking book was published a couple of months before, but that's another story. This is what I think of as my first real book. It's my poetry

book.

I have been clearing out some old papers in the garage when I come across a familiar insignia on a yellowing envelope. It's dated 1968, the year I spent in New England. It's the Jacaranda Press imprint, the publishers of my poetry book. I'm puzzled. I don't recall had any dealings with Jacaranda up till now.

Curious, I open the envelope. And discover a rejection slip. Sometime during my stay in New England, I must have sent in some poems for an anthology. And been roundly rejected. The letter reads, 'The future may prove us wrong, but...'

I sit back in amazement, winded for a moment by that strange sense of the past coming full circle. And then I laugh. I must send it to John, I think, the managing director of Jacaranda. He'll enjoy it. Then, suddenly apprehensive (what if it makes him regret his decision?) I decide I'll wait until after it's published. After it's published, I'm still hesitant. I'll wait for the reviews, I think. The reviews come in and they're good. I am finally getting ready to send it, when the book wins its first literary award. Now I can definitely send it, I think. The letter is a hit in the Jacaranda offices. John tells me he has framed it.

A couple of months after this, the phone rings. It's someone from the Association for the Study of Australian Literature, to tell me my book has won their inaugural Mary Gilmore Prize for poetry. They tell me they rotate their annual meetings through Australia's various university campuses. They'd like to fly me up to this year's meeting so that they can present me with the award. I acquiesce happily and am just about to hang up, when I realise I don't know which campus I'll be flown up to. I enquire.

'It's the New England campus,' comes the answer.

‘Wow!’ I say, my voice at excited squeak level. ‘New England! That’s fantastic!’

There’s a pause. ‘You know, we’ve never had anyone respond quite that way to the New England campus,’ the voice says slowly and cautiously.

And so, a few weeks later I find myself on a plane to New England. I start chatting to the man sitting next to me, regaling him with a few of my New England tales. One of them revolves around what I have come to think of as ‘the night’.

It is the night one of the college students goes mad and starts hallucinating men climbing in at her third floor window. Going mad is, of itself, not an unusual occupation in New England. But repeatedly waking Miss Stevens, the formidable college principal, on the basis of delusions of imminent rape by mountaineering types, is.

It is also the night a student climbs into the bulldozer parked in the neighbouring grounds of soon-to-be-constructed Drummond College. With the sophisticated sense of humour typical of New England students of that time, he gets the bulldozer running and then jumps out.

And finally, it is also the night that my friend and I wander along, slightly furtively, to the small college library. It is close to midnight and inspired by a parapsychology lecture the previous week, we are carrying scribbled letters and a cheap wine glass. We are planning a seance.

Just as we are about to open the door, I glance up at the curtains and see them move.

‘Someone’s in there!’ I hiss.

‘Nonsense’, says my friend. ‘Who could possibly be in there?’

I direct her gaze to the curtains. On cue, they move again.

And then, before our horrified eyes, they move even more. And a bull’s head appears.

We beat all known records for speed, back to the safety of our rooms. The next day, we discover that there was indeed a bull in the library. A student had ‘borrowed’ another student’s PhD bull and put it there as a joke. The bull was on a special diet. Clearly sick of the same old, same old, it had welcomed the chance for some junk food - the college curtains. Bye-bye PhD.

My fellow traveller’s jaw is dropping as I relate this story. I congratulate myself on my engaging narrative style. But it is more than that.

‘My wife works at the college,’ he says, when he has regained speech. ‘People still talk about that night. But everyone thinks it’s just an urban myth.’

And so, a few hours later, I find myself back on the college grounds that I last saw seventeen years ago. After the awards ceremony, I slip out quietly and wander around the dark campus. Lighting is low wattage and infrequent, most of the colleges are uninhabited in this in-between time. My feet crunch with the rich, microphone-effect of country night. I turn corner after corner, thinking I must be lost, and then suddenly there it is. Duval College. I move forward more surely now. Another two turns and I am in the courtyard. A few more steps and I am standing before the window of my old room.

The curtains are drawn. The window is blank and the room unlighted, but I have

the insane feeling that somehow I am in there. That if I could just reach my hand through the dark glass, push aside the curtains and see, I would see me there. Seventeen, with the odd, choppy hairstyle that never quite fitted, sitting at my desk, swollen with misery and bad college food, shy, clumsy as an ox, knowing that I'm never going to make it, knowing that nothing is ever going to go right again.

And suddenly I feel like weeping. Not with sadness, although that is there too, for the despairing, unhappy child in that room, but with an emotion I can't fully delineate. Sadness, joy, but mostly a sheer strange wonder.

I want to cross through that wall. All the way into 1968, take that girl into my arms and say, 'See. This is how it happens. This is the future. It's me. I am the future. I'm telling you - *It all works out.*'

And I stand there, transported, lost in the power of that moment. The sense of the circles, ever-present, opening and closing in our lives, taking us to where we don't know that we want to go, returning us to what we can only now see.

Chapter 39

It's over! I've finished my last chemo! I've gone through all the chemo sessions in three-week intervals - the fastest you can do them. It feels like doing a hat trick or winning a trifecta! I'm really excited. I'm also incredibly tired, even walking the few metres to the car park feels like a marathon, but it's over! In a month, I get a Ca125 and a CT scan done and then make an appointment to see Jim and Greg. I'm back on track!

It felt so good to know that this was the last time I'd be packing my little bag for hospital. Each chemo session involves an overnight stay and by now I have the routine down pat. I drink my four litres of water on the day before chemo and again on the day itself. I come in laden with water bottles, my tape recorder, magazines and a small electric heating pad - encouragement for my veins. I also take a megadose of Senna in the afternoon, to head off constipation. I'm a traveller who's finally figured out what to pack.

It was my birthday on the day before chemo. Celia took me out to an art exhibition for a birthday treat, with dinner at a Japanese restaurant in the evening. The dinner turned out to be a surprise party that she had arranged. My first ever. It was great. A bunch of friends were there and it was a real celebration.

Celia and I have been friends for twenty plus years, after bonding at a kindergarten mother's ice-breaker. She's been terrific. Every three weeks during my chemo months, she's swooped by and carried me off to the pictures or for an outing. We go on week nights, when there aren't many people (I've been told to avoid crowds) and I feel like a pampered, delicate child, taken out for holiday treats.

It's a couple of days after chemo and I'm still astonishingly fatigued. After I brush

my teeth in the morning, I have to sit down to recuperate. It's strange being so physically weak. I get up in the morning thinking I'm made out of hardwood, but within two minutes discover I'm actually tissue paper.

It's a week now since chemo and I'm still amazed by the level of exhaustion. Jim says that because I've been going through so fast, my body will be even more depleted than usual and that I'll be more tired and take more time to recover than someone who's gone through at a slower pace. But it's wonderful to know it's all over. I thought I'd feel exhilarated, but I'm actually too tired to do exhilaration. I do have enough energy though for very, very relieved.

I used to think I knew what 'tired' was. When one of my American publishers sent me on a sixteen-cities-in-three-weeks publicity tour, with a different time zone every day and an optimistic four hours sleep a night, I thought that was 'tired'. On the last day of the tour, they outdid themselves and had me in three cities on the same day. I took the train from Philadelphia to my last stop, New York, dragged my luggage and myself half-way up the stairs of the station and felt my legs go. As I dropped to my knees on the steps of Penn. Station, I realised that was it - I just couldn't get up. And that was where my publicist found me, half an hour later, when she came to investigate my absence - on my knees, on the steps of Penn. Station, resigned to staying there forever. I thought that was tired. It wasn't.

It's three weeks after chemo now. I read somewhere that cranberries have a unique test for freshness. You throw them down on the floor. If they bounce back, they're fresh and ready to eat. If they just lie there, they're bruised or rotten. Well, I've failed the cranberry test.

This last fortnight has been terrible. So many things have gone wrong, one after another. Nothing on the cancer front, but in almost every other direction,

unexpected obstacles and disasters have been flying at me. I've been trying to mop up the mess, but my energy is failing and I'm so frustrated and tired that I feel like a weepy heap. I feel as if I've climbed a really high and difficult mountain and that when I finally reached the top, instead of a rest, there was someone waiting with a hammer to hit me over the head. I'm overwhelmed with fatigue and all these things, which are so important to me are going wrong. If I had the energy, I'd scream. All I can manage right now is an anguished squeak.

To try to fix one of the problems, I've had to ring an acquaintance for whom I did a huge and life-altering favour a couple of years ago. I was happy to do it at the time, with no thought of repayment. Now I need to ask for a small favour, which would take a minute of their time. I loathe asking people for favours; I never do it. But this time, I have no choice.

I phone and to my amazement my request is blandly refused. I'm almost speechless with shock. It brings me right back to the first days of my recurrence and the experience I had with those friends who abandoned me. The universe is clearly shaking its head, inspecting its nails in a bored fashion and muttering, 'Slow learner. Slow learner.'

And I have been. It's a class I never wanted to take, have had to be dragged to. 'Too trusting' is the label my friends have always given to me. I've worked in departments with politics hotter than Vesuvius and haven't been bothered by them, because I simply haven't noticed them. I've been insulted and smiled amiably at the insulter, not recognising what has happened, because it just hasn't occurred to me that someone would be that nasty. (This response, incidentally, comes highly recommended as a sure-fire method of driving the offender batty.)

Like a lot of people in the 'helping professions', I've always taken care of people.

I've done it ever since I was a child, when my school friends told me their troubles and the stray dogs in the neighbourhood followed me home. Although it wasn't my stated vocation back then, the inscription from my classmates in my seventh grade year book, reads 'To Doris, the Psychiatrist.'

Being the rescuer has been a role I've fallen into easily. In part, because I am good at rescuing. Also because I am not good at asking for things for myself. It is the persistent echo of that old self, who needed to be good and take care of people in order to be worthy of a place in the world.

In many ways I have left her far behind. I have grown up to be a strong and resilient adult. From the sixteen year-old who froze when put into a situation containing more than one person, I have become someone who can effortlessly address an audience of hundreds without the slightest flicker of nerves. I have dared things and succeeded, led a rich and productive life. So why is she dogging me now?

And I begin to realise that regardless of how much I have changed, it is still easier for me to give than to ask. That in fact I have been giving myself away like water. To some good people, to be sure - my family, my true friends, but also to people who have been too needy, or too self-centred, to enter into a truly reciprocal relationship. I have been giving myself away without discrimination and somewhere inside me, there is still the shy young girl who is too frightened to ask.

I have to think about this. About what I am doing. About where generosity becomes neurosis. About what one is denying when one is too 'trusting'. I have to recognise the shadow side of 'niceness'. The excessive need to be 'obliging', 'responsible', 'reasonable'. The avoidance of realities, both in the world and in oneself. And the cost one can be forced to pay.

Where did I learn to shrink from asking of others? Where did I learn to put so little value on myself that the words ‘Temerity!’ ‘Imposition!’ jump up like jailors at the thought? I was brought up in a family where children were pampered, spoiled. Surely I should have felt entitled in the outside world? Surely I should have learned to ask for things?

And then I remember my mother, who never put herself first. She too felt ‘unentitled’ when it came to our needs versus hers. I think of my father as a boy, giving lollies to his schoolmates to ensure their friendship. My relationship with my sister. And I see where I have come from. But I also see that where I am is *now*. This is my responsibility. My work that needs to be attended to. My shadow demanding to be claimed.

And I think about how hard it is to really claim our shadows. How much easier to avoid, deny or blame. I remember the moment in *Peter Pan*, that always made me gasp. It wasn’t the ticking crocodile or Captain Hook. It was the moment when, having lost his shadow, Peter comes back to the Darling household to reclaim it.

He has retrieved his shadow from the drawer in which it was stowed and is trying to stick it back on. At first Peter thinks that when he and his shadow are simply brought close to each other again, they will join, like drops of water. But that doesn’t happen. Next he tries to glue his shadow to him with wet soap. But that fails too. Distraught, Peter sits crying on the floor. His shadow won’t stick and even Peter knows that he needs his shadow to be complete.

Peter’s crying wakes Wendy up. And practical Wendy knows just what to do. There is only one way to make sure it stays on. ‘It must be sewn on,’ she says. And this is where I shudder. Because unlike Peter, Wendy and I know that sewing will hurt.

It's a fantasy that many of us have that one day it won't hurt. It won't hurt because after years of life, learning, therapy, love, wisdom (tick the favoured box), we will be complete, whole, perfect. There will be no more sewing to do.

And I am taken back suddenly to an occasion more than twenty years ago. I am overseas at a conference. The first international conference I have attended by myself. I was expecting it to be a smallish conference. Instead, as I enter the foyer and convention rooms, I realise that instead of a few hundred people, there are a few thousand people. And they all seem to know one another.

I wander around the rooms looking in vain for a familiar face. Everyone else is busy greeting friends and colleagues - at ease, relaxed, confident. The workshop I have chosen begins. I am seated in a room of six hundred strangers. And suddenly all I can think about is that I'll have to sit by myself at lunch-time. I am twenty-nine - self-assured and successful - and I can feel myself shrinking at the rate of knots. All the way back down to that shy teenager who would rather not have lunch than face the cafeteria all by herself.

I am horrified. I thought I was all over this. Haven't felt like this for over a decade. But 'horrified' doesn't make it go away. It's ridiculous, I tell myself. Telling myself makes no difference either. All the old feelings, the old words are starting to swallow me up - *ugly, useless, clumsy...* I know they will engulf me if I let them. 'I'm twenty-nine,' I tell myself. 'I can do something different.' But most of me doesn't believe it.

So I make a pact with myself. A challenge. If I succeed in it, I'll win. I can be twenty nine again. If I don't... Well I'll think about that later.

The challenge is the most difficult one I can think of. I am to look around that room

of six hundred strangers, pick out the best looking man in it and get him to ask me to have lunch with him.

The challenge appals me. I could never do that. At least let me pick a nerdy looking guy, one who might welcome an extra lunch companion. But no, I am resolute. A challenge has to be tough or it isn't a challenge. I have to earn being twenty-nine.

I look around the room carefully. I am going to be scrupulously honest about this. The best looking man in the room is a clear stand-out, sitting several rows ahead of me. He is, of course, surrounded by several exceptionally beautiful women. They lean over regularly to whisper in his ear.

Because he is sitting in the section ahead of me, I can't even make eye contact during the two hours of workshop. All I will have is a thirty second window of opportunity as he passes me in the aisle on the way out to lunch. It's all going to depend on that. Impossible. For me, at any rate.

How I succeeded in that, I still don't know. I've never done anything like it before or since. He, I and the glamorous women companions all went out and had lunch together. And then nothing bothered me again throughout the whole conference. I was invincible. Occasionally I would notice the good-looking man, at a seminar or other conference event. He would always run up to talk to me, looking faintly puzzled. He asked me to lunch on several other occasions. I politely refused. All I had needed was the one.

What was I doing in that? It wasn't about needing a man or being a flirt. It was essentially about making a choice. About regressing or finding my own power. It wasn't the only challenge I could have picked, but it was the one that felt most frightening. It was the one about inviting myself into the limelight - 'Notice me. I'm

worth noticing.'

We all meet our frailties, our fears, the deepest, most detested aspects of ourselves over and over again. We think we have them licked. They sneak up from the sidelines. And always, of course, they do it when we are at our weakest, our most vulnerable, our most desperate. Will we never be rid of them we think? Surely we've ditched them by now? But the answer comes, no, we haven't. Because they are part of us, as much a part of ourselves as the aspects we admire. They are our shadow and, like Peter Pan, we need them in order to be whole. What we can hope for perhaps, is that we get a little better at sewing.

Chapter 40

The tiredness continues. As does the string of roadblocks, debacles and mishaps. One of my friends, as I woefully recite the string of things that have gone wrong lately, says to me, 'Well, at least you've got your health.' I snap back, '*You've* got your health. I don't know what I've got.'

It is just beginning to dawn on me what I have actually been wrestling with these past few months. While I've been focussed on getting through the treatment, there hasn't been the room to let myself think about the 'what ifs'. What if the treatment fails? What if my tumour recurred because it's unusually persistent and it's not going to take this lying down? What if my recurrence-which-wasn't-supposed-to-happen means that I am indeed in that group of women who will die from ovarian cancer?

The questions flood me and I have no answers. No-one has the answers.

I get up this morning and realise that I'm beginning to feel better. I'm starting to move out of that awful trough of despair. I'm still very weak energy-wise and still emotionally drained, but I'm beginning to recover particles of my former spirit.

I am reading a piece about the side-effects of some medication. 'Can lead to bloating', it says. In my chemo-brained state, I misread it as 'floating'. My imagination goes into overdrive. I immediately see battalions of bald women gently ballooning into the sky.

Another day, and I'm definitely feeling better. Looking back, it seems as if I were in another universe over those last few days of depression. Like walking along and suddenly stepping into a puddle that turns out to be head-high.

I wrote a poem today, plus half of another one. They just came out. And they're good. It's such a strange and lovely feeling. Like reclaiming myself. In the last weeks of chemo, I wasn't even able to read poetry; I didn't have the concentration to do it justice and I didn't want to read poetry when I couldn't 'hear' it properly.

I went for a walk on the beach today with Eve. It was luxurious, like coming back to the world again. Although, after an half hour's walking, the soles of my feet felt as if I were walking on coals - the neuropathy kicking in. All the thrill of a fire-walk, without the danger.

I have my CT scan and chest x-ray today. I turn up at the hospital and am offered the first of the four revolting cups of aniseed-disguised-with-orange-cordial flavoured liquid that I have to imbibe. I'm then led to a cubicle to engage in the entertaining sport of attempting to tie up the hundred ribbons of my hospital gown (points lost for not matching each ribbon with its opposite partner), with my hands behind my back. Somewhere, I imagine there is an audience of giant squids, laughing uproariously at videos of squirming hospital patients, and congratulating their director on his success at infiltrating this hilarious design into human hospitals around the world.

The CT scan itself is a fairly innocuous experience. You lie on a narrow couch and are slowly rolled through an archway containing the scanning machinery. Lights flash and revolve around the archway in what could be quite attractive patterns if you weren't so uncomfortable from having to hold your arms stiffly above your head. Rather disconcertingly, the walls speak to you - the technicians having scarpered to safety once the scan starts rolling. The walls have extremely well-modulated voices and tell you to do things like breathe, hold your breath, breathe, hold your breath. Their imagination is clearly limited. At a party, they would be the bore in the corner, inspiring more and more florid techniques of avoidance.

Today, I ring up Jim's office to find out the results of the scan. I'm fully expecting the receptionist to say cheerfully, 'Yes, it's fine.' Instead, she says it's too complex to understand and I'll have to wait until tomorrow morning when Jim's in and can ring me. This immediately sets off alarm bells.

In Greg's office, when my blood tests are normal, the receptionist happily tells me so. In the last year, I've discovered that when they're not normal, she'll say, 'Doctor hasn't seen them yet, so you'll have to wait till he's looked at them.' This is code for 'Something is wrong and I'm not allowed to tell you what.' It leaves you hanging in suspense for however many hours it takes the doctor to get back to you, all the while not knowing what is wrong and suspecting the worst. Does this same spy-talk apply to Jim's practice?

I'm immediately catapulted back into the country of Waiting for Bad News. I've forgotten how ghastly it feels. I rent three videos to distract myself and resort to a sleeping tablet to get to sleep.

I wake this morning with fear pulling at my stomach, as if there are strings in there and someone's pulled too tight. There's only an hour or two to wait until I can talk to Jim. It's like all the waiting I did in the lead-up to the recurrence.

The phone rings. It's Jim's secretary. Jim has looked at the report and pronounced it okay. I feel weak with relief. Quite literally. My bones and muscles take on the consistency of jelly-fish. An hour later, I still feel as if I've run a twenty mile marathon.

I look in the mirror today, and to my amazed delight I can see tiny hairs beginning to sprout on my scalp, like the first buds of spring. It's coming back! My hair is really coming back! I want to hug those tiny sprouts. I want to throw them a party

and feed them chocolate cake and champagne. I want to hang banners all around the house. I'm going to be normal again!

I see Greg again today for the first time since he operated on me for the recurrence. It's a formal marking of my graduation from being a chemotherapy patient. It will be strange to be back there on the old examination couch, as if I have stepped out of time and come back again.

Greg tells me that from now on, he and Jim will alternately take my three-monthly check-up sessions. If the tumour returns, Greg says, then unless I am very lucky, surgery wouldn't be appropriate and I'd need more chemotherapy with Jim. He pauses. Then adds, but I might be lucky and have it come back in a form amenable to surgery. Another pause. And then he says, or maybe I might be really lucky and not have it come back at all.

'That's the plan', I say.

I see Jim today, also as part of my 'graduation' ceremony. I'm more nervous than I anticipated as I flip through magazines in his pale, streamlined waiting-room. He smiles broadly when he sees me. My counts are all back to normal. I'm surprised at how strong the wave of relief is, like realising you've been holding your breath only when you release it.

With some cancers, after five years of remission, you can say you are cured. Ovarian cancer is not like that. It can come back after six years, ten years, sixteen... Jim is optimistic today. He's really pleased with my progress through chemotherapy. 'You're in remission,' he says, 'and with luck, there's a good chance that you'll stay that way.' My heart feels like a balloon that has been let off of its anchor. I look up just at that instant, to see a brightly coloured parrot, perched on a

branch directly outside the window. As I watch, it spreads its wings, like an upside-down rainbow, and flies high into the sky.

The Examination Couch

This too is a gift of the body,
to lie still, believing in orchards,
in the fineness of hands,
in the delicacy of china,
to see the words on the skin,
the song spoken by muscle,
to lie without taking
anything upon us,
not the surgeon's smile,
not the white hospital lights,
to lie like the assumption of grace,
the ultimate sacrifice,
the evening blessing.

Chapter 41

My hair is making visible progress. There are also tiny sprouts of hair on my eyebrows and eyelashes. Only a few days ago, I had to squint closely to see them and still wasn't sure whether I was imagining things. Now they're clearly here. The first I knew about my returning eyebrows, was when I spent ten minutes trying to wipe a black speck off my skin. It took that long to work out that it was actually a returning hair. It's incredibly exciting.

A couple of weeks later and my eyebrows are now visible as a definite, fine line of tiny hairs. The same for my eyelashes. Each morning, I get a thrill out of looking at them and seeing their progress. It's moving to see the extraordinary regeneration - the optimism of the body. It's like the new green growth in the blackened aftermath of a bush fire.

I think I am only now digesting the experience of the last few months. It's like being at the theatre. While the show's on, you're fully absorbed in it. It's only after it's over and you're walking home that you have the space to analyse and understand it.

When I had my initial diagnosis, I felt sure I was cured. I didn't doubt that I'd be around years from now. This time, certainty isn't so easy. Right now I feel a genuine, 'I don't know' about that. Maybe I will be around, maybe I won't. It's not something I brood on or am preoccupied by, but it's there in a very real way.

I was trying to talk about this feeling, and how strange it is, to a friend. She came out with the old chestnut of, 'But no-one knows whether they're going to be alive in two years' time. Any of us could get run over by a bus tomorrow.' That line irritates the hell out of me. Of course it's true, but it's also meaningless. For people

who haven't faced death, this theorising is just an abstraction. It doesn't touch them in any real way. Sure at an intellectual level they can recognise that it's possible that they could get hit by a bus tomorrow, but it doesn't have any emotional reality for them. Whereas for those of us who have actually come face to face with death, the uncertainty is far from abstract. We feel it at a gut level - a profoundly shattering knowledge that we must find a way to live with or move through. It is only when you live with this uncertainty that you realise how automatically the other crowd, to whom you belonged less than a year ago, takes life for granted as they effortlessly make plans for next year, next anniversary, next holidays, next whatever.

It's a while since I've written in here. The deluge of problems continues. I seem to have spent my time trouble-shooting. Every time I think the sun has finally made it out, another downpour arrives. I feel distraught at times. This is not how I imagined it would be.

Today, Amantha comes into the house looking worried. She's just returned from a routine visit to her doctor, to check up on a few minor symptoms. The doctor has suggested an ultrasound.

'Do they hurt?' Amantha asks me.

'No,' I say. 'They're painless.'

I look at the ultrasound request. My heart contracts. It's a request for an ultrasound of the ovaries.

'What does your doctor want this for?' I ask.

Amantha shrugs. 'She thinks I might have cysts.'

I make myself relax again. Ovarian cysts are common and usually harmless. Nothing to worry about, I tell myself.

A week goes by. Amantha is feeling slightly nervous about the ultrasound. I come with her to keep her company. I am sitting in the waiting room when Amantha comes out, looking even more worried.

The ultrasound has shown up a cyst. She has to go back to her doctor to find out more.

‘What does it mean?’ Amantha asks me.

I reassure her. Tell her that everyone has cysts at one time or another. They’re usually pretty harmless. Most women don’t know they have them. They come and they go without causing problems.

It’s a week or two till Amantha gets an appointment with her doctor. I go with her this time.

The doctor studies the radiologist’s report carefully.

‘It’s an ovarian cyst,’ she says. It’s not totally clear what kind it is, but the doctor wants to get it checked out further. ‘So I’m going to refer Amantha to Greg Henderson,’ she says. And the floor drops away from under me.

Greg, my gyn-oncologist. Amantha is being referred to a cancer specialist.

‘Is the cyst dangerous?’ I ask, struggling to catch my breath.

‘Probably not,’ she says cautiously. ‘But in view of your history, I just want to be sure.’

In view of my history.

In a small percentage of women, ovarian cancer is hereditary. It’s something I can’t bear thinking about. Can’t bear the possibility of. Can’t bear even the thought of anything happening to Amantha.

As we leave the doctor’s office, Amantha is terrified. ‘Have I got cancer?’ she asks. ‘Have I got cancer?’

I have to stay calm for Amantha. ‘The doctor’s just being super cautious,’ I say. ‘It’ll turn out to be nothing.’ Amantha relaxes a little. Inwardly, I am jelly.

And so a week later, we find ourselves at Greg’s. Watching Amantha disappear into his office is like entering a nightmare. It feels like hours before Greg reappears to beckon me in.

‘It looks okay to me,’ he says. He thinks it’s a benign, garden-variety cyst. You can’t be totally sure without a biopsy, he explains, but he doesn’t want to do anything so invasive at this point. We’ll adopt a ‘watch and wait’ procedure. He wants Amantha to go back and have a second ultrasound in a couple of months. Hopefully the cyst will have disappeared by then. If it hasn’t or has grown bigger, then surgical investigation is on the cards.

Amantha is still frightened as we leave Greg’s office. Inside, so am I.

The two months crawl by. The second ultrasound is scheduled for the day before

my poetry book is launched. I can't even think about the launch. I sit on my chair in the clinic's waiting room willing the door to open. Finally it does. Amantha comes out smiling. Greg, thank heavens, thank goodness, thank everything, was right.

In the Constellation of the Crab is launched today. I think up my speech on the way in, still intoxicated with relief about Amantha. There are lots of people and a wonderful feeling all around. The Anti-Cancer Council did a great job. I come home exhausted, but buoyant. The book has been so important for me. It's been my way of creating something transcendent out of this experience. Something that records it, as an explorer would, but also rises above it, sees the other possibilities in it, the link to a wider universe.

I think back to the experience of being wheeled to the operating theatre, just nine months ago: I am groggy, scared and cold under the thin hospital blanket. The hospital ceiling flows past me. I am upside-down in the world. And then suddenly 'On the Way to the Operating Theatre', the poem I wrote about this same experience two years earlier, fills my mind.

The comforting warmth that floods through me is unexpected. It is like a greeting, a companion, a voice saying 'Someone has been here before - you are not alone.' It was me, of course, who had been there before, but the voice is saying much more than that. It is throwing me a line, a connection. To a vehicle far larger and more mysterious than a jolting hospital trolley. Suddenly I am on a *journey*. My companions are Odysseus, Orpheus and the thousand others in myth, fairytale and history who have been prepared to lose sight of the shore. Who better to travel with? And who knows what is there to be found?

Greg's ready to resume writing our book on ovarian cancer again. I meet him to talk about how to plan it. It's a strange feeling. I've suddenly switched from being a

patient to being a writing colleague again. It's unsettling. It's like coming in from a war zone and being suddenly transported into normal life with no debriefing. For the last few months, I have been Doris the cancer patient, now I'm not. That's not a loss. I never liked being Doris the cancer patient. The problem is that now I am suddenly Doris who?

The question mark is my question mark. Everyone else thinks I am just Doris again. I seem to be the only one who doesn't know who I am. But, no, it is not that. It is the reverse. It's not that everyone else knows who I am, it's that I am the only one who knows who I am not.

Greg and I talk again about my switching doctors. We were on the verge of doing this when the recurrence struck. Greg has someone in mind for me. It's important to do it and I want to, but I also feel a little sad and apprehensive. How will I get on with this new person? What will he be like? It's been so comforting having someone who knows me. I feel like the new kid in school again.

John, my new gyn-oncologist is in a different hospital, on the other side of town. He's a calm, thoughtful man, whom I like instantly. He considers my questions and answers them fully, giving the sense that he has all the time in the world. As the standard gyn-oncologist's schedule reads like the average work week compressed into a day, the all-the-time-in-the-world impression is prize-worthy. I like his responses too. There's a quiet optimism about them although, he notes, of course, that the road ahead is full of uncertainties. I feel enormously relieved as I leave his office.

Life post-cancer is strange. In a way, it's stranger than life during cancer. Then at least, you know what you're doing. Cancer fills your life like a school schedule - doctor's appointments, blood test appointments, treatments, scans, regimes to

follow. Your progress is updated frequently. There are regular exams and feedback follows. You know where you are.

Post-cancer, there are no road maps. I'm still feeling tired. Much more tired than I had imagined I would be. And my whole body seems to have slowed down. Keeping at my normal weight requires more effort than it used to, as if even my metabolism is sluggish. Everyone imagines that cancer leaves you transparently thin. The women on my e-mail list laugh hollowly at this assertion. They write, bemoaning the non-dispersable pounds that have piled on during and post chemotherapy. They diet and exercise and still remain frustratingly chubby-cheeked, while everyone tells them how well they look. Translation - you don't look like the death's head I expected. Their doctors cheerily tell them not to slim down, that fat is good. Translation - at the end, when the cancer has spread and obstructed your bowel and you can't eat, that fat will keep you alive a little longer. This does not make them feel good. Some women write that their oncologists have told them that their difficulty in losing weight is quite common after this chemotherapy. The tiredness, everyone seems to take for granted.

My hair is beginning to look like one of those army buzz cuts. Very trendy at the moment. I'm still wearing hats a lot, but when I remove them, everyone assumes I have been to one of those super expensive, beyond chic hair dressing salons. The sight of a shaved head is still relatively rare in the Melbourne I frequent, but I am told there are suburbs in Sydney where I would already be passe. I also have a lot of very fine blonde fuzz on my face, which probably wouldn't be trendy anywhere. This I believe, is a passing phase, as my hair follicles everywhere receive their get out of jail card.

Apart from the sense of physical weakness, I'm shaky emotionally as well. As I read about ovarian cancer, I continue to come across those sentences that say ,

'Once ovarian cancer has recurred, it is deemed to be incurable.' And my heart jolts. Is that what I am? Incurable? No, of course I can't be. And I read myself my personal Pollyanna tract - the one that goes, 'It was just a left over teensy weensy single seed and it's gone now and you've had chemo, so it's never coming back again.' Some days I believe it, some days I don't and some days I manage to believe both things at once.

I am sitting at my desk today, working my way through a pile of paperwork, when the phone rings. It's from the Australian Society of Hypnosis. They're having their national conference at Alice Springs and Uluru - will I chair a symposium there? Yes, I say immediately. I have never been to the Northern Territory, although I've occasionally thought of doing so.

We work out arrangements, what the symposium will be about, what I'll have to do. It's in two years time, in September, when the Centre is supposed to be at its best. I put the phone down. The Red Centre. What will it be like? I feel a sense of excitement. And then suddenly I think - two years. Will I still be there? And then I think, what the hell. If I'm not, they'll just have to find someone else to chair the symposium.

It's an odd flip, one that I've repeated before. One minute, I am the parachutist, jittery, peering terrified over the edge of the hatch. The next minute I've jumped, trusted to Fate - the parachute will either open or it won't.

But the dislocation of that moment keeps revisiting me. I've made a plan for two years time and I don't know whether I'll be alive or not. It is totally disorienting. A gap in what was supposed to be a smoothly continuous future and I can't join it together. And just as the tongue seeks out the crevice left by an excised tooth, so my mind keeps returning to it, trying to put it back. But it is as if I've lost a piece of

the puzzle. A piece that I never even noticed before. I feel sometimes that I am down on my knees, hunting for it, muttering to myself over and over 'Where is it..? What happened to...?'

Anniversary

It is summer again. The city has taken
up angels, lost frogs, the full moon.
Nobody wants to end here. Six miles
to the east the hospital sits brooding,
hatching its beds,
stretching its neck up to heaven.

You rose there too last February,
the Lazarus month. Remember
how it was then, to live in the mirror,
below sleep, below reflection, the delicate
violence of resurrection.

Losing your hair as the year bled
leaves, streaming and drifting.
And the dream one night: you and all the bald
headed women alive by the sea
buying your boots for the tide
in finest leather - indigo, purple, emerald green.
The sea is sweet there, the rocks, precarious.

Getting dressed each day
you could see how they'd laced up your skin
as if it were a shoe to keep your foot in -
what were they frightened
would slip away?

And what was the deal you made?

The gas flowers, your corsage,

Your date, the surgeon's face

masked and fancy-gowned -

Prince of the masquerade.

Your feet quite bare, and isn't it queer,

where has the last slipper disappeared?

Chapter 42

All the time I was going through chemotherapy, Afterwards was the country I dreamed about. It was the place I'd seen countless times on TV - it had different locations, different vistas, but the scene was always the same. The athlete surfaces at the end of the winning lap of the pool, breaks through the ribbon on the marathon track, completes the perfect, daring dive, comes dripping, panting, sweating, back to the cheers of the crowd, the cooling drink, the caring hands, the hugs, the flowers, the walk on down from the podium into happy ever after. I knew exactly what it would be like.

Such a shame the rest of the universe didn't.

It is seven months since I finished chemotherapy. The avalanche of hopes thwarted, dreams blocked, paths dead-ended - and all the other clichés that trip so tritely off the page and so crushingly into real life has continued. It has done more than continue. It has overtaken the Energiser Bunny. It feels unrelenting, unstoppable and overwhelming.

Halfway through the year, in a kind of dazzle of disbelief at the sheer flood of bad luck, I wonder whether I am just imagining it. Have I become so fragile, so sensitive that even a tiny tap feels like a knock-down blow? Is my delicate mind set exaggerating the frequency with which plans turn sour?

I sit down and write out a list, complete with dates, of the important things that have gone awry over this last six months. It is a long list. I show it to a friend. 'It's not normal, is it?' I say. 'It's not normal to have so many things go wrong and keep on going wrong?' She looks at the list and blanches. The avalanche continues.

Am I causing this? I wonder. Am I somehow sabotaging events and people around me? I look at the list again. I decide that if I was able to cause this degree of controlled disaster, I would already be dictator of the world. They literally are events that are out of my hands. That, in a way, is the most horrifying part of it all. An internal saboteur, I can accept; a world which seems to delight in thwarting me at every turn, I don't understand.

I spend the year hauling myself up, collapsing in a teary heap, hauling myself up, collapsing, and so on. It is taking every ounce of energy and strength that I have. The six year-old statistician at the back of my mind is dismayed. This is not the way the universe is supposed to work. I've ploughed my way through cancer; I'm due for a break. I've had my tough time, now I'm supposed to have my good time. I'm not supposed to be met with this torrent of blockages and disappointments. I am confused, angry, sad and despairing - usually all at once. This is the time no-one tells you about. I have walked into the wrong story.

In the right story, I was supposed to fight my way through the setback of cancer recurrence. To put in the hard work of it, the slog of it. To dare it, defy it, transcend it - to simply *get through* it. Then I was supposed to go home. Really go home. The home of the Monopoly board, where you get \$200 just for the achievement of getting there. The home where good is rewarded and effort recognised. The home that soldiers dream of and that never really exists.

Life is shaking me by the neck and making me give up the last vestige of my favourite illusion. It's the one I drank in with fairytales and refused to give up. It's the one that most of us, even as adults, have held onto in some secret part of ourselves. It's the one about life being fair.

And I am so angry about this. I feel like the toddler, who has been denied some

promised reward, shrieking, 'It's not fair! It's not fair!' It's not fair that I went through all this, did the right thing and got thumped on the head. It's not fair! I've been cheated!

And I also feel guilty. Here am I wailing about fairness, when many of my early friends in this group are already dead. How dare I, the survivor, have a tantrum about life being unfair.

But I am. And I continue to. Alternated with guilt. Alternated with deep, deep sadness as I begin to count the costs of the war, the losses strewn over the battlefield, the devastation. This is the mourning I thought I wasn't going to have.

It's tricky, mourning as a survivor. Your losses are minor compared to those who didn't survive. How self-centred, to focus on your damage when there is far greater wreckage all around. And there is a strange intertwining of luck and loss. How ungrateful to be mourning losses when you should be rejoicing that you're alive? The strictures go on and on and the guilt that they produce makes mourning a difficult negotiation. Because there *are* real losses. And they need to be acknowledged and honoured, not denied.

Throughout the months of chemotherapy, I have been a highwire walker. My tightrope, a slender plank, suspended, quivering, above a chasm. I have adopted the principles of air walking - don't look down, one foot in front of the other, concentrate on where you're going. How else can you make such a crossing?

I have stepped off the beam now onto the relative safety of the small, high-up platform. I can afford to look down. And the view is terrifying. I thought the platform would be a place of rest and comfort. It is indeed safer than the beam. But on the beam, I focussed only on the solid plank in front of me. Here I can see what I

have been crossing. It is spread out beneath me. I don't know whether I can get down, or whether there is still more to cross over.

When Martin and I were out driving once, we encountered a towering monolith smack in the middle of nowhere - an electricity generation plant. The engineer in Martin was immediately aroused. There is no engineer to arouse in me. My only flicker of interest in engineering occurred when I discovered that within the engineering faculty at Melbourne University, was the enchantingly named Department of Power. I wondered briefly about whether there was a Professor of Power and what he would look like and then my millisecond flirtation with the world of engineering faded and died. So I am not as wildly enthusiastic as Martin at the prospect of exploring this building. Nevertheless, I get out of the car and follow him up.

And up. We are in a small elevator which is creaking slowly upwards to the full, formidable height of the building. Finally it stops. The door opens and we step out onto a landing. And freeze. In front of us is a floor. But it is a floor made of rigid steel mesh. It is tough, strong and presumably perfectly safe. But I will not step foot on it. You can see through it. You can see right through it. I am up, twelve stories high and I can see, with absolute shivering clarity, the depth of the fall; the sheer, terrible drop of breath-wrenching nothingness, right underneath my feet.

The mesh is spread from one wall to another, like a lace floor. Its loops are three centimetres wide, a foot could never go through them, but all I can see is the gap. The black mouth of the fall, winking between each interlocked, tensile thread. A part of me is telling myself that it is safe; that the mesh is strong and will hold me. Every other part of me is recoiling and screaming - No! No! Danger! Don't go! I feel, insanely, that if I step out onto the mesh I will be sucked through. That somehow, no matter how slowly I go, how much care I take, some part of me will

slip right through it.

