

LOOKS EASY ENOUGH

*A Joyful Memoir of Overcoming
Disease, Divorce, and Disaster*

Scott James Stevenson

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Wishing you a wonderful experience as you read our story.
May you smile and shine through adversity.





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This book discusses general information pertaining to the construction process of a house, the medical procedures of treating breast cancer, the legal process of a divorce, and the ins and outs of investments. This book is not intended to provide specific construction, medical, legal, or financial advice or how-to knowledge to individual readers. In the event you, the reader, have an issue for which you need construction, medical, legal, or financial advice or services you should consult a professional in the field and not rely on information in this book.

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The Diagnosis

UNLOCKING THE FRONT door to our house, Susan, my wife of five months, hears the faint sound of ringing from the upstairs phone. She instantly breaks into a cold sweat. Susan's returning from a workout at the gym, three blocks away. It's routine for her to jog over to the gym, exercise, and jog back. But the workout isn't what's causing the cold sweats; it's the ringing of the phone that's got her jumpy.

Swinging the door shut, Susan climbs the stairs to the living room. The ringing is now loud and clear, but she can't bring herself to pick up the receiver. Standing back, she lets the answering machine take charge. A digitally recorded voice spills out, "Hello, this is Susan and Scott, please leave a message . . . beep."

"Susan, this is Dr. Karen Lee."

At the sound of her gynecologist's voice, Susan feels faint. She knows that Dr. Lee is calling with the results of her biopsy. Last week Susan had her yearly mammogram where they thought they saw something in her left breast. To be on the safe side, a stereotactic core biopsy was performed. Susan is sure that Dr. Lee is going to confirm her worst fears . . . that she has cancer. With great effort, Susan forces her leg muscles to carry her over to the phone. The receiver is instantly wet from the cold sweat of her hand. After swallowing, her throat is dry, Susan, in the calmest voice she can muster, says, "Hello, Dr. Lee. This is Susan."

Dr. Lee gets straight to the point. "Susan, I spoke to Dr. Janus, the radiologist who performed the biopsy, and I'm sorry to tell you, but the results from your biopsy have come back positive for breast cancer. I suggest

you take a moment to digest this news and then call a good surgeon. I have two I can recommend.”

Susan’s chest immediately tightens, she has trouble breathing, and she falls back onto the edge of the couch. All she can think is: I knew it. I knew it. I’m going to die!

Only half listening to what Dr. Lee has to say, Susan takes down the names and phone numbers of the two surgeons. Without saying another word, she drops the receiver in the vicinity of its cradle and slumps further back into the couch. She doesn’t know what to think and doesn’t know what to do. After ten minutes of shocked immobility, Susan, on automatic, slowly reaches for the phone, which is now on the floor (she missed the cradle), and dials my number; her new husband of five months.

Over the phone I hear something like, “I’ve g-o-o-o-t-t breast . . . can . . . cer!” I barely recognize Susan’s voice, and I have no idea what she just said. She’s crying, and her voice is quivering. After a few moments of hard sobbing, Susan manages to get out, “Scott, I have breast cancer!”

Questions pop into my head. I pick one and ask, “What exactly does that mean?”

Susan yells back between sobs, **“IT MEANS I’M GOING TO DIE!”**

Jumping in the car, I race home, figuring it’s more important to be by her side than ask silly questions over the phone.

As far back as she can remember, Susan has always had a fear of coming down with cancer. Every time Susan had a headache, a sore muscle, a stomach pain, or any physical discomfort, her first thought was, **I’ve got cancer!**

During Susan’s freshman year at the University of Illinois, she woke up one morning feeling a small lump on the underside of her right breast. Rushing over to her boyfriend’s (future husband’s) dorm, she cried and whined and eventually convinced him to take her to her family doctor in Chicago, a three-hour drive.

The doctor gave her a two-minute examination and diagnosed the small red lump as a pimple. In all seriousness, the doctor told Susan to keep the area clean, wash it twice a day, and expect that it should disappear in a few days. Susan’s boyfriend burst out laughing, and she noticed her doctor also chuckled. Susan felt embarrassed but relieved it wasn’t cancer.

