

## The Case for the Private Mastectomy

By Ms. X

[Note: Sandra Schor wrote this unpublished essay in 1979, intending to publish it anonymously.]

We live in a time when any event carries the hazards of immediate and total news coverage. Truth must be told. The public has a claim to all of it. The confessions and public statements of famous people have become so universal as to offer themselves to the rest of us who, only too willingly, retrieve images of our inner selves from the outward gestures of our public counterparts. Do we need to be an airline hostage? An alcoholic? A glamorous victim of cancer? We have only to open a newspaper to read a code of reasonable behavior in unreasonable circumstances as complete as the code of courtly love was to the medieval adulterer.

This affinity for news marks not only public events and events in the lives of public figures. We private persons—we who live in private houses, making love in master bedrooms behind closed doors, our children growing up behind their own closed doors—now feel accountable for our every move. (“Hello? I’ve got to cancel my hair appointment for tomorrow with Charles.” “*Nothing’s wrong, is there?*” Urgently, and from a virtual stranger.) For most of us it would be as impossible to slip unnoticed to the hospital as for our car to be stolen for a day or two, unmissed, from our driveway. And in an age when, out of mere celebrities, cancer creates superstars, isn’t there something wrong with a woman who goes in for a mastectomy and hasn’t the public-spiritedness to come out a martyr, maimed and claimed by fortune? The *People* magazine model of the brave woman, beautiful and witty about her breast cancer, under shampooed hair and a sexy cashmere sweater, doesn’t fit all of us.

It didn't fit me.

A professional woman in my mid-forties, I do a considerable amount of writing and traveling. Although I meet many people and have several close friends, I am essentially a private person. When my surgery came four years ago, it landed brutally. From the moment I heard the quiet news of my mastectomy in that dream-like recovery room, every cell grieved the question, *Why me?* I spelled my name for my surgeon. *Me?* But there had been no mistake. I awoke unprepared for the only secret the media hadn't managed to get hold of: a) breast cancer in *my* breast might well mean *my* death; and b) breast cancer for *me* meant a permanent, irrevocable, sudden deformity on *my* body, forever. Could *I*, who had never had a conversation with a friend about my sex life, talk with corridors of colleagues about my missing breast? Would my well-intentioned friends with a super-clinical interest in events expect me to respond with the same detachment about nodes, carcinomas, and chemotherapy?

Left to my own thinking from the moment I had awakened from surgery, I began to experience flashes of my relative position in this hospital: one human being among many, each attended by husband, nurse, mother. Didn't my family see that we were, all of us, alive *and* mortal? For I was already racing to put behind me the need to spell my name, to scream my identity, impatient with the emotional jet lag of my visitors. In spite of having a "woman's disease," I felt close not only to women, but to men, old and young, heart attack victims, diabetics. At last I could set aside the canon of questions centering on me: Where did I fail? Had I eaten too much animal fat? Did *not* talking about sex break out as cancer? My sense of humanity was washing away my need to implicate my own personal history as cause, for my cancer figured not in the history of

myself, but in the history of human beings. I felt like a war nurse or political soldier moving with linked arms through embattled streets. In time, I knew for sure what I had only glimpsed in the hospital: by taking my place discreetly among my fellows, I had moved from asking *Why me?* To *Why not me?*

Finding a cause for my cancer was no longer my problem, but finding a procedure for dealing with my cancer was. I wanted no circle of half-friends to assist me in working through my fears, which, in the weeks after my surgery, rose and fell in my remaining breast like an ocean. If cancer could be arrested in my body—as my doctors believed it had been—I had to arrest it in my mind. I immersed myself in work. The best way I knew to help myself was to reassure myself unendingly that I continued to be useful, contributing, inoffensive, and especially indistinguishable in my customary world. I expected no special favors or courtesies; no forbidden topics of conversation; no concessions to cancer metaphors as vicious and painful to me as racist clichés.

I have a need for sympathy from a few close people. From others, sympathy connotes a failure to carry on in an a perspective enlarged to include dailiness, trivia, events to be forgotten by nightfall. Nor is everyone ready for my history of terror, as I learned recently: after ten years of periodontal treatment, I found myself newly in touch with the violence of even gum surgery. As tears silently streamed down my face, my dentist, noticing, said I was *tearing*; why, for God's sake, didn't he ask if I was *crying*? Occasions when the memory of my cancer strikes into my flesh and tears apart my mind are now unusual. But knowing that terror, I do not seek opportunities for promiscuous pain. My mastectomy continues to be my private affair. Time and my cherished privacy have returned to me the beautiful mystery of my own normality.