I can see now that I have been walking this wire floor my whole life. We all have. It has been disguised though, to make it seem solid, opaque, safe. The gap cannot be seen, nor the fall. It has taken cancer to make it visible. And now that I know what I am walking on, nothing feels the same any more.

I am mourning for my old self, who didn't know this. Who assumed the future stretched out as far as she wanted it to. For the self who was fit and strong and could work an intense, ten-hour day and dance for three hours after it. I am mourning for the illusions stripped away, the idealism, the betrayals, the hurts.

I am mourning too, for the sense of separation. Although I inhabit the same physical space as my friends, the emotional space is very different. To my friends and the people around me, I have returned from a journey. I have hung up my coat and hat and come back to my normal life. I am working, playing, doing what I usually do - ergo, I am the same. I went out and I came back. End of story. What they cannot see is that I have come back a different person.

What they also do not understand is the continuing presence of uncertainty in my life. They have confused the illness with the treatment. To them, the treatment is over therefore the illness is over. When people discover I have had cancer, the first thing they ask is, 'But you're alright now?' And I know what they need me to say. 'Yes, I'm fine now. It's all gone.' And I remember my mother, playing with my toddler self at dinner. When I'd been good and eaten the dreaded spinach, she would sing 'All gone!' And I would join in proudly with her 'All gone!'

But I don't know that it's all gone. I thought it was all gone once before and I was wrong. There are blood tests and check-ups to remind me for the rest of my life.

There isn't a date when I can pass the finishing line, have someone pat me on the back, hand me a certificate and say, 'You're cured.'

And a certain portion of the world has definite ideas about it being not 'all gone'. I discover that I can't get travel insurance in the automatic way I used to. I've been a cancer patient. Not a good risk. Ditto for any other kind of insurance. They're not willing to bet on it being 'all gone'.

I need to find how to live between the bland denial of risk and the terrible staring into the chasm. I need to reconstruct the solidity of my world, but I cannot do that until I recognise what has been taken away.

I strive to remember the feeling of luck I had at the beginning of all this, but it's hard to assimilate this now - as if what was given, has been taken away. I had the luck to fall into the ninety-five percent survivor's staging. I had the bad luck to fall into the five percent who have a recurrence. What does it mean?

And what I am most terrified that it means, is that the universe is chaotic. That there is no meaning. No order. No story.

I alternately plod and drag myself through the year. I set magical goal posts. New Year is coming up - that will bring a fresh start, new luck. And when it doesn't, I set my sights on this event and that. My birthday. An anniversary. I am like a failed millennium prophet, blindly flailing around for new signposts.

And then finally, a holiday. We're going north, to the sun. This must be it. This must herald the new beginning, I decide. But two days after we leave, a sobbing phone call from Amantha tells me that our beloved Tabbatha has been suddenly taken ill and died during the night.

Reindeer are normally wary, skittish beasts, ever alert to the presence of human or other danger. In the remote Arctic winter, however, during the time of deepest cold, an odd thing happens. Reindeer can be seen wandering around in a state of strange, unnatural docility, seemingly unafraid of people. The syndrome has a name. It is called 'arctic resignation'.

I think of it now as I doggedly put one foot in front of the other, having learned not to look back and not to look forwards.

The battering continues. I stop waiting for the universe to right itself. I am terrified that I have lost my story.

What Happened To The Giant's Wife?

What happened to the Giant's wife? It was something Rachel had never thought about before. Not once. She had shivered in anticipation of the Giant's approaching 'Fee Fi Fo Fum...' and had cheered with Jack as he scrambled down the beanstalk clutching the hen and its golden eggs. She had held her breath as he hid from and then was chased by the giant. She had released it when he chopped through the thick, twirling vine and killed the giant. But not once had she thought about the Giant's wife.

Rachel thought about it now. When Jack arrived, the Giant's wife had been going about her simple, daily business, taking care of things, taking care of people. She might have been in the kitchen, cooking apples, leaf-green in their skins or salting aubergines to wash out the plush, purple bitterness. Polishing the copper pans, her reflection flickering in and out like a runaway moon. Rachel imagined her moving slowly, her giant hands delicate as she went about her work. Dreaming to herself, in the steamy trance that is the heart of all kitchens. The Giant's wife was a background character, a supporting role, her function merely to protect and shelter Jack. Who would be interested in her?

Rachel looked up her childhood copy of Jack and the Beanstalk. She thought that she remembered it, but she knew that there was always more than what you remembered and that what you remembered was always more than what there was.

Rachel's memory was of Jack, a simple but well-mannered boy

living with his widowed, impoverished mother. Down to an empty larder, she sent Jack to sell their last possession, a cow. On his way to the market, Jack was intercepted by an unscrupulous trader who preyed on his naivete and fobbed him off with a handful of beans in exchange for the cow. His frustrated mother threw the beans out of the window when Jack returned with neither cow nor money.

In the morning, Jack looked out of the window and saw an enormous beanstalk. It led to a magical land, wherein he found the house of the Giant. The Giant's kindly wife took him in and gave him food and a hiding place when the Giant unexpectedly returned. In exchange, Jack stole the Giant's silver and gold and his two most treasured possessions - a magic hen which laid golden eggs, and a harp, which played without being touched.

It took Jack three trips up the beanstalk to carry out these thefts. On the third trip, he was discovered and chased by the Giant. Jack hacked through the beanstalk and the Giant fell to his death.

It seemed a simple story. Daring, valour and a victory over a vicious enemy. But now, Rachel could see that there was something missing. Now that she had started to think about the Giant's wife.

It seemed to Rachel that the Giant's wife was the entirely innocent victim in this piece. She had shown Jack kindness and generosity; he had rewarded her not only with theft, but by killing her husband. How did this make sense? How could this be tolerated? Rachel felt agitated as she thought about it. She had to find out more.

The Giant's wife reminded Rachel of her mother, she thought. Rachel remembered her mother also in the kitchen - cleaning, baking, taking care of people. The other place Rachel remembered her mother was in the garden. Not gardening, although plants grew for her mother in the way that the beanstalk had grown for Jack, but sun-bathing. Sometimes Rachel's mother would stretch out her towel on the springy back-yard grass, and lie motionless, utterly still, a golden flower in the sun.

Rachel liked to remember these times. Her mother, eyes closed, dreaming her own dreams, or drowsily talking to Rachel as she sat near or passed by. As her mother drew in the sunshine, gratefully, greedily, Rachel thought it was the only time she had seen her mother take anything for herself first.

Rachel found the original 'Jack and the Beanstalk' in the library stacks. It was an English story, dated 1820. She read it slowly. It was darker, more complex than the childhood story of her memory.

In this story, Jack was a selfish, over-indulged child who had wasted away all that his widowed mother possessed. Finally, driven to the edge, she admonished him; he had brought her to penury in her old age. She had to sell the cow, she could not see Jack starve.

When Jack returned from the sale with only a handful of beans, his mother's despair and pain finally erupted. In a rage, she threw the beans out of the window.

Having climbed the beanstalk, Jack found himself in a strange

barren land with no living creature to be seen. Fatigued and hungry, he walked on, hoping for somewhere that he might beg a drink.

Just as he felt doomed to die, a stranger approached in the distance. A beautiful woman with a wand of gold - a fairy - who asked how he had come here and whether he recollected his father. Jack's father: the secret in the family. The subject his mother avoided.

The fairy would tell Jack his history on one condition; Jack must solemnly promise to do what the fairy commanded. If he disobeyed, she would destroy him. Jack agreed.

Jack's father, the fairy said, was a man of such goodness and benevolence that he never let a day pass without an act of kindness to some person. The talk of his goodness floated over the land until it reached the ears of the Giant, who was as wicked as Jack's father was good. The Giant was envious, covetous and cruel, but had the art of concealing those vices.

The Giant came to Jack's father with lies of hardship. He was invited to live in the family household. In return for this kindness, he murdered Jack's father, sparing the son's and mother's lives only on the condition that the crime was never mentioned and that Jack's mother would never inform him of who his father was. He then plundered the dead man's treasures and burnt his house to the ground.

The fairy had been Jack's father's guardian, and she had failed in her duty. She was now bent on avenging the past and punishing the Giant. Jack would be her instrument. He was to make off with the Giant's possessions, particularly the two magic creations, the hen and harp, which the giant had stolen from the fairy.

The rest of the story was as Rachel had remembered it, with the exception of the Giant's wife. Rachel had imagined her as the archetypal kitchen-mother, comfortable and comforting, in harmony with house and husband. Instead she found a beaten wife, terrified of her partner, of the violence that flared and raged around the house. It was a house in which live victims chained in cages awaited the Giant's voracious appetite. And in this house, a woman who, through fearful obedience, had assisted in the murder of Jack's father. A woman, nevertheless, of 'a compassionate and generous nature'. This was the woman who took in a starving boy, fed him and protected him from her husband and the terrors of the house.

As Rachel read, she saw that the characters in 'Jack' could be divided into two groups. There were the givers and the takers. It was as simple as that.

Jack, the fairy, and most of all the Giant, were the takers. They served their own interests, their own needs were foremost. On the other side were the givers - Jack's mother, the Giant's wife, and most of all, Jack's father. There was a terrible symmetry to it all. If you laid them out on a graph, the Giant would be at one tail and Jack's father would be at the other. Both tails ended in death. And

somewhere in between, Rachel knew, was the answer to the question rippling through the story.

Rachel could understand the Giant. He was evil, he had committed terrible crimes without remorse. It was right that he should die. That was what fairytales did - they punished evil and rewarded good. The Giant's wife had been rewarded for her kindness: released by the Giant's death she was freed from a tyrant.

But what of Jack's father, the man who was generous and charitable; who gave and kept on giving even to the unseen evil he had allowed into his house? He was murdered, his possessions looted, his name rubbed out, his story hidden, even from his son. Jack's father was the true mystery, the enigma at the heart of the story. The real question was, what had happened to Jack's father?

Rachel understood givers. Her mother had had everything ripped away from her in the camps - her family, her friends, her dreams - all gone without reason, without sense. Yet her mother, who had had so much taken away from her, was still a giver. In the camps, she took care of those who were sicker than herself. She shared her food. She shared her strength. She survived.

In the new land, as far across the world as water would take her, she continued to give. Kindnesses, comforts, practical acts - to friends, neighbours, shopkeepers, strangers. But most of all to her two daughters. Like a gardener whose orchards have been ripped away by storms, she had built a hot-house for the two green shoots that had unbelievably grown out of chaos. The storm was never

talked about. Only the preciousness of the two new lives.

As she grew up, Rachel had friends who were only children. Wistfully, they would confess to Rachel that they had always wanted a sister. Rachel did too. She didn't know what she had, but most of the time she knew it wasn't a sister.

Rachel's sister was a couple of years older than she. As an adult, Rachel would understand that her sister had never forgiven her for simply being there. As a child however, the only explanation she could come to for her sister's behaviour, was that there must be something wrong with her, Rachel.

Rachel tried continuously, did whatever she could to determine what it was that her sister wanted of her, how to please her. But like the cuckoo, there was room for only one in the nest.

Occasionally, glimpses of this truth would filter through to the younger Rachel. She would turn away from her sibling. When this happened, her sister would become charming, placating, seducing Rachel back to the game.

Throughout all this, Rachel realised that her parents were as powerless to help her as she was to help herself. She understood, without even knowing that she understood, that the reason they could not intervene was because they could not allow themselves to see.

Jack's father, the story said, was a man whose life was devoted to

giving. To caring for the poor, to nourishing those who had fallen in the world. He must have known about evil, about shadow. That was why he had dedicated his life to light. He had created the shelter of his mansion and invited in the destitute, the suffering. The house could fold its arms around them. The world, with its despair was out there. It could not enter. He would not allow it to.

And yet he must have understood that evil is everywhere, no respecter of houses, walls or frontiers. Perhaps he had seen too much of evil? thought Rachel. How else to explain his blindness? Rachel knew that if you stared at a single colour long enough then closed your eyes, you would see only its opposite, the colour opposed to it in the spectrum; as if the retina, flooded with the one colour, was overwhelmed, overcome.

Jack's father was like the overwhelmed eye, unseeing when the giant, fuelled by envy and rage, crossed his defended, invisible borders that were not really borders after all.

Rachel remembered the horrors that her mother had lived through. The nightmare juggernaut that had left her bruised and bleeding on the road, but somehow, miraculously alive. Her mother had fled to the farthest reaches of the world. But once you knew that death could come out of clear skies, the glance of a former neighbour, the voice of a friend, the heart of your ordinary world, how could you ever forget? And how could you ever remember?

How desperate the need for sanctuaries, those places where darkness could not enter. They must be created, had to be created,

even if they could not be created. And yet in creating them you lost a part of yourself. Became blind. The act of seeing, Rachel thought, encompassed both the seen and the seer. Whatever you were blind to, also blotted out a part of you. Like the sun in eclipse, slowly giving up bite after bite of itself to the small encroaching moon.

She remembered her mother in the onslaught of her sister's rages. Not attacking back or defending herself, but simply standing, resigned and patient as a cart-horse. And Rachel's heart nearly broke. She knew her mother had been as powerless in this as Rachel. Just as undefended from what lay here in the heart of the sanctuary.

But you had to defend yourself, thought Rachel, that was the key. It was there in the story. And before you could defend yourself, you had to see. To really see - not just what was easy or nice, or what you wanted to. You had to be prepared to see it all.

That was what had saved Jack's mother and the Giant's wife. They had started off as appendages, with not even names of their own. They existed only to serve the needs of Jack and the Giant. They nourished, they toiled, they gave of themselves. And yet, in the end, each of them had finally rebelled. Jack's mother had finally cried out in rage and pain at her son's selfishness and thrown the beans out of the window. The Giant's wife had at last defied him, hiding Jack from his violent appetites. And it was these two acts of defiance that had not only saved the two women, but had carried the story. Without them, there would have been no beanstalk, no entrance to the secret heritage - the blotted-out memory of the

father's name - and no Jack to avenge his father's slayer.

Rachel too, had finally had to save herself. To disentangle herself from the dance, to stand up and save herself. She had had the choice, she realised, to drown or to swim. Finally she had chosen to swim.

There was no sanctuary, she thought. It was a mythical creation. There was no place where darkness could not enter. Darkness and light were a part of each other's definition; one could not exist without the other. Like the serpent which symbolises both healing and death; wisdom and forbidden knowledge; the loss of one skin, the birth of another.

The body understood that, thought Rachel. It lived with death - it was only death that allowed it to live. Cells died that others might flourish. If they stopped dying, the body's life was in peril. There was no sentimentality in the body. It took in its world, sorted it, used what it could, expelled what it could not. Air, food, water, transformed in its dark, acidic cauldrons. It was the body of night, of darkness, the tough-minded god of the underworld, weighing souls, passing judgement, exalting, discarding.

And yet, it was also the body of the imagination, of light - the delicate rods and cones of vision, flickering in their enchanted, viscous sea; the Lazarus chemicals of memory; the electric house of love. Earth, water, fire, air - the molecules, simple, complex, base, raw. Lightness and dark, the body took them in, took them all in, clear-eyed, pragmatic, ruthless and created the tender, shining

miracle of world.

Part 4 - Afterwards

Chapter 43

It is now fourteen months since I finished chemotherapy. The knocks and blows that were a constant feature of the past year seem to have died down. It is like the quiet after the cannons stop booming. I am poking my nose out from my fox-hole, cautious, frightened that this silence will be deceptive. Nothing happens. It seems the deluge is over.

It is a quiet year. I spend most of it catching my breath. This universe feels strange. After a while, I realise what the strangeness is. It is the strangeness of 'ordinary'. There is no storm of bad luck; neither is there of good luck. Things are just continuing in a fairly uneventful way. I feel like an invalid recovering from a terrible fever. The world is paler, less intense, but safer.

But I am not taking any chances. I am more cautious than I used to be. And less optimistic. My dreams for the future are more guarded. Over-riding all this though, is the fact that I have started writing again. And to my surprise, what I have begun to write are short meditative pieces focussed on fairytales. They are introduced by a character called Rachel, who simply appeared on the page one day to act as a guide to the tales.

Physically, I am still tired. I feel as if my body has slowed down. I first noticed it halfway through chemotherapy; it is a change that has stayed with me.

There are other changes that go with it. I feel the cold much more sharply, I fall asleep when I sit down to read, my skin and hair are dry, and when a doctor tests them, my reflexes are sluggish. She decides that what I need is the new star on the

firmament - testosterone. I am not so sure that this is what I need, but she is convincing. And to top it all off, there are no side-effects, she says. I agree to the implant.

What she hasn't told me is that the body converts excess testosterone to oestrogen. Oestrogen, I've discovered, is not my body's favourite substance. While most women feel good on it, if I take anything more than half the minimum dose, I feel ghastly - sluggish, bloated, depleted.

A couple of weeks after the testosterone implant, I notice this familiar revolting feeling. This is when I do my research - definitely after the horse has bolted - and discover that my body is obviously converting testosterone to oestrogen at a great rate.

After four weeks of feeling terrible, I call the doctor. She says she can remove the implant. I look doubtfully at the incision on my abdomen. It doesn't look removable.

In her office, I mention that I have to fly to Queensland tomorrow to run some workshops. Will the removal interfere with that? No, she assures me and begins to probe the incision. But it seems the implant is hiding. It does not want to be evicted. After a while, she concedes failure and stitches me up. I slope off moodily, contemplating the next few months of being oestrogen-bound.

I'm on the plane to Queensland, enjoying the thought of a few days' of sunshine. I've even managed to constrain my packing instincts so that I have only one carry-on bag. What bliss, to be able to just waltz on and off the plane as if I were taking the bus.

At the hotel, I dump my bag and make ready for a quick change into beach clothes. This is when I discover I am covered in blood. The implant wound on my abdomen has been leaking steadily throughout the plane ride. The black pants I am wearing have provided excellent camouflage.

I clean myself up, apply band-aids and clean clothes and head out to find a chemist selling heavier-duty bandaging power. I have barely stepped outside the hotel when I feel blood soaking my clothes. Unfortunately, I have also just spotted the best secondhand bookshop in the world.

The bookshop wins out. After I finally rip myself away from it, the bleeding situation is too dire to proceed to the chemist. Back to the room for further clean-ups and clothing. This pattern, minus the bookshop, repeats itself three more times. I am bleeding too efficiently to let me get to the chemist without looking like an escapee from a horror movie. I am also down to my last usable item of clothing. Thank God for my tendency to overpack.

I decide to try applying pressure and ice to the wound. I ring the hotel kitchen for ice. They say I can come and pick some up. 'I can't get down there,' I say, 'I'm bleeding,' eliciting images of a gunshot victim. The staff are very sanguine about this and don't question me further. Is this an example of the laid-back Queensland style? They bring up some ice and I lie down, apply it and think what to do.

I am the guest of honour at a reception in an hour and a half. I have also managed to forget the names of my hosts, the people who organised this workshop. I daren't risk another trip by foot to the chemist. With only one change of clothes left, the prospect of having to conduct the workshop clothed in the hotel's bath towels looms alarmingly large. Perhaps shower curtains for the reception?

I ring Reception and by dint of some heavy deductive reasoning, we eventually come up with a name that may or may not have something to do with the committee who invited me here. With some trepidation, I dial the number and it's right! I explain my situation - stuck, bleeding on my bed, clutching an icepack and in urgent need of transport to the chemist.

I'm in luck. The chairman of the committee is a GP and he has a car. In no time at all, I am engaged in intense discussion with the chemist's assistant about bandages and their relative merits. She welcomes the challenge and I arrive back at my suite with a variety of heavy-duty health implements.

The chairman binds me tightly with the elastic bandage, so that pressure is exerted on the wound. There is a strong resemblance to the corset-lacing scene in *Gone with the Wind*. There have to be less dignified ways to meet the person who is hosting one's workshop, but I can't think of them right now.

Freshly bandaged and in my last remaining outfit, I sail down to the reception. The chairman offers to bind me up again tomorrow if I need it, but I thank him and say no, that would be a double-bind.

The effects of the implant stay with me for several months. When they eventually wear off and I get back to my 'normal' post-chemo tiredness, I am so thrilled, that I feel terrific. Whatever was I complaining about all those months ago? I am a perfect example of the goat principle.

The goat principle is based on an old story:

A peasant living in a small village goes to his Rabbi. 'Rabbi, Rabbi,' he says, 'what am I to do? Life is terrible! I live in a small hut with my wife and six children.'

There's no room to move - always someone under your feet, it's noisy, untidy, there's never any peace. I can't stand it any more. It's driving me mad. What am I to do?'

'Do you have any chickens?' the Rabbi asks.

'Yes,' the man says surprised. 'But what have chickens to do with this?'

'I want you to take the chickens to live with you inside your hut,' says the Rabbi.

'Come back and see me in a week.'

The man is startled, but this is his Rabbi, so he listens and obeys.

A week later, the man returns. 'Rabbi, Rabbi, everything is much worse. Now I not only have my wife and children in the hut, I have chickens everywhere making their messes and getting in everyone's way. What am I to do?'

'Do you have any geese?' the Rabbi asks.

'Yes,' says the peasant, puzzled. 'I have five geese.'

'Take them into the hut with you also,' says the Rabbi. 'Come back and see me in a week.'

The peasant is horrified, but he obeys.

The next week, he returns. 'Rabbi, Rabbi, things are worse than ever. Now I not only have the wife and children and chickens, I have the geese. They make such a loud noise and their droppings are everywhere. I can't stand it. What am I to do?'

‘Do you have a goat?’ asks the Rabbi.

‘Yes,’ says the peasant, really puzzled now, ‘I have a goat.’

‘Bring the goat into the hut with you and come back and see me in a week.’

The peasant is aghast. Did he hear the Rabbi properly? But he obeys.

The next week, he returns. He is ashen-faced. ‘Rabbi, I never knew things could be so bad. Home is a madhouse - the wife, the children, the chickens, the geese, the goat. I can’t go on like this. Rabbi, what shall I do?’

The Rabbi replies, ‘Go home. Take out of the hut the chickens, the geese and the goat and leave them outside. Come back and see me in a week.’

The peasant returns the following week. His face is glowing. He is ecstatic. ‘Rabbi, Rabbi, this is paradise! The hut is so big and peaceful now. Only the wife and children. No chickens, no geese, no goats. I’ve never felt better in my life!’

Chapter 44

A couple more months pass. It's two years now since I finished chemotherapy. The ground beneath my feet has felt solid for some time now. Apart from my three-monthly check-ups, I don't think much about cancer or mortality. In a month, I'll be flying to Alice Springs to chair the symposium I was asked to run two years ago. It seems like a lifetime ago.

I am seeing my afternoon patients when I start to feel some abdominal pain. Indigestion, I tell myself and take some antacid. The pains continue, becoming more intense. Perhaps it's food poisoning? But I can't remember eating anything suspect.

By evening I am in intense, unremitting pain. I'm beginning to suspect that it's neither indigestion nor food poisoning. I start to remember stories I have read on my Internet discussion group about bowel obstructions. These are nothing to do with constipation. They occur when parts of the bowel become stuck together or twist so that nothing at all; not fluid, food or air, can pass through. It's a dangerous condition.

I take a sleeping tablet to try to get some sleep, but after an hour I am up again. The pain is simply too gripping.

It's a long, long night. I ring John, my gyn-oncologist, in the morning and describe what is happening. 'You'd better come in,' he says. 'We'll need to take an x-ray. If it's a bowel obstruction, you'll need to be hospitalised.'

So here I am, toting my little hospital bag once again. John rests his stethoscope against my abdomen and listens. He shakes his head. 'That's not sounding normal.'

The normal bowel is somewhat of a fitness fanatic and keeps itself constantly active with wave-like peristaltic motions. Like the average gym junkie, it also makes characteristic sounds as it goes about its workout. My bowel is not making those sounds.

The x-ray is organised with great efficiency. I am rather less efficient - straightening myself up for the required snapshot is agony. When it is developed, the photo shows half of my bowel blown up to Michelin Man proportions while the other half is a skimpy, anorexic string. A classic bowel obstruction.

‘We’ll have to admit you and put you on a drip,’ says John.

‘Pain killers?’ I croak hopefully.

‘We’ll give you morphine.’

A nurse leads me to my bed and returns, to my panting relief, gripping a syringe. Never have I been so excited about getting an injection. John comes back and with amazing deftness, captures one of my dehydrated veins and effortlessly inserts an IV. I am slack-jawed with amazement. Or perhaps it is the morphine.

The course of action for the moment is to forgo anything by mouth - no food, no water - so as to rest my bowel and hope it untwists itself. The drip is there to keep me hydrated during the fast. If rest doesn’t do the trick, surgery may be necessary. And of course, the big question is, what is causing the obstruction?

There is generally one of two likelihoods here. It will either be an adhesion, a late after-effect of my abdominal surgery, or it will be a recurrence of the cancer.

With the morphine doing its magical work, I settle down to take in my surroundings. It is Friday afternoon and I am in a four-bed ward, peopled by three women in varying states of consciousness. I am attached to my old friend, the intravenous drip, and look to be here for the duration. My handbag is squashed into the drawer near my bed. In one of its interior pockets are tomorrow's hard-to-get Melbourne Writer's Festival tickets. I sent off for them two months ago. Also theatre tickets for Saturday night, booked an equally lengthy time ago. Strange how we think we know what we're going to be doing.

I write out a list of patients for Martin to cancel; John has told me I'm not going to make it out by Monday. Then I get out my hypnosis tape and settle down in an attempt to commune with my bowels. I sink into trance and imagine them relaxing, untwisting. In my vision, they move slowly and sinuously like deep-sea creatures.

An hour later, I feel a rumbling sensation in my abdomen, accompanied by the kind of noises that usually make me cringe in company and apologise for my internal symphony. This time I want to tape it - make a thousand copies. It's my bowels, and they're returning to the world! John is equally excited when he returns on his afternoon rounds. We have one of those Kodak moments, staring fondly at my abdomen as my bowels trill in an exceptionally melodic way.

I, of course, imagine that now that progress is established, I can be up and at it again. I happily think of my theatre tickets waiting inside my bag. John, however, disillusioned me. Don't plan on getting out of hospital in the next few days, he tells me. I'm to stay on the drip and nil orally for a couple more days. Even though the situation is resolving, the next few days are crucial. After an obstruction, bowels are notoriously flighty and can get themselves into a twist again faster than the average hanky-fluttering Victorian heroine.

So I stay. Life on the ward is chatty. The woman opposite me is in for some routine gynaecological surgery. She's enjoying the rest and is in high spirits. Across from her is an older woman, also in for relatively minor surgery. They share a disdain for hospital food, making snide comments about breakfast, lunch and tea, as they heartily crunch into them. This goes down wonderfully well with me, starving in my corner on nil orally and ready to consider buttered shoe leather, if only I could remember where I put my shoes.

On my left is an empty bed, soon to be filled with a lot of hustle and bustle. When we meet her, the occupant seems bright and intelligent, with a smart sense of humour. She's come down from the country for some non-urgent surgery. Her family surrounds her - a pleasant looking husband and the four best behaved children I have ever seen. The older daughter, about fourteen I imagine, fusses quietly over the younger three. Not that there's anything to fuss over. The younger three are as impeccably behaved as the older one. The four of them look as if they have just stepped out of the *Stepford Gazette*. The rest of us gaze with awe on these paragons of juvenile perfection.

While his wife is in surgery, the husband takes the three younger ones downstairs. The oldest girl sits on her mother's bed doing homework. I look over at it and notice that she is working on a poem. She asks if I'd like to read it and we start chatting. She's obviously an extremely bright child. She's being schooled at home by her mother, she says. They all are. Her parents don't believe in the public system. 'Do you miss the interaction with other school kids?' I ask her. 'Oh no,' she says, 'learning at home just makes our family closer. That's what's important.'

We chat for a while. 'What do you want to do when you're grown up?' I ask. She's not sure. She thinks she'd like to be a writer. Does she plan to study English at university? She recoils as if I had spat in her face. Clearly her mother is an anti-

Leavis-ite, I think. But no. There are reasons that the English department hasn't even thought of.

'Satan is at university,' she tells me. I gulp slightly. And then there is no stopping her as she expounds for twenty minutes on the root cause of all the world's problems. 'All you have to do is cast Satan aside, keep your thoughts pure and nothing can ever go wrong,' she says. I file this away for future reference. She adds that this is not always easy. Satan is cunning and temptation is everywhere. Damn, I think, there's always a catch.

I arrive home, weak, but relieved. The fact that the obstruction resolved by itself means that the cause is much more likely to be adhesions than a recurrence. John has organised a CT scan for me in a couple of days, to make quite sure.

For the last two days, I've been allowed to eat (be still, my heart) jelly and chicken broth. I'm supposed to slowly work up to more solid food. It's a regime that combines all the worst parts of being an infant without any of the fun, responsibility-free parts. In a few days, I have to deliver the oral part of a post-graduate dissertation and the week after that, I'll be in Alice Springs, chairing symposiums and running workshops.

CT Scan

Mid-air, on your back, taking the slow-motion
track straight to the magician's maw.
The assistant takes your wrist, a flick
of iodine fizzes through you,
the machines all pause and then resume.
The Mysterious Floating Lady Act fills up the room.

Inch you inch you are moving forward
on the white bed toward the black
opposite of moons
where it waits to receive you.
You will rest soon,
translucent in a stranger's hand.

What do you do in a place like this?
Where the walls talk, tell you
Be still, don't breathe.
This is death you're imitating
in the lying room

but you are still moving through, lit
like the last great invisible candle
like all the lost flares at sea
calling *Look for me. Look for me.*

It is not too late. There is still time
to meditate on what

can be done with light
when it blooms inside the body,
that bright, impossible unfolding,
and how it might begin...

arms spread like wings,
the body's filigreed, intricate suns
swelling, lifting like solar wind
so that you hover here,
effortless, brilliant, ready

for the most difficult trick of all -
you will refuse to disappear.

Chapter 45

As the plane takes off from Adelaide, it is hard to believe that exactly fourteen days ago I was in a hospital bed, pumped full of morphine and attached to a drip. I've recovered seamlessly, apart from developing a strong aversion to jelly. I am in the window seat, enjoying looking down at the passing landscape. After a while, I start to doze.

I awake about an hour from Alice Springs. I open my eyes sleepily, look out of the window and am jolted through with what feels like an electric touch to the heart. We are flying over the great, red desert of Central Australia and I have fallen in love.

I have never reacted to a landscape in this way in my life. I have flown over and appreciated many beautiful and striking vistas, but never has anything moved me like this. I push, mesmerised, into the cold glass of the window pane. I want to see as far as I possibly can. I want to swallow it all in.

I have always imagined deserts to be stark and empty places - striking, but barren. The land that stretches beneath me is clearly desert. The red sand is marked only by the tough semi-spirals of spinifex - nothing else for as far as the eye can see.

And yet, despite the absence of any other visible life, this is the most un-empty landscape I have ever encountered. Something emanates from it - a force or spirit so powerful and unexpected that it takes me utterly by surprise. The land is alive, I am sure of it. Alive and watching.

I am still dazed and exhilarated as we drive into Alice Springs. From our hotel, the West Macdonnell Ranges rear into the blue sky in an arc that makes me want to

weep every time I see it. Everywhere I go, I feel I am in the presence of a great, ancient energy. It is a presence beyond words. It is allowing me to visit, to be a guest, and I am grateful.

The conference has a packed schedule, but there's time to roam around Alice Springs, take camel trips and coach tours to Stanley Chasm and the Ranges. I feel wonderful, energised. I've always considered myself to be a city person, but everywhere I go here, I find myself thinking, 'I could live here. I could live here.' It is as strange as travelling to Mars and discovering that it contains your home.

On the last day of the conference, Martin and I take a tour of the Alice Springs Desert Park. We wander through the different terrains and arrive back at the gate with time to spare before our coach departs. I respond to the radar signals generated by my shopping gene and motion Martin in the direction of the souvenir shop.

It's full of all the usual suspects - toy kangaroos, koalas, emus, all in assorted shapes and sizes, lining the shelves. Along the side of the shop are rows of glass-covered counters containing white, diamante jewellery versions of the same. They stretch out by the dozens - sparkling koalas, emus, and all the other denizens of the Australian outback. And there, in amongst all this dazzle of white is a lone bright red broach. It seizes my attention immediately. I strive to make out its shape, disbelieving my eyes at first, because what they are telling me doesn't fit with this cornucopia of Australiana. And then I catch my breath. The broach is a pair of red sparkly shoes. Dorothy's shoes, whose magic she learned about from the Wizard of Oz in the Emerald City; the shoes which took her home to Kansas.

'Excuse me,' I say to the shop assistant, 'could I have a look at that red broach over there?'

‘Oh, you mean Dorothy’s shoes,’ she says airily. And she hands them over.

And so here I am, in the centre of the country and the unexpected country of my heart, holding Dorothy’s shoes and remembering my dream from all that time ago.

It was the dream that came to me as I waited to have my recurrence confirmed, where I found myself in the centre of the country which was also the country of my heart. The country that felt like Kansas, from the *Wizard of Oz*, where I went to recuperate and heal.

The dream that came during days of acute anxiety and fear and filled me with extraordinary and mysterious peace; the dream that took me to another country and left me with the calm certainty that whatever happened next was supposed to happen; that there was a pattern to the universe; a meaning that I could feel without needing to understand. The dream that I have lost touch with, denied, felt cheated by, for so many months.

And yet here it is, tapping me on the shoulder again, as if it has been here all the time, merely waiting for me to arrive.

And so I stand in a small shop in Alice Springs spellbound, as Dorothy’s shoes sparkle fabulously, incongruously in the middle of the great, red Australian desert and I recall the words from *The Wizard of Oz*:

‘Is your name Dorothy my dear?’

‘Yes,’ answered the child, looking up and drying her tears.

‘Then, you must go to the City of Emeralds...’

‘Where is this city?’ asked Dorothy.

‘It is exactly in the centre of the country...’

‘How can I get there?’ asked Dorothy.

‘You must walk. It is a long journey, through a country that is sometimes pleasant and sometimes dark and terrible...’

I come back from Alice Springs, Uluru and Kata Djuta feeling as if I have visited a different planet. I have only been away for a week and have worked for a fair amount of that time, but I feel as refreshed and renewed as if I have been away for months. I am carrying Dorothy’s shoes with me in a small velvet box. I wonder sometimes if a second pair of the shoes will be laid out among the glittering animals and for whom that broach will be waiting.

As I flip back through my journal, I remember that as well as the Northern Territory, Perth was the other place I associated with the beginning of my recurrence. By co-incidence, three weeks after I return home from Alice Springs, I am due to fly to Perth to run some more workshops.

I get off the plane at Perth and find a taxi. ‘The Mount Park Hotel,’ I say to the taxi driver. This is the hotel where the Perth organisation always puts me up.

He nods. ‘You know it’s changed it’s name,’ he says casually.

‘What is it?’ I am only half listening. I’m trying to find something in my overstuffed luggage.

‘It’s the Emerald Hotel.’

Three days later when I come home, I am still amazed. Einstein once said that the most beautiful thing in the universe is the mysterious. I feel enveloped in that eerie wonder, as if I have been touched by a state of grace.

A couple of days after getting back from Perth, I am in my car, on my way to give an early morning lecture. I turn the corner past my house to discover a buzzing nest of police activity. It is so incongruous in this quiet suburban neighbourhood that at first I think it is a film set. While I am wondering about the cause of the commotion, the news comes on the radio. A gangster has been found shot dead outside his home.

I have heard other news reports over the years of criminals murdered. Why is this one so startling? You don’t expect it to happen around the corner from home, of course. But it is more than that. It is the juxtaposition of the two jarring realities - the cosy suburban group of houses and the darkness one of them has hidden inside. How we think we know where we are and then, with one quick twist, we discover that we never really knew at all.

As I drive home after the lecture, I am still thinking about this. The answering machine blinks at me as I enter the house. Several messages are waiting. I play them through, listening with one ear, while I open my mail. And then suddenly, I drop the envelopes. The voice on the phone is telling me that I have won one of the country’s major literary awards, the Judith Wright Poetry Prize.

It is like being in a country where the drought has finally broken. A disbelief, and then elation, mixed with an extraordinary relief. And permeating it all, an exquisite and lovely sense of strangeness that plays around this odd timing - the prize, the red

shoes and the hotel with the name of the Emerald City, all following so closely on each other's heels.

Five days after that, I am again opening the mail. There is a letter from the organisers of the Gwen Harwood Memorial Prize, another of Australia's top poetry awards. I scan it, thinking it's just a form letter, telling me that I haven't won. But something doesn't seem right. They've used the wrong words. I read it again. This time I realise they're telling me that I've been given an honourable mention. But still my brain is registering something wrong. I shake my head and try again. And this time I really read it. I have won! They are telling me that I've won. I've won two of the country's most prestigious poetry awards in five days.

Welcome to the land of Oz. And yes Dorothy, I think we may have been in Kansas all along.

Autumn Again

Autumn again. The city of leaving
is in all of us. The spirits are flying from the trees,
the trees are becoming the memory of trees.
Last night I dreamed the hospital windows,
green as aquariums, the IV lines
weaving like sea-weed.

This is the enchanter's country,
the one that you never come back from,
even though you rent back the house
on the old street,
the border is always calling
and your passport begins to grow leaves.

You hear it murmuring through dreams sometimes.
Who is coming? Who is leaving?
One day the table bursts into flower.
The clock is discovering its fingers
in fine, articulated sighs.
Don't look now.
The pot-plant's perceptibly larger.
Outside, the trees are getting used to sky.

Chapter 46

It's two years since Alice Springs. Life has settled into normality. I am about to write 'back to normality', when I realise that 'back' is a street that has been blocked off. This is the new normality. The usual setbacks and triumphs have been mixed with a scattering of health scares, which have seen me hustled off to CT scans and ultrasounds. Each time it happens, I am jerked back from what has felt like solid ground. Apart from these times, and the regular blood tests, I don't think much about it. When I think of events, years into the future, I see myself as being there. I have lost the daily, slicing sense of uncertainty that came with the recurrence.

I am at a psycho-oncology conference in September 2000. The conference is contained in its own world. Vast hotel foyers, strip lighting and the general sense of unreality that comes from rising too early to read the newspapers and coming home with a brain over-packed with speakers, seminars and lectures. In the middle of it, a friend rings me.

'There's an interview in the *Bulletin* with your sister that you might want to read.'

She pauses. 'Lily says some pretty nasty things about your mother.'

I sigh. Should I be used to this by now I wonder? But repetition doesn't seem to blunt the distress it causes me. I get up extra early the next morning and buy a *Bulletin* on the way to the conference.

I read it rapidly, appalled at what has been said. Our home is described as a house full of anguish, with a tyrannical mother who survived the war with only her beauty intact. Lily describes an episode where she is taken as a child to get her long hair cut short. The interviewer suggests that the motivation for this is her mother decreeing that, 'I'm the pretty one around here, so you've got to be ugly.' Lily

agrees with this interpretation.

This hair-cutting episode is also depicted in Lily's book of autobiographical essays. There, Lily imputes a further motivation. Her mother, she says, had an unconscious need to make Lily experience something of the horrors she had undergone in Auschwitz, where inmates had their heads shaved on arrival.

I am struck yet again by how memory is coloured by interpretation. I too had my long hair cut in the same style, to the same length, by the same barber across the road. It was the practical, short hair cut that many of my friends sported. I didn't experience it as an attack on me, but rather as a symbol of growing up and being able to prepare myself for school in the morning. Long curly hair is difficult for a child to take care of.