A few years later, in her early twenties and now married to her college boyfriend, Susan woke up from a dream in the middle of the night drenched in sweat with her heart racing a mile a minute. She was positive she was going to die. She had dreamt that she was in a doctor's office, was diagnosed with breast cancer, and died shortly thereafter. The dream stayed with her, and for months afterward she would lay awake nights, panicked by the thought of having cancer and dying. At times she couldn't breathe from the fear and would yawn repeatedly in an effort to get more oxygen. She tried eating to erase the anxiety but gaining thirty pounds was no solution. She was haunted by the words of her dream: **You're going to get cancer and die!**

Susan wanted to tell her husband but was reluctant; he would probably think it was just another pimple. She kept her feelings buried and was terrified that sooner or later a doctor was going to confirm her worst fears. She avoided all medical examinations, mammograms, and Pap smears, hoping that if she didn't hear the word cancer, she wouldn't have cancer.

Over time, the shortness of breath, the sleepless nights, the excess eating, and the thoughts of cancer subsided . . . but never vanished. The premonitions of having cancer were always there, hanging around, whispering in the background of her thoughts. And now they had come true.

I take the steps two at a time and rush into the living room, looking for Susan. She's in the fetal position on the couch, staring at the blank wall sixteen feet in front of her. Her face is vacant, and the telephone receiver resting next to her gives off a repeated beep, beep, beep, beep. Sliding in beside her, I set the receiver back on its base and gently place her right hand in mine. She doesn't move or say a word. Her hand is cold and clammy.

I want to help. I want to take away her pain, but I don't know what to do. "What exactly did the doctor say?" I ask, slightly squeezing her hand.

After a moment, in almost a whisper, Susan says, "That I have breast cancer."

"Which breast?"

After another long moment, "The left."

Thinking there might be more than one type of breast cancer, I ask, "What type of cancer is it?"

Susan's voice instantly rises. **"I TOLD YOU IT WAS BREAST CANCER. WHAT MORE IS THERE TO SAY?"** She instantly sits up, bursts into tears, and yanks her hand from between mine.

Maybe it's not the right time to ask questions?

I remain silent.

A few seconds later, still shedding tears, Susan moans, "You know I can die from breast cancer!"

With my arm around her shoulders, I pull her close. I know there's the possibility that Susan may die, but it's way too early in the game to even consider death.

Susan is crying hysterically, her breathing is heavy, and her whole body is shivering. I try to calm her by gently rubbing her back and by making a few suggestions. But everything I say seems to be wrong. After a few moments of not knowing what to do, an idea comes to me, "I'm going to run next door to see if Dasch is available. I'll be right back."

Susan doesn't respond.

I'm hoping that Dasch (her full name is Susan Dasch), a friend and therapist who is renting one of our former live-work spaces next door, is in. And I'm hoping she'll have time for us. She's usually booked solid with clients.

At that exact moment, I hear Dasch's voice below our overhanging second-story window. Rushing out to the balcony, I lean over the railing and see that she is walking a client to the parking lot. "Dasch, you have a few minutes?" I holler down.

Smiling, Dasch looks up. Seeing the concern on my face, she frowns and immediately says, "Be right up."

Hearing Dasch's voice, Susan jumps up from the couch, runs down the stairs, throws open the front door, and bursts onto the stone paved walkway, crying out to Dasch who's still a few yards away, "I HAVE BREAST CANCER! I HAVE BREAST CANCER!"

Standing on the balcony, looking down at all five-feet-two-inches of Susan quivering, crying, her shoulders hunched, her arms limp at her sides, a pleading look on her face and in her voice, asking and hoping with every ounce of her being for someone, anyone, to please make this nightmare go away, I experience, at this very moment, a sense of love for her that I've never felt before; a love that fills every cell of my being and goes beyond this lifetime into many past and future lifetimes. It overwhelms me, and I grab the rail for support.

As tears form in my eyes, another feeling takes hold. It's a strong feeling and I instantly know — one hundred percent know beyond a shadow of a doubt — that Susan is going to be okay. She's going to beat this breast cancer and most definitely is not going to die from it. I positively know that Susan is going to learn and grow from this experience, and in the end she's going to be a healthier, stronger, better person for having had this experience. Instantly, my worries for Susan and her breast cancer completely disappear.

Dasch doesn't hesitate. She takes a couple large, quick steps toward Susan, opens her arms, and wraps my wife in a big hug. Susan cries louder. A half a minute later, with their arms still around each other, Dasch guides Susan back into the house, up the stairs, and to the couch. Seeing the tears on my cheeks, Dasch, without a word, waves me over to join them. The three of us let the tears flow freely, huddled on the couch with our arms wrapped around each other. Susan is crying because she has cancer and for what that might mean, I cry because I'm filled with love for Susan, and Dasch cries because she's our friend.

