ANNA DEFOREST

No Comfort

The doctor used a strange phrase to tell her she was dying. He said it was *time they changed their course*. As though her illness were a tall ship and they were both of them on it. Of course she knew it wasn't good, the scans clearly worse, the hard shape of the bones showing in her hands and arms. And something she had noticed was gone from her, a hunger, gone. A taste like foil wrapped around whatever she put in her mouth.

A man who sometimes sat beside her in the infusion center was a well-known critic. She read his name off the bag that fed into his IV and recalled it from an old, vestigial magazine. He told her one day how the staff played flag football on Long Island every fall, how he once was tackled by an overeager fact checker and broke three ribs going down. He broke the ribs, the critic—this is the English grammar of an accident. She asked him if he ever wrote about being sick. He wore a sick look as he shook his head. He said: I would hate to be one of those *cancer people*.

She had never known how to fill a day. Sickness did nothing to change this. There was some small, hot thing in the heart of her she had needed for her whole life to get away from. After the diagnosis, it at first seemed quite urgent to find out what the thing was.

She would think the word *dying* as she passed the mirror in the hall, but her face and that word had nothing to do with her.

The doctor wore a gingham shirt under a wool jacket, a knit tie with a square end that hit higher than it should have. He appeared porous—what she said passed through him, effectless. His pants when he stood hit right at the shoe, one small dent at each ankle. He had called her in with some excitement. There was a trial. They could take her own cells from her blood and clean them, and teach them to attack the cells made by the cancer. She was lucky in a way that chemotherapy could not help her. Patients tolerated immunotherapy much better than chemo. This was the doctor's word: *tolerate*. He did not say what phase the trial was or in what way he thought it might help her. He said: *It is our only choice*.

After each treatment and the cab ride home, she would find her apartment glowing with particulars. The golden parquet, the stone horse figure, the hanging shelves stacked with amber glassware precariously sloped. Sometimes in the morning's brief energy she would take a soft cloth and dust these things, trying not to imagine the stone horse in a junk shop or a landfill. Another woman at the infusion center had tried her for small talk. Where was she from, did she have any children. *A shame*, the other woman had called all of it. Sometimes she considered praying, but it was not clear to her even what to pray for. She knew from church in childhood that prayer had never prevented anyone from dying. Even Lazarus, one had to imagine, had died again in time. Some prophet, she could almost recall, had been pulled into the sky alive, straight into the mouth of God, a fate in some obscure sense preferable.

When she was married, her husband took her once on a train out West, and they rented a small car and drove to the Grand Canyon. They arrived just before sunset, and the vast ragged cliffs were deep orange and blood red in the broad, sideways light. She cried, in fact they both cried, although neither could say what it was they were experiencing. It was April, and in the morning when they awoke their campsite was covered in snow. They walked back to the rim underdressed in a moderate flurry, ice stinging their faces, and found, at the edge, the canyon erased by a dense, impenetrable fog. They

stood awhile watching other tourists walk up, laughing in disappointment, photographing each other against the flat wall of white. Her husband laughed too. *We are so fortunate*, he said, *to have seen it already*. But what she felt was terror. The marriage was brief and the divorce amicable. They did not keep in touch.

Near her apartment there was a wooded park, and, while she could still walk, she resolved to learn the names of the plants. The woods were large but enclosed on all sides by rivers and highways, the bridges all roads with no median or shoulder. Once in the weird light of dusk a deer had frozen to look at her and then run off. How had the deer arrived there? How had that moment come to be?

A month into the treatment, her hands began to burn. It was not quite a pain, but a troubling, constant company, like a restless upstairs neighbor pacing in hard-soled shoes. The doctor took an interest. For research purposes they met every two weeks to complete a questionnaire. He asked her to make an OK sign with each of her hands, then broke the circle of thumb and forefinger quickly with the body of his penlight. *Harder, harder, harder*, he said. There were other specialists one could see. She was a reader, so she knew—there were herbalists and dietitians and shamans, retreats overseas with drum circles and hallucinogens. She found criteria online for a religious experience that could be induced to treat the fear of death: timelessness, reverence, a sense that all is one.

The doctor, his staff, the whole world, and her body, it seemed were aiding her in dying. But here, too, was a specialist. The burning had progressed, spread, come to disrupt all the silent aspects of the day, and then to include a clumsiness in the fine and gross motor control she had for most of her life taken for granted. Her hands felt like mittens when she reached for a glass. She could not turn the pages of a magazine. Her feet slapped the floor as she walked, constantly threatening a fall. She could imagine the time to come when she would not be able to navigate the apartment, when the short walk from the bed to the kitchen sink or to the toilet would become untenable.

She could not find the nerve to share her concerns with the doctor. But the specialist in death understood all this at once. His office had a temporary, provisional aspect. He was less well-dressed than the oncologist. *The cost of dependence*, he said, *is not only financial. A loss of beauty*, he said, *dignity, and most of all, control.* She would qualify, he assured her, her natural death being imminent, foreseeable. The path forward would be smooth and direct. The only other criterion was *intolerable suffering*, which struck her as odd. That was not a symptom so much as a disposition toward experience, that could not, of course, be assessed from the outside. You could just say yes.

She had never wanted badly to win an argument. This had suited her, however briefly, to a marriage, and it made her an excellent patient. She came to have rashes, strange roaming pains; often she would bleed lightly from her nose for days. The doctor would keep an eye on it, all of it, he said, whatever it was she would mention. But he had begun to appear less often, begun to have his office nurse walk her through the surveys, the assessments, using paper tape to keep the pen in her hand.