I never experienced my mother as being competitive with either of us in the looks department. Like most mothers, she loved us to look our best and would, in fact, often compare Lily to a young Elizabeth Taylor, at the time considered the most beautiful woman in the world.

Lily also talks about our mother being obsessively concerned about Lily's weight. In fact, Lily was a significantly overweight child and teenager. Any responsible parent would be concerned. Lily's doctors were also concerned, fearing that her excess weight was significant enough to impact badly on her health.

And of course, Lily herself has said that she hated being overweight. It was an age like today's, where slimness was aspired to. There was a profusion of fad diets, gadgets and medically sanctified treatments, including modified fasting in a hospital setting. These remedies may sound appalling to us now, but back then, they were what you did.

I am driving to the conference with a friend who has known my mother. She reads the article while I drive and is equally shocked.

‘That’s not your mother,’ she says. ‘She was never like that.’

I nod. The picture Lily has drawn is unrecognisable to me. I am close to tears. I keep thinking of my gentle, affectionate mother whose life revolved around loving and taking care of us. This is how she’ll be remembered - as a tyrannical, jealous shrew. It is as if her name, her good and loving self, is being blotted out and replaced with this stranger.

It’s eleven years since I’ve responded to Lily’s public writings about our mother. My letter to the *Jewish News* taking the reviewer to task for confusing literary fantasy with literal truth upset my father so much that I’ve remained silent. It’s a source of wonderment to me that he can view the disparaging things Lily writes about his wife with seeming unconcern and yet be furious and distraught when I write to offer a different perspective. In private, he agrees that my image of my mother coincides with the way he also saw her. In public, he defends Lily’s version.

A part of me can understand that. He needs to be loyal to Lily. I’ve never asked him to choose between us, publicly or privately. He has two daughters. He loves each of us and that’s as it should be.

I’ve been trying to ignore the awful images of my mother that are such a continuing, indeed seemingly inevitable, part of Lily’s interviews, essays and books - the images that have been her only public representation.

It’s hard though. When someone dies, all that is left is how they are remembered. I

hate seeing my mother portrayed like this - a depiction that is so very different from the woman I knew. I have adopted silence for all these years, thinking to protect my father from distress. But in the process, have I betrayed my mother?

It's a question that is also part of a larger issue. Who owns stories? Who owns the 'truth'? If other people are a part of our stories, do we have the right to propel them, unasked, into the public arena? What are we as writers? Storytellers, continuing the most ancient and honourable of traditions, or parasites? Historians or propagandists? Where do one person's rights begin and another's end?

I don't know the answers, but I know that right now, I can no longer bear to be silent and allow this to be the only portrayal of my mother. I need to speak up on her behalf. I need to say that there is another point of view, another story.

I say to my friend, 'I need to write to the *Bulletin*.'

She nods. 'Yes. This time, I think you have to.'

I craft my letter to the *Bulletin* carefully. I want to address the issue as thoughtfully and calmly as I can. I want to say that my memories of our home life are different from my sister's. I want to describe my mother as I remember her.

I write too that I am not claiming some immutable truth, but that I simply feel the need to add to the picture of my family; that I believe when real people who cannot defend themselves are named in public, it is important to recognise the complexity of the way individuals remember and interpret experience.

I add that memories are fluid, responding to and changing with successive layers of experience and interpretation. This issue was highlighted at a recent Writer's

Festival in a panel featuring authors who had written thinly veiled autobiographical fiction. Some of the writers spoke of the way their memories and the fiction they had created became interwoven, so that it became difficult at times for them to know which was which.

Psychologists will attest to these tricks of memory. In a recent study, it was shown that thirty percent of people who had been asked to *imagine* an object, believed when questioned afterwards that the experimenters had actually shown them the object in real life.

I note as well, that in Lily's book of autobiographical essays, she has written that as a child, she was always concocting stories about herself (she favoured those featuring imagined hardships) to the extent that she actually forgot the truth and that as an adult, she continues to embroider events with elaborate interpretations.

When I've finished the letter, I read it to several people. I want to make sure that it doesn't sound attacking or vindictive. I don't want this to be a slanging match. I simply want to add to the public perception of my mother and say that there are complex issues involved here.

And then I show the letter to my father. I have been dreading this part. I don't even know if he's seen the *Bulletin* article yet, but I know he won't want me to send the letter.

My father has been back in Australia for some time now. He came back to live here four years ago, just a few months before the recurrence of my cancer. His return could not have been easy for him, but he coped with it in his usual admirable style - making the best of the new circumstances in which he found himself. After his absence it felt almost as if we had to get to know each other all over again.

In the last couple of years it feels as if we have re-established our old warm relationship. I have been taking him to the theatre or pictures every couple of weeks and cooking meals for him - he particularly loves *cholent* a traditional Jewish dish of rich, slow-cooking beans, potatoes and meat.

Afterwards, my friends ask me, 'Why did you show the letter to him before you sent it?' Some of them roll their eyes at me, in the universal 'you idiot' sign.

'I just felt it was the right thing to do,' I say. 'It would feel as if I was going behind his back if I didn't tell him.'

My father also says to me, 'Why did you have to tell me? I could have had a couple more weeks of peace if you didn't tell me.' He is not rolling his eyes in the idiot sign. He is angry with me.

It begins when he comes over to pick up some soup I have cooked for him.

'Have you seen this article?' I hand over the *Bulletin* interview.

He nods and says nothing.

'I felt I had to write back and say that I experienced Mum as a good person and a loving mother.' I give him my letter to read.

He reads it slowly and carefully. Finally he looks up. 'Every word that you say is true,' he says, 'but I beg you not to send it.'

He is an old man, he says, and the one dream left to him is that one day his daughters will be friends. If I publish the letter I will ruin any chance of that. I will

leave him nothing to live for.

I sigh. I can understand his dream. What parent wouldn't wish for daughters to be friends. I don't point out to him that I've kept silent for so many years and that hasn't made us friends. Or that a friendship based on one person's silence is not a friendship worth having.

'We're two very different people,' I say. 'Can't it be enough that we're both living happy, successful lives separately? A lot of parents don't have that.'

He shakes his head. 'It's my dream,' he says. 'I'm allowed to dream. And if you send that letter, it will end my hopes.'

I explain that this time I need to speak up for Mum or I won't be able to live with myself. I tell him that I know he can't speak up himself because of his loyalty to Lily, and that I don't expect him to. But I can't bear to think that this image of Mum as a competitive, disturbed mother - an image that I simply do not recognise - will eventually be all that is left of her.

'But if you send the letter, they will think there's trouble between the sisters,' he says.

'This isn't about trouble between the sisters,' I say. 'It's just about me saying that I have different memories of my mother. That she was kind and loving and a wonderful mother.'

'People know that what Lily writes is fiction,' he tries again.

'This isn't her fiction, Dad. This is an interview where she's talking about Mum.'

You've never seen Mum do any of those things.'

Dad shrugs his shoulders, looking miserable. 'I worked two jobs back then,' he says. 'What do I know what went on in the house?'

'I was in the house, Dad, and I never saw it. You may not have been there all day, but you knew Mum. Would the person that you knew have done those things?'

'No.' Dad shakes his head sadly. 'What you say is true,' he concedes, 'but please don't send the letter.' He is looking anguished. 'What does it matter what people think of Mum? One thing is for sure: Mum doesn't care. She's gone.'

I am pretty anguished myself by now. 'I don't know where Mum is. I don't know what happens to people when they die. I don't know if they disappear or if they exist somewhere else. But all that's left of them here is the way they're remembered. And I don't want Mum to be remembered like this, without someone to say anything different.'

We go on in a similar vein for an hour. Dad is upset. I'm in tears. But we're not shouting, just talking quietly and gravely.

Finally, he leaves. 'Please think it over,' are his final words.

Chapter 47

I can't do anything *but* think it over. My mind is whirling round and round the dilemma like a washing machine on speed. If I post the letter, I make my father miserable. If I don't post it, I betray my mother and myself.

I have to keep stopping myself from ringing Dad every ten minutes to see if he's okay. He saves me the trouble by ringing me an hour later.

'If I said to you that if you publish the letter, then I will never talk to you again, what would you say?'

I take a few mental steps backwards. This is my father, whom I've been taking out, cooking for, worrying about and loving over the last few years.

'I'd say it was a very cruel position to put me in. It means Lily can say whatever she likes in public, but I'm not allowed to say a word.'

'But what would you say?' Forget the philosophising, my dad wants to cut to the chase.

'I don't know,' I reply.

And we say good-bye.

Back to the washing machine blues. Should I write? Shouldn't I write? Endlessly, till I finally decide to sleep on it.

I wake in the morning, feeling calmer. I have to speak out for Mum. I'm

apprehensive about what will happen; keeping silent has definitely been the soft option, but I've taken it for too long.

Dad rings first thing in the morning. The evening and early morning will have given him the chance to speak to Lily in New York. When I get on the phone he doesn't bother with hello. 'I'm ringing to tell you that if you send that letter to the *Bulletin*, I will write to them and say that you are lying.' His voice is strident and now he has a new rationale. 'I won't let you destroy Lily's career!'

I can't believe what I'm hearing. A few mental steps back don't help. The conversation goes rapidly downhill.

'This isn't about Lily's career, it's about Mum's reputation,' I say. But nothing can convince him that my speaking out about my own experiences of my mother is not aimed purely and solely at destroying Lily's career.

'I won't let you wreck Lily's career,' he repeats, mantra-like, to everything that I say.

I am horrified at the thought of my father writing this letter. Not so much for what it says about his relationship to me, or even the truth, but because it means that he will be publicly complicit in darkening my mother's name. That is what shocks me. My father, who so adored my mother, is prepared to do this. I feel a mixture of disbelief, anger and a terrible sadness for him.

'Please,' I say, 'let me do what I have to do. You don't need to be involved.' And then I remind him of a scene from the last few weeks of my mother's illness.

Dad and I are sitting at the kitchen table. It's mid-afternoon and he's just eaten after

coming home from work. Mum is now so ill that she needs someone to be at home throughout the day. I've shifted my daytime patients to the evening, so that I can come every weekday. Three days from 8.00 in the morning till 2.30 in the afternoon and on the other two days when I have to consult at a hospital, I come from 10.30 till 2.30. On my two hospital mornings, Lily comes from 8.00 till mid-morning, when I get there.

When Mum became so ill and needed caring for at home, Dad's first impulse was to give up work so that he could be there for her. Knowing that when Mum died, he would be lost without his work, Lily and I persuade him to simply shorten his work hours. By shifting my patients, I can take up most of the slack and Lily can fill in the gaps. My new schedule means I'm working long into the evening, seeing my transposed daytime patients, but I don't mind. I'm grateful that I have the kind of work where I can do that. People tell me how 'good' it is of me to give so much time to her. I know they mean well, but it's rubbish. Not being able to give the time would be the difficult part.

After I finish with my patients, I cook for Mum. It is an unusual kind of cooking. Mum now has a partial bowel obstruction. She can only hold down tiny portions of food and water. I am cooking soup. I put in everything nourishing I can think of, then I simmer and sieve it. The evaporation reduces it until it is almost solid - essence of soup. It is like compressed love, I sometimes think.

I feed it to my mother in ice-block size meal portions, each time hoping that she will be able to keep it down, absorb it, live on it. It is often midnight when I am cooking this soup and it seems right to be cooking it at this time. As I stir it and check it, I am aware that this is the hour of spells and incantations, and as I cook, I am trying to put into it the spell that will magically infuse her with life.

She is cooking too. Weak as she is, my mother is still cooking food for Lily. Four days before she dies, she is no longer able to stand up unaided. She asks me to help her into the kitchen where she sits in a chair and directs me in making Lily's favourite meatloaf. I become her hands, as I mix up the ground veal and eggs that will be placed in the refrigerator for Lily to take home.

It is a haunting chain. Me cooking for my mother, my mother cooking for Lily - food and love, food and love.

Back at the kitchen table in my childhood home, with Mum weak and resting in the bedroom, Dad is wan. At work, he can keep busy. Here, the loss that will soon overtake us all is a constant, looming companion. Although we don't know it, it is the last month of Mum's life. She has been home from hospital a month now, on a slow downhill run. The bowel obstruction has ensured that there is no longer a hope of reprieve.

I have been sitting a while with my father, before leaving to see my patients. I am about to stand when my father lifts his head and says my name, in a voice of unusual intensity.

'Doris,' he says, and his eyes are teary. 'One day I will find a way to thank you for all that you are doing for Mum.'

I am startled. 'You don't need to thank me Dad. I'm doing this because I love Mum and you.'

He shakes his head. 'I want to thank you.'

Fourteen years later, hearing my father say things that make me think wildly that I

have fallen into an alternate universe, I say to him, 'Dad, remember the conversation years ago at the kitchen table where you told me you would find a way to thank me for what I'd done for Mum?'

'Yes,' he says.

'Back then, I told you I didn't want to be thanked. Now I'm asking for that favour. Please, please, just do what you usually do and do nothing. That's all I'm asking.'

'No.' He is adamant. He is back to the chant of, 'I won't let you ruin Lily's career! And,' he adds, 'you didn't love Mum anyway - you never visit her grave.'

'Dad,' I say, more convinced than ever that I have somehow landed on Mars, 'I don't visit the cemetery because I don't believe Mum is there.' This conversation is starting to get beyond me.

Martin takes over the phone. He has been standing here, listening to the conversation. He tries to make my father see sense, but it's no use.

I take back the phone. I feel utterly clear now. 'Dad, I'm posting the letter off. I hope that you don't carry out your threat, but if you do, it will only make me feel freer to tell my story.'

The conversation ends. I feel shaken through and through. I ring friends to tell them what has happened. Their amazement is comforting, because already, I am beginning to tell myself that this couldn't have happened. My father couldn't have said those things. Couldn't have meant those things. Thank goodness Martin was there to witness the exchange. I am shocked by how much I want to deny my own reality, pretend that my father's words were never said.

I am saddened too by my father's insistence that I am driven by a need to destroy Lily's career. It makes me realise how little he knows me, how far he has moved from me. I can only imagine the distorted shape I and my actions have assumed in his mind. I can understand that this need to see me as motivated by envy must be the only way he can explain to himself what I am doing. To recognise the reality that I have written this letter in defence of my mother would be too painful for him, highlighting perhaps his own passivity in the situation. But it still hurts to know that he can no longer see me as I really am, the person my friends would recognise - someone who is leading a productive, satisfying and successful life. I can't think of anything worse than an existence consumed with envy. It horrifies me to think that this is what he imagines I lead.

I sit for a long time that afternoon, calming down, thinking. My body feels weak, as if the emotion of that confrontation has sucked energy out of it in a way that is startlingly physical. And yet within that exhaustion, I feel a new sense of strength. It is the strength that comes of clarity. I know now that I have to send that letter. That it is important to speak out for my mother. That it is important to honour my own integrity, to do what I believe is right.

The word 'carcinoma', the medical term for cancer, comes from the ancient Greeks. They used the term *karkinos*, which meant 'crab' and which was derived in turn from an Indo-European root meaning 'hard'. *Oma* was a suffix that meant tumour or growth. When put together, the word became *karkinoma* - hard growth.

Hard growth. The phrase keeps reverberating through my mind. It has been a season of hard growth. A season that began with the diagnosis of carcinoma, but that has led to a different kind of growth.

There is an old Russian fairytale called 'Go, I Know Not Where, Bring Back, I

Know Not What'. It is the quest upon which a powerful Czar sends one of his servants, Andrei the Archer. No-one knows where *I know not where* is, nor what *I know not what* is. But the Archer has a magic ball of twine. He is to cast it before him and, as it unrolls, he must follow. The Archer does not want to undertake this perilous, perplexing journey, but he is given no choice - the quest will either destroy him or allow him to keep what is his.

It is the quest that cancer has sent me on. And like the Archer, the ball of twine is leading me to territories far from its origins, making me walk through the shadowy places I had feared to go.

Chapter 48

I send off the letter and it gets published. A few days after the *Bulletin* comes out, I get a phone call. It's from a woman I haven't seen for years. She used to live a few houses down from me when we were children and spent most of her time at our place. She tells me how appalled she was to read what Lily had said about my mother. 'Your mother wasn't like that,' she says. 'She was a wonderful woman. She was the most loving, caring person I knew.'

A week goes by. I know my father will not contact me. I'll have to be the one to do that. He rings a day later in response to my call. He's sounding just like his usual self, as if nothing had happened. It's disconcerting, but that's his *modus operandi*. My letter has been published that week in the *Bulletin*, but he makes no mention of it. He is his normal jovial self. Impossible to believe that he's the same person with whom I had that phone conversation a week ago.

A few days later, I've made him some food and he's come over to collect it. I've had a bug and he notices my cough. 'Shouldn't you get some antibiotics for that?' He seems concerned, his old self. I am still experiencing the odd sub-audible riffs of the *Twilight Zone* theme, but I'm beginning to relax. My father must have decided to just let things be and step back from the situation. He wouldn't be behaving like this if he was planning a public denunciation. We chat pleasantly and I'm relieved.

A week later, I'm driving past the newsagent on the way to one of my regular check-ups. On impulse, I stop to buy the *Bulletin*. I arrive a couple of minutes early. While I wait, I flip through the *Bulletin*. And freeze. There, in the 'Letters' section is my father's threatened letter: 'My daughter Lily speaks and writes the truth', it begins and continues, saying that his other daughter, unnamed, was born nearly four

years later and did not see all that happened in the house.

I am somewhere beyond shock. One part of me is responding automatically to the technician's instructions to get undressed, put on the gown etc., while the other part of me has simply stopped processing. I feel like a computer whose screen has frozen.

When I show him the letter, Martin is equally shocked. Dad must have sent it off before his last two visits to me. That is a part of what makes it so shocking. That he can be both the sweet father and this complete stranger is beyond bewildering, it bites into reality, taking gulps of the foundation on which I stand.

He rings a few hours later. A friend has been visiting and is in the room. Martin is there as well and the phone is on loudspeaker. This has been such an insane time, I feel the need for witnesses. Someone to say yes, it's true, it really happened.

My father is not into sweetness this time. He launches straight into the attack. It's the old chant - he will not let me destroy Lily's career.

I explain, yet again, that I simply want to write of the way I saw my mother; that I do not have Lily's career in my sights.

He'll have none of that. 'You will do anything in the world to get her career broken!' His voice is loud, enraged.

I reiterate that this is not about Lily's career; that I pointed out in my letter that everyone has their own experiences and memories and I am simply putting forward my own; that I don't want Mum's name to be left in the public record as a disturbed and persecutory parent; that I need to speak up for Mum.

‘Mum doesn’t care anymore.’

‘I do,’ I say.

He tries again. ‘You didn’t know what went on before you were born.’

‘Dad,’ I say, ‘is there something that you know about Mum that I don’t?’

But he refuses to answer. It doesn’t surprise me. Up until now, in all of our conversations about Mum, his memories and perceptions of her have been similar to my own. I have never heard him speak of her as anything less than a loving, concerned and affectionate mother.

Of his own role as father, he has been more critical at times. Once, years ago, he said to me, ‘It is my fault that Lily is fat.’

I raise my eyebrows in the ‘Come again?’ gesture.

‘When I would drive her to high school, she used to ask me to drop her at the corner because she was meeting friends there.’

‘And?’ I say.

‘And she was really just wanting to buy lollies at the corner shop.’

‘So why is that your fault?’

‘I should have known that she wasn’t meeting friends. I should have dropped her straight at school so she couldn’t buy the lollies.’ He is looking miserable over this.

‘Dad,’ I say to him, ‘how should you have known that she was really buying lollies? You believed what she told you. That’s not a crime. It doesn’t make you responsible for her being fat.’

He looks unconvinced.

Now, many years later, I am reminded once again of the complex interweaving of memory, perception and understanding. And how what you ‘understand’ can change what you ‘remember’.

I try once more to see if Dad has seen or known anything about Mum that corresponds to Lily’s picture. But again, he has no response. He shifts back to his prime concern. ‘I won’t let you destroy Lily’s career.’

And then he continues ‘When you wrote the letter to the *Jewish News*, I did nothing. But I’m telling you that from now on, whenever you say anything in public, I’ll be there, like I was with the *Bulletin*.

I am chilled to the bones. I understand that he is telling me that whenever I speak up in public about my memories of my family, he will call me a liar. I feel as if my breath has been punched away, as if I have been temporarily dislocated to another reality. *Is this my father? Is this really my father?*

But it is my father. A part of my father that I don’t often see. Or perhaps, that I try not to see. And it is then I realise that in forcing me to recognise what I have so wished to avoid, something momentous has happened. In a terrible and unwished for way, he is handing me my freedom. That in unveiling the monopoly of the bully (only one voice, one story is allowed), in telling me he will denounce me whenever I speak of my own experience of my family, he has given me back my voice. I have

kept silent to keep the peace. But I recognise now, in a way I never allowed myself to before, that peace is worthless if it is bought at the cost of one's own truth.

If I was in shock beforehand, I am in triple shock after the phone call. I cry a lot that day. It is almost as if I have experienced a death. Who is my father? I keep thinking. Do I still know him? Did I *ever* know him? Is he still there? There's a kind of insanity in the split between the loving familiar father and this stranger I have just encountered.

Am I over-reacting? I wonder, in between bouts of tears. I ring friends. They are appalled. They can't believe it either. It's reassuring to talk to them and I am keenly aware of how good they have been during this crisis - thoughtful, caring, available. It's in odd contrast to my experience at the beginning of my recurrence, and I feel touched. Strangely it is as if I have come full circle.

A couple of weeks pass. My father doesn't contact me. As usual, I know it will be up to me to patch things up. I have theatre tickets to two shows that I bought weeks ago for all of us. I don't know if my father will still want to go. But when I contact him, he is just as he was after the last crisis - acting as if nothing has happened.

This is his way of dealing with anything emotionally difficult. I know from past experience that he will dismiss any attempts to talk about it. It's ironic that I, who spend my working life exploring unpleasant and difficult issues, find myself stymied in the grip of this bland denial.

I find it intensely uncomfortable. And yet, in the end, I go along with it. He's my father whom I love. The last years have shown me aspects of him that I would rather not have seen. I have fought not to see them, fought off the sadness that comes with the loss of the idealised father of my youth. At times, I have felt that

this father and that father were two different beings. But I know now that they are the same, that we all have a multiplicity of shadings and that to some situations we bring the best of ourselves and to some, the worst.

I feel enormously sad about my father. I imagine that he is warding off a pain which is unbearable for him to know about. In different ways I have tried to make it better, but I have finally realised that it is not within my power to do so. This has been one of the hardest things to come to terms with - the knowledge that I cannot 'fix' things. And that the sacrifice of one's own integrity does not, in the end, heal the other.

I have found it extraordinarily difficult to write about these recent experiences with my father and yet it has felt imperative that I do so, to speak for my own truth. I am locked in struggle. How can I possibly write about these things, I think? And then, remembering his pledge to denounce me whenever I write of my experience of the family, how can I possibly not? If I say nothing of this conversation, I leave myself open to his denunciations, with no way to speak of where they have come from.

If I protect my father, I sacrifice myself and my mother's memory. But surely one should protect those one loves? And yet, where does protection become folly, deceit, cowardice? Where does sacrifice become collusion, a masochistic act of self-destruction?

The questions keep going, rows of them, elephants, tail to tail. With what does one align oneself - the protection of truth or the protection of loved ones? To what do we owe our allegiance? For what do we stand? Questions that are both beyond the personal and yet intimately personal. Where are the answers?

And I am aware in this as well, of the impact of words, how they can be wielded as

a weapon. This is not a use I wish for them. Another dilemma - how does one write about unpalatable experience without it being seen as an attack? Should one not write? Deny or distort experience? The questions keep marching on.

And I keep wrestling with them. I have restricted my stories of my family to those which directly impinge on the journal material and even there I have limited myself still further. I don't have a resolution to these conflicts. It's the hardest piece of writing I've ever done in my life.

And yet I keep writing. Because in the end, one of the things I have been learning about is the cost of appeasement. I have spent a great deal of my life trying to protect people, trying to give them what they want, trying to meet their needs. It is only now that I have been forced to question the real meaning of this. When does placation move from being caring and good to being foolish, cowardly or weak?

That boundary is subtle and difficult to delineate, but when it is crossed over, the cost is deadly. The price paid for placating, for forming yourself to suit the other's needs, is to become one with the other; to submerge your own integrity so completely that it may be lost to you forever. Instead, you become a part of what you fear.

Tidal Wave

I remember reading how the sea
first rolls back and withdraws,
slow as an indrawn breath,
a recognition, slow as taking
off clothes and turning
back. Slow as.... Back, the sea is curling
back like the crazy beginning.

The sea is pulling up
anchor, it's gone out looking
for doves, it's put on its fancy
clothes, it's out there looking for love.
It's leaving its cupboards and cash,
it's cleaned out its shells
there is now nothing
left to define it,
it's headed out west
it's heard something
over the horizon.

And so you find yourself
here in the strangest of tides,
the whole world wet
as memory, the developing
sands shine. The kingdom of salt
is behind you, a stranger's ghost,
a thought. You have been warned,

this is the sifting edge of things
and you stand still, here at land's-end,
consider the tender possibilities
of gills. The whole earth's paused.
And what can you do but move forward,
the whales are calling from the horizon
and somewhere, born in the floating
distance, the whole new sky is rolling in.

Chapter 49

I have often thought to myself how ironic it is that after my initial diagnosis, I had two of the happiest and most creative years of my life - and the cancer came back. After the recurrence, I had two of the worst years of my life and then... And here is where I should be able to write, 'and the cancer didn't come back.' But I can't write it.

I cross the path of black cats to pet them. I would happily invite thirteen people to a dinner party. And yet I can't say that sentence out loud: 'and the cancer didn't come back.' It feels too much like tempting Fate; as if I am getting cocky, thumbing my nose at the three sisters who sit and spin. And that they will get angry, punish this upstart with her arrogance. Hasn't she learnt anything yet?

And then I realise that a part of me *has* learnt. While most of me has put on the comfortable clothes of denial, there is a part of me - a small, sequestered part of me - that is staying clear-eyed. It is the part of me that remembers what the rest of me doesn't want to. It is the true witness. Bribes and threats mean nothing to it. It knows what it saw and in the courtroom of complacency, it is willing to testify.

Other changes have been more apparent. I have far less energy than I used to, less physical staying power and resilience. I ask John about the lingering tiredness. 'For a lot of patients, post-chemotherapy fatigue continues for years; for some, it never eases,' he says. 'The chemotherapy drugs you've been given are powerful and toxic. Their effects on the body are complex. We don't know everything yet.' Researchers are indeed just now beginning to study the issue of chemotherapy-related fatigue and to discover that it is pretty much universal, significant in intensity and can last for many years longer than previously thought.

Although I don't look it, I feel as if I have aged physically - in a jump, instead of the more gradual process. But I also remember the story of an old friend and colleague. One of his patients was describing her distress at her increasing years. One by one, she listed the things she hated most: wrinkles, grey hair, loss of stamina. The list went on and on. My friend listened attentively as she described the detested tribulations of ageing. Finally, he leaned forward. 'Ah,' he said, in a thoughtful voice, 'but think of the alternative.'

I have changed, of course, in ways other than the physical. Cancer changes people. It is one of those marker events that delineates a 'before' and 'after' in our lives. It forces us to define and redefine ourselves. And then, because the experience of cancer is an extended process and not a static event, it forces us to do it again and again.

And it is right that we are changed. As with any descent into a feared and terrifying country - whether it is the country of illness or the country of a grieving heart - we have entered the underworld. And we have eaten of its fruit. I remember all the mythical stories of those frightening journeys. And with each one, the rule is inviolable. Those who ingest the food of the underworld are bound to it in some way. It is not the binding of instruments of torture and the roastings of hell. Instead, it is the binding of that terrible, clear sight that can only be gained in the depths. The knowledge of ourselves, the knowledge of others. We cannot remain unchanged.

The end point of the cancer survivor's narrative is inevitably the 'what I learned from cancer' finale. We expect it in the way we expect swelling music as the movie ends. It is more than an expectation, it is a need. And we need what is learned to be good: 'I learned how loved I am', 'I learned I am a survivor'. It is a way of waving away the dark. A way of reassuring ourselves. A way of saying that even though it

was hard and punishing, it was worth it. It meets our deep and often unspoken need to complete the story; the familiar, bedtime story that tells us that everything will be alright in the end.

When I began my dance with cancer, I imagined that this was what I would emerge with. That when it ended, what I would hold in my hands would be the silver lining. I imagined that I would be changed, but that was the point at which my imagination failed. All I could imagine was a better, brighter me - the steel that is finer, for having been tempered in the fire.

What I learned is very different from what I expected I would learn. I have learned I am loved. I learned it from old friends who stood by me and from new friends who helped in unexpected and touching ways. I learned it from my family - from Martin and Amantha.

I remember that when my mother was dying, she held my hand and said that her wish for me was that my daughter would be to me what I had been to her. And her wish has been granted, as we both knew it would be. However dark the night became, Amantha has always been the constant star.

But I have also learned from others that where I thought I was loved, I was not. I have been attacked when I was most vulnerable. I was deserted by those I thought would gladly stay with me.

I have learned that things turn out well. And that they don't. I have had moments when I thought I would die from the sheer physical beauty of the world. And moments, when it merely seemed to mock what was happening to me. I have had wonderful things happen and terrifying things too.

How I have been changed most of all, is not visible. It is not to do with the recognition of mortality. That, I have discovered, is intense and excruciating, but fades eventually, as the threat of death fades.

Once, many years ago, when I was walking in the city, I was dawdling along a narrow laneway. A boy my age was walking behind me. I stopped, caught by something in a shop window and he walked past me. Just at that instant, a worker on the ledge above dropped a slab of concrete. The boy fell, bleeding, to the footpath. The ambulance men carried him off and I never heard what happened to him. If I had not stopped to gaze in the shop window, it would have been my body in the path of the falling missile. I was in shock. I had never dreamed that death could come out of a clear, blue sky. For months after that, wherever I went, I checked roofs, verandahs, awnings, eaves. Whenever I walked under anything, I would look up to make sure that nothing was going to surprise me, that I was safe. And then one day, I forgot.

I can best describe the change in me as a loss of innocence. I have been propelled, often unwillingly, into difficult recognitions about my family, friends and self. Cancer has been the apple that expelled me from the garden. I used the image in a poem I wrote, long before I understood what I meant. I know now that when you partake of the fruit of knowledge, you have to bear the knowledge of both the dark and the light. It is what growing up is about - the letting go of idealisation and innocence, and the recognition of your own truth, however complex and shadowed that may be.

I had always believed, along with all those magical characters of childhood, that if you were good and kind, worked hard and persevered, you would eventually win through. You would get your just rewards, the princess, the gold, the kingdom, your heart's desire; whatever you had struggled for and deserved. I knew that this was

not true, of course. The evidence was all around me - in the news, my patients' stories, in people and events everywhere. And yet, in some secret part of myself, I had persisted in thinking it was true for me, for my own personal universe. It was what kept me going through all manner of difficulties and disappointments. It was the light at the end of every tunnel. And it is this, that cancer that has finally forced me to relinquish - my own private fairytale.

What I have in its place is difficult to describe. I am clear-eyed in a way that I wasn't before. I know the world is not fair and not predictable. I know that there is ambiguity everywhere. I know that working hard for something does not mean that you will get it. But I know that you have to work hard for it anyway.

I have learned about illusion and idealisation. My journey through cancer was supposed to be a simple one, picture book style, along the lines of St. George fighting the dragon. Instead, it led me to revelations about the underside, the flawedness, of all things myself, my family, my friends, my world. Recognising and accepting these has required far more courage than facing cancer. It is what I never expected, fought hard to avoid - and yet perhaps it has been the truest gift to come out of all this.

In many ways, it is hard to live in the real world with its lack of delineations, its inequities, its ambiguities. How do you keep going in the face of such uncertainty? Not just the uncertainty of mortality, but the day to day slogging on your dreams, unsure that they will ever come to fruition; the investment in relationships, unsure of what they will turn out to be; the tender nurturing of hopes, aware that they may be shattered; the knowledge that nothing is purely one thing or another.

But it is only in emerging from the shimmery world of make-believe, that we have a chance at finding our true lives - our strength, and with it our authentic capacity to

love. Because love must be about seeing the shadow as well as the light, otherwise it is merely the love of a fantasy, an image created to soothe the wounds in our soul. And strength must involve recognising one's own fear and vulnerability, but standing up anyway.

This morning, while rummaging through a bookshelf, my attention is caught by a small volume tucked dwarf-like between its two taller neighbours. I extricate it, to discover that it is *The Book of Runes* by Ralph Blum. My mind immediately flips back to my *Perth* rune, the talisman I bought to commemorate my cure all that time ago, just before my recurrence.

Curious, I turn the pages until I come to *Perth*. And then I stop, transfixed. My memory has been focussed on the rune's meaning of rebirth. But here, although rebirth is mentioned, the major headings are, 'Initiation. Something Hidden. A Secret Matter.'

Phrases from the text jump out at me. '*Perth* signifies an intense aspect of initiation... deep transformational forces are at work here... what is achieved is not readily shared... If need be, let go of everything... Nothing less than the renewal of Spirit is at stake.'

I read it, astonished to recognise the path I have traversed. I had forgotten that initiation is the necessary stern precursor to rebirth; that it involves danger, physical restrictions and the revelation of hidden knowledge or secrets. That the initiate is often isolated, their body scarred, and that the substances they must ingest are hazardous but necessary for the transformation. I remember that initiation represents a crossing over - from childhood to adulthood, from innocence to knowledge, from freedom to responsibility, from weakness to strength. And I realise that what I have been, is an initiate.

I have the urge to dig out that pendant from the drawer to which I consigned it years ago. I think back to how innocently I bought it, thinking I was at the end of a transformation, not the beginning. And then, although I am not normally a jewellery aficionado, I remember another piece of jewellery that I bought during that journey - a brooch, consisting of a plain pewter rectangle. On it is printed, in uneven capital letters, *'TO LIVE IS TO BE SLOWLY BORN.'*

The Goose Girl

‘Princesses.’ said the head librarian, ‘ A story about princesses. Everyone loves princesses.’

Rachel wasn't so sure about that. She knew that most people thought of princesses as the beautiful girls, pampered and cocooned in the lap of the palace. Sometimes they were born to royalty, sometimes they married into it. But whichever it was, from that moment on, their lives took on the luminescent glow of moonlight, softer and dreamier than anything the sun, with its intricate, daylight detail, could offer. People talked wistfully about the life of a fairytale princess. Little girls longed for it and even adult women harboured the odd yearning, tucked away in an inner pocket of their board-room business suits.

Rachel had never entertained these fantasies. Even as a child, she had understood that the richest castle comes with its own shadows and that being a princess might not be all that it was supposed to be.

Rachel often thought that she and her sister had been brought up as princesses. Whatever their parents could afford was theirs. Services, goods, attention, love. Nothing was too much. Nothing was denied. Rachel took all of this for granted within the home (the castle?), but once outside, she changed, bewitched, in an odd reversal of the fairytale. She became shy and clung to corners, hidden in invisible soot - a Cinderella who did not want to go to the Ball.

Her sister, in contrast, thrived on display, revelled in the admiring, even envious glances. She was dazzling, seductive, wearing charm like a silken sheen. In her sister's world, there was room for only one - the star. She attracted attention in the way that Rachel froze from it. She was enthroned, queen of all that she could see. Rachel was frightened of shop-girls. Her sister expected to be served.

Princesses. There were so many of them, Rachel thought, as she leafed through her books. Happy, sad, bewitched and gifted. Princesses that she had loved, laughed at, hated, or admired. They clustered together - a gleaming tsunami of faces, crowding for her attention. But behind them all, slight and pale, almost hidden in the shining crowd, was the Princess that she tried not to think of at all. The goose girl.

She found the tale in her old copy of *Grimms*. The pages of this particular story seemed stiffly new, as if her fingers had avoided it in their regular perambulations through the book. She remembered it only dimly, and unpleasantly, from her childhood. It began, as they all did, in a Kingdom long ago.

An elderly Queen, whose husband had long since died, ruled this Kingdom. Her beloved daughter was good and beautiful and the Queen had arranged a match for her with a young prince in a distant kingdom.

On the day the Princess was due to depart, her mother brought out armfuls of treasure for her daughter to take as her dowry. Precious stones, goblets of gold and glistening trinkets. The Queen assigned

her own maid-in-waiting to look after the Princess and she gave them each a horse for the journey. The maid's horse was of the ordinary variety, but the Princess's was called Falada and could speak.

The time of departure was nearly at hand, but there was one more thing. The old Queen retired to her chamber, with a small knife. There, she cut her finger until it bled. She captured three drops of blood in a white handkerchief, tied it in a knot and handed it to her daughter. 'Dear child,' she said, 'preserve this carefully, it will be of service to you on the way.'

The two of them said their sorrowful goodbyes, the Princess tucked the handkerchief containing the three drops of blood into her bosom, mounted her horse and set out for the far off kingdom.

So far, so good, thought Rachel. Although she shivered slightly at the thought of the long, lonely journey to a kingdom far from the country one had known. Why so far away, she wondered. Couldn't the Queen have found a closer Prince? But then she remembered her own journey, to a hospital a mere twenty minutes from where she lived. A place further than the furthest countries of ice and snow.

At least the Princess had protection, Rachel thought. The maid in waiting, Falada, the talking horse and the three drops of blood. Surely enough to keep her safe on a journey away from home.

For her journey, Rachel had packed a small case of necessities,

some books and magazines and a photo of her husband and child. What she had really wanted to pack though, was her mother.

Rachel had missed her mother many times over the years since her death, but never had she missed her like this. She thought of her as she settled into the cold white of the hospital bed. She imagined her sitting in the plastic visitor's chair, her hand stroking Rachel's hair off her forehead, her voice saying that she would stay forever. Never had she seemed so far away.

The sign above Rachel's bed read *Nil Orally*. 'We want you clean as a whistle,' the nurse had said, pointing at the sign. Nothing by mouth. What a strange way to phrase it, she thought idly. Not, 'no food or water', but 'nothing by mouth'. As if it included all the intangibles that also came by mouth. The most powerful intangibles of all - words. Rachel lay there, trying to ignore the raw, dryness of her throat. She was to be cleaned out. No water, no food, no words.

The Princess was thirsty. They had travelled many miles from the castle, without stopping for food or drink and her throat was parched.

'Dismount,' she said to her waiting-maid, 'and take my cup which you have brought with you and get me some water from the stream, for I should like to drink.'

'No,' replied the maid, impudent, now that she had left the castle walls, 'if you are thirsty, get off your horse yourself, lie down and drink the water. I do not choose to be your servant.'

The Princess, who despite her status, was of a mild and gentle disposition, knelt down by the edge of the stream and, deprived of the golden goblet her mother had packed for her, drank from her bare, cupped hands. The water stirred up her reflection and the three drops of blood, tucked into her bodice said:

‘If this your mother knew,
her heart would break in two.’

The Princess, although heavy-hearted, said nothing, but mounted her horse again and rode on.

The miles of riding were slow and the sun, scorching. Before too long, her throat was burning again. She had already forgotten her maid’s sneering words and she turned to her, saying, as she had before, ‘Dismount and give me some water in my golden cup.’

The maid drew herself up even more haughtily and said ‘I don’t choose to be your maid. If you wish to drink, get it yourself.’