When the tears partially subside, Dasch takes charge. "The first thing I recommend is that you find a surgeon and schedule an appointment. The surgeon will be a big part of your team and can answer most of your questions."

From a piece of scratch paper, Susan reads the names of the two surgeons Dr. Lee had recommended. Dasch has not heard of either. She turns to me and says, "Check them out, Scott. See what they sound like and make an appointment with the one who feels best."

Dasch continues to talk with Susan as I slip into the back room to make the calls. Dasch emphasizes that a whole slew of people — nutritionists, counselors, medical doctors, and others — are available to help Susan decide what's best for her. She tells Susan she'll need to gather a team of people with varied expertise to support her. She gives Susan the name of a counselor, Debra Hirsch, a breast cancer survivor who can help Susan with firsthand experience; a nutritionist, John Richter, who has experience working with cancer patients; a good acupuncturist, Kovida Fisher; as well as a list of books covering cancer diagnosis and treatment. Dasch urges Susan to read and learn as much as she can about breast cancer and how to treat it.

Holding Susan's hand, Dasch says, "Listen to everybody. They will each have their own specialty, their own approach, and their own recommendations." Pausing to lift her head slightly to look straight into

Susan's eyes, Dasch continues. "But ultimately you are responsible for what happens to you. It's your life, so take accountability for it and make intelligent choices. And the more knowledge you have, the better prepared you'll be to make those choices."

Dasch assures Susan that a cancer diagnosis is not a death sentence. She encourages Susan to keep moving forward, keep taking the next step, despite not knowing exactly where each step will lead or where she might end up. As Dasch continues to talk and comfort Susan, a change slowly takes place. Susan stops crying and reaches for a tissue at the end of the couch to wipe away her tears. She straightens up and pulls her shoulders slightly back. On a notepad she takes down every name, every phone number, and every book title. With Dasch's help, Susan is coming up with a game plan, and she is beginning, ever so slightly, to feel that she may just make it through this nightmare.

Dasch gives Susan a long farewell hug and tells Susan to call if she needs more information or if she just wants to talk. Taking hold of my arm, Dasch asks me to walk her to the door.

Out of Susan's hearing range, Dasch says, "Scott, I've known you long enough to realize you're going to want to ride in on your white horse to save Susan. You love her, and you want to protect her; it's a very natural thing for you to do. And there'll be times when Susan will want you to charge in and take control. But for the most part, Susan is the one who needs to be in control. She's going to move at her own pace and make her own decisions, and her pace and choices may not be what you think is best. She needs to heal herself, and you can't do that for her. Your main job will be to let her know she isn't alone. Support her in whatever she decides, listen to her . . . and give her plenty of hugs."

I shrug and say, "Sounds easy enough. I can do that."

Dasch raises an eyebrow. "It may sound easy enough, but experience shows it can be tough."

Smiling, I assure Dasch that I can handle it and thank her for everything she's done.

Returning to Susan, I sit on the couch next to her. Immediately she slips between my legs and leans back, resting the back of her head against my chest. I absentmindedly place my hands on her shoulders and begin to massage her neck; she's tight . . . really tight. Ten minutes later, with her muscles beginning to loosen, Susan says, in a voice not much louder than a

whisper, “It was magical the way Dasch showed up just when we mentioned her name and when we needed her most.”

“Yeah, it was kind of magical,” I reply, in a voice softer than Susan’s.

After a moment, in a barely audible voice, Susan says as if she’s talking to the universe rather than me, “Dasch, my friend, I will forever be grateful to you for the love and kindness you bestowed upon me today and for how you lifted my spirits, pointed me in the right direction, and gave me hope that all is not lost. You are truly an angel.”

I mumble, “I second that, Dasch,” as I gently place a kiss on top of Susan’s head.

Dr. Mary Wilde is one of the two surgeons recommended by Dr. Lee. I selected Dr. Wilde because she took the time to talk to me on the phone and agreed to skip lunch in order to see Susan. She seemed to understand the fear and confusion that accompanies a cancer diagnosis.

On our drive over, Susan’s fear of cancer returned in triplicate. Dasch’s injection of love and support worked wonders a few hours ago, in the safety of our home, but it quickly wore off in the real world of mammograms, biopsies, and stethoscopes.