The Princess dismounted quietly and went to the stream. But she wept as she bent over the flowing water and once again, the drops of blood said:

‘If this your mother knew,
her heart would break in two.’

And the Princess wept more bitterly, leaning as far she could over the water in her attempt to drink. So low was she bending, that the

drops of blood fell out from her bodice and floated away with the stream. Immersed in her distress, the Princess did not notice, but the serving-maid saw and rejoiced. She knew that with the drops of blood gone, the Princess would be rendered helpless, with no protection.

The serving-maid swelled with triumph. When the Princess went to mount her horse, the maid abused her, saying 'Falada is more suitable for me and my nag will do for you.'

The Princess obeyed meekly and the maid berated her once again, ordering her to exchange her fine royal garments for the maid's lowly apparel. When this had been accomplished, the maid threatened the Princess with death, unless she swore by the sky above her, that she would not say one word of this to anyone at the royal court. The terrified Princess swore to keep her silence, but Falada, the wise horse saw all and observed it well.

The small party rode on, with the maid, in royal finery mounted on Falada, while the true bride rode behind in the shabby costume of the serving-maid. There was great rejoicing as they came to their destination and entered the palace. The young Prince rushed to greet the serving-maid, whom he took for the Princess. And with her fine clothes and imposing airs, who would have believed otherwise? He whisked her upstairs to prepare for the grand banquet, the celebrations. The true Princess was left alone outside the doors of the great palace, and the only one who noticed was the old King. He was observing from a window, noted the delicate beauty of the young girl standing lost in the courtyard and wondered who she

was.

‘Who is the girl who travelled with you and who now stands below in the courtyard?’ he enquired of the false bride.

‘A common wench, whom I picked up in my travels to act as companion,’ the serving maid answered. ‘Give her some work to do, that she may not stand idle.’

‘I have a young boy, Conrad, who tends the geese,’ the King replied. ‘She may help him in his tasks.’

And so the true Princess was sent into the fields to tend geese with Conrad. Her heart was heavy as she left the castle, alight with festivities for the new bride, but she said nothing.

Rachel was incensed. Why didn’t the princess protest? Why didn’t she denounce the imposter? How could she allow this to happen without a word in her own defence? Her rage surprised her. She wanted to take the Princess by the shoulders and shake her. ‘Why didn’t you say something!’ she wanted to shriek in her face. ‘Why didn’t you say something!’

With the true Princess banished to the fields, the serving maid was secure in her new role. Before too long, however, she felt the prickle, not of conscience, but of fear. She had realised that there was one other witness to her crime. She approached her husband, the young Prince.

My dearest, I beg of you a favour,' she said. 'The horse I rode on here, vexed me all the way. Send for the knackers. I would have its head cut off.' For she knew that Falada had seen all and could speak.

The Prince, who was an obliging young man and wished to please his new wife, agreed. Falada would die.

The news found its way into the fields and the ears of the true Princess. She wept more bitterly than ever. Her faithful Falada, who had done nothing except witness the truth, was to be extinguished because of it.

Stilling her tears, she went in search of the knacker, promising him gold in return for a small service. She could not buy Falada's life, but persuaded the knacker to nail up Falada's head to the gateway to the town. That way, she could at least see Falada, as she passed through the gateway each day.

The knacker followed her request and the next morning as the Princess and Conrad approached the gateway, she looked sadly at the head of her old companion, saying,

'Alas Falada, hanging there.'

And the head answered,

'Alas young queen, how ill you fare.

If this, your mother knew

her heart would break in two.'

And she and Conrad passed beyond the gateway and out into the fields.

Rachel hated this part. When she had first read the story as a child, she had cried for hours over Falada's murder. 'It's just a fairy story,' her mother had said, uncertainly, trying to console her. 'It's just a story.'

What did that mean? Rachel thought. People said it all the time. 'It's just a story.' As if that meant that it had no reality, that it couldn't speak a truth, that its voice was to be ignored. Rachel often thought that there was more truth in stories than in the whole universe of hard facts. How people revered them. 'These are the facts', they would say, as if that explained everything. Facts were like skeletons. They could tell you how tall a man was and his age. They couldn't tell you whether he loved his children, was cruel to animals or wrote poetry. Facts by themselves, were mere objects, like a window frame. What you saw through the window was the story.

And Rachel hated this story. It was all wrong. The wimpy Princess. The faithful horse who was murdered. The refusal of the Princess to speak out and denounce the wicked one. Each time she read it, she burned for the slain horse, and seethed at the silent Princess.

The days went by for the Princess, each as sad and lowly as the next. In the mornings, she and Conrad would herd the geese into the fields, past the gateway to which Falada's head was nailed.

Each time she passed, the Princess would greet her true friend and each time, Falada would respond with the same mournful words. '... if this your mother knew, her heart would break in two.'

Rachel could feel herself shifting in her seat, as she read - the words beginning to buzz and blur on the page. She itched to get away from the story. What was wrong with her? You were not supposed to react like this to fairy stories. You were supposed to feel *with* the heroine, to feel sorry for her troubles, to support her through her trials and cheer for her when she finally won through. You were not supposed to feel angry at her. You were not supposed to want to throw the book away.

Rachel sighed and turned back to the beginning. This was her third reading of the story as an adult. She had read it carefully each time. She had read it as Rachel, as an anthropologist, as a storyteller, as a folklorist. What more could she find in there? Wearily, she went back to the now familiar words, slowly, one paragraph at a time. And then suddenly, she saw it.

The Princess had been *forced* into silence. The maid had threatened her with death, had made her swear that she would never speak of what had happened. It was there, stated clearly, unmistakably, in the hard-edged type-face of the page. How many times had Rachel read this story? And each time, she had failed to register this scene. Each time, she had fumed and raged at the silent Princess. Each time, she had wanted to leap into the page and speak for her. What was going on?

Rachel returned warily to the story.

The Princess was in the fields now, with the geese scattered and honking around her. This was where she drove them each day, with the boy, Conrad. She was seated on the stubbly earth, combing her hair, and dreaming perhaps, of her mother's palace, the puff of silk pillows and the scent of steaming baths. Conrad, idling near her, was caught by the gold gleam of her hair. Fascinated, he was reaching out to snatch some strands when the Princess suddenly reacted. She stood up and defended herself - called to the wind to blow Conrad's hat away. And with that, a great torrent of air bowled his hat all around the meadow, so that he was forced to chase it. And chase it, until the Princess had finished her grooming and her hair was bound up and out of his reach. An angry Conrad sulked through the day until it was time for them to herd the geese back home.

Yes! thought Rachel. She could see Conrad now, glowering and muttering to himself, his rough, peasant hands clenching and frustrated. He would have seen her hair and wanted it. Reached out to pluck it, just like that, as if she were nothing - a tree or a plant. Nothing that he needed to be concerned with.

In hospital, that was always happening. Your body was poked, prodded, stung, cut - as though it was an inert container, as though you did not live in it. And the worst thing, Rachel thought, was that you were complicit in this. When the blood technician arrived, with her fake cheeriness, and long needles, Rachel had held out her arm, quiet and obedient. Even though her body was shrieking and

saying, *Not one more cut! Not one more abuse!* Rachel had remained traitorously silent. Had held her hand steady, pretended it was alright, as the technician fumbled and jabbed at her shrinking veins. Her veins knew what they were doing. They were running and hiding. As far and as deep as they could. It was Rachel who was mad, lying there and smiling politely, as a stranger stabbed and stabbed with a needle, into an arm that was connected to her heart.

But that was what you did in hospital, thought Rachel. It was called 'brave'. You lay quietly co-operating, when really, you should have been kicking and fighting, calling to the high winds of heaven to scream through and blast it all away. But who would have heard you? No, it was more than that. Who would have listened to you? You would have been just another hysterical patient. A troublemaker, fighting what was good for you.

Was fighting good for you? Rachel did not know. She had not been a fighter. Not for herself. For others, she would stand up and speak out. She hated injustice. Hated the tyranny of the powerful over the weak. She would speak up to protect others, but herself? There was always an excuse for not standing up for herself. It would cause too much trouble. It would give others discomfort. It would draw too much attention. It was this, it was that. And after all, as she would inevitably conclude, she could cope by herself, she could manage. She always had.

But the Princess had fought back at last. She had stood up to Conrad. Had refused to let him man-handle her. She had called down the forces to protect herself. How odd, thought Rachel, that in

the other, larger, matter, she had done nothing. She had defended herself from the theft of a few gold hairs, but not from the theft of all that she was, her identity, her self, her name. What sense did that make?

Rachel went back to the beginning of the story. For the fourth time, she steadied her concentration and let herself into the words. The clue had to be in there.

She read slowly, through the Queen's preparations, the gifts, the departure and then - the blood drops! With their loss, the Princess had been rendered utterly helpless. The answer had to lie in the blood drops.

Rachel rested her head in her hands. 'So', she thought, 'what was it about the blood drops'. She felt weary. She was sick of this story. It was nonsense. The Queen giving her daughter the blood drops - cutting into her own tender flesh to draw them, should have imbued them with a powerful magic. And yet they were impotent. They didn't stop the maid's cruelty, they simply lay there, crying out about how heartbroken the Queen would feel, if only she knew. But they couldn't reach her, couldn't tell her.

That was it! thought Rachel. The blood drops were in fact powerless, they offered no protection. How strange. She had never before read a fairy story where the magical gifts offered no magic. The Queen had loved her daughter, Rachel was certain of that. She had given her daughter her blood. But the maid, to whom she had entrusted her daughter's care, was the Queen's maid, who had hated and

envied the Princess. What did that mean, Rachel wondered. Surely the Queen had not known? Surely, she would not have allowed her daughter to set forth by herself with such a companion?

Rachel had been so angry at the Princess. So infuriated by her refusal to speak, to tell what had happened. But that, she saw now, wasn't the problem. Something had preceded the Princess's silence. Slowly, painfully, the pieces were beginning to weave themselves together.

And at the heart of them, lay the blood drops. Provided by the Queen, in anticipation of danger. She had given them to her daughter as protection. And yet the only protection the Princess had in the world was her mother. And the blood drops did not communicate with her mother, did not send missives back to the palace. The Queen did not know what was happening to her daughter. The blood drops could not make their message heard.

Why was that? Rachel wondered. Surely if your daughter was in danger you would want to know? But what if you could not save her? What if the threat came from someone you had trusted and you were powerless to intervene? Surely the knowledge would be unendurable. And you could do nothing, nothing at all. Would you still want to know?

The Princess must have understood that her mother could not bear to know. And if her own mother could not bear to believe, how could she expect the belief of others. And so the Princess had kept silent. There was no-one there to hear.

It was hard to believe in abuse, thought Rachel. Even the Princess had not wanted to believe. When the maid had attacked her for the second time, the Princess had been shocked - she had already forgotten the first attack. That was a lot of forgetting, thought Rachel. An attack out of the blue from someone you had been told to trust. How had the Princess come to that, to be able to deny her own experience so easily? But Rachel already knew the answer. She knew how difficult it was to acknowledge gritty, twisting reality - how much easier instead, to cleave to the fantasy of how it ought to be.

Falada, the magic horse, was the Queen's other present. The horse who saw and spoke the truth. Falada was important, Rachel thought. In sending Falada, the Queen had tried, really tried to take care of her daughter. But she had not been up to it. She had known there was danger - she had given her daughter the blood drops and the horse for protection - two talking gifts. What she had not, in the end, been able to give was someone who could hear.

And without someone who could hear, thought Rachel, you were helpless. Worse than helpless. Like the abused child, who is attacked because her truth is too horrifying for listeners to bear. And Falada, whose words were so dangerous that he had to be destroyed. People were delicate packages, their first instincts were to protect themselves - it was the messengers who were likely to be killed.

Conrad was furious with the Princess. He had tried again and again to snatch a lock of her hair. Each time, she called on the wind and

the great force blew down from the sky to whirl Conrad's cap away until the Princess had finished her grooming. Finally, Conrad could bear it no longer. He announced to his master, the old King, that he would no longer work with the girl. Curious, the King asked for his reasons.

'She vexes me the whole day long,' Conrad burst out. And told the whole story - the talking head of the dead horse, the Princess's strange behaviour and the wind that whisked out of nowhere at her command.

The old King was intrigued, The next morning he hid behind the gateway and heard Falada's head speak to the Princess. He followed her into the fields, saw the shining radiance of her hair and the way the wind attended to her and he understood that there was a mystery to be solved.

That evening, he summoned her from the fields and asked why she did these things.

'I may not tell that,' said the true Princess, 'and I dare not lament my sorrows to any human being, for I have sworn not to do so by the heaven above me; if I had not done that I should have lost my life.'

And then the King, who was wise and astute with his years, nodded, realising he would draw nothing from her. 'But if you will not tell me anything,' he said, 'tell your sorrows to the iron stove over there.' And he went away.

Left alone, the princess crept into the iron stove, which closed like a great womb around her and, weeping, she told her story to its comforting walls.

Without her knowledge however, the King had stationed himself by the stove's pipe, so that the her voice carried straight to his ear. He heard everything and understood more.

He helped the sad young girl from the stove and gave her royal garments and finery. He summoned his son, the Prince to meet his true bride, who was revealed now in her shining beauty and a great feast was arranged.

At the head of the feast table, sat the Prince, with his false bride, the maid, on one hand and the Princess on the other. The Princess was so dazzling in her new clothes, that the maid was blinded and did not recognise her.

'I have a riddle for you, my dear,' said the King to the maid. 'What punishment would you see fit for someone who has committed the following deeds?' And he relayed the story of the maid's treachery. 'What sentence would you pass upon that person?' he asked.

'Ah,' said the maid, 'for this, that woman deserves no better fate than to be stripped entirely naked and put in a barrel which is studded inside with pointed nails and two white horses should be harnessed to it, which will drag her along through one street after another, till she is dead.'

‘It is you,’ said the King, ‘and you have pronounced your own sentence. And thus shall it be done.’

Rachel always winced and turned away at this part. At the brutality of it - the cruelty of that terrible punishment. And yet, it was as the King had said. The punishment was the sheer reflection of the perpetrator - her hatred made visible and turned on her. It was what she had wished for others, that had now been given to her.

It was terrifying to read and horrifying to think about, and yet, that was one of the things that she appreciated about fairytales. They were like Falada. They were not frightened of saying what was there, even when you didn’t want to hear. They had been speaking for hundreds of years. They would speak for hundreds more.

Rachel had read of a campaign to sanitise fairy-tales - take out the violence, the sadness, the pain. Rachel knew this would never work. The children would never believe. They could not open bank accounts, drive cars or hold down jobs, but they understood. They knew something truer about what the world was really like, than all the philosophers, scientists and thinkers put together. They were there, in a way that adults had learned not to be.

The body was like a child, Rachel thought. Direct and undisguised in its dealings. She remembered its nudgings and whispers, as her symptoms had developed. And how she had ignored it, dismissed them as a creation of her mind, trivialities not worth listening to. It happened all the time - the world was filled with people ignoring lumps, changes, bleeding. Terrified to hear what their bodies were

telling them. Turning to illusion instead. How strange it had been for her to finally listen, to recognise that she could trust what was being said.

That was something the Princess had done, Rachel realised. The Princess had not spoken out - she had been sworn to silence and she must have had her fear. To see what happened to Falada, was to see what could happen to her. She had kept silent, but she had believed in herself. That was why she had defended herself from Conrad, in that pivotal action which had set the rest of the story going. She was not an object. She knew who she was and it was that knowledge in the end which saved her.

She had known who she was... And then at last, with a slow in-drawing of breath that felt both sweet and unbearably sad, Rachel finally understood the Queen's real gift. The blood drops and Falada - the magic which spoke the truth. Her mother's love had not been enough to protect her, but it had given her something even more precious. The words, the simple recognitions, the daily quiet reminders of her own truth.

Victoria University

Writing the Underworld

Narrative and healing - an examination of psychological studies
on the impact of written emotional expression on health

By

Doris Brett

Volume 2

An exegesis

submitted in partial fulfilment of the requirement
of the degree of Doctor of Philosophy (Creative Arts)

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Faculty of Arts

Melbourne, Victoria

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Declaration

I certify that except where acknowledged, this thesis is the original work of the candidate alone and has not been submitted in fulfilment of any other degree or diploma.

Doris Brett

September 2002

Dedication

I would like to dedicate this thesis to Martin and Amantha, the beloved linchpins of my life.

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Abstract

This thesis is divided into two volumes, the creative work and the exegesis.

The creative work, *Eating the Underworld*, is a memoir in three voices focussed around the experience of life-threatening illness. The voices reflect and refract off each other and cover three genres, journal-writing, fiction and poetry. *Eating the Underworld* can be read at many levels, has a choice of entrance points and draws together many different perspectives. It links personal perspective with psychological knowledge, late twentieth century experience with the age-old experience of folktales, the intense, imaginative flight of the poet with the groundedness of the journal-writer. Through these linkages, it addresses some of the issues surrounding this complex and multi-layered experience.

The exegesis, *Writing the Underworld*, examines the state of psychological research on written emotional disclosure and its effects on health. This is a relatively new field of research and one of great importance. It offers the possibility of groundbreaking ways of approaching health-care in ways which are simple, practical, accessible, cost-effective and personally satisfying. The linkage with the creative work and its access to the imaginative unconscious and the mythic reality add new depth and complexity to this very significant field.

Together, both volumes of this thesis provide a unique window through which to view the important experience of life-threatening illness, its emotional meaning and the impact of writing.

Introduction

Volume 1 - The Creative Work

The major part of this dissertation consists of an original literary treatment of a journey through life-threatening illness.

The experience of being diagnosed with cancer is one in which the familiar realities of everyday life are whisked away. In their place is a new universe encompassing both fear and courage, despair and hopefulness, chaos and direction and above everything, uncertainty. For many, the diagnosis also begins a quest - to understand the meaning of their experience, to understand their world and to understand themselves.

A number of books have been published detailing, in journal-type format, an experience with cancer (Remoff, 1997; Middlebrook, 1996). Some of these have caught the public imagination and become best-sellers. There have also been fictional treatments, dramatic treatments and poetic treatments. Each of these genres brings to the subject its own particular sensibilities.

In contrast to those works which explore the cancer experience through one genre, volume 1 of this project, *Eating The Underworld*, consists of a book-length manuscript in three genres and comprises 70% of the thesis as a whole. One portion of *Eating the Underworld* consists of a journal, the second, prose pieces in the form of short, meditative fiction centred around fairytales and the third, poetry. Each of these revolves around the same journey through a life-threatening illness - a memoir, so to speak, in three voices. Although the three voices deal with the same experience, each reflects and refracts off the core experience as well as off the other voices. The book thus becomes a multi-

faceted whole, each facet reflecting the experience in a different way, allowing the reader to put together the work at a number of different levels, ranging from the simple to the complex, the conscious to the unconscious.

Myth and folklore are woven through the work. Although the journey through illness is a personal journey, it is also the universal journey through darkness and uncertainty that many are forced to take at some point in their lives. This journey is one that is central to many myths and folk stories. Their truths and their many levels of meaning are part of the exploration undertaken by the creative manuscript.

Volume 2 - The Exegesis

The exegesis, *Writing the Underworld*, examines the experience of writing about trauma from a different perspective and comprises the remaining 30% of the thesis. Whereas *Eating the Underworld* revolves around the creation of a trauma narrative, *Writing the Underworld* crosses disciplines to the area of psychology and examines the impact of creating such narratives. There is a growing body of psychological research on the effects of writing about traumatic events and the impact this has on physical and emotional health. This has been studied via the traditional scientific methods developed by psychologists, a different paradigm from those of the creative writer. This shift from the literary perspective to the psychological perspective enables a wider field of vision to be encompassed in the same way as the shifts through the three genres of the literary work add complexity and depth to the illness/trauma narrative.

Although widely different, the two approaches, creative writing and psychological study, dovetail and extend each other. Whereas the literary work has as its focus the impact of the *journey* through trauma, the psychological

studies have as their focus the impact of *writing* about the journey through trauma.

Writing the Underworld begins with an historical overview of narrative, particularly in relation to trauma. It then moves on to its main focus, taking as its research question an examination of psychological research concerning the effects of written emotional expression of trauma. The material is then discussed and conclusions drawn.

1 Methodological Issues in Narrative Representation

1.1 Narrative methodologies

The experience of life-threatening illness is often a disconnected one, consisting of a series of intensely remembered moments with blank spaces in between.

There are shocks and losses to deal with and revision after revision of identity. Questions are continually raised (for example, Will I be cured? How long do I have to live? Will this treatment work?) with the answers often changing or fading into uncertainty.

Narrative offers a way of understanding these events. It provides a way of recognising connection and causality. It offers temporal continuity and spatial coherence. It gives structure to a series of events or emotional experiences. A statistical test applied to a grouping of figures also lends structure, coherence and causality. The statistical test allows us to understand which objects or events, represented by those figures, are connected. We can determine the strength and validity of that connection and bring order to what might otherwise have been seen as a series of disconnected events. Narrative may thus be seen to be a literary/emotional equivalent to the conventional statistical method of ordering data.

Empirical research is a cornerstone of science. It can be defined as a gathering of data from some area of experience. The data are then subjected to statistical analysis and conclusions are drawn from it about the area of experience. If one substitutes the word 'narrative' for 'statistical', the sense of the sentence remains valid, although in a different domain. Statistical analysis concerns itself with quantitative analysis, while narrative analysis is concerned with the qualitative. From this point of view, narrative can be thought of as a method of investigation

which runs parallel to, and complements, the traditional scientific methods.

This thesis makes use of both the conventional statistical methods of understanding data, as well as the narrative method, with each adding extra dimensions to the other.

1.2 The importance of stories

Modern conventional medicine has, until recently, disregarded the importance of patients' stories (Broom, 2000). There is now, however, a growing body of literature focussing on the intrinsic value of the patient's narrative and its usefulness to the clinician.

'Telling one's story' is valuable for the patient as well as the clinician. James Pennebaker (1990) was the instigator of a series of ground breaking studies on the effects of expressing trauma. He asked subjects to write as vividly as possible about a traumatic experience in their lives and noted the health benefits which followed the individual's recounting of 'the story'.

Many of the standard ways of extracting the patient's 'story' for medical or clinical purposes involve standardised questions. These may come either in the spoken or written form. Whether spoken or written, these standardised forms force patients to respond in terms of the questioner's framework and often through words or phrases the questioner, rather than the patients, have chosen. In Pennebaker's work, participants are asked to write freely about their own experience. Thus, it is the participants' own words, concepts and framework which form the narrative. They choose what is relevant and respond in their own language, rather than having to adopt that of the exterior authority.

The central role of patients' stories is readily recognised in many other cultures, such as those of some African and Asian societies. In Africa for example, illness is typically viewed as a disequilibrium between a person's physical and spiritual being (Smyth *et al*, 2000). In this context, rich with symbolism, stories told by patients and their therapists acquire therapeutic agency in a broad range of health-related activities. Narratives, as previously noted, provide ways of ordering one's experience in a way that offers coherency, logical structure and meaning. Among the Dogon, a West African ethnic group in central Mali, the importance of this need to order one's experience in a meaningful way is reflected in the terminology where 'to heal' (*dyono*) means 'to arrange' and 'healer' (*dyono dyonu-ne*) designates a person with the power to attend to everything that disrupts a desired unfolding of events (Smyth *et al*, 2000).

Judy Atkinson (2002) describes the central role of *dadirri*, which can be roughly translated as a deep listening, in Aboriginal culture. *Dadirri* is a profound, contemplative listening to the various stories people tell about their lives. It is seen as crucial for healing and growth.

Modern feminist researchers have taken up narrative as a method of exploration as they seek to expand and redefine ways of understanding human experience (Reinharz, 1992).

1.3 Feminist methodologies

Sociologist Meredith Gould noted that a feminist perspective differs from conventional critical sociology, in that it reassesses the distinction between theory and method and draws its data from areas left untouched by conventional sociology (Reinharz, 1992, p. 216). Feminist research can also be innovative in the way in which the report is actually written. Professor of nursing Kathleen

MacPherson, for example, studied herself studying her menopause collective - a group of women going through menopause (Reinharz, 1992, p. 217). U.S. psychologist Terry Kramer (Reinharz, 1992, p. 217) used diaries combined with consciousness-raising as a feminist research method, arguing that diary research could provide psychology with new knowledge of how women perceive themselves and what it means to be a woman. Frigga Haug developed what she called 'memory-work' (Reinharz, 1992, p. 223) in which a group of women wrote short stories about memories of different aspects of their bodies.

The feminist research approach crosses many of the boundaries of conventional research methods. It moves away from the rigid objectivity of traditional research methods towards a more fluid, subjective, in-depth exploration. To this end, there has been a great deal of innovation in the research methods used.

One such method is the use of multiple voices in 'conversation', each adding depth and complexity to the dialogue (Reinharz, 1992, p. 227). Michael McCall and Judith Wittner (Reinharz, 1992, p. 229) used a modified 'multiple voices' technique to create a collage of 'thinking fragments' that psychoanalyst Jane Flax (Reinharz, 1992, p. 229) describes as characteristic of the postmodern world. Chernin and Stendahl's book about female friendship and theory is a collage of, among other things, letter writing, story-telling and journal entries (Reinharz, 1992, p. 230). Instead of a conversation between two people, Susan Griffin in *Woman and Nature* (Reinharz, 1992, p. 231) creates a conversation between two or more parts of the self. Reinharz (1992) calls this style 'feminist synthesis' and describes it as a deep intuitive process. Dorothy Dinnerstein in *The Mermaid and the Minotaur* says 'It is a distillation from an inner reservoir in which personal experience has flowed together with various streams of formal thought: social philosophical, social scientific, literary and psychoanalytic streams..' (cited in Reinharz, 1992, p. 231). Shulamit Reinharz notes that 'The

feminist scholar... discloses herself, sharing her story and inviting the reader to identify with her' (Reinharz, 1992, p. 231).

Feminist research has taken a lead in challenging the traditional demarcation between subject and researcher. Feminist researchers consider personal experience to be an important source for research work. (Reinharz, 1992, p. 258). The method of starting from one's own experience, particularly when that experience is disturbing, is considered to be a valuable research approach. Thus, there has been a desire to eradicate the distinction between the researcher and the researched, which has produced innovative techniques in the study of personal experience. Psychologist Nancy Datan, for instance, reported on the 'natural ethnography' of the post-mastectomy experience (Reinharz, 1992, p. 234) by inviting readers to share her journey through the hospital experience and afterwards. In tune with this attention to the personal and the subjective, is an attention to the emotional dimensions of the subject being researched. Judith Cook notes that '...this aspect of epistemology involves not only the acknowledgement of the affective dimension of research, but also recognition that emotions serve as a source of insight or a signal of rupture in social reality' (Fonow and Cook, 1991, p. 9).

Multiplicity of research methods has also been a feature of feminist research (Reinharz, 1992). It allows room for creativity in all aspects of the research process, on the premise that multiplicity of methods allows for the study of the greatest possible range of subject matters (Reinharz, 1992). Sociologist Judith Long (Reinharz, 1992, p. 250) states that feminist research has also always been interdisciplinary. Psychologist Carolyn Sherif (Reinhartz, 1992, p. 250) speaks of it as cross-disciplinary.

Eating the Underworld, uses creative writing, ranging through different genres and 'voices', to explore and understand various dimensions of the journey through illness. It uses techniques similar to Kramer's diary research, Haug's memory work, Chernin and Stendhal's collage method, Griffin's conversation between parts of the self, Datan's natural ethnography, Cook's attention to the emotional aspects and McCall and Wittner's multiple voices (Reinharz, 1992) to bring an added depth and complexity to the work.

1.4 Poetry as methodology

Poetry may be considered the most intensely concentrated of all the writing genres. Its language is that of metaphor, symbol, synthesis and fusion - the language of the dream and the unconscious. It draws its understanding from a different source from that of the logical, conscious understanding of science, and yet some of the great leaps in science have been made through this dream-like intuitive process: Freidrich Kekule, the Professor of Chemistry at the University of Ghent, solved many scientific problems by allowing himself to 'see' the solutions while in a dream-like state of reverie. Perhaps his most notable dream solution concerned the realisation that the molecules of certain compounds were closed chains. This was a discovery of some importance in the field of chemistry (Inglis, 1987, p. 35). Kekule said, 'Let us learn to dream gentlemen and then perhaps we will discover the truth.' The arrangement of the periodic table of elements, was also 'discovered' through a dream. Russian chemist Dmitri Mendeleev had been wrestling unsuccessfully with the problem of how to classify the elements with regard to their atomic weight. He fell asleep and saw the table in a dream. On awakening he recorded what he had seen in the dream. Only one correction was needed (Inglis, 1987, p. 35).

Poetry is a condensed, intense form of communication. With its dreamlike

allusions and unconscious imagery, it speaks eloquently to the non-logical part of the mind, the deep interior of ourselves. Edward Hirsch refers to this when he says 'Lyric poetry is one of the soul's natural habitats' (Hirsch, 1999, p. 244). Wallace Stevens said 'Poetry is like prayer' (Hirsch, 1999, p. 244). Hirsch adds 'Poetry tries to get at something elemental by coming out of a silence and returning us - restoring us - to that silence. It longs to contact the mysteries; hence its kinship to prayer' (Hirsch, 1999, p. 244). Rilke wrote in *The Notebooks of Malte Laurids Brigge*, 'I am convinced that the kind of experience - the kind of knowledge - one gets from poetry cannot be duplicated elsewhere. The spiritual life wants articulation - it wants embodiment in language' (Hirsch, 1999, p. 244).

Poetry, out of all of the writing genres, is the one most concerned with rhythm, rhyme and 'music'. It is these elements, as well as the symbolic language it uses, which give poetry its special power. The repeating echoes of rhyme, alliteration and the beat of the underlying rhythm can have a near hypnotic effect on the reader, leading to an experience that can be close to trance-like. Edward Hirsch describes his response to reading a poem 'The words pressure me into a response, and the rhythm of the poem carries me to another plane of time, outside time' (Hirsch, 1999, p. 8).

This state of 'a plane of time, outside time', allows the mind to dream in a waking state. In this state, words are free to become the jumping off point to a richness of connections very far from the orderly, logical, processings of the rational mind. Paul Eluard wrote:

There is another world and it is in this one. I need the poem to enchant me,... to shift my waking consciousness and open the world to me, to open me up to the world - to the word - in a new

way... The spiritual desire for poetry can be overwhelming, so much do I need it to experience and name my own perilous depths and vast spaces... It (poetry) needs a reader to possess it, to be possessed by it. (Hirsch, 1999, p. 9).

Emotions are the territory of poetry and among these, poetry has a special relationship to grief. In a world which tries to avoid and sanitise grief, poetry celebrates grief. Robert Frost took pains to make the distinction between grievances (complaints) and grief (sorrow) suggesting that the former should be restricted to prose, 'leaving poetry free to go its way in tears' (Hirsch, 1999, p. 81). Tess Gallagher writes that 'It is as if the poem acts as a live-in church...(and allows us)...to arrive at an approach to one's particular grief and thereby transform that grief.' (Gallagher, 1984, p. 86).

The poem's mission is to go into the heart of grief and to return with something even greater than grief. A transcendency that connects us, in the isolation of our suffering, to a larger universe of both beauty and pain. In the aftermath of the terrorist attack of September 11, 2001, an article first printed in the New York Times was widely circulated. Its title was 'The Eerily Intimate Power of Poetry To Console' (Smith, 2001). In her article, Dinitia Smith noted that almost immediately after the disaster, memorials, conceived around poetry, sprang up all over the city and that people had been 'consoling' themselves with poetry in an almost unprecedented way. Billy Collins, the poet laureate of the United States said 'In times of crisis, it's interesting that people don't turn to the novel (or the movies)... It's always poetry.' He compared the status of the poet in modern life to that of the goalie in hockey. 'The goalie in hockey stands apart from others, marginalised. When all the skating and sliding around on the ice begin to fail us, the goalie is the poet.' (Smith, 2001). Robert Pinsky, the former poet laureate, echoed Collins's sentiments, adding that 'Poetry has an intimacy because it is in

the reader's voice, in one person's breath. We are in a culture of spectacle. With poetry, you say it aloud yourself, in your own voice.' (Smith, 2001).

Intimacy is one of the key features of poetry. It demands a relationship with the reader that is unique to the genre. Its language is so dense, so multi-layered, its images so evocative and unsettling that the reader is forced to search within his or herself for meaning and in doing so, to open his or her self up to the poem.

Hirsch says 'The profound intimacy of lyric poetry makes it perilous because it gets so far under the skin, into the skin.' (Hirsch, 1999, p. 6). He has also noted that 'Reading poetry is a way of connecting - through the medium of language - more deeply with yourself even as you connect more deeply with another. The poem delivers on our spiritual lives precisely because it simultaneously gives us the gift of intimacy and interiority, privacy and participation.' (Hirsch, 1999, p. 5).

This ability to connect at the most intimate level, means that the poem is ideally suited to speak of those emotions and experiences which are the most private, the most difficult, the most hidden. C. K. Williams says 'Poetry confronts in the most clear-eyed way just those emotions which consciousness wishes to slide by.' (Hirsch, 1999, p. 157). Hirsch adds 'Poetry puts us on the hook - it makes us responsible for what we might evade in ourselves and others. It gives us greater access to ourselves.' (Hirsch, 1999, p. 157.)

1.5 Fiction as methodology

The fictional pieces within the manuscript are a cross between short stories, meditations and essays. Myth and fairytale form the core of these pieces, interwoven with the story of a woman confronting illness. This synthesis of forms is typical of the innovatory approach to exploration taken by feminist

research (Reinharz, 1992, p. 219). The pieces move back and forwards, marrying the timeless past of myth and folklore to the present reality. The stories also cross cultures, drawing on myth and folklore from the British Isles, the ancient Israelites, Russia and Germany among others.

Colin Turbayne says 'The fable, the parable, the allegory and the myth...are extended metaphors.' (Turbayne, 1971, p. 19). The fairytale can also be included in this category. The fairytale uses its special metaphoric language, its unique set-apart time - 'once upon a time' - to allow us to experience ourselves, as through a strange, dream-like mirror, in whatever time and place in which we live.

Metaphor is a powerful mode of communication. Aristotle believed that 'The greatest thing by far is to be a master of metaphor' (Turbayne, 1971, p. 21). Bedell Stanford describes the metaphor as 'the stereoscope of ideas' because it achieves 'this *integration* of diversities.' (Turbayne, 1971, p. 21). Black notes that a metaphor 'brings forward aspects that might not be seen at all through another medium.' (Turbayne, 1971, p. 21). Metzger, in *Writing For Your Life* says 'metaphor finds the hidden, mysterious connections.' (Metzger, 1992, p. 28).

In *Beyond Good and Evil*, Nietzsche (1989) used the phrase the 'third ear' when writing about the way we 'hear' metaphorical language, such as that of fairytale and dream. Therapists have also taken up the language of the 'third ear' as a method of helping patients recognise issues and solutions that may have been blocked from conscious awareness. Wallace (1985) believed that metaphor provided us with our deepest way of understanding experience. Langton and Langton note that:

'Throughout history, myths and metaphors have played an important part in

education and in the development of wisdom...[and therefore]...the use of stories in the therapy context seems quite logical.' (Langton and Langton, 1989, p. xv).

Milton Erickson, a psychiatrist whose seminal methods have become part of many current therapies was one of the earliest to promote the use of metaphorical stories in therapy. Zeig notes that 'Erickson's use of stories in his conversations gave people of diverse views metaphors where they discovered their own ideas.' (Battino and South, 2000, p. 6)

Fairytales are metaphors set in the country of magic and enchantment. Metzger writes:

In their concern with enchantment, fairytales enter directly into the darkest area of our psyche....Fairytale, like myth, takes us to the other realm... And like myth, it initiates us, leads us through the journey of discovery, individuation, and transformation. (Metzger, 1992, p. 139-140).

Transformation is at the heart of the fairytale. It is also the core experience of illness. The concern with transformation, the ability of the fairytale metaphor to encompass complexity and to access the many-layered insights of the unconscious mind, make such stories the ideal vehicles for exploring the equally complex and many-layered facets of the experience of illness.

1.6 Journal-writing as methodology

A large portion of *Eating the Underworld* consists of a journal describing, from yet another perspective, the experience dealt with in the other two genres. Journal writing is an accepted feminist research tool (Reinharz, 1992, p. 221)

and provides the third 'voice' in the manuscript. It speaks with the 'grounded' voice of day to day reality, practicality and intellect, as well as the introspective voice of reflection, emotion and intuition. As previously noted, psychologist Terry Kramer (Reinharz, 1992) used personal diaries as part of her research, as did Chernin and Stendahl (Reinharz, 1992).

Journal writing is often used within the genre of memoir. Whereas autobiography encompasses a whole life, memoir has as its focus the exploration of a particular time or theme in a life. Contemporary memoir takes as its brief not just the retelling of events, but the attempt to understand those events. Memoir is committed to 'the examined life'. Barrington notes that '...the memoirist both tells the story and muses upon it...' (Barrington, 1997, p. 20). McDonnell (1998, p. 14) says '...contemporary memoirs... not only 'show' and 'tell' ... but they also reflect on the very process of telling itself.'

With its focussed, intimate and reflective stance, the memoir is well suited to writing about personal crisis. Crisis narratives or stories of survival are commonly found in the modern memoir. McDonnell quotes Marilyn Chandler as saying that 'every autobiography is a story of crisis in that it recounts change, turning points, conversions, critical lettings-go and breaks with the past...' (McDonnell, 1998, p. 12). A life-threatening illness is usually one of the most intense crises to confront an individual and the journal-memoir is well suited to exploring this experience.

Memoir writing by its very nature is deeply personal. There are thus complex issues to address when a personal journal becomes a public document. There are ethical issues involved in writing about real people and many questions arise. To list some examples: What is the writer's responsibility to those whose lives have intersected with his or her own? Even though two people may share the same

experience, their recounting and/or memory of it may be quite different. How does one address these differences in memory? When the stories of others overlap with one's own, who 'owns' these stories? What happens when the writer's allegiance to his or her truth collides with another's account? Do we have the right to bring 'hidden' stories involving others into the open? How does one explore one's own psyche without involving that of others? Where are the boundaries between the writer's right to explore formative experiences and another's right to privacy? Does the writer have a responsibility to address complexity and shadow? If so, how does 'whitewashing' or avoiding, in order to protect others, jibe with this responsibility? These questions are addressed within the text of the journal part of the manuscript.

As well as the above ethical questions, there are also legal issues when writing about living people. One of the concerns of the law is to protect reputation. Thus, truth is not necessarily a defence in defamation cases. If one is writing about another in an unflattering light, even when there are witnesses to the events described, the law may still require that this episode be censored. Such legal issues must be addressed by the memoirist, albeit often invisibly, for at times to even mention that a scene has been censored on the advice of a lawyer, could arguably suggest that a character has been depicted in a negative light and thus cast a slur by implication.

1.7 Weaving the voices together

Together, the three voices of the manuscript unite to provide a whole which transcends the sum of the parts. They reflect and refract off each other and allow the manuscript to be read at many different levels. Each stands alone, but works with the others to provide a greater whole, so that they can be read singly, alternately or concurrently. They are open to simple or complex readings and

operate at many different levels, with their synthesis of the real and the imagined, the past and the present, the conscious and the unconscious, the magical and the ordinary.

Creativity has long been a subject of interest to psychoanalysis. Ernst Kris, a renowned psychoanalyst, explored the mechanisms of creativity in his groundbreaking book *Psychoanalytic Explorations In Art* (1952). He saw creativity as involving 'regression in the service of the ego', a process which allowed the rational, logical 'ego' self to dip into the intuitive, dream-like processes of the unconscious and draw from it the jewels of the creative arts. It was this experience which made for the 'newness' of creative work in which new connections are formed between previously unrelated facts or mental experiences. The 'ordinary' thus becomes transformed and linkages are experienced in a transcendent way.

Another psychoanalyst Esther Dreifuss-Kattan, has explored the response of artists and writers to the experience of being diagnosed with cancer. She notes that;

The discovery of a new form of literary or artistic endeavour... with its concomitant increase in the feeling of artistic control, helps artists with cancer to face separation, to mourn the losses and to establish a relationship to the new realities they are forced to face...(With the diagnosis of cancer)... it is not unusual to see an already successful artist take up an entirely new mode of expression. And if the cancer should recur after an initial remission, it is also not unusual to see a second change in the mode of artistic expression.' (Dreifuss-Kattan, 1990, p. 129).

The different voices of the creative manuscript, grounded in the three genres of poetry, fairytale and non-fiction, did indeed emerge successively through different phases of the illness experience.

1.8 Methodological multiplicity

In summary, this thesis uses the methods of multiple voices and genres to create the synthesis that was described above by Dinnerstein (Reinharz, 1992, p. 231) and the transcendent linkages of Kris (1952). It blends personal experience with sociological observation and the threads of mythological metaphor and insight to create a multi-layered whole which can be understood at many levels. The author too, brings to the work a synthesis of skills and 'personae' - those of the writer, the psychologist, the clinician working with cancer patients and the cancer patient herself. This multiplicity of facets and 'voices' is, as noted, one of the characteristics of feminist research. The cross disciplinary approach, in which the exegesis examines literary, sociological, anthropological and psychological work in this area is also a feature of feminist research.

Eating the Underworld, the creative work, with its different voices and viewpoints will give insight into the narrative process at work, as well as other psychological processes involved in confronting and coping with life-threatening illness. *Writing the Underworld*, the exegesis, focusses on the more traditional scientific methods of psychological research. It begins with the background history of folklore and myth - the original narratives and looks at their relation to the healing journey. It then moves on to its major concern - the study of the psychological and physical health sequella of writing about trauma.

The main focus of *Writing the Underworld* is the examination of psychological research in the field of written emotional expressiveness. This is a relatively new

field of exploration, which was triggered by the discovery that writing about emotionally traumatic material resulted in health benefits to the individual.

Writing the Underworld explores and evaluates the current standing of research in this field. It involves detailing and critically evaluating studies concerned with subjects such as the impact of trauma-writing on physiological variables and their relationship to longer-term health benefits, the particular kinds of writing style necessary and the explanations posited for the benefits of writing about trauma.

1.9 Synthesis of research methods

Thus, in combination with the creative work, the subject of writing about trauma is addressed through the synthesis of two modes of investigation - the narrative method and the traditional scientific method - exploring the impact of narrative. Each brings its own perspective to the research task and aids and adds depth to the other. This synthesising of research methods is typical of feminist research methods - the 'cross disciplinary' research noted by Sherif and Long (Reinharz, 1992)

2 Narrative - An Historical Background and Overview

2.1 Folklore and myth - the oldest narratives

Myth, legend and fairytales are the most ancient of stories. They show an amazing uniformity throughout the world, appearing in similar forms across vastly different cultures. (Cooper, 1983). They have been told and re-told through song, verse, the teaching tales of tribal elders and the myriad of stories of all kinds handed down voice to voice for centuries before the printed word came into existence.

The oldest recorded folklore tales are Eastern (Cooper, 1983): The Sumerian myths were written in cuneiform in 3000 B.C. (Kramer, 1972). Sanskrit fables, appeared in the Indian *Panchetantra*. The exact date of publishing is unknown, but the stories are reported to have reached Greece around the time of Alexander The Great. The Buddhist *Jataka* legends were recorded over 2000 years ago. Persian tales are also ancient, as is Egyptian mythology which was recorded in Ancient Egypt about 1400 years B.C.

Although prose collections had been appearing in Europe since the post-Renaissance period, it was Charles Perrault's book of fairytales, published in France in 1697, that swept through Europe and ignited enormous interest in the genre (Zipes, 1991). The Grimm brothers followed in 1812 with their timeless collections of tales (Luthi, 1976). Some of the fairytales collected by the Grimm brothers are central to the creative manuscript.

The role mythology and folklore play in a culture, has been studied for decades by anthropologists, psychoanalysts and mythologists with widely divergent views on their meaning and function (Thompson, 1977; May, 1991; Dundes, 1989).

These differing stances will be elaborated on in a later chapter.

It is important initially to define what is meant by the terms myth, folklore or fairytale. The term 'fairytale' first entered the English language in the eighteenth century. The *Oxford English Dictionary* includes it in a 1749 edition (Opie and Opie, 1974). In English, the term 'folktale' is often used synonymously with fairytale. The German term *Märchen* is a close equivalent (Thompson, 1977). It has no exact translation in English, but the nearest approximation is 'household tale' or 'fairytale'. The 'fairytale' term may be a little misleading, as quite frequently, there are no fairies actually appearing in it. However, there is usually magic of some sort involved in these stories and with it, perhaps the suggestion of fairies. The word 'fairy' itself comes from the old French word *faerie*, meaning the land of fairies, enchantment and magic. Fairytales may thus be seen as stories from this mysterious other world.

Stith Thompson defines *Märchen* as 'A tale of some length involving a succession of motifs or episodes. It moves in an unreal world without definite locality or definite characters and is filled with the marvellous.' (Thompson, 1977, p. 8).

The German term *sage* most closely equates to 'local legend'. It involves a narrative purporting to be a memory or story of an actual event in the distant past. It often involves miraculous happenings and fantastical creatures.

'Myth' is a concept that has been used very broadly and as a result is somewhat difficult to define. Myths are set in a world in the distant past, and involve superhuman or divine beings. They relate to religious or spiritual belief systems and practices (Dundes, 1984).

Ways of understanding the meaning and function of folklore vary enormously. Many schools of thought have evolved and the field is still awash with conflicting theorists (Dundes, 1984). Some of the major historical and contemporary explanations are described below.

One of the earliest writers who attempted to compile and examine the mythology of various cultures was Sir James Fraser. In a multi volume work, *The Golden Bough*, first published in 1890, he described the myths and folk customs of a dazzling number of what he termed primitive societies. Questions have been raised about the validity of some of his accounts (Dundes, 1984) with Kirk saying he 'tossed in catalogues of vague similarities drawn from a dozen different cultures in apparent support of highly dubious theories' (Kirk, 1970, p. 4).

The solar mythology school constituted another early attempt to understand folklore. This school held that all folklore was essentially an attempt by primitive man to explain natural phenomena such as the sun, the moon and the stars. (Dorson, cited in Dundes, 1965). When one looks at the complexity and diversity of folkloric stories however, this system seems far too simplistic. Many myths and folktales make little or no mention of solar bodies and the attempts to link them to these seem extraordinarily far-fetched. This system also fails to explain why folktales persisted long after humans had ceased to be considered 'primitive.'

The ethnographic school, typified by Boas (Dundes, 1984) one of the founders of anthropology, argued that myth was a literal reflection of cultural ethnography. He called myths 'cultural reflectors', saying that they served as descriptions of tribal life, e.g. hunting techniques, types of housing and kinship terms. This school too, fails to explain the timeless attraction of the old stories,

long after there is any need to describe particular hunting techniques or types of housing. If they are merely tales to teach humans about their current culture, why are they not discarded and replaced when that culture changes? How can a tale first written down in eighteenth century Germany still be copiously read in twenty-first century Australia - the two cultures are clearly vastly different from each other.

Boas and the ethnographic school were superceded by functionalism, which took a wider view of the function of myth and folktale. Malinowski, a major proponent of this school, describes the nature of myth as:

...a statement of primaevael reality which still lives in present-day life and, as a justification by precedent, supplies a retrospective pattern of moral values, sociological order and magical belief...Its function is to strengthen tradition and endow it with a greater value and prestige. (Dundes, 1984, p. 194).

Functionalism addresses some of the concerns noted above, but remains committed to a relatively concrete interpretation of the folktale's value.

Stith Thompson and Archer Tyler (Luthi, 1970) concentrated their efforts on what might be termed an epidemiological, rather than explanatory, approach - they were major proponents of what came to be called the Finnish school. They focussed on the historical and geographical analysis of folktales. Researchers combed the world to collect folktales of a particular type. The various versions of a tale were analysed, compared, contrasted and filed together, thus providing what might be seen as a biography of a particular type of folk-tale. For example, the Cinderella story was found in multiple versions, under several different names and within many different cultures. Put together, they formed the

Cinderella-type folk-tale. Stith Thompson has provided basic indexes of hundreds of types and motifs found in folktales all over the world (Thompson, 1946).

These anthropologically-oriented stances are contrasted with the viewpoints put forward by psychologists and psychiatrists.

Freud, who founded the school of psychoanalysis, saw folklore as a psychological, rather than sociological, phenomenon. He believed that folklore was similar to dreams in that it was an expression of unconscious wishes, repressed impulses and fears. He saw the magical imagery of folklore as being symbolic and metaphorical in the same way that dreams were (Freud, 1995).

Jung (1969) took a different position. Rather than explain folklore through reference to the individual's repressive unconscious, he hypothesized that there was a collective racial unconscious common to all humankind. This collective unconscious contained archetypes which equated to the mythological figures common to so many differing cultures world-wide. An example of an archetype is the 'shadow'. This can manifest itself as a witch, a monster, a bogeyman, a wild animal or a number of other threatening persona. It represents what we fear in ourselves or what is forbidden in ourselves (e.g. forbidden impulses). Other archetypes are the King, the Priest, the Child, the Maiden, the Mother, the Witch and the Healer.

Jung's ideas have been taken up and extended by many writers in the field of mythology, such as Campbell (1991, 1949) Perera (1985) and Hall (1980).

Jung's approach, with its emphasis on the spiritual, metaphorical and emotional meaning of myth and folklore has been an important one for the creative thesis.

Bruno Bettelheim in *The Uses of Enchantment* (1977) took a psychoanalytic approach to the analysis of children's fairytales, but one that differed from the earlier negative focus on them as repressive and regressive. Bettelheim saw them as valuable guides, imbued with profound psychological insights, that assisted children with the difficult psychological and emotional developmental tasks ahead of them. Bettelheim's interpretations can be overly rigid and narrow at times, but his emphasis on the healing qualities of fairytales was an important breakthrough.

Joseph Campbell (1991, 1949) whose works came to be read more widely than any other mythologist, rejected the notion of interpreting myths literally as 'facts' about daily life or culture. Likewise he rejected Freud's notion that myths represented the repressed, infantile or forbidden aspects of ourselves that needed to be kept under control. He, like Jung, saw myth as serving a life-affirming role, guiding the human spirit through its travails to a hopeful union with a higher purpose.

Campbell has been criticised by anthropologists who accuse him of generalising from too narrow a field of data and overstating his case (Dundes, 1984). His popularity, particularly within the general humanities and indeed with the general public, is immense however, and his vision has a resonance that clearly speaks to many.

An area of particular focus for him was the 'journey of the hero' (Campbell, 1949) which he saw as a universal theme in both myth and folklore. J. C. Cooper (1984) discussing fairytales says 'The most constantly recurring themes are those dealing with the descent of the soul into the world, its experiences in life, initiation and the quest for unity and the trials and tribulations that beset its journey through the world.' Stories which typify this journey have been used

throughout the creative work of this thesis as motifs to illuminate the journey through illness and self knowledge. Jackie Stacey (1997) notes that stories about surviving cancer fit easily into these patterns of a journey from chaos to control.

Feminist scholars, writers and mythologists have also added their vision to the interpretation of myth and folklore (Perera, 1985; Carter, 1994; Hall, 1980; Dexter, 1990; Wolkstein and Kramer, 1983). They have explored the roles of the goddesses and heroines in ancient mythology and reinterpreted some of the old familiar folktales such as Little Red Riding Hood. Their work highlights the role of women, girls and the female energies, which have been neglected or subdued in many of the male folklorists' interpretations

2.2 Jack and the Beanstalk - varying interpretations of the same tale

The field of mythology remains riven with conflicting theories. An example of this in practice is the analysis of the familiar folk-tale Jack and the Beanstalk. Three different analyses are given below. This is also a folktale dealt with in the main body of the thesis where a further analysis is offered and a differing approach taken, stressing the psychological rather than the rigidly psychoanalytic or anthropological viewpoint.

The condensed story of Jack runs thus: Jack, a young boy lives with his destitute widowed mother. She sends him out to sell their last remaining asset, the cow. Jack meets a stranger who talks him into trading the cow for a handful of beans. Jack's mother is enraged and throws the beans out of the window. In the morning, they have grown into a giant beanstalk reaching up to the sky. Jack climbs the beanstalk up to a strange country. There, he meets a fairy who tells him that this land used to belong to his father. A giant murdered his father and

stole his possessions. The fairy instructs Jack to avenge his father, kill the giant and return to the fairy three magical possessions he stole from her. Jack enters the Giant's house and is hidden from the Giant by the Giant's wife. Over a series of trips, he steals the Giant's treasures. On the last trip, the giant sees him and chases him down the beanstalk. Jack chops the beanstalk down and the Giant falls to his death.

The Solar Mythologists would assert that 'Jack's mother is the blind cow, that is, the darkened aurora; she scatters beans and the bean of abundance, which is the moon, grows up to the sky; this Jack climbs to the wealth of the morning light...' (Dorson, 1955 cited in Dundes, 1965, p. 79). This attempt to impose symbolic meaning fairly splits at the seams with its effort to make the story conform to the theory's constraints.

In an anthropological approach to the same story, Humphrey Humphreys takes a more concrete approach, seeing it as a literal description of tribal customs. He sees the tale as originating in a tropical climate where 'the incredible rate of vegetable growth in monsoon or tropical rain has to be seen to be believed.' He goes further to speculate on the type of bean used in the story, which he decides must be a giant bean known as *Entada Scandens*. Finally, he suggests that the Giant at the top of the bean stalk was in fact a gibbon, the anthropoid ape of Southeast Asia. (Humphreys, 1948, cited in Dundes, 1965, p. 105). This approach utterly fails to explain why modern twenty-first century children are still gripped by Jack and why a dramatisation of the Jack and the Beanstalk story on Australian TV, a few weeks after September 11, 2001, won a huge audience. Surely something more compelling than a gardening and zoology lesson is at work here.

Taking a Freudian approach to the interpretation of Jack and the Beanstalk, is

William Desmonde (Desmonde, 1951, cited in Dundes, 1965, p. 108). He asserts that the terms 'beans' and 'stalk' are common symbols for the testicles and penis. He goes on to say 'We may interpret Jack psychoanalytically as an oral-dependent. Incapable of competing successfully in the market, he returned home.... We may regard the remainder of the story as an incestuous masturbation fantasy..' (Desmonde, 1951, cited in Dundes, 1965, p. 108). The simplicity, crudity and uni-dimensionality of this analysis makes it sorely lacking. It fails to account for the complexity of the story (more fully explored within the creative text) and equally fails to recognise the complexity of human responses to stories. In addition, it takes no account of the fact that half of the children drawn to the story will be female, for whom this interpretation will be irrelevant.

These examples illustrate graphically the diversity of the field of folklore analysis, the different approaches taken and conclusions reached by the various schools of thought. It should be noted that they are taken from writings in the 40's and 50's and clearly demonstrate the over-simplicity, rigidity and concreteness which was rife then among many theorists.

Modern day folklorists will take not just one version of the tale, but will often examine hundreds of versions of the tale. They take a more sophisticated approach than did their predecessors and many would wish to emphasise the 'science' of folklore, looking for proof of customs, if customs form part of the explanation. Folklore has become a recognised discipline with its own journals and societies. Folklorists are still very much split however between two camps - that of the 'anthropological' versus the 'psychological' - with by far the majority of them disowning psychological explanations. (Dundes, 1989, p. 120).

Alan Dundes (1989), a well-known folklorist, believes that one of the consequences of this split is that the psychoanalytic approach to folktales has

been left to psychoanalysts, who are only amateur folklorists. He contends that while there are shining exceptions, the majority of these psychoanalytic analyses are inadequately researched, rigid, dogmatic and tend to be published only within the psychoanalytic community. He argues that this leaves a deplorable gap, believing that:

The psychoanalytic approach to fairy tales is too important to be left in the hands of psychoanalysts....The literal-historical approach (to fairy tales) has its good points but it cannot possibly plumb the depths of the fantastic...To the extent that the Grimm tales and their cognates are based upon metaphor and symbol, the exclusively literal approach to these tales constitutes a kind of academic foolishness.. (Dundes, 1989, p. 144).

This thesis argues strongly for the importance of attending to the psychological meaning at the heart of these stories.

2.3 Folklore and myth as narratives of the healing journey

This thesis is focussed on the use of myth as a key to inner life. And in general, myth, as used in literature, performs this function. (Warner, 1996). That lay readers also respond to this interpretation, is demonstrated by the widespread sales of books such as *Women Who Run with the Wolves* (Estes, 1996) - a best seller internationally, which relates myth and folklore to the personal journey of ordinary women through life changes and/or trauma. Jack Zipes, a folklorist, says 'The best of our fairy tales are like magic spells of enchantment that actually free us. ... the fairy tale sets out to conquer terror through metaphor...' (Zipes, 1991, p. xxx). Robert Nye, in *Classic Folktales From Around The World* says 'The poet William Blake once said that the making of a flower was the labour of ages. The making of a folktale is a similar matter. That is why the stories in this book took so long to be written down and how no-one came to write them in the first place. The true folktale is like a dream, it speaks straight from the unconscious. Here are stories that read like dreams that we have all dreamt.' (1996, p. xvi).

Many works of fiction, poetry and stage also weave, either overtly or covertly, themes of myth or folktale into their plot. (Van der Vyver, 1995; Carter 1994; Sexton, 1972; Sondheim and Lapine, 1988). In all of these works, the mythic sub-text acts as a guide, accentuating the core journey towards self-discovery and strength. In his best-selling *The Writer's Journey*, Christopher Vogler (1998) sets out guidelines for writers on how to incorporate the mythic structures into their work.

Psychotherapy too has taken up the idea of the narrative as a healing tool. *Annie Stories* (Brett, 1984) was the first of a number of books to outline the use of stories as therapy - a way of helping children deal with troubling situations.

Narrative therapy for adults is now becoming an increasingly popular form of therapy. It encourages patients or families to uncover, discover and relate to, their lives as 'story'. It is believed that this new perspective enables them to make new sense of the patterns and themes that echo through their lives (Gersie and King, 1997). As witness to its rising popularity, the first National Narrative Therapy Conference was held in Melbourne in 1999.

Jackie Stacey (1997) notes that illnesses become narratives very rapidly as patients seek to make sense of their situation - to find explanations for what has happened, to impose a smooth, sequential structure on what may have been a jerkily-remembered series of incidents or traumatic 'moments'. As they tell their stories again and again, the narrative becomes smoother and more integrated.

2.4 Personal trauma narrative - memoir, fiction, poetry and non-fiction as explorations of the journey through illness or trauma

People have been recounting trauma narratives for as long as recorded history. Before the advent of the printing press enabled mass distribution of these narratives, wandering balladeers sang the stories of wounded hearts and tragic circumstances. Illness is a specific trauma which has developed its own body of literature.

The literature exploring the experience of illness can be divided into four major groups: personal narrative, poetry, fiction and non-fictional explorations of illness.

As well as taking the reader through the cancer journey, personal illness narratives - journals, memoir or autobiography - range in their focus from a philosophical wrestling with life issues (Wilbur, 1991) to socio-political explorations (Lorde, 1980); from dry, wry wit (Rollins, 1976; Radner, 1995) to the more probing and reflective (Broyard, 1992). Some narratives have been developed in newspaper columns (Picardie, 1997) and others as Internet journals (Arthur, 2000).

There is a rich vein of poetry concerned with illness. Sometimes this consists of a section of poems within a volume (Brett, 1996; Clifton, 1996) and sometimes almost the entire volume is dedicated to the experience (Hodgins, 1995; Morgan, 1999). All of these detail the poet's own journey through illness. There have also been anthologies of poetry focussed on the illness experience (Lifshitz, 1988; Mukand, 1994) containing poems from the perspective of the patient, the doctor and the family member or friend.

Fictional treatments of illness have been numerous and diverse. They range from short fiction and novels (Berg, 1997; Quinlan, 1998) to stage plays such as *Angels in America* (Kushner, 1994) and cover a wide range of voices and positions.

The body of non-fiction about illness is equally large and varied. Its orientations range from the sociological (Stacey, 1997) to the socio-political (Sontag, 1978) to the Jungian (Bolen, 1996) and psychoanalytic (Dreifuss-Kattan, 1990).

In recent years, there has also been a growing exploration of the use of personal narrative, poetry and journal writing as a tool to aid in self-discovery and/or well-being. Several books have focussed on encouraging and guiding readers on this journey. Deena Metzger's *Writing For Your Life* (1992) *Writing As A Way of Healing* by Louise De Salvo (1999) and John Fox's *Poetic Medicine* (1997) are examples of this genre.

3 Investigating the Impact of Narrative - Psychological research into the effect of written emotional expression

Although humans have been telling, reading, writing and singing their stories for centuries, it is only fairly recently that psychologists have begun to study the impact of stories. This exegesis focusses specifically on the body of psychological work examining the health effects of writing one's own story about trauma.

3.1 Written emotional expressiveness and health - an historical perspective

Since very early times, people have felt drawn to express their thoughts, perceptions and emotions in writing. Some diarists, such as Samuel Pepys (1991) have become famous, their thoughts remaining alive and vivid, centuries after their death. Others, such as Anne Frank (1997) have sent a wave of emotion throughout the planet, touching countries and peoples worldwide. Millions of anonymous others have felt a need to chronicle their daily lives over many decades and across many cultures.

Apart from the genre of journal-writing, many more have sought to describe their lives through autobiography, essays, letters or other forms of written self-disclosure.

In recent times, there has been a widespread acceptance of the idea that such writings about self are therapeutic. Books with titles such as *Learning Self-Therapy Through Writing: An Experience in Creative Journaling* (Gadsden,

2001) and *The Way of the Journal: A Journal Therapy Workbook for Healing* (Adams, 1998) are numerous and widely disseminated. A recent search in Amazon, the Internet bookseller, on journal-writing revealed over 9000 books related to the topic.

3.2 Narrative disclosure as confession - an historical overview

Studies on emotional disclosure have focussed mainly on the disclosing of emotional reactions and experiences of a difficult or negative nature. In this light, emotional disclosure may be seen as akin to confession. Western culture has long lauded the idea that emotional disclosure has benefits. The old adage 'confession is good for the soul' attests to the widely held belief that 'getting something off your chest' is good for you. Foucault, in his discourse on the history of sexuality, referred to Westerners as 'confessing animals' (Foucault cited in Georges, 1995).

The Stoic philosophers were among the earliest recorded Westerners to advocate the benefits of confession. Their dictum required followers to keep a daily journal, recording thoughts and deeds. This daily examination was thought to be crucial in the acquisition of self knowledge, which in turn, was necessary in order to recognise and rectify one's flaws in the pursuit of both moral and medical well-being.

Christian philosophy has also valued confession. As with the Stoics, it was seen as a tool for self knowledge. However, while the Stoics used self knowledge for the matter-of-fact rectifying of behaviour and comportment so as to increase future well being, for the Christians it was seen as a means of wrestling with the ongoing influences and temptations of evil.

Christian philosophy linked confession with physical health as well as spiritual health. The use of medical metaphors in connection with confession extends as far back as the writings of John Cassian (360-435 A.D.) founder of Christian monasticism (Georges, 1995, p. 14).

With the coming of the Protestant revolution, compulsory confession to priests was no longer required. Private self-examination of one's thoughts and deeds, however, was still encouraged.

Confession took on a new life with Sigmund Freud's work (1990).

Psychoanalytic therapy was based upon the patient's 'confessions' in the form of an uncensored flow of speech detailing the patient's inner life. The analyst, to whom these confessions were directed had, in effect, taken the place of the priest. The analyst's role however, in contrast to that of the priest, was wholly defined by a 'medical' aim - the promotion of emotional or physical wellness.

In the twentieth and twenty-first centuries, psychoanalytic ideas have had widespread influence over a variety of psychotherapies and many of its tenets have been incorporated into popular culture. The term 'Freudian slip', with its signifying of a hidden inner self affecting thought and action, for example, has passed into common usage within the Western world. With the acceptance of such concepts, it follows that if changes in thought and behaviour are sought, then an examination of the self is required.

A form of therapy which might be seen as the main rival to, and the diametric opposite of, psychoanalytic therapy is the widely accepted cognitive-behaviour therapy (CBT). Instead of the psychoanalyst's attention to unconscious processes, the CBT therapist works with conscious processes. Rather than the psychoanalytic focus on emotion, the CBT therapist will focus on cognition, or

thought. The task of the CBT therapist is to root out and replace irrational or unhelpful cognitions or beliefs. CBT therefore requires self examination and confession in much the same way as recommended by the Stoics.

An examination of language, with its idiomatic phrases, is also instructive. It highlights the Western conceptualisation of the body as a carrier of emotions. Such beliefs are typified by phrases which use mechanically or hydraulically inspired metaphors such as 'letting off steam' or 'getting something off your chest'. The implication is that without an outlet, this emotional steam or weight, will explode, crush, or otherwise damage the being that is hostage to it.

3.3 Confession beliefs in different cultures

Eugenia Georges is an anthropologist with an interest in the cultural values put upon emotional disclosure. She notes that several non-Western societies have also maintained a belief in the value of confession. The Ojibwa, a group of Native North Americans who were studied by Irving Hallowell, a psychoanalytically trained anthropologist, hold that illness is the penalty for wrong-doing in situations where social norms and moral precepts have been violated (Georges, 1995, p.16). Confession is crucial to the healing process and is believed to occur after the healer has elicited a confession from the patient. These confessions are public statements, addressed to the group and even if not voluntarily given, will be 'uncovered' through the aid of the healer's spirit helpers.

Victor Turner, another anthropologist, reported that the Ndembu of West Africa have a similar belief system regarding confession (Georges, 1995, p. 16). As with Ojibwa society, it is a crucial element in the healing of illness and is publically performed. Confessional practices are even more extensive than those

of the Ojibwa, with serious illness requiring multiple confessions of wrongdoing and wrong-thinking. In a further difference from the Ojibwa, the individual is not the sole focus of confessions. In Ndembu society, it is necessary for the healer to elicit confession from not just the patient, but also relatives, neighbours and other members of the community. These confessions are seen as being essential to the healing of the sick individual.

Other non-Western cultures however, specifically proscribe the disclosing of negative emotions. Georges selects two cultures where disclosing 'negative emotions and one's deepest thoughts and feelings is believed to be directly responsible for poor health, illness and general misfortune' (Georges, 1995, p.18). These societies where self revelation is frowned on are the North Balinese and the Chinese in Taiwan. (Georges, 1995, p. 18)

Unni Wikan's ethnography 'Managing Turbulent Hearts (cited in Georges, 1995) discusses the approach of the Northern Balinese to emotional disclosure. From a very early age, she says, their children are taught to suppress negative emotions and encouraged to present a 'clear and happy' face to others (Georges, 1995, p. 19). They are counselled that negative emotions can be managed by adopting an attitude of 'not caring' and 'forgetting'. Northern Balinese people believe that when negative emotions are disclosed, verbally or non-verbally, they spread a sadness that is contagious, thus adversely affecting those in their social group. Not disclosing emotion or 'forgetting' is also believed to aid their own mental calmness and health. Georges notes that this does not mean that they do not feel negative emotions, but merely that they will strive to not think or 'care' about them - a process that requires much emotional effort and struggle. 'Disclosing negative emotions and experiences is thought to increase susceptibility to illness by weakening one's life-force. Not caring, in contrast, strengthens this force and helps maintain good health.' (Georges, 1995, p. 19).

Arthur Kleinman, a psychiatrist and anthropologist, worked and researched for nearly two decades in Taiwan and the People's Republic of China. Eugenia Georges (1995) notes that Kleinman saw these as societies in which the expression of emotion was discouraged. Emotions were looked down upon as private and even shameful and embarrassing phenomena. Children were taught to devalue emotions and to ignore them. As with the Northern Balinese, these people believed that excessive expression of feeling would lead to disharmony and ill health. Georges notes that a transcript from a psychiatric interview in the People's Republic contains this advice to a female patient suffering from depression and anxiety 'You must contain your anger. You know the old adage 'Be deaf and dumb! Swallow the seeds of the bitter melon! Don't speak out!' (Georges, 1995, p. 20).

3.4 Confession in a Punitive Setting

Although Western culture can be seen to hold that confession leads to beneficial outcomes, there is one subsection of the culture where the reverse might be thought to be true. Within the criminal or civil justice system, confession generally leads to punishment in the form of imprisonment, fines, admonishments or stigma. Withholding a confession, in contrast, may allow one to escape such punishment. The standard dynamic in the interrogation of suspects within this system generally has the police interviewer on the one side trying to elicit a confession and the suspected offender trying to avoid a confession.

The lie detector, or polygraph, is an instrument often used to assist in the drawing-out of such confessions. It works through measuring the subject's galvanic skin response (GSR) as he or she answers a number of questions. The GSR acts as a measure of the subject's anxiety, which is likely to be raised if the

subject is lying.

In such a setting, the stakes are high and offenders will usually go to great lengths to avoid confession. It was in this context however that James Pennebaker, a social psychologist, discovered a curious anomaly (Pennebaker, 1990). In the course of conversation with the polygraphers, he found that many of them had noted a common reaction among subjects from whom confessions had been elicited. Pennebaker came to call this phenomenon the 'polygraph confession effect' (Pennebaker, 1990, p. 4). The polygraphers described a pattern where anxiety built up prior to confession and then dramatically subsided immediately after the confession. As a confession would inevitably lead to punishment, it was paradoxical that it brought such relief.

These anecdotes inspired Pennebaker to create a pilot study investigating the relationship between confession, or self-disclosure, and physical well-being. It was destined to become a ground-breaking study, opening up a rich and exciting seam of research into the health benefits of narrative.

Pennebaker believed that the polygraph confession effect was connected with the effect of holding back, or inhibiting, stressful material. He also designated the opposite of inhibition as 'confrontation', i.e. actively thinking or talking about the stressful event, as well as acknowledging the emotions associated with it. He set out a number of tenets concerning this kind of inhibition and confrontation (Pennebaker, 1990, p. 9):

- a) Inhibition requires physical effort or work.
- b) Inhibition affects short term biological changes and long term health. The short term effects include increased heart rate, sweating and other signs of

anxiety. Over time the work of inhibition take a cumulative toll of the body, thereby creating the conditions for an increased likelihood of stress-related physical and psychological problems.

c) Inhibition affects our cognitive processing. In avoiding thinking or talking about a taboo subject, we usually do not translate that event into language, thus preventing us from integrating, understanding and assimilating the event.

d) Confrontation reduces the physiological work of inhibition and thereby the biological stress levels, both in the short and longer term.

e) Confrontation forces a rethinking of events. The act of writing or talking about previously inhibited events allows people to understand and assimilate that event and ultimately free themselves of it.

3.5 Writing about past trauma

Pennebaker and Beall (1986) set out to explore the psychological and health sequella of confession, in the form of writing about traumatic events. Writing was selected rather than talking, because Pennebaker and Beall wished to examine the effects of divulging traumatic events independent of social feedback. The original purpose of the study was to learn if merely writing about a given traumatic event would reduce stress, both in the short run and over time. A second aim was to attempt to evaluate the aspects of dealing with a past trauma that were most effective in reducing stress.

Forty-six introductory psychology students were divided into four groups. Each group was asked to write essays for fifteen minutes on four consecutive evenings. One group, the control group, was asked to write about a trivial, pre-

assigned topic. The second group was asked to write about a traumatic experience from the own lives. They were instructed to concentrate on describing their feelings concerning this event without discussing the precipitating event. This was designated the 'trauma-emotion' group. The third group was asked to write about the traumatic event without discussing their feelings. This was the 'trauma-fact' group. The fourth group was required to write about both the traumatic event and their feelings about it. This was the 'trauma-combination' group.

The study was designed so that a number of variables could be examined. The first class of variables concerned the qualities of the essays themselves. Such aspects as what the subjects wrote about, the way they approached the essays and their perceptions of the essays, fell into this category. The second type of variable concerned the subjects' responses to their essays, e.g. changes in the subjects' physiological measures, moods and symptoms pre- and post-essay. The third issue revolved around the long-term impact of the experiment and whether it affected the various health related variables or had any lasting psychological or behavioural impact.

Prior to, and after, the writing of each essay, subjects had their blood pressure, heart rate and self-reported mood and physical symptoms collected. Four months after the study, subjects completed questionnaires about their health and general views of the experiment. In addition, records were collected prior to the experiment, and six months post the experiment, from the health and counselling centres.

Topics covered by the students involved such experiences as the death of a close friend, the breaking up of relationships, parental discord, major failures or humiliations, sexual abuse, health problems and drug or alcohol abuse.

Pennebaker writes that 'It is difficult to convey the powerful and personal nature of the majority of trauma condition essays with statistical analysis' (Pennebaker, 1990, p. 277). As an example, he cites one young woman who wrote about teaching her brother to sail. On his first solo outing, the brother drowned. Some trauma group subjects reported crying while writing about traumas. Many reported dreaming or continually thinking about their writing topics over the four days of the experiment. Between 75% and 54% of the experimental groups had in fact written about events that they had never discussed with anyone else.

Approximately four months after the completion of the experiment, subjects were mailed out a questionnaire that included a number of health items which had been previously assessed at the beginning of the experiment. They were also asked how much they had thought about and been affected by their participation in the study. The last question was an open ended one, to be answered in their own words. Their responses to this question were uniformly positive. Some described a powerfully beneficial effect. One student wrote: 'Although I have not talked with anyone about what I wrote, I was finally able to deal with it, work through the pain instead of trying to block it out. Now it doesn't hurt to think about it.' Another said 'I had to think and resolve past experiences...One result of the experiment is peace of mind, and a method to relieve emotional experiences. To have to write about emotions and feelings helped me understand how I felt and why' (Pennebaker, 1990, p. 38).

Analysis of students' reactions immediately after the experiment proved stressful for the experimenters! Pennebaker notes that it became clear that 'writing about horrible things made people feel horrible immediately after writing' and adds that 'In analysing the mood findings, it appeared that all we had succeeded in doing was inventing a new way to make people feel depressed' (1990, p. 34).

In contrast to this immediate post-essay effect however, the long term analysis of results was extremely encouraging. Six months after the completion of the study, students who had written about their deepest thoughts and feelings had 50% fewer visits to the college health centre than those students in the control group. The questionnaires that the volunteers completed in this long-term follow up corroborated the drop in health centre visits. Students wrote that their moods had improved, their outlook was more positive and their physical health had improved.

The effects were most pronounced among subjects who wrote about both the trauma and the emotions associated with it. There was substantial overlap in effects with the group who wrote only about emotion; however the group who wrote only about the facts was similar to the control group on most physiological, health and self-report measures.

In an attempt to discover which mechanisms had led to these improvements, Pennebaker and Beall (1986) speculated that perhaps the students' health had improved because they had changed their health-related behaviours. To this end, they questioned students as to whether they had changed their intake of caffeine, aspirin, alcohol or tobacco, both prior to and following, the experiment. No significant differences were found for any of these measures, ruling these out as the pathways through which change had emerged.

Exciting as it was, there were several weaknesses in the study. The number of subjects was relatively small, lending less power to the statistical analyses. Students had been randomly selected without questioning about their pasts. It was therefore not possible to evaluate the degree to which students who had experienced a debilitating, undisclosed trauma were carrying the results.

Other possible confounding elements were associated with the demand characteristic of the study and changes in coping behaviour may also have possibly influenced results. Subjects had been debriefed immediately after the experiment. They were told about the experimental design. Explicit predictions about the outcome of the various trauma manipulations were avoided; however they were informed that one possible outcome of the experiment was that writing about traumatic experiences could have beneficial health effects in both the short and long run. It was repeatedly emphasized that the project was empirical and 'we do not know how it will come out' (Pennebaker, Beall, 1986, p. 276).

Despite these emphases, it is possible that the acknowledgement that there might be a connection between writing about trauma and health effects created a self-fulfilling prophecy situation and that as a result, students self-regulated their health centre visits and follow-up questionnaires to some degree on the basis of this information. This, of course, does not account adequately for the significant difference between the trauma-facts group and both the trauma-combination and the trauma-emotion groups.

It was also possible that the experimenters inadvertently provided some subjects with a new tool for coping with both traumatic and significant daily events. Through their exposure to the writing technique and the expressed benefits the students obtained from it, some may have decided to continue with this technique on their own. And indeed when this possibility was investigated, the experimenters found that some students had proceeded to do just this. They note that they suspect that this behaviour occurred with greater frequency in the trauma-combination and trauma-emotion cells, but could not evaluate its direct impact on health (Pennebaker and Beall, 1986, p. 280).

Despite the above reservations, the experiment contained much valuable material for future research. For the objective health centre data, the trauma-combination

subjects showed greater benefits than the other groups. In other respects, however, the trauma-combination groups and the trauma-emotion groups were strikingly similar. Both groups showed higher blood pressure and more negative moods relative to the other groups after writing their essay each day. Both groups thought a great deal about the study over the next few months. Both groups showed some long term benefits evidenced in self-report measures such as numbers of different illnesses reported and days of restricted activity due to illness. It should be noted here, however, that because of the subjective nature of this type of reporting, it is not possible to assess whether these self reports measured expectancy effects or true self-perceptions.

In striking contrast, the trauma-fact group were neither aroused nor upset immediately after their writing exercise. There were also few, if any, long-term benefits in any objective or subjective indexes of health associated with the trauma-fact group.

The impact of the study on the trauma-combination group supported the early assertions of both Breuer and Freud (1966) that uniting both the cognitive and emotional aspects of an experience is optimal for the maintenance of long-term health. Their claims, however, were that this effect is immediate. This assertion was not supported by Pennebaker and Beall's study. Their benefits only became apparent over the longer term. It is important to note here that the writing exercise completed each night by the students was quite brief. It may have been that, given more time, longer essays or a longer delay in collecting self reports or physiological measures, more immediate effects may have been demonstrated.

Pennebaker and Beall concluded their study by commenting on the questions it raised for future investigation. Replication was needed and the role of inhibition should be demonstrated more precisely. In addition, although writing about

traumas seemed linked with long-term health benefits, the exact nature of the link and the question of which aspect of the writing exercise was the active ingredient, remained to be discovered. It was the beginning of a new and exciting field of research.

One of the primary tasks of this new line of research was that of discovering whether the results of this initial writing experiment could be repeated. And furthermore, whether they held true over a variety of populations with differing cultural, educational and economic backgrounds.

3.6 Impact of trauma-writing in different populations

A number of studies have addressed this issue. Richards, Beall, Seagal and Pennebaker (2000), for instance, took as their sample population a group of subjects who would seem to be the opposite of the group of upper middle-class college students who had been the subjects of the initial Pennebaker and Beall experiment. Richards, Beall, Seagal and Pennebaker's subjects were maximum security psychiatric prison inmates. They were particularly interested in sex-offenders, wishing to explore the impact of writing on a clinical population that is considered deviant even within the marginalised culture to which it belongs.