Sitting in hard chrome-plated chairs against the back wall of the third examination room on the right, Susan and I wait for Dr. Mary Wilde to arrive. Susan’s anxiety level is rising fast. I try a quick shoulder massage to take the edge off. But, with the first touch of my hands, Susan immediately says through clenched teeth, “Don’t touch me!”

Ooooookay!

I decide on another approach. Leaning back, I lace my fingers behind my head, stretch my legs out in front of me, and look up at the ceiling. “Are you aware that the ceiling tiles in this room are called Second Look Tile? They’re called Second Look because there’s a one-half inch groove running across the middle of each tile, making the tile appear to be a more expensive two-foot by two-foot tile, when in actuality it’s really an inexpensive two-foot by four-foot tile.”

I take a deep breath and continue with my attempt to get Susan to step back from her temporary pain of the moment by distracting her with my nothingness. “You have to give the tile a *second look* to see that it’s actually the less expensive type, hence the name, Second Look. It’s a very common

ceiling tile, and I've specified Second Look tile for several biotech projects I've designed."

I'm not sure if Susan is listening, but I forge on. "The tile is manufactured by Armstrong and is on the lower end of the cost scale. This particular tile has a square edge, causing the tile to set flush with the T-grid support system. You can, at a slightly higher cost, get a tegular edge which allows the tile to hang below the T-grid, giving the ceiling a more eloquent appearance."

Glancing quickly at Susan, I see her sneak a quick peek up at the ceiling, and a slight smile comes to her lips.

Haa, ha, it's working.

That's all the incentive I need to leap forward into the various textures and colors of the tile . . . then there's also the suspension system. But, before I can start, a knock sounds at the door and in walks Dr. Mary Wilde.

Dr. Wilde is in her mid-forties, about five-feet-four-inches tall, with blue eyes, blond hair, and very smooth, wrinkle-free skin. She smiles warmly, walks directly over to Susan, and gives her a big heartfelt hug. I get the same hug a few seconds later. She asks us to call her Mary. I can see that Susan is already feeling better. Mary is dressed in blue scrubs, and when she moves I can hear the scraping of her clogs along the vinyl composite flooring.

The vinyl flooring was going to be my next subject after I'd finished with the ceiling tile. For Susan's sake, it's a good thing Dr. Wilde showed up when she did.

Susan climbs onto the examination table, lies back, takes a deep breath, and relaxes on the exhale. Meanwhile, Mary slips the x-ray films, which Susan and I picked up on the way over, into the lightbox hanging from the wall and begins to read the biopsy report. Moving behind Mary, I look over her shoulder at the x-rays. On each of the four films, I see two dark shadows, vaguely resembling the shape of a woman's breasts. It's difficult to tell if the views are from the top, the bottom, or from the sides of the breast. Within the dark shapes run light gray feathery strands in all directions.

Mary, seeing my interest and noting my confusion, points to the lower portion of one of the dark areas and says, "This is the underside of Susan's left breast, and this is her nipple."

I look closely but don't recognize anything that remotely resembles a nipple or even the underside of a breast. I mumble, "O-o-o-o-k-a-a-a-a-y."

Mary smiles and says, "It took me a while to get the hang of reading an x-ray." Pointing to an area where the light gray feathery strands are packed together slightly more tightly than they are in the rest of the breast, she adds, "This is the cancerous mass."

"Okay," I repeat with a little more confidence.

While studying the images, Mary nods to herself as if confirming the diagnosis before turning to Susan where she presses, prods, and feels every square inch of Susan's breasts, chest, armpits, and neck. At the completion of the exam, Mary smiles warmly and tells Susan that she can get dressed. We return to our chrome-plated seats as Mary rolls up in a stool to face us and says, "This is what I see."

Before Mary can say another word, Susan begins to cry. Before Susan has a chance to wipe away her first tear, Mary swings around on her stool, reaches out with her left hand and, in one continuous smooth motion, grabs a tissue from the box on the counter, twirls back around to Susan, and releases the tissue several inches above her lap. Like a feather, the tissue gently floats, in slow motion, the remaining few inches down to Susan's thighs. I have to blink twice to make sure what I just saw really happened.

Sure enough, there's the tissue sitting on Susan's lap. Mary's movement was a thing of grace and beauty, equal to any ballerina-type move I've seen a wide receiver make while catching a long pass down the sidelines. I'm totally impressed.

If Mary's dexterity on the operating table is as good as this move, Susan is in good hands.