Within the psychiatric prison population, sexual offenders are viewed more negatively than those who have committed other types of offences. They are stigmatised by both other prisoners and by the staff of correctional institutions. It is likely that because they are shunned and looked on with such disdain, these prisoners may be less willing to discuss personally upsetting experiences than other offenders. Richards *et al* noted that previous research had shown that writing about traumatic experience is most effective with individuals who are least likely to disclose. They therefore believed that sex offenders who wrote about traumatic events would be even more likely than non-sex offenders to

show positive health benefits, even though they expected both groups of inmates to show benefits.

Richards *et al* hypothesised that the psychiatric prison inmates who wrote about traumatic events for three consecutive days would show a decrease in infirmary visits from six weeks pre- to six weeks after writing. They further hypothesised that subjects who either wrote about trivial topics or did not write at all would not demonstrate such health improvements.

Subjects were randomly assigned to either a no-writing control group, or one of two writing groups. One writing group formed another control group and was asked to write about trivial events, while the other writing group was asked to write about personal traumatic events. Both writing groups wrote for twenty minutes on each of three consecutive days.

Analysis of results showed that in the trauma-writing group overall, there was a trend to reduced health visits six weeks post the writing exercise. The trend however did not reach significance. When the sex-offender trauma-writing group was compared with the non-sex-offender trauma-writing group, however, there was a significant difference - sex-offenders were significantly more likely to evidence health improvement after trauma writing than were non-sex-offenders.

The study had certain limitations. One of these was that neither participation in psychotherapy nor intake of medicines was measured. Either measure might have influenced results. There was still no elucidation of the underlying mechanism responsible for the beneficial effects of writing on health. Nevertheless, results of this study, although qualified, supported previous research showing that writing about trauma has health benefits and extended the findings to a population vastly different from the initial population of middle-class college

students.

Overall, a variety of studies have now found that writing benefits individuals over a range of cultures and populations. As well as college students and maximum security prisoners, writing has been shown to benefit community-based samples of distressed crime victims, arthritis and chronic pain sufferers, men laid off their jobs, medical students and women who have recently given birth to their first child (Pennebaker and Seagal, 1999).

Studies have also used a longer time frame (Francis and Pennebaker, 1992) finding that university employees who wrote about traumas once a week over four consecutive weeks, took fewer days off work and showed improved liver enzyme function in the two months after writing.

Greenberg and Stone (1992) in a similar study, also found a drop in physician visits for students who wrote about deeply traumatic experiences when compared with students who wrote about mildly traumatic experiences.

The beneficial effects of writing about trauma have been found in all social classes and major racial/ethnic groups in the United States, and in samples in Mexico City, New Zealand, French-speaking Belgium and the Netherlands (Pennebaker, 1999).

3.7 Writing about current trauma

Pennebaker and Beall's initial writing study (1986) and many of those which followed asked participants in the trauma writing group to write about 'the most upsetting and traumatic experience of your life'. The choice of traumatic subject was left open to them and topics chosen were generally from the subjects' past,

often many years distant. Subjects were selected randomly and not on the basis that they were currently undergoing a traumatic experience. Some studies moved on to explore whether individuals who were currently undergoing a traumatic experience could be helped by Pennebaker's writing paradigm. In these studies subjects were asked to write specifically about the trauma they were currently involved in.

S.P. Spera and colleagues (1994) focussed on job loss as a trauma - noting that the loss of a job is frequently cited as one of the top ten traumatic life experiences, along with divorce or the death of a spouse. A number of researchers have documented the negative effects of job loss on physical and psychological well being (Ivancevich and Matteson, cited in Spera *et al*, 1994, Quick and Quick, cited in Spera *et al*, 1994). Moreover, job loss is often considered to be a humiliating experience and therefore one less likely to be discussed.

Spera *et al* (1994) began with the idea that as people might not readily speak about the trauma of job loss, the effects of this inhibition might lessen their ability to adjust to the trauma and master the challenge of successful re-employment. Spera *et al* therefore proposed that writing about the trauma of job loss would help people cope and move on.

They hypothesised that unemployed professionals who disclosed their deeply felt experience of job loss in writing would show less stress, as indicated by self-report measures and physiological markers; show increased motivation to obtain new employment as evidenced by their phone calling, letter writing and interviewing behaviours and show greater success in achieving re-employment than unemployed professionals who did not write about their experience.

Their subjects were 63 professionals who had averaged twenty years with their employer. There had been a large scale layoff within their company and they had been left without employment. The men had been suddenly made redundant from their workplace and their notices had been given in a particularly insensitive manner, leaving them traumatised, upset and angry.

The men wrote for five consecutive days for twenty minutes each day. The experimental subjects were told to write about their deepest thoughts and feelings surrounding the layoff and how their lives, both personal and professional, had been affected. The control subjects, or non-trauma writing group, were instructed to write about their plans for the day and their activities in the job search. It was stressed to the experimental group that they should delve deeply into their emotions but the control group were told to simply report plans and avoid revealing opinions or feelings about their situation. There was also a third group who had not volunteered for the writing experiment and they were used as a non-writing control group.

Following the five daily writing periods of twenty minutes, the subjects' success or failure in attaining employment was monitored, as well as job search activity, health behaviour and stress. Results showed that the subjects in the trauma-writing group were significantly more successful in finding re-employment in the months following the experiment than either of the control groups. However, contrary to one of Spera *et al*'s hypotheses, this was not due to increased job-search activity. There was no significant difference between the groups regarding such activities as phone calling, letter writing, or networking with regard to job finding.

Of note too, was the fact that there were also no differences between the groups on the various physiological measures and health self-reports. This, however,

may be due to the fact that the placement centre at which subjects regularly met, acted as a social support centre as well as a network centre. Researchers have noted that having a social support system in place can help minimise the impact of stressful experiences (Cassel, 1976, Quick and Quick, cited in Spera *et al*, 1994).

Spira *et al* observed that during the course of their initial interactions with subjects, it became apparent that most of them had very powerful emotions about their termination experience, even though it had been almost six months since their departure from their jobs. Much anger and bitterness was evidenced. Spera *et al* speculate that writing about these emotions may have enabled the subjects to work through their negative feelings and obtain some closure on the matter. In addition the subjects firmly stated their belief that the writing process would have been even more useful to them at the time of departure from their jobs than it was several months later.

Several questions remain unanswered. What was the actual difference in job search that enabled the experimental group to be more successful? What is the optimal time for introducing this coping strategy? What mechanisms is the writing process tapping?

3.8 Trauma-writing and its relation to the coping process

The work of Pennebaker, Colder and Sharp (1990) may answer some of the questions raised by Spera *et al* (1994). As with Pennebaker and Beall's (1986) initial study, the subjects of Pennebaker, Colder and Sharp's experiment were college students. They were asked to write about the experience of coming to college.

Pennebaker *et al* (1990) considered that the experience of beginning college for freshman students could be considered a major stressor. For most students, it is their first time living away from home. They are thrown into an unfamiliar and competitive environment and in many ways must remake themselves - claim their identities all over again. This often results in high levels of loneliness, depression and an increase in physical health problems. The transition to college, thus becomes an excellent vehicle for studying the coping process.

Several models have been postulated to explain the coping process:

a) Personality-Based Coping Models.

These assume that people have their own particular ways of managing stress. After a comprehensive review of the literature, Wortman and Silver (cited in Pennebaker *et al*, 1990) suggested that there are at least four stable and 'normal' coping styles following irrevocable loss.

Other researchers have begun to isolate individual differences that predict coping strategies in general. Two personality dimensions stand out as being consistently related to healthy or unhealthy coping (Pennebaker *et al*, 1990):

i) Negative affectivity (NA) which has also been called negative emotionality and neuroticism, is highly correlated with negative moods, physical symptoms and dissatisfaction at all times and across situations.

ii) A second relevant dimension is inhibition or constraint. It has been demonstrated that individuals who use inhibitory, repressive or denial strategies in the face of stressful experiences, show increased objective health problems compared with those who do not use these strategies.

Personality-based models assume that these coping methods are unique to the individual and largely fixed and unmodifiable. According to this theory therefore, coping cannot be accelerated.

b) Stage Models of Coping.

Stage model theorists postulate that individuals progress through a series of shifts and accommodations as they cope with traumatic experiences. Elisabeth Kubler-Ross's (1997) model of how people adjust to dying is one of the better known stage theories. Both psychoanalytic and cognitive researchers have used stage models of coping behaviour (Pennebaker, 1990, p. 529). In this model, there is a natural, initial response to trauma, such as denial, for example, which acts in an ego-protective way to block out the effects of the trauma and to keep anxiety levels manageable. This is then followed by a series of coping strategies which allow the individual to recognise the trauma, integrate it, respond to it and move on from it in adaptive ways. If the normal progression from one coping strategy to the next is blocked, various psychotherapeutic interventions can be used to guide the individual back to appropriate coping levels. This model assumes that coping cannot be accelerated beyond 'normal' defined limits.

c) The Inhibition-Confrontation Model of Coping.

This is Pennebaker *et al*'s preference and draws on aspects of both cognitive and personality perspectives. This theory postulates that individuals are thrown into disarray by traumatic events because of their complex and distressing nature and the fact that they often occur unexpectedly. Such events are difficult to understand and assimilate and many people are inhibited about discussing them with others.

Traumatic experience which is undisclosed may be deleterious in two ways. Firstly, the work of inhibition serves as a cumulative stressor on the body that over time increases the probability of disease processes (Selye, 1976). Secondly, if the experience is not translated into language, it will impede the natural cognitive assimilation process. These unassimilated events are more likely to remain in consciousness as intrusive thoughts. (Wegner, cited in Pennebaker *et al*, 1990). When traumatic experiences are confronted however, they are more likely to be understood and assimilated and the work of inhibition is reduced. The inhibition-confrontation theory postulates that translating upsetting experiences into language should enhance the coping experience of most people at any stage in the coping process.

3.9 Investigating the coping process

In their investigation of writing and coping strategies, Pennebaker *et al* (1990) set out to investigate two classes of hypotheses:

a) They wished to discover whether writing about coming to college, altered the course of adjustment to the college experience. Their prediction was that psychologically confronting the college experience through writing would result in lower rates of illness.

b) Pennebaker *et al* also wished to discover to what degree the coping process could be accelerated. Subjects wrote about their thoughts and feelings or a control topic at one of four one-month intervals, beginning with the first week of classes. This enabled several overlapping investigations and predictions to be made:

i) A strict personality-based model would predict that writing about college per

se would not affect the coping process directly. Alternatively, only some individuals (e.g. those high in negative affectivity or inhibitory tendencies) should benefit from writing. It would not be able to make clear predictions about which writing time would benefit subjects most.

ii) Using the stage approach, writing about college should facilitate the working through, or assimilating, phase of coping. It would therefore predict that writing about thoughts and emotions about college would be more beneficial later in the semester, as opposed to earlier, when the initial stages of denial, for example, would be in operation.

iii) The inhibition-confrontation model would predict that writing about college at any time during the year should have positive health effects. In line with the personality theory, it would also suggest that those individuals who actively inhibit talking about traumatic experiences would be the ones to show most benefit from the writing exercise.

The subjects in this study consisted of 130 college students entering first semester, who wrote on three consecutive days, either about their deepest thoughts and feelings about coming to college or, if in the control group, about non-emotional, superficial topics. Subjects were run in one of four waves, separated at monthly intervals, with the first wave writing during their first week of college classes. Self reports were taken of physical and psychological well-being, as well as health centre and academic records.

There were three general classes of variables to be examined. The first group of factors dealt with the content of the essays themselves and the perception of them by the students. The second class of measures assessed the long-term physical and psychological effects of the writing instructions. The final cluster of

measures dealt with individual differences.

When the number of pre- versus post-study health visits was calculated, students who had written about trauma had significantly fewer health visits over the following four to five months post the writing exercise than students who had written about trivial issues. Of note, was the fact that the more health visits pre trauma-writing, the greater the change post trauma-writing. In other words, sickly subjects seemed to benefit even more than healthier subjects.

Importantly, the benefits gained were similar, regardless of whether the writing exercise had been scheduled in the first week of term or the fourth month of college. A purely stage or personality model of coping would have difficulties in explaining such benefits. It is also notable that individual difference measures which tapped negative and positive affect, inhibition and self-esteem were unrelated to changes in physiological or psychological health as a function of condition.

The failure to find inhibition related to benefits is notable because a previous study had indeed found a linkage (Pennebaker *et al*, 1988). In that study, however, subjects were asked to write about the most traumatic event they had ever experienced. These experiences had often occurred years before the writing experiment, giving the long-term effects of inhibition more time to affect the subjects' states of health. The trauma of college may be lesser in comparison, and is certainly more recent; thus there may not have been time for inhibition to affect health. It is possible that the experience of writing may have helped subjects assimilate the new college experience rather than act to free their inhibition of it. Thus assimilation rather than inhibition may have been the element that produced health benefits.

It is also possible that with regard to a personality model of coping, the experimental manipulation had overpowered the natural, individual differences in coping. With a stage model however, the results are potentially more damaging. Because there were no differences in benefits observed between the waves of experimental subjects, a stage theory is not supported. It is conceivable, however, that no wave effects emerged because the experience of college was equally stressful throughout all of the months of the study. Or again, as with personality theory, it may be that the experimental manipulation swamped the effects of what would occur in a natural environment.

A notable finding was that writing about the stress of college resulted in more negative moods and poorer psychological adjustment by the end of the first semester. This could be seen as a stripping away of normal defence mechanisms such as denial. In turn, this could result in students being forced to confront and work through issues that troubled them. In this light, defence mechanisms such as denial may operate at a cost to the body. Paradoxically, if physical health is the definition of effective coping, psychological well-being may temporarily suffer. Researchers have in fact reported (Pennebaker, 1990) that across a large number of studies, self reports of unhappiness, distress, job dissatisfaction, general well-being and related measures are virtually uncorrelated with overt behaviours and physiological indicators of stress. Measures of illness and subjective stress may, in fact, reflect different processes.

Importantly, an analysis of students' feedback on the writing exercise suggests that the health benefits derived from it come as a result of insight rather than cathartic processes. In their follow-up questionnaires, the overwhelming majority of students wrote that the value of the experiment lay in their achieving a better understanding of their own thoughts, behaviours and moods. Similarly, the subjects' ratings of how emotional their essays had been - as well as the

percentage of emotional words used in the essays - were uncorrelated with change in illness visits after the experiment.

3.10 Physiological processes associated with repression and disclosure

Several studies (Wegner, Shortt, Blake and Page, 1990; Gross and Levenson, 1993) have found that suppression of thoughts is associated with increased skin conductivity levels (SCL). In contrast, disclosure of traumatic material has been linked to a drop in SCL relative to the same participant's discussing trivial topics (Pennebaker, Hughes and O'Heeron, 1987). Skin conductivity levels, as previously mentioned, are used in lie detector tests to measure anxiety and can thus be thought of in part as measures of stress.

Stress has long been seen to be associated with health problems. Hans Selye (1976) in his ground breaking work on stress, demonstrated that stress could produce or exacerbate disease processes. Stress alone, however, is not the sole factor implicated in the impact of psychological issues on health matters.

Individuals exposed to the same stressors will respond differently with regard to health outcomes. Some of this variation is due to physical differences in aspects such as stamina, genetic inheritance and other physiological factors, but other variation is a result of psychological differences in each person's make-up and social situation. It has been documented for instance that the negative effects of stress can be buffered by such aspects as social network (Pennebaker, 1988) or by a predisposition to psychological hardiness (Pennebaker, 1988).

If stress, a psychological variant, can adversely physical health, then it would follow that the reduction of stress might reduce illness. This reduction in illness was demonstrated by Pennebaker and Beall's 1986 study, when college students

halved their physician visits after writing a series of essays on traumatic incidents in their lives. Following on from these findings, Pennebaker, Kiecolt-Glaser and Glaser (1988) set out to explore whether more finely tuned measures of physiological functioning related to health and illness could be demonstrably connected to the essay writing exercise.

In the field of psychoneuroimmunology, several studies have demonstrated that changes in the central nervous system can impact on the immune system. The psychological stress associated with factors such as exams, loneliness and divorce can lead to immunological changes (Bartrop, Luckhurst, Lazarus, Kiloh and Penny, 1977; Kiecolt-Glaser, Garner, Speicher, Penn and Glaser, 1984; Kiecolt Glaser, Fisher, Ogrocki, Stout, Speicher, and Glaser, 1987). Relaxation can also increase immunological functioning (Kiecolt-Glaser, Glaser, Williger, Stout, Messick, Sheppard, Ricker, Romisher, Briner, Bonnell and Donnerberg, 1985).

The functioning of the immune system is complex and it is difficult to pick on one single measure of immune function. Many studies however have used the response of lymphocytes (white blood cells) to substances foreign to the body, called mitogens, as a measure of immunocompetence. Different mitogens stimulate different subpopulations of lymphocytes and therefore Pennebaker *et al* used two types of mitogens, phytohemagglutinin (PHA) and concanavalin (ConA). PHA stimulates the proliferation of helper cells, while ConA stimulates both helper and supressor T-cells (Pennebaker *et al*, 1988).

Pennebaker *et al* use Pennebaker and Beall's (1986) original argument that the experience of writing about trauma can be seen to be beneficial from at least two perspectives. Firstly, the individual need no longer expend energy on the active work of inhibition. Secondly, it allows the individual to assimilate, reframe or

find meaning in the event. Thus, trauma-writing can be seen as a stress-reducing mechanism. In this study, they hypothesized that individuals who wrote about trauma would demonstrate a heightened proliferative response to pHA and ConA assays relative to control subjects who merely wrote about superficial topics.

As predicted, writing about traumatic events did have a positive effect on the blastogenic response of T-lymphocytes to two mitogens, as well as also having a positive effect on the autonomic measures, health centre use and subjective distress.

The trauma-writing group was then split for further statistical investigation. All participants had rated the degree to which they had actively held back discussing the events written about with others previous to the writing exercise. Those who reported that they had written about topics they had previously held back from speaking about were labelled 'high disclosers', while the rest were called 'low disclosers'. The two groups were then compared with each other. High disclosers wrote significantly more words and also reported that their essays were more personal than low disclosers. High disclosers also demonstrated an improved mitogen response across all mitogen concentrations relative to low disclosers.

These results supported the inhibitory model of psychosomatics, i.e. the idea that inhibition involves psychological work that impacts negatively on the physical system. The study also supported the effectiveness of writing as an intervention enabling subjects to disclose rather than inhibit traumatic material and thus gain health benefits. Pennebaker *et al* noted that in disclosing their trauma, subjects were also able to reflect on it and better integrate it into their lives. One subject, for example, was a woman who had been molested at the age of nine years by a boy three years older. Her initial essay emphasized her feelings of embarrassment and guilt. By the third day of writing, she expressed anger at the boy who had

victimised her. By the fourth day, she had begun to put it in perspective and in her six week follow-up she wrote 'Before when I thought about it, I'd lie to myself...Now, I don't feel like I have to think about it because I got it off my chest. I finally admitted it happened... I really know the truth and won't have to lie to myself any more.'

While noting that they have so far only examined healthy subjects, Pennebaker *et al* concluded that the disclosure of traumas was simultaneously associated with improvement in certain aspects of immune function and physical health and that writing about traumatic personal experiences provided an accessible, cost-effective means to achieve this. Writing, they believe, thus has the potential to be used as a general preventative therapy. Their study had opened the way for further inquiry into the immunological effects of trauma writing. The challenge was to improve on the design and explore further measures of immunocompetence.

Brian Esterling and his co researchers (1994) built upon Pennebaker *et al*'s (1988) study. Noting that Pennebaker *et al* had found that writing about trauma led to more vigorous lymphocyte proliferative responsivity, Esterling *et al* reasoned that these results suggested that a person's ability to manifest an antigen-specific cellular immune response against foreign agents such as viruses or bacteria might be enhanced by emotional expression. With this in mind they set out to explore the impact of trauma-writing on the individual's reaction to the Epstein-Barr virus.

The Epstein-Barr virus (EBV), a member of the herpes virus family, is extremely prevalent in the general population. Typically, primary infection with EBV occurs during adolescence, with the virus then remaining latent. If the virus is reactivated at a later date, viral antigens are expressed. Cellular immune defences

are critical, both in controlling primary EBV infections and also in maintaining virus latency (Glaser (1991). An increase in EBV-VCA antibody (an immune response) indicates an exposure to the virus or a reactivation of it. Increases in these antibodies are thus believed to be reflective of inadequate control by cellular immune mechanisms. As such, antibody titres to various EBV antigens can provide a measure of immune efficiency.

In a previous study, researchers (Esterling *et al*, 1990) had found that subjects who abstained from disclosing emotional material on a laboratory writing task, had elevated EBV titres. In addition, subjects who displayed repressive interpersonal styles, according to personality test scores, showed higher EBV levels than those with more emotionally expressive styles. Esterling *et al* (1994) sought to replicate these findings and also to address the issue of whether experimentally manipulating emotional expression could affect EBV titres. In addition, they wished to explore the impact on EBV titres of such factors as the seriousness of the disclosed event, cognitive changes, self-esteem improvements and whether the subjects' disclosures were written or spoken.

Analysis of post-experimental EBV titres showed that writing or speaking about trauma did result in significantly lower EBV titres, with the figures for the speaking group being even lower than the written group. Both trauma groups maintained their significantly lower EBV titres in the follow-up, three weeks after the disclosure intervention. Other factors which predicted decreases in EBV titres were increases in the number of expressed negative emotional words over the intervention, greater cognitive change, enhanced self-esteem and seriousness of event disclosed.

In assessing the difference between the writing and speaking groups, it is important to note that the verbal group used on average, five times the amount of

words that the written group used. This may be due to the fact that writing takes more time than speaking - it is easier to talk than to write and also easier to go into greater detail when speaking. Writers may also be further inhibited by a concern about factors such as spelling or grammar. These factors may well have contributed to the differences between the two trauma groups.

Petrie, Booth, Pennebaker and Davidson (1995) noted that although previous studies had suggested that the expression of traumatic emotion could affect immune parameters, it had not yet been demonstrated that these immune changes had significant health consequences. Their study was intended to address this issue. They chose to focus on the question of whether written emotional disclosure could affect the immune response to a hepatitis B program.

Hepatitis B has risen to become a major health problem in many countries. It is a viral infection of the liver with possible consequences including acute hepatitis, chronic active hepatitis, cirrhosis and cancer of the liver. It has been ranked as second only to tobacco as a human carcinogen (Petrie *et al*, 1995). Treatment of the disease is effective in only a minority of cases and vaccination as a preventative step, is therefore crucial and has become increasingly widespread. When a series of three vaccinations is given over a period of months, an antibody response occurs in 90% of healthy adults. However, recent studies have shown that stress can influence the effectiveness of body's response to the vaccination (Glaser *et al*, 1992).

Petrie *et al* used 43 medical students who returned negative hepatitis B antibody tests preceding the intervention. They were divided into either experimental or control groups, with the experimental groups writing about trauma over a four day period and the control groups writing on trivial topics. Blood for the immunological assays was collected on the day after completion of the writing

exercises, which was immediately before the subjects' first hepatitis B vaccination. Subsequently, blood was collected immediately before the one- and four-month booster vaccination and finally at the six-month follow-up.

Results confirmed those of previous studies i.e. that writing about traumatic events can produce measurable effects on human immune response. For the first time however, these changes were shown to influence the outcome of a vaccination program with important clinical relevance to those who participated - medical students who wrote about trauma experienced a significant increase in antibodies against the hepatitis B virus.

The students in this trial were all in good health and although the experimental group had a heightened response to the vaccine, the control group nevertheless had a clinically adequate response to it, as would be expected from a group of young healthy students. However, if individuals with impaired immune systems needed to be immunised, the extra edge given by trauma-writing might prove to be critical.

Vaccines for many diseases are now a routine measure of preventative health and many millions are vaccinated each year. In view of this, the finding that writing about trauma can impact on the effectiveness of response to vaccination may be of great importance. The authors note the need for further research. The nature of emotional expression and its links to the autonomic nervous system need to be more clearly understood and it is also important to identify the immune variables most sensitive to emotional disclosure and their role in modulating immune behaviour.

3.11 Difficulties in exploring the physiological relationship to written emotional expression

The studies relating written emotional expression open up fascinating possibilities, but labour under a number of difficulties, some of which are specific to physiological studies and others which generalise to other written emotional expression studies.

One problem is the scarcity of information on the immunological effects associated with common emotions. Some studies have shown for example that simply the induction of negative or positive emotions will have a specific effect on such immunological indices as NK (natural killer cell) activity and mitogenic activity (Knapp *et al*, 1992). It is possible therefore that just the experience of any emotion has an effect on the immune system. Equally, it is possible that the induction of that emotion by any means, not just expressive writing, will impact on the immune system.

Another difficulty is that involved in obtaining accurate immunological measures. Samples of blood lymphocytes for example represent only a tiny fraction of the lymphocyte pool and may not be representative enough. They are also subject to transient fluctuations. Studies which use more systemic measures of immunity may have a greater degree of validity and reliability. Thus studies using a response to an infectious agent, such as Petrie *et al* (1995) are using a more global indicator of immune functioning as well as a more practically relevant one.

Other more general concerns are to do with the nature of the trauma disclosed and the personality of the discloser. The writing assignments are preceded by instructions to write about a traumatic experience that has personal meaning. However, subjects who tend to inhibit negative emotions may display this repressive process in the very choice of their essay topic. Thus, because of their

tendency to avoid negative experience, they may choose write about something less traumatic or personal. If inhibition is an important element in resultant immunological response, then a participant who writes in a less disclosing way may have different immunological responses than one who is genuinely disclosing. Thus an important question is what represents effective disclosure? Pennebaker's (1993) program for analysing text has been important in helping to elucidate the components of effective disclosure. Pennbaker and Uhlman (cited in Petrie *et al*, 1995) have now developed a program which links linguistic data to autonomic changes. This is a significant step forward in the ability to explore how disclosure affects immunological processes.

3.12 Exploring the impact of the opposite of expression - repression

Many of the studies on expressive writing had focussed on the benefits of expressing emotion. Petrie, Booth and Pennebaker (1998) wished to explore its opposite twin - the effect of repressing emotional thoughts.

There has been relatively little work examining the impact of emotional repression on the immune system. There have however, been several studies examining the cognitive effects of suppressing thoughts as well as the associated physiological reactions to thought suppression. Wegner and Zanakos (1994) and Wegner, Shortt, Blake and Page (1990) found that the suppression of emotional thoughts results in an amplification of the emotion attached to them, as well as an increase in sympathetic nervous system arousal, as measured by skin conductance. Gross and Levenson (1993, 1997) found that suppression of emotion produced physiological responses such as increased skin conductance, increased activation of the cardiovascular system and respiratory activation. The suppression of both positive and negative emotions produced physiological

effects.

Petrie *et al* (1998) noted the possibility of two different processes affecting the link between emotional expressiveness and immune functioning. The first is that simply attempting to suppress one's thoughts may be construed as a stressful activity, with the physiological concomitants merely being the result of stress. The second is that suppression of emotional and non-emotional thoughts, perhaps through differential effects on autonomic activity, could alter immune functioning in different ways.

With this in mind, Petrie *et al* (1998) designed a study to investigate more closely the role of thought suppression, of both emotional and non-emotional material, and its impact on immunological functioning in expressive writing exercises. They proposed to examine both the effects of emotional disclosure and its opposite, thought repression.

The subjects consisted of 65 first year medical students who were randomly assigned to one of four experimental groups: emotional writing, with or without thought suppression, and control writing, with or without thought suppression. The emotional writing groups were asked to write about traumatic experiences in their life, while the control group wrote about trivial topics. All groups wrote for fifteen minutes for three consecutive days. At the end of the writing period, subjects in the emotional and control thought suppression groups were instructed to concentrate in the next five minutes on putting any thoughts of what they had just written out of their minds. The other two groups, the non-suppression groups, were asked to spend five minutes thinking about what they had just written. Psychological questionnaires were administered and blood samples taken before and after the writing exercises.

Results showed that the act of thought suppression itself, whether of emotional or non-emotional material, produced measurable effects on circulating immune variables. It caused a significant decrease in circulating T lymphocytes (CD3) as well as marginal decreases in T suppressor cells (CD8) and total lymphocyte numbers. Emotional writing also affected the immune system but with somewhat different variables. Emotional writing increased the levels of circulating T helper cells (CD4) and the number of total lymphocytes.

Although the act of suppressing thoughts may be seen to be stressful, the pattern of immune response to thought suppression differs from the recognised immune response to acute stressors. Thus, stress in itself, does not provide an explanation for the changes noted. In addition, Petrie *et al* note that the particulars of the immune response to thought suppression raise the possibility that suppression over a longer term may cause changes in immune functioning that could compromise health.

Importantly, it also seems that the processes of emotional disclosure and suppression do not appear to have directly opposing effects on the immune system, but rather effect differing aspects of immunological function. Emotional disclosure influenced total circulating lymphocyte numbers (mostly T and B lymphocytes) whereas suppression mostly affected T lymphocyte counts.

3.13 The impact of emotional disclosure on clinically ill populations

Up to this point, the various populations studied had been physically healthy individuals. Although positive changes in physiological functioning, immune functioning and general health were found in the experimental groups, it remained debatable as to whether these benefits could translate to individuals

who were not physically well.

In 1997, Kelley, Lumley and Leisen studied the effects of emotional disclosure on a population of rheumatoid arthritis (RA) sufferers. RA is a systemic, autoimmune disease, leading to chronic inflammation of the joints, with resultant pain and often physical disability and affective disturbance.

Kelley *et al*'s design used Pennebaker's (1986) standard emotional disclosure paradigm, except that rather than deliver it as a writing exercise, subjects were asked to talk into a tape recorder about traumatic experiences. Kelly *et al* chose to use spoken, rather than written interventions, out of concern that the arthritic subjects might have difficulty in writing and also because they believed that the spoken intervention would have a more powerful effect than the written. They hypothesised that disclosure would result in improved health. They further hypothesised that disclosure would result in the immediate negative mood reported in many disclosure studies (Pennebaker, 1990) and that those subjects who experienced the largest increase in negative mood immediately after the intervention would manifest the greatest health improvements.

Analysis of results showed that disclosure of stressful events influenced both the mood and the health of adults with RA. Subjects who talked about stressful events had immediate increases in negative mood, but by three months after the intervention were reporting less affective disturbance and better physical functioning in daily activities. Disclosure however, did not have a main effect on actual joint condition, although those subjects who experienced greater negative mood following disclosure, showed a tendency towards longer-term improvement in the condition of the joints. The authors note here that it is not surprising that the relatively brief psychological experience of disclosure lacked the power to affect observable somatic functioning, because such an experience

must first alter the biological mediators of clinical disease.

It is also of note that the positive effects of disclosure occurred only in the interval from two weeks to three months after the intervention. In addition, it was clear that disclosure did not affect pain. The authors recognise that this finding is in line with that of a previous study (Beutler *et al*, cited in Kelly *et al*, 1997) but add that it remains possible that their disclosure patients' improved affect might have led to less pain had they been followed for a longer period.

3.14 The impact of writing about trauma on clinically ill populations

In 1999, a leap forward was made in the field of written emotional expression. Smyth, Stone, Horowitz and Kaell (1999) carried out a study to determine the effects of written emotional expression on patients with active illness. Unlike Kelley *et al* (1997) they used the classic written, as opposed to oral intervention, with regards to expressed trauma.

Joshua Smyth and his colleagues took as their subjects 112 patients who had either asthma or rheumatoid arthritis. They wished to determine if writing about stressful life experiences affected disease status in these patients as measured by standardised quantitative means. These measures included an evaluation with spirometry for the asthma patients and a clinical examination by a rheumatologist for the arthritis patients. They hypothesised that patients assigned to the experimental group would show improvements in outcomes four months after the writing exercise, compared to a control group. They further hypothesised that health changes would be of clinically significant magnitudes.

Results were impressive. Both the asthma and rheumatoid arthritis patients who had written about trauma, showed clinically significant improvements in their

health as rated on objective scales by a physician. Smyth *et al* thus became the first researchers to demonstrate that writing about stressful life experiences improves physicians' ratings of disease severity and objective indices of disease severity in chronically ill patients.

As is usual in these studies, the trauma-writing participants experienced considerable emotional distress during and just after the writing experience. It is also of interest that participants did not particularly choose their illness as a traumatic topic to write about. Instead, they wrote about such experiences as the death of a loved one or problems in relationships. It is notable that asthmatic patients improved within two weeks, whereas arthritis patients did not show improvement until the four month assessment. This is particularly relevant in view of Kelley *et al*'s (1997) finding that there was no improvement in arthritis patients after three months and their suggestion that perhaps change might have occurred after a longer period than was monitored by their study.

There are several areas in need of further exploration. Although Smyth *et al*'s (1999) study produced robust results after four months, it needs to be determined whether benefits last longer than this. In addition, diseases other than asthma and arthritis need to be investigated, to determine whether effects can be generalised to other disease processes. Smyth *et al* note that it is also clear that despite statistically significant changes for many participants, approximately half of the patients in the experimental group did not respond to the exercise. This pattern needs to be further examined in order to discover the characteristics of those who can be most helped by this exercise. Lastly, we need more understanding of the mechanism actually at work, in order to extend its benefits and gain better knowledge its applicability.

In two successive papers, Smyth *et al* (2000, 2002) further analysed the result of

the 1999 study. In 2002, Smyth, Anderson, Hockemeyer, and Stone (in press) examined the impact of writing on those subjects who were classed as non-expressive or cognitively avoidant. Alexithymia (a condition describing people who have difficulty in identifying and describing emotions) denial, behavioural disengagement, mental disengagement and avoidant thoughts, as well as health status, were assessed at baseline. Health status was assessed again four months after writing. Results showed that non-expressiveness and cognitive avoidance were neither related to how personal or emotional the essays were, nor the affective response to writing. They suggested that the writing task can be used successfully with both expressive and non-expressive individuals.

Stone, Smyth, Kaell and Hurewitz (2000) used Smyth *et al*'s (1999) study to investigate the pathways from intervention to alterations in outcomes.

Behavioural medicine has postulated three major pathways through which psychological interventions may act to alter health outcomes. Influences on the endocrine and immune systems constitute one pathway, a second is through health behaviours (such as sleep, smoking, diet) and a third is through changes in the individual's psychological functioning (e.g. changes in stress, anxiety, depression) or social environment (e.g. support from friends).

Stone *et al* monitored perceived stress, quality of sleep, affect, substance use and medication use for seven days prior to the study's intervention and for the fourteen days following the intervention; however no evidence was found to support mediation along these pathways and the authors conclude that the mechanism underlying structured writing about stressful events remains unknown.

3.15 Varying types of therapeutic writing exercises

Therapeutic writing has also been explored as a formalised task in the experimental or clinical setting and covers a wide range of writing techniques. These range from highly structured to loosely structured tasks, from highly specific to highly non-specific and from a 'one-off' experience to an experience repeated several times over a given period of time.

A series of studies has investigated the effectiveness of formalised workbooks aimed at alleviating depression. The first of these studies (L'Abate, Boyce, Fraizer and Russ, 1992) showed a significant decrease in depression scores in the experimental groups. The study, however, did not include a follow-up. When a follow-up was later carried out by L'Abate and Baggett (cited in Esterling *et al* 1999) there were no differences apparent between the control and experimental groups. A similar study was focussed on anxiety (Esterling *et al* 1999) with results showing benefits in anxiety reduction. In addition, a follow-up six months later showed the anxiety had continued to decrease over time.

L'Abate and Baggett (cited in Esterling *et al*, 1999) followed up their previous study with an exploration of psychotherapy patients who were administered a workbook designed to increase coping skills. They used various measures of self concept and coping resources. Of these measures, the only one affected significantly by programmed writing was the Coping Resources For Stress Inventory. Self Concept and Self Profile were not affected by the writing exercise.

3.16 Written emotional expression compared to vocalised emotional expression

Murray and Segal (1994) compared the experience of writing about a traumatic event to speaking about the traumatic event with no-one else present. In this way,

they were able to discover whether the act of vocalising about emotional trauma had a different impact from that of simply writing about it. Half the participants in their study were asked to write for twenty minutes, while the other group was asked to speak into a tape-recorder. Half of each of these groups was asked to deal with traumatic experiences, while the others were asked to focus on trivial topics. Both groups dealing with traumatic events had positive outcomes of equal substance. Both also felt initially worse before feeling better.

As previously discussed, Esterling *et al* (1994) also noted positive changes following spoken as well as written trauma.

3.17 Why is writing effective? The cognitive and emotional processes in trauma writing

An individual experiencing trauma is affected on several levels. The trauma is experienced at an emotional level, i.e. with emotional distress, shock, anger, sadness etc. However the individual will also make an attempt to process the trauma cognitively, i.e. to understand it or make sense of it at an intellectual level. Pennebaker and Beall's previously discussed study (1986) illustrated these different aspects of written emotional expressiveness and their comparative effects on health.

Early research in this area posited several explanations:

a) One hypothesis was that writing fostered healthier lifestyles or behaviours and these resulted in the positive health outcomes. Pennebaker (1993) however found that this theory did not hold up. Subjects continued to smoke, exercise and sleep at the same rates as before.

b) Another possible explanation was that writing caused individuals to change the ways in which trauma-related events were represented in memory or consciousness. Pennebaker and Francis, (in press) however, studied this, with results suggesting that there were no changes in the representation of traumatic events.

c) It was also hypothesised that those who improved, chose to write about different topics from those who did not show improvement. However when the content material of several studies was examined, there was found to be no causal link between the topic chosen and the health outcome (Esterling *et al* 1999)

d) Finally, it was suggested that the particular words participants used in their writing may have connections with the way they approached the topic and be causally related to health outcomes. This indeed proved to be the case. This hypothesis was explored through two avenues.

3.18 Analysing the word content of essays

Initially Pennebaker (1993) asked judges to predict, from the written-trauma exercises, which students would gain health benefits. Judges believed that those who were more emotional, thoughtful and smarter were the ones who would gain most benefits. Unfortunately, interjudge reliability was low, thus making results difficult to interpret with any confidence.

Hughes *et al* (1994) used a novel method of analysing verbal text by linking the production of natural written language with autonomic activity on a word by word or phrase by phrase basis. The researchers devised what they called the Computerised Autonomic Retrieval of Morphemes and Even Neologisms

(CARMEN) machine. This apparatus allowed subjects to type their thoughts and feelings using a computer keyboard. Each typed word was directly linked to the subjects' concurrent autonomic levels such as skin conductance levels (SCL) and heart rate. It was predicted that not only would different patterns of physiological arousal be observed when people used language to express different feelings, but also that some forms of emotional processing would be more effortful, resulting in short-term autonomic arousal, while other expressions would be associated with lowered arousal.

Results showed a striking correlation between physiological responding, as measured by SCL, and expressive language. In contrast, very few subjects experienced strong relationships between the text dimensions and heart rate. These findings supported the idea that the expression of negative emotion appeared to be associated with autonomic effort. Conversely, positive emotion words tended to be linked with a letting down or brief relaxation. Cognitive words (phrases containing insights, causes and effects) also had a significant relationship with SCL, although a more puzzling one. For some subjects, they resulted in a decrease in SCL, while for others they produced an increase in SCL. Researchers note that it is possible that these differing directions were produced respectively by subjects who had already worked through the traumatic issues involved and those who were currently working through these issues.

In response to an earlier study (Pennebaker, 1993) with its difficulties in using human judgements of word content, Pennebaker and his colleagues developed a computerised text analysis system (Pennebaker *et al*, 1997). The program which was perfected over a number of years, recognised several dozen categories of words. The most important categories turned out to be those which were labelled 'emotion' words, in particular both negative (e.g. unhappy, distressed) and positive emotion words, (e.g. smile, enjoy); 'causal' words, e.g. (because,

reason) and finally 'insight' words, (e.g. understand, realise).

Pennebaker (1990) hypothesised that linguistically labelling an event and its emotions, forces the experience to be structured. This structure promotes the assimilation and understanding of the event and reduces the associated emotional arousal. The task of translating an emotional experience into language necessitates an encoding process which allows the material to be stored in a more organised, coherent and simplified fashion.

Past research has indicated that two elements appear to be crucial in writing or talking about trauma. Clark (cited in Pennebaker *et al*, 1997) noted that the construction of an organised and coherent explanation of the traumatic experience is important. This construction emerges over time and retelling, either verbally or through writing. The second aspect is that of emotional expression, namely the labelling of the emotions which the subjects experienced (Pennebaker, 1993).

In their 1997 study, Pennebaker *et al* (1997) hypothesised that cognitive change and emotional expression could be measured by counting relevant words in written or spoken text. Cognitive change was defined as the use of words in two general text dimensions: self-reflective thinking (e.g. realise, understand, think, consider) and causal thinking (e.g. cause, reason, effect, because).

The researchers predicted that individuals who increased their proportion of self-reflective or causal words over time in their essays would show health improvements. They also hypothesised that writing would be beneficial to the degree that subjects could express their emotions in words.

The relationship between emotion words and health benefits has been unclear at

times. On the basis of an early study (Pennebaker, 1993) it was proposed that individuals who use more negative words than positive would show greater health improvements - i.e. a differential model of emotion word usage. However, a more sophisticated analysis on a later study (Pennebaker and Francis, 1996) showed that the use of both negative and positive emotion words were associated with improved outcomes. This was referred to as the summed emotion model. This study (Pennebaker and Francis, 1996) also noted that positive emotion words were better predictors of positive change than were negative words.

The current study (Pennebaker, 1997) set out to test the cognitive change, differential emotion and summed emotion hypotheses by using computerised text analyses with physical and emotional health outcome measures.

The study contained two parts. The first assessed the results of six previous writing studies, while the second part examined the words people used to discuss the recent death of a loved one and to predict subsequent physical and emotional health.

When the data from six writing studies was analysed, it was found that three linguistic factors predicted positive health outcomes: Firstly, the more individuals used positive emotion words, the better their subsequent health. Secondly, a moderate number of negative emotion words predicted good health outcomes. Both very high and very low levels of negative emotion words predicted poorer health. Finally, an increase in both causal and insight words over the course of the writing exercise was highly predictive of improved health outcomes. In other words, those participants who began with a formless outpouring of experience and shaped it into a narrative involving coherence and insight were the ones who benefited most. It is notable that none of the variables was predictive of subjects' self-reported distress levels.

In the bereavement project, a somewhat different pattern was discerned. Here the outcome measure used was that of distress and the cognitive change variables were associated with greater distress in the months following bereavement. It is possible however that this pattern merely reflects a normal grieving pattern and that those subjects who did not exhibit many cognitive change words were blocking off or denying the experience of loss. Neither the differential nor the summed emotion model was significantly related to any of the outcome measures in the bereavement project.

In summary, the authors concluded that neither the differential nor the summed emotion models were confirmed. Maximal physical health benefits seemed rather to be associated with moderate levels of negative emotion and high rates of positive word usage. The lack of correlation with reported distress suggests that the different health outcomes - physical and emotional, may operate through different mechanisms, that is, they may not reflect the same underlying processes. This is an important recognition, as in the past, it has often been assumed that psychological and physical health outcome measures are interchangeable and modulated by the same variables (Pennebaker, 1997). It is now clear that factors which correlate with increased physical well-being may not correlate with self-reports of distress. More work is needed to elucidate which conceptual variables predict which set of outcomes.

3.19 Physiological mechanisms linked to word usage

As previously noted, several studies (Wegner, 1992; Wegner, Shortt; Blake and Page; 1990; Gross and Levenson, 1993) have found that suppression of thoughts is associated with increased skin conductivity levels (SCL). The galvanic skin response (a measure of this conductivity) is in turn linked to anxiety and is in widespread use as a lie detecting mechanism, working on the

principle that telling lies increases anxiety. In contrast, disclosure of traumatic material has been linked to a drop in SCL relative to the same participant's discussing trivial topics (Pennebaker, Hughes and O'Heeron, 1987).

Several studies have noted that the changes in SCL were connected to the actual language subjects used in their disclosures. Such aspects as word order within the sentence, use of negative emotion and positive emotion words and causal and insight statements were found to affect SCL (Pennebaker and Uhlman, 1994; Hughes, Uhlman and Pennebaker, 1994; Petrie, Booth and Pennebaker, 1998). These studies lend support to those which have connected health outcomes to language use in the trauma-writing studies (Pennebaker, 1997). They underline the notion that the words themselves and the way the essays are constructed have physiological effects.

3.20 The impact of trauma-writing on intrusive thoughts - a cognitive approach

Lepore (1997) wished to explore the cognitive dimensions of change associated with writing about trauma. He noted that while there has been cumulative evidence that emotional expression may be adaptive when coping with stress, researchers have gained little insight into the mechanisms underlying this phenomenon. Lepore reasoned that emotional expression might enhance cognitive functioning by forcing individuals to confront, and therefore process, the stressful event concerned and he focussed particularly on the role of intrusive thoughts in this process.

Intrusive thoughts may be the result of difficulties in assimilating traumatic experiences. Horowitz (1975) believed that once an individual had successfully integrated the traumatic experience, the number of intrusive thoughts rapidly

diminished. Researchers such as Creamer, Burgess and Pattison (1990) proposed a different mechanism at work. They argued that repeated exposure to stressful material dampens negative emotional responses to it, thus leading to a state of greater emotional comfort.

Despite the fact that both groups of researchers suggest that engaging with traumatic material will ultimately facilitate well-being, the actual process of engagement can be unpleasant. Many people will therefore attempt to avoid thinking about trauma and thus be unable to gain these benefits. Lepore hypothesised that writing about trauma would reverse this process of avoidance and therefore result in a diminishment of psychological distress symptoms. He wished to further explore whether the experience of being forced to examine trauma would diminish distress by (a) reducing the frequency of intrusive thoughts or whether (b) the negative impact of the intrusive thoughts was dampened i.e. that people were emotionally desensitised to the intrusive thoughts.

His subjects consisted of college students preparing to take one of several graduate student entrance exams and results showed that examinees who wrote expressive essays had a lower level of depressive symptoms as the exam date approached than did the control group students. Furthermore, it appeared that expressive writing reduced depressive symptoms by attenuating the negative emotional effects of intrusive thoughts rather than by reducing the number of intrusive thoughts.

Lepore notes that one limitation of his study is that the that the stressor was not as grave as those typically associated with chronic or clinically significant levels of distress or post-traumatic stress disorders and that it remains to be seen whether these results translate to a wider population.

A number of other researchers have investigated the relationship between expressive writing and unwanted thoughts. Segal, Bogards and Chatman (cited in Klein and Boals, 2001) and Segal and Murray (1994) found that expressive writing did reduce intrusive or avoidant thinking. Lepore followed his 1997 study up with another (Lepore and Greenberg, in press) which found no reduction in number of intrusive thoughts, but rather a beneficial difference in the way they were experienced.

3.21 The impact of expressive writing on working memory

Kitty Klein and Adriel Boals (2001) set out to further elucidate the ways in which cognitive functioning was benefited by expressive writing about trauma. They chose as their particular focus, the impact of expressive writing on working memory (WM). Working memory is a cognitive process responsible for the controlled processing and attention needed for such higher order processes as comprehension, reasoning, planning and problem solving. It is thought to function as a limited capacity system, so that the presence of distractors, such as intrusive thoughts, would result in a decrease in efficacy.

Klein and Boals reasoned that the presence of cognitions about ongoing stressful events would compete for mental resources and therefore lower the effectiveness of working memory. They hypothesised that expressive writing would reduce the demand of intrusive cognitions and free up the attentional processes required for working memory. They further hypothesised that the WM improvements would be associated with the linguistic changes Pennebaker *et al* (1997) noted in expressive writers' essays. They also wished to examine the effects of expressive writing on their subjects' grade point averages (GPA) theorising that improved WM would be likely to be linked with an improved GPA.

Their subjects were first-semester college freshman, with the expressive writing group being asked to write about their deepest thoughts and feelings about coming to college. Results showed that expressive writing improved WM and that the linguistic changes associated with increased narrative coherence were also related to WM improvements. As with other studies, the improvements were surprisingly long-lasting. For the students assigned to write about their deepest feelings, WM increased across the 7 weeks of the experiment. Their data also showed that WM increases were linked to academic performance.

One puzzling aspect of the study was the fact that control group students also showed significant increases in WM across time. They too showed similar increases in cognitive insight words across essays. Their task however, had been to write about everything they had done that day and describe how they might have done a better job. These instructions therefore, might have provided a confounding element and inadvertently encouraged the formation of narrative type, reflective essays as opposed to the more usual control group essays. The fact that the control group showed an increase in causal words across time supports this notion. It is also possible that college is not equally stressful for all students and that the experimental manipulations were more effective for some writers than for others.

To remedy the flaws of their initial study, Klein and Boals embarked on a further piece of research (2001). The first issue they wished to address was whether the WM improvements demonstrated by expressive writers could be attributed to a decline in thoughts about the stressful experience. They hypothesised that expressive writing reduced intrusive and avoidant thinking.

The second question they wished to address was whether writing about a positive life-changing experience had similar effects on WM as did writing about a

negative experience. Although most expressive writing studies have focussed on negative events, a few have examined the effects of potentially positive events and the positive aspects of negative events. Paez *et al* (1999) set the experimental group the task of writing expressively about a social event. This had very little effect on them. King and Miner (2000) asked students in the three experimental groups to write respectively about a traumatic experience, about the perceived benefits of a traumatic experience or about both the trauma and its benefits. They were compared to a control group writing about a trivial topic. Compared with the control group, all three experimental groups had fewer health centre visits three months after writing. Klein and Boals note that cognitive theories of interference with working memory do not distinguish between the ability of distracting positive events and negative events to create interference in mental processing. This reasoning was something which Klein and Boals wished to test out.

Thirdly, Klein and Boals wished to examine the relationship between participants' ratings of how much they had revealed in their essays and WM and/or intrusive thinking. They predicted that students with the highest self-disclosure ratings would experience the greatest declines in intrusive thinking and the greatest increase in WM.

Finally, addressing one of the weaknesses of their previous experiment, they stressed to their control group that they should not disclose emotion and did not ask for an evaluation of the day's schedule.

As with the first experiment, the expressive writing task produced sizable and lasting improvements in available working memory. Of note, was the finding that the benefits were felt only by those who wrote about a negative experience. Students who wrote about a positive life-changing event or about daily routines,

showed no significant changes in WM. The largest changes were produced after eight weeks. In contrast to experiment one, there were significant differences in final WM scores between the trauma writing group and both the positive and trivial events groups. These improvements in WM were significantly related to improvements in academic performance.

The trauma writing group also experienced a decline in intrusive and avoidant thinking about the event they chose to write about. They were the only group in which such a decline in intrusive or avoidant thoughts was found. They were also the only group in which reported self-disclosure was correlated with declines in intrusive and avoidant thought processes. Lower levels of intrusive/avoidant thinking at the final session were linked with greater improvement in higher final WM scores and also the greatest improvement in WM.

The results from this study suggest that writing about a positive experience has no effect on either WM or unwanted thoughts. This is in contrast to King and Miner's (2000) results. However King and Miner's students were asked to write about the positive aspects or benefits of a *traumatic* experience. This is in contrast to the Klein study, where students in the positive group were asked to write about a purely positive experience. This finding poses some difficulty for a purely cognitive explanation regarding interference to working memory. On the accepted cognitive grounds, a positive event should provide as much interference as a negative event. Klein and Boals note that their data suggests that this model, with its emphasis on the solely cognitive aspects of the event representation is not entirely adequate.

The authors conclude by stating that although the data support their contention that creating a narrative 'packages' stressful material into mental models that are

more easily processed and stored, this explanation requires further research. They also note that there is a possibility that the changes in working memory are at the core of the health benefits noted by past researchers. They theorise that resources taken up by unwanted thoughts might impair problem solving, to the extent that proactive coping and appropriate response to stress or threats might be less adequate, leading to impairment in physical or emotional health.

3.22 Writing about imagined trauma

Several models have been posited as explanations for the effectiveness of expressive writing. One may be described as the inhibition-confrontation approach. In this model, traumatic memories are inhibited, a task which takes up mental energy and resources, as well as preventing the memories from being effectively assimilated.

Another model is that of the catharsis model (Scheff, cited in Greenberg *et al*, 1996). Here, the process mediating benefits is that of an emotional discharge, in which the participant can vividly recall the trauma and its accompanying emotions, but can do so in the context of present safety. In this way, catharsis is not solely to do with the re-experiencing of emotion, but of the ability to do so while simultaneously aware of resources of control and mastery over the distressing feelings.

A third explanation concerns habituation, i.e. the decrease in intensity of arousal after prolonged exposure to the noxious stimulus. This method is the basis of the commonly used behavioural technique 'flooding' for the treatment of phobias. The individual is exposed to the frightening stimulus without any avenue of escape. Eventually, habituation occurs, the physiological symptoms of fear disappear and the individual is able to be in the presence of the feared

object/situation while remaining calm and in control.

Both habituation and catharsis involve perceptions of self-efficacy (Bandura, 1983) in tolerating and regulating emotional arousal. These perceptions of the self as competent are crucial to change in these models. This broader emphasis on perception of the self differs from the more limited model of inhibition-confrontation, which focusses only on the reappraisal and emotional expression associated with the specific trauma being examined.

With this difference in mind, Greenberg *et al* (1996) postulated that the catharsis and habituation models may mean that the benefits of disclosure could extend beyond revision of specific past events to include more general perceptions of control and mastery over one's emotional reactions, regardless of how these are triggered.

They reasoned that if the health benefits of emotional disclosure were due to enhanced self-efficacy for tolerating and regulating emotional distress, then reconstruction of past memories was not essential to produce these effects. In this model, any experience in which the participant experienced a moderate degree of negative affect would be adequate to bring about either habituation or catharsis and its accompanying benefits. In other words, how the emotional response is triggered is less relevant than what the emotional reaction is and how much control is perceived and exerted over its progression as the encounter unfolds.

Greenberg *et al* set out to investigate these questions in an innovatively designed study, where they asked some of their subjects to write about an imaginary trauma that the subjects themselves had not experienced, while others wrote about trauma they had in fact experienced.

The researchers proposed the following hypotheses:

- a) Disclosure of emotions associated with actual past trauma will bring beneficial physical health effects relative to a control condition, in participants preselected for the presence of such traumas.

- b) Disclosure of emotional reactions to imaginary traumas that are not part of personal experience will produce beneficial health effects relative to a control condition.

- c) Emotional disclosure concerning real or imaginary traumas will decrease intrusive rumination and cognitive-behavioural avoidance associated with past traumas.

Their subjects consisted of female college students who had experienced significant trauma in their lives. Participants were divided into three groups. The real trauma group was asked to write about their real-life traumatic experience. The imaginary trauma group was asked to mentally recreate an imaginary traumatic event, the details of which were handed out to them on a sheet of paper. It was ensured that the details of the imaginary event did not coincide with their real life trauma experience. The control group were given a trivial topic to write about. Participants wrote for only a single 30-minute session.

Results showed that both the real life trauma writing group and the imaginary trauma group made significantly fewer visits to health care providers four weeks after the experiment. The health benefits for the imaginary trauma group could not be explained through the notion of event-specific previously inhibited emotions, because the event concerned had been encountered for the first time only in the experiment. The authors therefore suggest that event-specific

disinhibition is not necessary for the production of health effects. They therefore concluded that the health benefits for the imaginary trauma group were mediated by the two mechanisms previously discussed - enhancing affective regulation and constructing more resilient possible selves.

The authors however, fail to take into account the power of metaphor, where an experience not identical to the one personally experienced, may nevertheless come to stand symbolically for that event. A response to the imagined, or metaphorical event, may therefore also activate responses attached to the original, experienced event.

3.23 The necessity for narrative

Through all of the various expressive writing studies, one of the most consistent findings relates to the way the essays have been structured. Specifically, those essays in which insight and causal words increase in number from the first essay to the third essay, have been the ones associated with the greatest health benefits. This structuring has been described as the forming of a narrative. The expression of both thought and emotion combined in the essays has also been correlated with significant health improvements.

Smyth *et al* (2001) set out to examine whether narrative was necessary for health benefits or whether the expression of both thoughts and feelings without narrative structure was sufficient to modulate improvement.

To this end, they created three writing conditions. Over a single writing session, the narrative group were asked to write about their thoughts and feelings regarding a traumatic experience and to do so in a narrative way, i.e. through forming a story. The non-narrative group were asked to write about their

thoughts and feelings regarding a traumatic experience, but to do so in a fragmented way, i.e. through simply listing their thoughts and feelings in abbreviated, telegraphic form. The control group wrote about neutral topics. The authors' primary hypothesis was that the narrative structure group would report improvements in health, while the non-narrative and control groups would not achieve health benefits. A second hypothesis was that as narrative structure increased, intrusive thinking would decrease. This was based on the idea that narrative structure allows individuals to more tidily store and assimilate traumatic experience.

Analysis of results showed no difference between the narrative and fragmented essays for the amount of emotion used, the length of the essays or how personal they were. However, only the narrative group showed health improvements. The authors note that theirs is the first study that demonstrates that instructions to form a narrative during written disclosure, produce a different response to writing than does fragmented or control writing.

The narrative group also showed a correlation with avoidant thinking, but in the opposite direction to that hypothesised. The authors note that this may have been due to the effects of having only a single writing session and point to a previous single-session study (Greenberg *et al*, 1996) which had similar findings regarding avoidant thinking and narrative. Perhaps, the authors suggest, having only one session serves to sensitise participants and therefore leads them to avoid thinking about the newly resensitised subject. It does however indicate that the role of intrusive /avoidant thinking in written disclosure is not yet clear. The reason for the effectiveness of narrative is equally unclear. What is indisputable however, is its importance.

4 Discussion

4.1 The benefits of narrative

It is clear that the experience of writing about traumatic experiences has significant benefits in areas such as physical health, emotional well-being and performance in areas ranging from job interviews to college examinations. Many issues however remain unclear.

4.2 Who benefits?

A number of variables have been investigated. Socio-economic status is one. The original population to show benefits (Pennebaker and Beall, 1986) consisted of middle class college students. Significantly lower down on the socioeconomic scale was the group of psychiatric inmates of a maximum security prison centre. They too showed recognisable benefits from expressive writing.

A cogent point however is the fact that as socio-economic levels decrease, illiteracy becomes more common. People who are illiterate would clearly be unable to participate in, let alone benefit from, expressive writing. Could these people use the techniques of expressive writing through the medium of the spoken rather than written word? Some studies have compared the effectiveness of taped disclosure as opposed to written disclosure (see below) and it has been shown to be effective.

Yet to be studied are those cultures in which confession and disclosure have negative implications, i.e. they are socially condemned as being inappropriate, disturbing or destructive to either the individual's health or the well-being of the social group. The impact of expressive writing on cultures such as the previously

discussed Northern Balinese people, needs to be researched.

4.3 Personality issues and expressive writing

Many of the common personality variables such as sex, age and anxiety have been examined with regard to the impact of expressive writing and do not differentiate between those who benefit from it. Among college student populations, no difference has been found between ethnicity or language. French-speaking Belgians, Spanish-speaking residents of Mexico City, and English-speaking New Zealanders have all experienced similar benefits. (Pennebaker, 1997).

Several studies, however, support the contention that people whose expression is hindered by inhibition, or who experience a high level of intrusive thoughts, are most likely to benefit from disclosure (Lumley *et al*, in Smythe and Lepore, 2002)

4.4 Does narrative have to be written?

Can a healing narrative be formed through the spoken as opposed to written word? Telling our stories out loud to a psychotherapist of course has a long history. In the writing experiments, the therapist is not present. There is some argument to be made for the experimenter as 'therapist', in the sense that he/she is providing a safe, non-judgmental place for the individual to examine his or her life, giving importance to those revelations and treating them with respect. Such distinctions aside, if the individual was asked to speak into a tape recorder as opposed to writing on paper, the two interventions could be thought to be equally carried out without the presence of a therapist. Several studies have compared taped disclosure to written disclosure and found them to be

comparable in the benefits obtained. (Pennebaker *et al*, 1997.)

4.5 Does narrative have to be our own?

Greenberg *et al* (1996) asked participants to write about imagined trauma and found that writing about 'someone else's' trauma had similar health benefits to writing about one's own. We are constantly exposed to the narratives of others, through newspapers, magazines, books, films, theatre, day to day conversations with relatives, friends, acquaintances, work-mates and the other people whose paths cross ours. Do these narratives also have an impact on the formation and re-formation of our own?

The narrative that we ingest in the form of the printed page - whether it be fiction, memoir, essay or any other genre that involves an account of peoples' lives, is one of our most familiar experiences. As we read about how one particular individual constructs or reconstructs the meaning of their life, does it impact upon the formulation of our own personal narrative or meaning? This question of whether it affects our own previously formed or unformed narrative is pertinent - Pennebaker (1990) has noted that health benefits are best seen in individuals whose narrative formulation changes from the initial essay to the last essay. Those individuals whose narrative remains static, do not experience health benefits.

4.6 The printed page

Humans are born with an innate drive to learn. Our society is too complex for inbuilt instincts to cover even the most minute fraction of all that we need to know as functioning adults. This drive to imitate means that we are constantly thinking about other people's behaviour in relation to our own. We relate what

they do or think about something to the way we do or think about the same thing. It makes sense therefore that if we read about someone else's interpretation of a life event which we too have experienced, we will compare their narrative - their way of seeing its meaning - to ours and perhaps modulate our own interpretation in response.

Carolyn Shrodes, a psychoanalyst, writes that the process of reading is parallel in substance and function to the early stages of psychotherapy, which induces such phenomena as identification, projection, introjection, transference of emotion from early experience to current representations of it, catharsis and insight.

(Shrodes, 1961) Bibliotherapy is a form of therapy which uses the written word for healing. It revolves around a program of selected reading materials, which can consist of anything from novels to psychological self-help books. The concept of bibliotherapy goes far back in time. In ancient Greece, the door of the library at Thebes bore the inscription 'The Healing Place of the Soul'.

4.7 The narrative conversation

The other common situation in which we encounter other people's narratives is in conversation with them. Support groups are an example of a setting where narratives flow freely and are concerned very much with the meaning of trauma and life. Researchers have long noted the benefits of support groups (David Spiegel, 1993). Explanations for this have generally revolved around the cushioning effect of social support and the cathartic experience of being able to speak about deeply personal and painful issues. Is it possible that some of the health benefits may also be due to the opportunity to be exposed to other people's narratives and thereby modify the construction of one's own?

The Internet offers a relatively new venue in which to exchange or absorb

narratives. Chat groups, discussion lists and web sites provide endless opportunities for this. Internet support groups for illnesses or trauma offer similar systems to real life support group, with similar opportunities to absorb and be affected by other peoples' narratives.

4.8 The spoken word

Apart from the printed page and print media, narratives are often experienced through the spoken word communications of radio, television, theatre, film and the lyrics of songs. It seems likely that these narratives too can impact on the way we in turn experience ourselves and our own stories.

4.9 Does narrative have to be verbal?

There are many forms of non-verbal narratives, such as photography, art, dance and sculpture. Very little research has been carried out comparing the relative benefits of non-verbal emotional expression to verbal emotional expression. One of the few researchers to do so were Krantz and Pennebaker (cited in Greenberg *et al*, 1996) who compared the impact of expressing trauma through either the written word or dance. They found no beneficial health effects for dance alone, only for participants who combined expressive movement with written expression, suggesting that the conversion of experience into language may be a necessary aspect of the experience.

4.10 Can expressive writing harm?

A commonly found immediate after-effect of expressive writing exercises is a lowering of mood. This makes sense, as participants have just been revisiting, in as vivid a manner as they can, an extremely traumatic experience. Can this

revisiting be harmful? Litrell (1998) notes that several applied studies have found that clients become more angry, more depressed and evidenced elevations on pathology scales, following therapies designed to evoke strong emotion. Psychotherapists of almost all persuasions are familiar with this experience. Revisiting trauma in whatever mode is rarely comfortable. They would also argue that the long term benefits of therapy outweigh the short term distress after a painful session. Expressive writing researchers similarly stress that, despite the immediate post writing effects on mood, participants benefit significantly in the longer term. They note too, that post-writing distress dissipates soon after the writing exercise (Hockmeyer *et al*, 1999).

Two studies on the use of expressive writing with survivors of trauma have produced either negative or neutral results. Gidron *et al*, (1996) and Batten *et al*, (2002) found that expressive writing had deleterious effects on participants' health. In Gidron *et al* (1996) however, the number of subjects was so small as to raise doubts as to statistical validity. Other studies, in contrast, using participants suffering from symptoms of post-traumatic stress, have found that expressive writing reduced these symptoms significantly (Tulloch *et al* cited in Smyth and Lepore 2002; Schoutrop *et al*, 2002 cited in Smyth and Lepore, 2002). More work needs to be carried out in order to understand these inconsistencies and to determine whether there are indeed specific conditions or populations where expressive writing may have an undesirable effect.

An unexplored issue relating to possible negative effects of narrative, however, is in the arena of public narrative. Several expressive writing researchers have noted that the creation of a trauma narrative diminishes intrusive or persistent thinking about trauma (Lepore, 1997). When upsetting events are played out in the view of the public - wars, injustices, homelessness, joblessness, poverty and so on, a public narrative is created, often by the media or politicians, to 'explain'

the situation. Could it be that this offered narrative acts in the same way as the created narratives of writing study participants - to dampen down anxieties and 'neaten up' the story so that it can be filed away without necessity for further thought or explanation? Could expressive writing research offer us a picture in which public narrative acts as the 'soma' which dampens dissent or distress? If so, it is a disturbing picture. And yet, the old medical maxim that if an ingredient is powerful enough to have healing qualities, it can also have the power to harm, may be relevant. The need for a 'story' to make things comprehensible and therefore manageable may well prevent people from fully exploring the complexities of the truth.

4.11 Does expressive writing need to have trauma as its base?

There is clearly something naturally compelling about trauma. The contents of the daily newspaper and TV news testify to this. Coverage consists mostly of traumatic events of various kinds. As both print media and television are profit-based, one can assume that writing/speaking about trauma draws people in. The crowd gathering around a road accident also testifies to the human fascination with trauma.

A few researchers have addressed the question of whether expressive writing needs to have trauma as its base. Dario Paez (1999) asked some subjects to write expressively about a positive event; however no health benefits resulted. His parallel group, who wrote about a traumatic event, did, in contrast, show benefits. Laura King and Kathi Miner (2000) found that asking subjects to write about the benefits of a traumatic experience produced positive effects. However, although participants were writing about the positive topic of benefits, they were nevertheless having to revisit a traumatic event in order to tease out what benefits resulted, therefore the writing in this case was still based around trauma.

King (cited in Smyth and Lepore, 2002) later asked subjects to write about a purely positive topic - their hopes for the future. This produced clear benefits, of the same order as those achieved by subjects writing about trauma. However, although it is not overtly revisiting trauma, writing about the future-self requires constructing a narrative and this may also involve thinking back on difficult events and feelings in order to decide on an alternate, preferred way of experiencing oneself or living one's life. In order to construct a future, one must necessarily review the past and the present. To quote from *Eating the Underworld*:

In the face of a life-threatening illness, it is as if you live both forward and backwards at once. You crane anxiously into the future, trying to see if it is really there. You look behind you, trying to understand, examine the past. It is like standing at the fulcrum of finely balanced weights. Everything comes together at that point. You can see the landscape like a view from a mountain, clearly visible in some directions, obscured in others. And the topographical lines you draw on that landscape are the story lines of your life. You need those lines, because how else will you know where you are? (Brett. 2001, p. 185).

4.12 The focus on narrative

'Narrative' is the term that keeps coming to the fore in this body of research. The early theories focussed on catharsis, i.e. the simple release or expression of previously repressed or inhibited emotions. Nowadays, however, the focus has increasingly turned to the importance of constructing a narrative rather than just expressing emotion. Pennebaker (1990) has also noted that in multiple writing sessions, the best results come when the narrative is in fact an ongoing

construction, i.e. that it evolves or changes over the sessions. A narrative that is already formed on the first session and remains static over the next few sessions does not seem to be associated with health benefits.

More than any other factor, consistent analyses of subjects' written emotional expression demonstrate that the prime factor associated with health benefits is the use of what Pennebaker has termed causal or self-reflective words, such as 'because', 'reason', 'realise' or 'understand'. It is these causal words that Pennebaker sees as forming what he would term a narrative. The expressive writing studies have focussed solely on Pennebaker's definition of narrative and this particular slant was determined by the computer program developed by Pennebaker (1990) to search out patterns in writing. One may wonder what results would have been obtained using a definition of narrative different from Pennebaker's - that of Meichenbaum (1993) or Barclay (1996) for example.

4.13 Different therapeutic definitions of narrative

Donald Meichenbaum (1993) is one of the leading figures in the history of narrative therapy, developing a technique he calls 'constructive narrative', which has its roots in the philosophical writings of Kant and Sartre (Kant, 2001, Sartre, 1964) and the psychological writings of, among others, Adler and Watzlawick (Adler, 1989; Watzlawick, 1988).

Meichenbaum's writing and therapy focus around the unveiling of, and subsequent recreation of, the patient's narrative. Meichenbaum too, listens closely to the language his patients use. He does not however focus solely on the 'causal' words used by Pennebaker. Meichenbaum attends to how patients use transitive verbs, such as 'stuffed', 'dumped on', 'caught' or 'put myself down'. These words paint in the colours of the 'story' the client has constructed. He

pays prime attention to the metaphors of the story and the way the client uses metaphoric language. Descriptions of self such as 'door-mat', 'mouse', 'time-bomb', 'live-wire' are examples of such metaphoric language. In assessing change in a patient's story, he looks for their spontaneous use of metacognitive self-regulatory verbs, such as 'I noticed myself', 'I found myself', 'I felt I had other options', 'I congratulated myself' and 'I worked out that'. Meichenbaum's focus on metaphor meshes well with *Eating the Underworld*, which also has a primary concern with metaphor in the construction of its narrative and the fairytales it draws on.

Craig Barclay (1996) is a researcher with a focus on autobiographical memory and a special interest in the narratives of trauma victims. He too is concerned with the development and unfolding of narrative. His slant on what makes a well developed narrative differs from that of both Pennebaker and Meichenbaum. He notes that narratives have both a temporal-spatial structure and an evaluative component. His image of a 'good' narrative is a coherent, evocative and well organised one. In this view, narratives should attend to the two essential structures inherent in the narrative form - amount of information and narrative organisation. He evaluates narrative on such issues as competence of organisation and narrative density. Like Pennebaker and Meichenbaum, he too attends to evaluative words, but in a way which is different again. Barclay looks for affective, evaluative words which will colour in the story for him, give a sense of vividness, which for him is gained by the writer's description of emotional response to the events depicted. For example, someone writing about a trip to Paris without describing how he felt about Paris, e.g. 'I was fascinated by Paris', would be regarded by Barclay as having constructed a poor narrative.

It is clear that the issue of what constitutes narrative is a complex one. However, although each of these approaches is different, they are all trying to evaluate

through narrative how people think and feel. Each focusses on different word usage and different ways of indicating positive change as the narrative is repeated or progresses. Would these differing approaches produce different levels or types of benefits if their evaluative stance was used in expressive writing studies?

Barclay's stance seems least likely to produce health benefit - he is less concerned than the others with changes in psychological experience within the narrative. Both Meichenbaum and Pennebaker are primarily concerned with these aspects. For Meichenbaum, it is the development of more positive, empowering metaphorical language that signals 'healthy' change. For Pennebaker, it is the increase in causal words.

Both of them, though, are concerned with the writer's way of understanding his or her life. It is in Pennebaker's research, however, that the drive to 'understand' is supremely highlighted. His causal and reflective words are primarily the words which denote a way of understanding, of ascribing meaning to, an event or experience.

4.14 The importance of meaning

Pennebaker and the researchers who followed him have focussed on this ascription of meaning as the quintessential aspect of narrative. They believe that when the meaning of an experience is understood, it is more readily assimilated into the person's psyche. They postulate that it is this increased ease of processing which accounts for the benefits demonstrated by expressive writing. Pennebaker writes 'In essence, this... (narrative)... gives individuals a sense of predictability and control over their lives. Once an experience has structure and meaning, it would follow that the emotional effects of that experience are more

manageable.’ (Pennebaker and Segal, 1999). In *Eating the Underworld*, I write ‘And now that I’ve claimed it for my story, the beast seems tamer, less frightening. I’m harnessing it with that most ancient of magics, the story-teller’s spell. I’m taking control.’ (Brett, 2001, p.255)

4.15 How does narrative work? - Cognitive behavioural explanations

There is much debate about the exact mechanisms through which expressive writing facilitates human functioning. Pennebaker’s notion of improved self regulation is generally accepted by researchers, although other major voices in the field have each emphasised different aspects of the process.

Kitty Klein (2001) whose work was discussed previously, focussed on the impact of narrative on working memory as way of explaining its benefits.

Stephen Lepore (1997) in contrast, relates the effects of narrative to its impact on emotion regulation. Emotion regulation is a part of the wider picture of self regulation. It is believed that people differ along a continuum with regard to the extent of their ability to self regulate emotions. Some are poorly regulated with very little control over emotions. Some are over regulated with excessive control over their emotions. Those in the middle of the continuum are said to be optimally regulated. As emotional arousal or repression is connected intimately to physiological processes, those people who are on either ends of the continuum may be at increased risk of health problems.

Lepore identifies three regulatory processes involved in emotion which may be affected by writing:

a) Attention is a crucial regulatory approach. Directing attention to or away from a stressful experience can arouse or dampen emotions. Expressive writing certainly involves directing attention towards experiences which may have been avoided, thus bringing about change.

b) Repeated, controlled exposure to a noxious or stressful stimulus can lead to a dampening down of response to it. This process is known as habituation. Lepore speculates that the process of writing about traumatic experience may act through this channel. Lepore, however, seems not to take into account those studies in which only one writing session was involved. Habituation is unlikely to occur as a result of just one exposure.

c) Lepore postulates that changes in intrusive thinking, or the distress of intrusive thoughts, may facilitate change through expressive writing - a cognitive restructuring. Other avenues of cognitive restructuring are through the increased acceptance of one's feelings (instead of an attempt to repress them) and a sense of mastery in which people see themselves as tolerating and reducing fear or other difficult emotions rather than being overpowered by them. This in turn leads to a restructuring of the self concept. These phenomenon are enhanced through the process of expressive writing.

King (2002) approaches self regulation from another angle. Her work is grounded in cybernetic and control theories, with an emphasis on feedback mechanisms that orient us to, and facilitate, the pursuit of goals. She sees individuals as goal driven, with frustration and stress resulting when goals cannot be obtained, or when inappropriate goals are chosen. For her, the definition of self-regulation refers to the capacity of the person to define goals appropriately, to pursue them successfully and to change them when appropriate. In contrast to Lepore's stance on emotions, King sees well regulated individuals

as experiencing emotions contingent on their goal pursuits, as opposed to emotions which are not appropriately goal-oriented.

Her studies have focussed on expressive writing about positive events, in which subjects write about a positive future, for example, as opposed to a traumatic experience (2002). For King, the essence of the writing process is that forces people to examine their feelings, and therefore their goals, more closely, thus leading to improving their goal seeking behaviour, which in its turn leads to better self regulation and resultant health benefits. In other words, learning more about their emotions enables individuals to better pursue their goals.

4.16 Psychoanalytic explanations

The above explanations are framed very much in the cognitive behavioural mode. The mind is seen as functioning along the lines of a mechanical or cybernetic system. The psychoanalytic approach moves away from these cybernetic/cognitive models. It looks at the process of creation itself (as in the creation of a piece of writing) as part of a complex system aimed at defending the individual against the despair, fear or horror engendered by the traumatic experience. More than just defending, it also allows the individual to grow through or rise above the experience. As previously mentioned, Esther Dreifuss-Kattan, a psychoanalyst interested in the creative process, writes that:

The discovery of a new form of literary or artistic endeavour in the guise of the cancer story ... with its concomitant increase in the feeling of artistic omnipotence, helps artists with cancer to face separation, to mourn the losses, and to establish a relationship to the new realities they are forced to face. For many authors, the topic of cancer itself is sufficiently novel and the challenges it

presents sufficiently difficult, to constitute a major departure from their accustomed style of working. But for others this is not enough and it is not unusual to see an already successful artist take up an entirely new mode of expression. And if the cancer should recur after an initial remission, it is also not unusual to see a second change in the mode of artistic expression.' (Dreifuss-Kattan, 1990, p. 129).

It is worth noting that the writing in *Eating the Underworld* followed exactly this pattern. After the initial diagnosis of cancer, I wrote only poetry. Poetry was my first and most familiar mode of creative expression. The diagnosis of, and writing about, cancer was certainly a novel and challenging experience for me, and therefore one which, in psychoanalytic eyes, would not require me to switch to a new mode of expression. It was only after the recurrence of cancer that I spontaneously began writing a prose journal - a novel genre for me and again one that fits with Dreiffus-Kattan's theorising. Writing about cancer was no longer novel and this new life challenge required in turn a new creative challenge to help master it. The third phase of my cancer experience was the post-treatment phase, an equally new and difficult phase to the other two. Again, I spontaneously turned to a new form of writing - the meditations on fairytales.

While the psychoanalytic explanation of expressive writing is more psychologically complex, it too has limitations. It focusses on the pathology, so to speak, of the experience - the psychological defences - reaction formations and sublimations - and the ways in which they are used to manage the darker emotions such as despair, fear, anger or horror. This is indeed one part of the picture. There is another aspect however which has been ignored. It is the other side of the coin of trauma. It may be experienced as the wish, or need, for transcendence, for connection to the numinous or the spiritual, for the sense of a

higher meaning. This wish would be interpreted by the psychoanalysts as part of the defence system, a way of avoiding or changing the experience of pain. I believe it has a more elevated position than that.

4.17 Existential explanations

In *Man's Search For Meaning* (1984) Viktor Frankl notes that his book was first published in 1959 and had by the year 1984 gone through 73 printings. When questioned as to the reasons for its resounding success, Frankl replied 'If hundreds of thousands of people reach out for a book whose very title promises to deal with the question of a meaning to life, it must be a question that burns under their fingernails.' (Frankl, 1984, p. 11).

Whereas Freud formulated his twin drives as libido and thanatos - the pleasure principle and the death principle, Frankl focussed on another drive, one that he called 'the will to meaning'. Frankl founded the school of psychotherapy known as 'logotherapy', derived from the Greek word *logos*, denoting meaning or word. Frankl contended that the primary motivational force in humankind is the striving to find meaning in one's life and in life in general. It is an existential psychotherapy, with its base in the great existential question - what is the meaning of life?