Mary gives Susan a reassuring nod. "The tumor is small, and I couldn't feel any lumps during the physical exam which is a good sign. The films indicate there is a mass, a tumor, in the upper left quadrant of your left breast, which we know from the biopsy to be malignant. The mass is approximately one-centimeter by one-centimeter in size."

Studying Susan to make sure she's okay, Mary presses on. "I recommend surgery; a lumpectomy to remove the tumor. I'll remove just the tumor, leaving the remainder of your breast intact. I'll also remove one to seven lymph nodes closest to the tumor site plus any that feel abnormal, in order to determine if the cancer has spread to your lymph system. The lymph system is like a freeway to the rest of your body. It would be best if the cancer hasn't spread to your lymph nodes. This procedure is called a sentinel-node biopsy. The standard post-lumpectomy protocol calls for a

course of chemotherapy and radiation treatments. The exact regimen of the treatments will be determined by what I find during the surgery.”

Mary stops to look at her notes and then adds, “Before surgery, we need to make sure the cancer hasn’t spread to any other parts of your body. We’ll need to schedule blood work, a bone scan, a lung x-ray, and a liver ultrasound. I know it’s a lot to digest at one time. Do you have any questions?”

This is for real. It’s happening and it’s happening fast. A few days ago we were jogging on the beach, watching sunsets, and preparing for retirement. Today we’re discussing surgery, lymph nodes, chemotherapy, and radiation.

Susan and I look at each other. Susan looks as if she’s in shock and doesn’t know what to say. I jump in, “Is this life threatening? What happens if we do nothing?”

Mary replies, “Breast cancer is life threatening, especially if you do nothing. The cancerous cells can multiply and metastasize throughout the body. That’s why I’m recommending we get treatment started immediately.”

“Should we get a second opinion?” I ask.

“If you want a second opinion, by all means you should get one. I can give you names of several highly respected surgeons as well as oncologists and radiologists we regularly work with.”

“What happens if the tests for the lungs, bones, liver, or lymph nodes come back positive?” I ask.

“Obviously we would prefer the tests to be negative, but if they don’t . . . we’ll cross that bridge if and when we get to it.”

For the next hour, I shoot a barrage of questions at Mary about the details of the surgery, recovery time, risks involved, and about chemotherapy and radiation. Mary is very patient and calmly answers all my questions. Susan listens intently but is relatively quiet, as if she still can’t quite believe this is all happening.

In a dry low voice, Susan finally jumps in. “What are the odds that the cancer will be arrested, and I’ll live a long and healthy life?”

Mary smiles and replies, “I don’t know. There are too many unknowns. We don’t have the results of any of the tests or the results of the lymph node biopsy.”

Not exactly the answer Susan is looking for. I know she desperately wants Mary to tell her that she is going to make a complete recovery. I,

however, already know that Susan is going to come through with flying colors and that she's going to learn and grow from this experience. I can absolutely feel it in every bone of my body, and I know it beyond a smidgen of a doubt. I just wish there was something I could do that would allow Susan to also believe this.

Mary concludes our one-and-a-half hour visit by again recommending that we schedule the various medical tests and the surgery as soon as possible.

On the way back to the car, Susan doesn't say a word. Her head is down, she's shuffling along at a very slow pace, and she's got a death grip on my arm.

"I like Dr. Wilde," I quietly say. I wait to see if Susan will agree. When she remains silent, I say, "I like the way she looked us in the eye and gave us her full attention. I'm impressed with how thoroughly she explained the procedures, in language we could understand, and how she patiently answered our entire list of questions. And she didn't mind that I looked over her shoulder at the x-rays. In her own way, Mary seemed to be telling us that cancer is more than just about medicine — it's about people."

Susan continues to stare at the ground and gives no indication that she has heard a word I've said. "But most of all," I say, "I liked the way she passed you the tissue. The way she twirled around on the stool, swept up the tissue, twirled back around, and then gently drifted the tissue down onto your lap. I loved it. Did you see it?"

Without lifting her head Susan mumbles, "No." And then after a few seconds, she adds, "But I'll never forget the Second Look ceiling tile."

"Ha! I knew you were listening!" I laugh. "Okay, here's a question to see if you really were paying attention. Why do they call the ceiling tile Second Lo - - -"

Susan cuts in before I have a chance to finish the question. "Cool it, I'm not in the mood."

Pressing my thumb slowly but firmly in a small circular motion, I make my way deep into the muscles of Susan's neck. She lets out a sigh. My eyes are closed, and I'm half asleep, giving the massage more by feel than by sight. We're lying on the couch staring out the window into the darkening sky. The sun has just set, and the day has worn us out.

Finding out you have cancer can do that to you.

In a low voice, Susan says, “Why me? I’m more content than I’ve ever been. I eat healthy. I exercise. I’ve never really been sick. Why me?”

My ears perk up, because I have an answer to Susan’s question. But remembering what Dasch said earlier about forcing my opinions onto her, I remain silent. I’m also pretty sure Susan doesn’t really want an answer, at least not at the moment, because it sounds as if she’s talking more to herself than to me. I continue to rub her neck . . . and don’t say a word.

In a quiet voice, Susan says, “I’m a newlywed, and I know you’re the one for me, Scott. And I love you so much. I don’t want it to end.” She begins to quietly weep. “We’re all set to retire and build our dream house in the mountains, and now this happens. One day we’re planning for the future, the next I’m fighting for my life.”

Susan continues to weep, and I continue to massage. It’s completely dark. The glow of the sunset has faded, and I haven’t yet turned on the house lights.

A few minutes later, Susan whispers, “Why did I get cancer? Did I create the cancer? Did my worrying and my fears for all those years create the cancer? Am I more angry and unhappy than I realize? Was I exposed to radiation or pesticides and didn’t know it? Everything has changed in a blink of an eye. This is my worst fear, and it has come true . . . I’m so afraid.”

Lying on the couch in the dark, Susan’s back against my chest, my chin on top of her head and my forearms resting on her chest, I hold tight while listening to her tears. I can feel her pain, and all I want to do is make the pain go away. I’m bursting to tell her what I think, bursting to share my logical thoughts, but I know I should remain quiet. The important thing is not to force my ideas onto her, but to let her know she isn’t alone.

Right Dasch?

To my surprise Susan asks, “Bub, how do you feel about all this?” (Sometimes, most of the time, Susan calls me Bub. It’s easy to say; all you have to do is put your lips together and blow. It takes no effort . . . and Susan definitely likes things that take no effort.)

I remain silent. I’m ready to explode with my response, but I don’t want everything to come spilling out at once. I wait a few moments, take a deep breath, and then in a slow, calm voice say, “Babe-O.” (Sometimes, most of the time, I call Susan, Babe-O. I also like things that are easy to say. Like Bub, all you do is put your lips together and blow.) “There is no doubt in my mind that you’re going to be okay. None. Zero. I have no doubts that

the tumor is going to be removed, that you're going to be cancer-free, and that you're going to live a long happy life . . . with me." Kissing the top of Susan's head, I continue. "I know beyond a shadow of a doubt that you're going to learn and thrive from this experience, and you're going to be a better person for it. I know this from the deepest core of my being. I don't know how I know this, but I do."

Susan places her hands on my forearms, which are still resting on her chest, and gives them a squeeze. Lying on the couch, in the dark, we hold each other tight. The sound of her crying skips a beat and then picks up again in a different rhythm.

I think Susan is now crying tears of love rather than tears of fear; I know mine are.

I have more to share, but I'm reluctant to break the spirit of the moment. Eventually I say in a voice a little louder than a whisper, "Babe-O, you know you chose to have this tumor."

Susan remains silent.

I say, "I know that you already know this, but at times we all need a little reminding. So I'm reminding you that you have chosen to have this tumor as surely as you've chosen, at this moment, to lean against my chest. It's what we humans do. We choose experiences so we can learn from them and move along our spiritual paths." Giving it some thought, I add, "Every decision you've ever made has led you to this moment. On some level you knew that you needed a life-changing experience in order to help you learn and grow. So what did you do? You created the cancer."

Susan exhales and takes in a quick breath. "I feel that everything you've said is true. Intellectually I know I chose to have cancer, but living it is another thing. It's hard."

"I believe you, Babe-O. But you're a very powerful person. I know you will lick this. And have you noticed that you waited until you and I were together before you created the cancer? I suspect there's a reason for that. We both chose to be here, to experience this together. Babe-O, you aren't in this alone. I'm here with you. I'll help you as much as I can, and I know you'll help me as much as you can."

Susan squeezes tighter and says, "I love you, Bub."

I return the squeeze and say, "Right back at you, Babe-O."

It has been a long day.