Irving Yalom, another highly respected researcher and clinician noted that out of a number of consecutive patients applying for therapy at a Palo Alto outpatient clinic, some 30% stated that they had a major problem involving meaning in their lives (Yalom, 1980). Frankl observed that a survey in Vienna, a very different culture from that of West Coast America, indicated that similarly, 30% of the population felt that meaning was missing from their lives. This lack of meaning, he believed, leads to dysfunction. Nietzsche's famous comment 'He

who has a why to live for can bear almost any how', is often cited by Frankl (1984, p. 109). Researchers also testify to the importance of meaning for well-being. Thompson, for example (cited in King and Miner, 2000) found that people who had suffered a stroke and reported finding meaning in the experience, were found to be better adjusted than those who could not find meaning in the experience.

A paragraph from *Eating the Underworld* speaks to this need:

There is also a feeling that is difficult to put into words without sounding fatalistic, which I'm not. It is a sense that somehow this is all part of a story, my story. It's not that I am a depersonalised actor in a play - on the contrary, the experience is immediate and deeply personal. It's that these events form part of a *narrative* and the subject matter is my life. It's a story that I can't fully see right now but one that I'll be able to. A year from now, two, three, however many years, I imagine myself being able to look back and say, 'Aha, *that's* what it was about! If *x* hadn't happened, *y* would never have eventuated. *This* is where the story's led to!' I don't mean this in the psychological sense, as in the search for underlying causes, but rather in the pure narrative sense, the discovery of plot unfolding.

It's an intensely comforting feeling. Being part of a story always is. It says there is meaning, reason, the opposite of chaos... (Brett, 2001, p. 255).

Pennebaker himself has said that:

To me, the essence of the writing technique is that it forces people to stop what they are doing and briefly reflect on their lives. It is one of the few times that people are given permission to see where they have been and where they are going without having to please anyone. They are able to... find meaning in the past and future. (in Smyth and Lepore, 2002, p. 283).

This is a statement that might have come from the pen of Frankl, Yalom or one of the other existential psychotherapists.

Frankl described logotherapy as having a 'focus on the future', specifically 'the meanings to be fulfilled by the patient in his future' (p. 104). This attention to the meaning of the patient's future is reminiscent of King's previously discussed studies (King, 2002) where the topic of the expressive writing was the participant's future-self.

Logotherapy also wished to 'make the patient fully aware of his own responsibility' (Frankl, 1984, p. 114) and in particular his or her ability to choose how to respond to whichever set of circumstances is encountered. Frankl called this the 'last of human freedoms - the ability to choose one's attitude...' (Frankl, 1984, p. 9). The previously discussed Stoics also endorsed this freedom. The daily journal they required their followers to keep was intended as a means of self-scrutiny, allowing individuals to take responsibility for unhelpful attitudes or actions and move to rectify them.

4.18 Logotherapy and trauma

The tenets of logotherapy are especially relevant for those who have undergone trauma, and therefore for those subjects in the trauma writing studies. At the core

of logotherapy is the recognition that the human condition often involves suffering. The challenge, logotherapy holds, is to find meaning in that suffering and thereby to transcend it. This need is made clear in a section of the journal in *Eating the Underworld*:

Suffering isn't noble - it's awful, often horrifyingly so. Suffering in itself is a terrible thing. But suffering has a context - the experience of suffering is coloured and changed by the meaning we ascribe to it. I don't want to just 'suffer'. I want to create something from it, find something in it, learn something from it, do something with it. (Brett, 2001, p. 183).

Frankl believed that even the victim of a hopeless situation, facing a fate he cannot change, can find the means to transform himself, to rise above an overwhelming situation and thereby turn a personal tragedy into a triumph. Edith Weisskopf-Joelson (1955, p. 703) expressed the hope that logotherapy might counteract 'certain unhealthy trends' in our present day culture of the United States, where the incurable sufferer is given very little opportunity to be proud of his suffering and to consider it ennobling rather than degrading, so that 'he is not only unhappy, but also ashamed of being unhappy'.

In the twenty-first century, another alarming social trend has arisen - the cult of the victim, who revels in victim-hood, holds all others responsible for his/her plight, demands compensation and refuses responsibility. The growing avalanche of legal suits testifies to this phenomenon.

This is the diametric opposite of the core of much myth and fairytale, what Joseph Campbell called 'The Hero's Journey', a concept he elucidated in *The Hero With A Thousand Faces* (1949). In brief, the hero's task is to be plunged,

often unwillingly, into chaos, confusion and danger. He must undergo trials in the pursuit of a quest. In enduring and overcoming those trials, he is changed and with this transformation, is able to return to his life with new wisdom and strength, in touch with a higher level of being.

In his classic text for screenwriters, Christopher Vogler writes:

In this book I described the set of concepts known as 'The Hero's Journey', drawn from the depth psychology of Carl G. Jung and the mythic studies of Joseph Campbell. I tried to relate these ideas to contemporary storytelling, hoping to create a writer's guide to these valuable gifts from our innermost selves and our distant past. I came looking for the design principles of storytelling, but on the road I found something more; a set of principles for living. (Vogler, 1998, p. ix).

The powerful role of such stories in the context of trauma is well illustrated by a section from *Eating the Underworld*:

I think back to the experience of being wheeled to the operating theatre, just nine months ago: I am groggy, scared and cold under the thin hospital blanket. The hospital ceiling flows past me. I am upside-down in the world. And then suddenly 'On The Way To The Operating Theatre', the poem I wrote about this same experience two years earlier, fills my mind.

The comforting warmth that floods through me is unexpected. It is like a greeting, a companion, a voice saying 'Someone has been here before - you are not alone.' It was me, of course, who had

been there before, but the voice is saying much more than that. It is throwing me a line, a connection. To a vehicle far larger and more mysterious than a jolting hospital trolley. Suddenly I am on a *journey*. My companions are Odysseus, Orpheus and the thousand others in myth, fairytale and history who have been prepared to lose sight of the shore. Who better to travel with? And who knows what is there to be found? (Brett, 2001, p. 315).

Frankl asks the question 'How is it possible to say yes to life in spite of [trauma]?...Can life retain its potential meaning in spite of its tragic aspects?' (Frankl, 1984, p. 139). In response to this question Frankl has formulated a concept which he calls 'tragic optimism' - an optimism in the face of tragedy which allows the individual to turn suffering into accomplishment and achievement, to acknowledge guilt and through that, follow a redemptive path, and to derive from life's transitoriness a determination to take responsible action. Tragic optimism necessarily involves the will to wrest meaning from events, however painful or incomprehensible they may be. It is this meaning that then allows the individual to chart a path which rises above that of 'victim' to engage with that of the mythic hero. The next to final paragraph of the journal section of *Eating the Underworld* illustrates this vividly.

...I read it, astonished to recognise the path I have traversed. I had forgotten that initiation is the necessary stern precursor to rebirth; that it involves danger, physical restrictions and the revelation of hidden knowledge or secrets. That the initiate is often isolated, their body scarred, and that the substances they must ingest are hazardous but necessary for the transformation. I remember that initiation represents a crossing over - from childhood to adulthood, from innocence to knowledge, from freedom to responsibility,

from weakness to strength. And I realise that what I have been, is an initiate. (Brett, 2001, p. 395-396).

4.19 The meaning of narrative

In *The Western Dreaming*, John Carroll argues that ‘without the deep structure of archetypal story, a life has no meaning’ (Carroll, 2001, p. 9). He cites cultures as far apart as the Australian Aborigines’ stories of the Dreamtime, where ‘the central task of each individual is to tap into these eternal stories, find a right relationship to the powers they represent.’ (Carroll, 2001, p. 9) and the Midrash, the sacred stories of Judaism, which are taken up by each generation in a retelling and interpretation that speaks to the new times. He contends that in popular culture the archetypal ancient stories continue to underlie our everyday lives and that without them, the Western world cannot survive. To lose these stories is to lose the search for meaning in our lives.

Jean Paul Sartre writes that ‘A man is always a teller of stories, he lives surrounded by his own stories and those of other people, he sees everything that happens to him *in terms* of these stories and he tries to live his life as if he were recounting it.’ (Sartre, 1964, p. 22).

5 Conclusion

From the earliest of times, humankind has felt the need to create narratives. These oldest of stories often featured gods and beasts, but they were essentially about the human condition. Although the gods had strange superhuman powers and often only partly, or completely, non-human physical features, their emotions and motivations were instantly recognisable as human - greed, love, power, wealth, curiosity, lust, justice, revenge, despair, to name a few. In the stories featuring animals, usually talking and sentient animals, again, they too were human under the skin.

The ancient mythical stories of gods were added to by the *Märchen*, a German term, the closest translation of which is 'fairytales' or 'household' tales. In fact the earliest title of the brothers Grimm collection of fairytales included the term *Hausmärchen*, thus stressing the household aspect, with its implication that these stories are as much a part of daily life as hearth and home. This in itself, speaks to how deeply rooted the need for stories is. We wear our stories as naturally as we wear our clothes and are nourished by them as simply as we are nourished by food.

Once more, although fairytales contained magic and mysterious, non-human beings, the emotions played out in the stories were human. Fairytales are found around the world and, crucially, variants of the same fairytale are found within a myriad of disparate cultures. The fact that stories carrying the same core themes can flourish within differing societies across centuries of time, suggests that they are addressing something universal. This contradicts some of the anthropological explanations, which see them as vehicles for explaining local social customs, mores, and other more insular learning tasks. Their universality suggests that they are addressing something essentially human which is broader than just the

culture or environment into which an individual happens to be born.

In these stories, the characters inevitably display a human-ness both in their emotions and motivations, even though they may otherwise be outwardly non-human. When one considers this, the universality of the stories makes sense. Their 'once upon a time' is all time and their location is the human heart, in whichever part of the globe it may be found.

When I began writing *Eating the Underworld*, I had thought of fairytales as essentially simple, one-dimensional stories. As I began to explore them more deeply, however, I was astonished by the depth and complexity revealed. I came to most of the stories with a question, based on something I had perceived as problematic within the story itself, such as the question I posed in 'What happened to the Giant's wife?' (Brett, 2001, pp 330-339). If the story was, as I had presumed, a one-dimensional tale about good and evil, why had the harmless giant's wife who had protected and fed Jack, been punished by being widowed and robbed by the very boy she had protected.

The search for that answer led me deeper into the tale, in the course of which I discovered that the true core question was in fact what had happened to Jack's father. The quest to unravel this new mystery, unexpectedly led to the answer of another question I had been asking of myself in a late twentieth-century life - a question about the impact of the Holocaust on my parents.

This process, of resolving a mystery in an ancient fairytale, only to discover it shedding light on complex emotional questions in a modern-day life, occurred time and time again. It was a process I found deeply moving. The discovery that these questions which I had been wrestling with, had also been asked and answered by ancient voices in countries on the other side of the earth and

centuries away in time, was both deeply comforting and sheerly wondrous. As these stories also used to be called 'wonder' tales, the last adjective seems supremely fitting. *Eating the Underworld* argues strongly for the recognition of fairytales as the carriers of complex psychological messages and against the more concrete, anthropologically based views of them.

It took scientists centuries to catch up to the human need for stories and the impact of narrative. Early psychoanalytic practitioners certainly understood the need for stories to be expressed and heard, but it was not until the mid-1980s that the conventional techniques of scientific investigation - rigorous controls, repeatability, statistical analysis - were brought into play to examine narrative. James Pennebaker, in what he himself describes as an intuitive impulse - the kind of intuitive impulse so beloved of stories - decided to ask a group of college students to write about the most traumatic experience of their lives. This began twenty years of intensive research into the impact of expressive writing (Pennebaker, 1990).

The studies have spread from one college campus in Texas to countries all over the world, with subjects varying from North American college students to French-speaking Belgians; from Spanish-speaking Mexicans in Mexico City to English-speaking medical students in New Zealand.

As well as language and cultural differences, the populations studied have come from diverse socio/economic/educational backgrounds. These ranged from maximum security psychiatric prison inmates with an average seventh-grade education to university professors; from distressed crime victims to women who have recently given birth to their first child; from asthma, arthritis and chronic pain sufferers to engineers recently laid off their jobs.

All of the above populations have shown significant health benefits from the simple exercise of spending one to four, twenty-minute sessions writing about a traumatic experience in their lives. These health benefits have shown up in both physical and emotional health measures. College students have adjusted better to college, college grades have increased, visits to health centres have decreased, sacked professionals have acquired new jobs faster, absenteeism has been reduced. The impact of expressive writing has also been demonstrated in markers of physiological and immune functioning such as improved responses to inoculations and clinical improvement in arthritic joints.

If a new medication which reduced health visits by 50% up to six months after a dosage of only one to four tablets, had been trialled, it would be hailed as a breakthrough. There are no medications with the ability produce this effect. This highlights both the power and the excitement of the writing intervention. The studies began by focussing on middle-class students in good health, not perhaps the population most in need of help with health benefits. As the breadth of the studies spread, however, their range of applicability also increased.

Petrie *et al's* (1995) work on the response to Hepatitis B vaccination as a result of writing, for example, has far-ranging implications. In a world where infectious diseases are once again on the rise and threatening millions, vaccination is assuming crucial importance. A simple intervention that can improve response to vaccination could be literally life-saving to untold numbers of people.

Joshua Smyth *et al's* (1999) study of the effects of writing on asthma and arthritis patients also points to some exciting possibilities. Asthma and rheumatoid arthritis are very common in the general population and cause substantial personal and economic burden, as well as being chronic conditions affecting daily life. Any technique which alleviates these conditions stands to

benefit many millions of people in practical and life-easing ways. It is also possible that sufferers of other chronic and non-chronic diseases may also respond positively to a writing intervention.

Joshua Smyth's further work (2002) on people who have experienced natural disasters is also promising in its implications. Expressive writing helped people who had lived through hurricane 'Floyd', with its subsequent flooding, cope significantly better. Natural disasters occur regularly and frequently world-wide, bringing devastation in their wake and affecting many millions of people. A technique which helps alleviate the psychological after-effects of such disasters has wide-ranging and worthwhile applications.

It is important to note, however, that at this stage, we cannot simply mass-prescribe trauma-writing as a cure for all ills. We still know too little about the mechanisms involved. We need to find out more about who it is best suited to, and in what circumstances, and equally importantly, determine who it is not suited for, or in what circumstances. We also need to better understand the particular usefulness of the various writing topics studied.

Participants in trauma-writing studies have written about past trauma, current trauma, the positive side of trauma and even someone else's trauma and the narratives formed through these topics have all produced benefits. One newer development suggests that writing about the future self, without overt reference to trauma, may also produce the same benefits. It is worth noting that this topic, the self in the future, has echoes of Frankl's logotherapy (1984) with its orientation towards the future.

Whatever the specific topic, the forming of a narrative appears to be a crucial element in the process; however the explanation for the benefits observed is still

unclear. Writing about trauma does not change health-related behaviours, as was once suggested. The health benefits come through other means. Explanations proposed by researchers in the field have ranged through concepts such as inhibition/release mechanisms, improved self-regulation, improved emotional regulation, cognitive restructuring and more efficient orientation towards goals. This exegesis argues for an existential approach, as exemplified by Frankl's logotherapy, with the impact of finding meaning in one's life-story playing a major role in the health benefits obtained.

The urgency of this need to find meaning took me by surprise when I was initially diagnosed with cancer. As a psychologist, I was working as a consultant to an oncology unit. I had seen hundreds of cancer patients. I had taught medical students how to talk with patients with life-threatening illness. I had nursed my mother through terminal cancer. I knew a great deal about cancer, cancer patients and the impact of the illness. And yet I found with my own diagnosis, that nothing had prepared me for the intensity of the need to confront it and, of course, by doing so, to confront myself. It felt imperative, there is no other word, to take hold of the experience and make sense of it and of the way it had redefined my self and my life.

I was a therapist suddenly transformed into a patient and these two selves stayed with me throughout the experience in an odd and occasionally unnerving combination. As a therapist, I had confidently walked the corridors of the hospital I found myself in for chemotherapy. As a patient, I walked them as second-class citizen, disempowered, the overnight bag on my arm giving away my new, vulnerable status.

As a therapist, I decided to keep a journal during my initial diagnosis and surgery, because I knew that writing in a journal was 'good for you'. As a patient, in touch with a deeper inner reality, I gave away the brief attempt at

journal-writing for the poetry that was beginning to pour out of me. In the light of that, the therapist in me subsequently concluded that journal writing wasn't for me. When my recurrence came, the patient-self surprised us both by turning, with a deep-felt impulse, to journal-writing.

At other times, my therapist-self was able to take charge and lead the way, by making hypnosis tapes for myself, interpreting statistics, reading technical articles, giving insight into complex emotional responses.

Of them all, the experience of making hypnosis tapes for myself was perhaps the most quintessentially odd experience of this coupling. The confident therapist speaking, the vulnerable patient listening and both of them the same person.

Each of these two selves brought different qualities and strengths to the experience in much the same way as the psychologist and writer aspects of my self have brought different qualities to this thesis. This crossing of boundaries is also characteristic of the research into trauma-writing. It has crossed the traditional boundaries between medicine and psychology and gathered into itself researchers from the various, specialised fields of cognition, social processes, clinical disorders, health and personality psychology and mind-body issues, all sharing, combining and magnifying knowledge and understanding.

The creative work and the exegesis also pool different aspects of intellect, emotion and insight. The exegesis has documented scientific research on the powerful benefits of narrative and the creative manuscript illustrates evocatively the need for stories and the essential role they play in our lives.

These stories provide not just the means of understanding our plight but of transcending it, of gaining new levels of wisdom and strength through a

transformative process. This is not just the cognitive/cybernetic explanation of the expressive writing researchers, but one that draws on thinkers and clinicians such as Aristotle, Jung, Sartre, Nietzsche, Frankl and Campbell and the testimony of that enduring human search for meaning and connection to a wider universe, one of the portals of which are stories.

Bibliography

Adams, K. (1998). *The Way of the Journal: A Journal Therapy Workbook for Healing*. Towson. Sidran Press.

Adler, A. (1989). *Individual Psychology of Alfred Adler*. New York. Harper-Collins. (Original work published in 1922).

Arthur, L. (2000). *Shadow In Tiger Country*. <http://www.shadowdiary.com>

Atkinson, J. (2002). *Trauma Trails, Recreating Song Lines*. Melbourne. Spinifex.

Bandura, A. (1983). Self-efficacy determinants of anticipated fears and calamities. *Journal of Personality and Social Psychology*. 45. 464-468.

Barclay, C.R. Autobiographical remembering: Narrative constraints on objectified selves. In Rubin, D.C. (Ed). *Remembering Our Past*, Cambridge, Cambridge University Press.

Barrington, J. (1997). *Writing the Memoir*. Sydney. Allen and Unwin.

Bartrop, R.W., Luckhurst, E., Lazarus, L., Kiloh, L.G. and Penny, R., (1977). Depressed Lymphocyte function after bereavement. *Lancet*. 1. 834-836

Batten, S.V., Follette, V.M., Rasmussen Hall, M.L. and Palm, K.M. (2002). Physical and psychological effects of written disclosure among sexual abuse survivors. *Behaviour Therapy*. 33. 107-122.

Battino, M.S. and South, T. L. (2000). *Ericksonian Approaches*. London. Crown House.

Beck, A. T. (1974). *Depression: Clinical, Experimental and Theoretical Aspects*. New York. Harper and Row.

Berg, E. (1997). *Talk Before Sleep*. New York. Dell Books.

Bettleheim, B. (1986). *The Uses of Enchantment*. New York. Penguin.

Bolen, J, Shinoda. (1996). *Close To The Bone: Life-threatening illness and the search for meaning*. New York. Touchstone Books.

Breuer, J. and Freud, S. (1966). *Studies on Hysteria*. New York. Avon. (Original work published 1895).

Brett, D. (1986). *Annie Stories*. New York. Workman Publishing.

Brett, D. (1996). *In the Constellation of the Crab*. Sydney. Hale and Iremonger.

Brett, D. (2001). *Eating the Underworld*. Sydney. Random House.

Broom, B.C., (2000). Medicine and Story. *Advances in Mind-Body Medicine*. 16, 161-177.

Broyard, A. (1992). *Intoxicated by My Illness*. New York. Clarkson N. Potter.

Campbell, J. and Moyers, B. (1991). *The Power of Myth*. New York. Anchor.

- Campbell, J. (1949). *The Hero With A Thousand Faces*. New York. MJF Books.
- Carroll, J. (2001). *The Western Dreaming*. Sydney. Harper Collins.
- Carter, A. (ed.). (1994). *Strange Things Sometimes Happen*. London. Faber and Faber.
- Carter, Angela. (1974). *Fireworks*. New York. Harper and Row.
- Cassel, J. (1976). The contribution of true social environment to host resistance. *American Journal of Epidemiology*. 104. 107-123.
- Clifton, L. (1996). *The Terrible Stories*. Brockport. BOA Editions Ltd.
- Cooper, J.C. (1984). *Fairy Tales*. Wellingborough. The Aquarian Press.
- Creamer, M. Burgess, P. and Pattison, P. (1990). Cognitive processing of post-trauma reactions. *Psychological Medicine*. 20. 597-604.
- Dexter, M. Robbins. (1990). *Whence the Goddess*. New York. Pergamon Press.
- Dreifuss-Kattan, E. (1990). *Cancer Stories: Creativity and Self Repair*. London. The Analytic Press.
- Dundes, A. (1965). *The Study of Folklore*. Englewood Cliffs. Prentice-Hall.
- Dundes, A. (Editor). (1984). *Sacred Narrative*. Berkeley. University of California Press.

Dundes, A. (1987). *Parsing Through Customs*. Madison. The University of Wisconsin Press.

Dundes, A. (1989). *Folklore Matters*. Knoxville. The University Of Tennessee Press.

Esterling, B. A., L'Abate, L., Murray, E. J. and Pennebaker, J.W. (1999). Empirical Foundations For Writing In Prevention and Psychotherapy. *Clinical Psychology Review*. 19. 1. 79-96.

Esterling, B. A., Antoni, M. H., Fletcher, M. A., Margulies, S. and Schneiderman, N. (1994). Emotional disclosure through writing or speaking modulates latent Epstein-Barr virus reactivation. *Journal of Consulting and Clinical Psychology*. 62. 130-140.

Esterling, B. A., Antoni, M. H., Kumar, M. and Schneiderman, N. (1990). Emotional repression, stress disclosure responses and Epstein-Barr viral capsid antigen titers. *Psychosomatic Medicine*. 52, 397-410

Estes, C. Pinkola. (1996). *Women Who Run With The Wolves*. New York. Ballantine Books.

Fonow, M.M. and Cook, J.A. (1991). *Beyond Methodology*. Bloomington. Indiana University Press

Fox, J. (1997). *Poetic Medicine*. New York, Penguin Putnam.

Francis, M.E. and Pennebaker, J.W. (1992). Putting stress into words: the impact of writing on physiological, absentee and self-reported emotional well-being

measures. *American Journal of Health Promotion*. 6. 280-287.

Frank, A., Frank, O. H. (Ed) and Pressler, M. (Ed). (1997). *The Diary Of A Young Girl : The Definitive Edition*. Bantam Books. New York.

Frankl, V. E. (1984). *Man's Search For Meaning*. New York, Touchstone.

Frazer, J. (1981). *The Golden Bough*. New York. Gramercy Books.

Freud, S. (1990). *The Ego and the Id (The Standard Edition of the Complete Psychological Works of Sigmund Freud)*, James Strachey (Editor), Joan Riviere (Translator), New York. W.W. Norton and Company. (Original work published 1923).

Freud, S. (1995). *The Basic Writings of Sigmund Freud*. London. Modern Library. (Original work published 1938).

Gadsden, N. (2001). *Learning Self-Therapy Through Writing: An Experience in Creative Journaling*. New York. Universal Publishers.

Georges, E. (1995). A cultural and historical perspective on confession. In *Emotion Disclosure and Health*. Pennebaker, J. (Ed). Washington, DC. American Psychological Association.

Gersie, A. and King, N. (1997). *Storymaking In Education and Therapy*. Boston. Jessica Kingsley Publishers.

Gallagher, T. (1984). The poem as a reservoir for grief. *Poetics* (A special issue of Tendril magazine).

Gidron, Y., Tuvia, P., Connolly, J.F. and Shalev, Y. (1996). *Brief Reports*. 505-507.

Glaser, R., Keicolt-Glaser, J.K., Stout, J.C. Tart, K.L., Speicher, C.E. and Holliday, J.E. (1985). Stress-related impairments in cellular immunity. *Psychiatric Research*. 16, 233-239.

Greenberg, M.A. and Stone, A.A. (1992). Writing about disclosed versus undisclosed trauma: Immediate and long-term effects on mood and health. *Journal of Personality and Social Psychology*. 63. 75-84.

Greenberg, M.A., Wortman, C.B. and Stone, A. (1996). Emotional expression and physical health: Revising traumatic memories or fostering self regulation? *Journal of Personality and Social Psychology*. 71. 3. 588-602.

Gross, J. and Levenson, R. W. (1993). Emotional Suppression: Physiological self-report and expressive behaviour. *Journal of Personality and Social Psychology*. 64. 970-986.

Hall, N. (1980). *The Moon and the Virgin*. London. The Women's Press.

Hirsch, E. (1999). *How To Read A Poem*. New York. Harcourt, Brace and Company.

Hockmeyer, J.R., Smyth, J.M., Anderson, C.F. and Stone, A.A. Is it safe to write? *Psychosomatic Medicine*. 61. 84. 130.

Hodgins, P. (1995). *Things Happen*. Sydney. Harper Collins.

Horowitz, M.J. (1975). Intrusive and repetitive thoughts after experimental stress. *Archives of General Psychiatry*. 32. 1427-1463.

Hughes, C., Uhlmann, C. and Pennebaker, J. W. (1994). The body's response to psychological defence. *Journal of Personality*. 62. 565-585.

Inglis, B. (1987). *The Power of Dreams*. London. Grafton Books.

Jamner, L., Schwartz, G. and Leigh, H. (1988). The relationship between repressive and defensive coping styles and monocyte, eosinophile and serum glucose levels. *Psychosomatic Medicine*. 50. 567-575.

Jensen, M. (1987). Psychobiological factors predicting the course of breast cancer. *Journal of Personality*. 55. 317-342.

Jung, C. G. and Kerényi, C. (1969). *Essays on a Science of Mythology*. Princeton. Princeton University Press.

Kant, I. (2001). *The Basic Writings of Kant*. London. Modern Library.

Kelly, J.E., Lumley, M. A. and Leisen, J.C.C. (1977). Health effects of emotional disclosure in rheumatoid arthritis patients. *Health Psychology*. 16. 4. 331-340.

Kiecolt-Glaser, J.K, Fisher, L., Ogrocki, P., Stout, J.C., Speicher, C.E. and Glaser, R. (1987). Marital quality, marital disruption and immune function. *Psychosomatic Medicine*. 49. 13-34.

Kiecolt-Glaser, J.K., Garner, W., Speicher, C., Penn, G. and Glaser, R. (1984).

Psychosocial modifiers of immunocompetence in medical students.

Psychosomatic Medicine. 49. 13-34.

Kiecolt-Glaser, J.K., Glaser, R., Williger, D., Stout, J., Messick, G., Sheppard, S., Ricker, D., Romisher, S.C., Briner, W., Bonnell, G. and Donnerberg, R. (1985). Psychosocial enhancement of immunocompetence in a geriatric population. *Health Psychology*. 4, 25-41.

King, L.A. and Miner, K.N. (2000). Writing about the perceived benefits of traumatic events. *Personality and Social Psychology Bulletin*. 26. 2220-230.

King, L. A. (2002). Gain without pain? Expressive writing and self-regulation. In Smyth, J. M. and Lepore, S. J. (Eds). *The Writing Cure*. Washington, DC. American Psychological Association.

Kirk, G.S. (1970). *Myth*. Cambridge. Cambridge University Press.

Klein, K. and Boals, A. (2001). *Expressive writing can increase working memory capacity*. *Journal of Experimental Psychology General*. 130. 3. 520-533.

Knapp, P.H., Levy, E.M., Giorgi, R.G., Black, P.H., Fox, B.h. and Hereen, T.C. (1992). Short-term immunological effects of induced emotion. *Psychosomatic Medicine*. 54, 133-148.

Kramer, S. N. (1972). *Sumerian Mythology*. Philadelphia. University of Pennsylvania Press.

Kris, E. (1952). *Psychoanalytic Explorations in Art*. New York. International

Universities Press.

Kubler-Ross, E. (1997). *On Death and Dying*. New York, Scribner.

Kushner, T. (1994). *Angels in America*. New York. Theatre Communications Group.

L'Abate, L., Boyce, J, Fraizer, R and Russ, D. (1992). Programmed writing: Research in progress. *Comprehensive Mental Health Care*. 2. 45-62.

Larsen, D. (1990). Self-concealment: Conceptualization, measurement and health implications. *Journal of Social and Clinical psychology*. 9. 439-455.

Lepore, S.J. (1997). Expressive writing moderates the relations between intrusive thoughts and depressive symptoms. *Journal of Personality and Social Psychology*. 73. 5. 1030-1037.

Lepore, S.J and Greenberg, M.A. (In press). Mending broken hearts: Effects of expressive writing on mood, cognitive processing, social adjustment and health following a relationship breakup. *Psychology and Health*.

Lifshitz, L. *Her Soul Beneath The Bone*. Urbana. University of Illinois Press.

Litrell, J. (1998). Is the re-experience of painful emotion therapeutic? *Clinical Psychology Review*. 18. 1. 71-102.

Lorde, A. (1980). *The Cancer Journals*. San Francisco. Aunt Lute Books.

Luthi, M. (1976). *Once Upon A Time: On The Nature of Fairy Tales*.

Bloomington. Indiana University Press.

May, R. (1991). *The Cry For Myth*. New York. Delta.

McDonnell, J.T. (1998). *Living to Tell the Tale*. New York. Penguin.

Meichenbaum, D. and Fong, G.T. (1993). How individuals control their own minds: A constructive narrative perspective. In Wegner, D. M. and Pennebaker, J.W. (Eds). *Handbook of Mental Control*. Englewood Cliffs. Prentice Hall.

Metzger, D. (1992). *Writing For Your Life*. London. Harper Collins.

Middlebrook, C. (1996). *Seeing the Crab*. New York. Basic Books.

Morgan, M. (1999). *Beautiful Veins*. Woollongong. Five Islands Press.

Mukand, J. (1994). *Articulations: The body and illness in poetry*. Iowa City. University of Iowa Press.

Murray, E. J. and Segal, D. L. (1994). Emotional processing in vocal and written expression of feelings about traumatic experiences. *Journal of Traumatic Stress*. 7. 391-405.

Neale, J.M., Cox, S., Vladimiarsdottir, H. and Stone, A.A. (1988). The relation between immunity and health: comment on Pennebaker, Keicolt-Glaser and Glaser. *Journal of Consulting and Clinical Psychology*. 56. 4. 636-637.

Nietzsche, F.W., (1989). *Beyond Good and Evil: Prelude to a Philosophy of the Future*. New York. Vintage. (Translated by Walter Kaufman). (Original work

published in 1886).

Nye, R. (1996). *Classic Folktales From Around The World*. London. Random House.

Opie, I. and P. (1974). *The Classic Fairy Tales*. New York. Oxford University Press.

Paez, D., Velasco, C.and Gonzalez, J.L. (1999). Expressive writing and the role of alexythimia as a dispositional deficit in self-disclosure and psychological health. *Journal of Personality and Social psychology*. 77. 630-641.

Pennebaker, J. W. (1990). *Opening Up: The healing power of expressing emotions*. London. The Guilford Press.

Pennebaker, J. W. (1993). Putting stress into words: Health, linguistic and therapeutic implications. *Behaviour Research and Therapy*. 31. 539-548.

Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*. 8. 3. 162-166.

Pennebaker, J. W. and Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*. 95. 274-281.

Pennebaker, J.W., Colder, M. and Sharp, L. (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*. 58. 3. 528-537.

Pennebaker, J.W. and Francis, M.E. (In press). Cognitive, emotional and

language processes in writing. *Cognition and Emotion*.

Pennebaker, J.W. and Francis, M.E. (1996). Cognitive, emotional, and language processes in disclosure. *Cognition and Emotion*. 10. 601-626.

Pennebaker, J. W., Hughes, C. F. and O'Heeron, R. C. (1987). The psychophysiology of confession: Linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology*. 52. 781-793.

Pennebaker, J. W., Kiecolt-Glaser, J. and Glaser, R. (1988). Disclosure of trauma and immune function: health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*. 56. 239-245.

Pennebaker, J.W., Mayne, T.J., and Francis, M.E. (1997). Linguistic predictors of adaptive bereavement. *Journal of Personality and Social Psychology*. 72. 863-871.

Pennebaker, J. W. and Seagal, J. D. (1999). Forming a Story: The health benefits of Narrative. *Journal of Clinical Psychology*. 55. 10. 1243-1254.

Pepys, S, Mathews, W. (Ed). (1991). *The Diary of Samuel Pepys*. San Francisco. University of California Press.

Perera, S. (1985). *Descent To The Goddess*. New York. Inner City Books

Petrie, K.J, Booth, R.J and Davison, K. P. (1995). Repression, disclosure and immune function. In Pennebaker, J.W. (Ed) *Emotion, Disclosure and health*. Washington, DC. American Psychological Association.

Petrie, K.J, Booth, R.J. and Pennebaker, J.W. (1998). The immunological effects of thought suppression. *Journal of Personality and Social psychology*. 75, 5, 1264-1272

Petrie, K. J., Booth, R. J., Pennebaker, J. W., Davison, K. P. and Thomas, M. G. (1995). Disclosure of trauma and immune response to a hepatitis B vaccination program. *Journal of Consulting and Clinical Psychology*. 63. 787-792.

Picardie, R. (2000). *Before I Say Goodbye*. London. Henry Holt and Company.

Quinlan, A. (1998). *One True Thing*. New York Dell Books.

Radner, G. (19 95). *It's Always Something*. New York. Avon Books. New York.

Remoff, H. Trexler. (1997) *February Light*. New York. St. Martin's Press.

Richards, J.M., Beall, W.E., Seagal, J.D. and Pennebaker, J.W., (2000), Effects of Traumatic Events on Illness behaviour Among Psychiatric Prison Inmates. *Journal of Abnormal Psychology*. 109. 1, 156-160.

Reinhartz, S. (1992). *Feminist Methods In Social Research*. New York. Oxford University Press.

Rollin, B (2000). *First, You Cry*. New York. Harper Perennial.

Ryle, G. (1949). *The Concept of Mind*. London. Hutchinson's University Library.

Sarte, J.P. (1964). *The Words*. New York. Braziller.

Segal, D.L. and Murray, E.J., (1994). Emotional processing in cognitive therapy and vocal expression of feeling. *Journal of Social and Clinical Psychology*. 13. 189-206.

Selye, H. (1976). *The Stress of Life*. New York, McGraw-Hill.

Sexton, A. (1979). *Transformations*. New York. Houghton Mifflin Co.

Shrodes, C. (1961). The Dynamics of Reading: Implications of Bibliotherapy. *A Review of General Semantics*, 18, 21-33

Smith, D. (2001). *The Eerily Intimate Power of Poetry to Console*. The New York Times, October 1st.

Smyth, J. M. (1998). Written emotional expression: Effect sizes, outcome types and moderating variables. *Journal of Consulting and Clinical Psychology*. 66. 174-184.

Smyth, J. M., Anderson, C., Hockemeyer, J., and Stone, A. (in press). Emotional non-expression, cognitive avoidance, and response to writing about traumatic events. *Psychology and Health*.

Smyth, J.M., Gould, O., and Slobin, K. (2000). The role of narrative in medicine: A multi-theoretical perspective. *Advances in Mind-Body Medicine*. 16. 186-193.

Smyth, J. M. and Lepore, S.J. (Eds) (2002). *The Writing Cure*, Washington DC, American Psychological Association.

Smyth, J.L, Hockmeyer, M.S., Anderson, M.S., Strandberg, K., Koch, M.,

O'Neill, H.K. and McCammon, S. (2002). Structured writing about a natural disaster buffers the effect of intrusive thoughts on negative affect and physical symptoms. *Australasian Journal of Disaster and Trauma Studies*. (On-line journal) Volume 2002-1

Smyth, J.M., Stone, A.A., Hurewitz, A. and Kaell, A.K., (1999). Effects of writing about stressful experiences on symptom reduction in patients with asthma or rheumatoid arthritis. *The Journal of the American Medical Association*, 281. 1304-1309.

Smyth, J.M., True, N and Souto, J. (2001). Effects of writing about traumatic experiences: The necessity for narrative. *Journal of Social and Clinical Psychology*. 20. 2. 161-172.

Sondheim, S. and Lapine, J. (1988). *Into The Woods*. New York. Theatre Communications Group.

Sontag, S. (1989). *Illness as Metaphor, AIDS and Its Metaphors*. New York. Farrar Straus and Giroux.

Spera, S.P., Burhfeind, E.D. and Pennebaker, J.W. (1994), Expressive writing and coping with job loss. *Academy of Management Journal*. 37. 722-733.

Spiegel, D. (1993). *Living Beyond Limits*. New York. Times Books.

Stacey, J. (1997). *Teratologies: A Cultural Study of Cancer*. London. Routledge.

Stone, A., Smyth, J., Kaell, A., and Hurewitz, A. (2000). Structured writing about stressful events: Exploring potential psychological mediators of positive

health effects. *Health Psychology*. 19. 619-624.

Thompson, S. (1977). *The Folktale*. Berkeley .University of California Press.

Turbayne, C.M., (1962). *The Myth of Metaphor*. South Carolina. University of South Carolina Press.

Vogler, C. (1998). *The Writer's Journey: Mythic structure for writers*. Los Angeles. Michael Weise Productions.

van der Vyer, M. (1995). *Entertaining Angels*. New York. Penguin.

Wallace, L. (1985). *Stories for the Third Ear*. New York. Norton.

Warner, M. (1996). *From the Beast to the Blonde*. New York. Farrar, Strauss and Giroux.

Watzlawick, P., Weakland, J. and Fisch, R. (1988). *Change*. New York. W.W. Norton and Co.

Weisskopf-Joelson, E. (1955). Some comments on a Viennese school of psychiatry. *The Journal of Abnormal and Social Psychology*. 51. 701-703.

Wegner, D. M., Shortt, J. W., Blake, A.W. and Page, M. S. (1990). The suppression of exciting thoughts. *Journal of Personality and Social Psychology*. 58. 409-418.

Wegner, D.M. and Zanakos, S. (1994). Chronic thought suppression. *Journal of Personality and Social Psychology*. 58. 409-418.

Wilbur, K. (1999). *The Collected Works of Ken Wilbur*. Boston Shambhala Publications.

Wilbur, Ken. (1993). *Grace and Grit : Spirituality and Healing In The Life and Death of Treya Killam Wilbur*. Boston. Shambhala Publications

Wolkstein, D. and Kramer, S. N. (1983). *Inanna: Queen of heaven and earth*. New York. Harper and Row.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York. Basic Books.

Zipes, J. (1983). *Fairy Tales and the Art of Subversion*. New York. Routledge.

Zipes, J. (1991). *Spells Of Enchantment*. New York. Penguin Books.