

## Resisting Breast Cancer Culture: Two Stories

By Judith Cohen and Sarah Sutro

We are two friends, an artist and a writer, who have both recovered from breast cancer. Dozens of books, articles and websites focus on diagnosis and the perils of treatment, including hair loss, breast loss, nausea, sickness and other horrors. When the media covered Angelina Jolie's recent disclosure about her preventive mastectomies due to her BRCA gene, they focused on the terrible sacrifice of her breasts, rather than the upside: being rid of those cancer magnets. At the other extreme are Pollyannaish declarations by women claiming that cancer was the best thing to come their way.

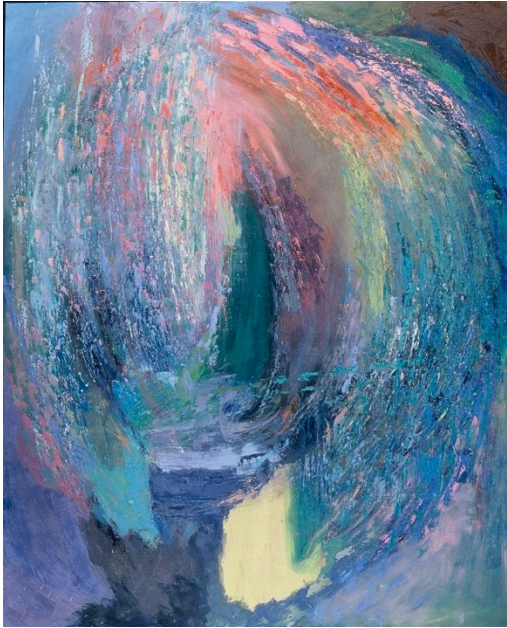
As so-called "survivors," we question popular representations of breast cancer. Why, we wonder, does breast size remain so important in our culture? Though a cancer diagnosis is devastating, the emphasis on these body parts reduces a woman to her mammary glands. Now that we're both years past our diagnosis and treatment, we wonder where the stories are from the thousands of women (and some men) who go on to live productive lives after breast cancer? Some are public figures like Congresswoman Wasserman-Schultz or HEW Secretary Janet Politano, or celebrities like actress Edie Falco, yet we don't hear about their recoveries. As the cancer rates rise, treatment outcomes are also improving and the number who will be cured is sure to grow.

We are both fit and healthy in our sixties, so we decided to tell our stories. We met over thirty years ago at an artist's colony that drew creative people. Judith was then divorced and single; her first novel (*Seasons*, 1984) had just been published. Sarah had recently married and was deeply involved in her artistic production. Neither of us thought about breast cancer as we hiked, discussed our work, and became close friends—a friendship that continues today. First, we each interviewed one another. Then we wrote narratives based on these interview transcripts. After that, we discussed similar themes and differences in our stories, before cancer, during treatment and after recovery.

### **Sarah's Story**

#### *Life Before Cancer*

Slender and physically active, Sarah has always been very attentive to eating a healthy diet. After many years living and working in Bangladesh and Thailand, she and her husband now live in a rural New England mill building, recently converted into artist's lofts. She is surrounded by her large canvases and drawings filled with colorful abstractions.



*Oread, 1995, oil, 75"x60"*

Paintings from this time were large and colorful, with thick, marked surfaces based on images from nature and inner states of joy.

Her husband's work in international development meant he traveled widely in Asia. Their son was born when Sarah was in her forties. She continued her career as an artist and college teacher, selling work to major museums, exhibiting in Boston and New York, and occasionally accompanying her spouse on his trips to Indonesia and Thailand.

#### *Diagnosis and Treatment*

At age 47, with a young child, several teaching jobs and a developing art career, life seemed good to Sarah. Then suddenly, a doctor's appointment revealed a lump in her breast. "It was very shocking.... it came out of the blue." Sarah explained that calcifications had appeared on her first mammogram nine years earlier, but there had been no follow-up. Since she had dense breast tissue, she simply continued to have regular yearly mammograms that had revealed nothing new. Trying to understand her situation, she wondered about her family history. Though relatives of her mother's and grandmother's generations had breast cancer in their late sixties and seventies, Sarah was diagnosed before menopause, often a different disease. Did giving birth at forty-one contribute to developing cancer? Though she had breast-fed, the positive effect for cancer prevention was negated with a late birth.

Her surgeon said she could wait six months for a biopsy; Sarah did not heed that doctor's advice. With the support and encouragement of friends, she asked for it immediately. Fortunately, the cancer was confined to her breast with no lymph node involvement, so her disease was early stage. Sarah chose to have a lumpectomy but when the lab report came back, the tissue margins showed *'in situ'* (or non-invasive cancer) in her breast, indicating the need for a mastectomy. Today there's much debate regarding ductal cancer *in situ*, with some doctors arguing it isn't cancer. Thus, Sarah's mastectomy may not have been necessary, but she was able to have breast reconstruction.

“It was a difficult decision involving major surgery, “ she said. “When a friend showed me her mastectomy scar, an action meant to be reassuring, it had the opposite effect.” The more she thought about it, she dreaded looking at her scars for the rest of her life, so she chose reconstructive surgery. The new breast would be formed from tissue harvested from her stomach.

For a whole year after the surgery Sarah was on a treatment conveyor belt. “It was one shock after another. I learned you can stop everything if you have to.” Sarah assured her six-year-old son that her cancer “wasn’t the bad kind,” yet she regretted not being able to lift him. “That year he watched as much TV as he wanted, not our normal practice.”

Fortunately, a nurse Sarah met, who’d also had cancer, offered to be available once she began chemotherapy. Her generosity touched Sarah, and they stayed in contact with each other throughout the treatment. Undergoing chemotherapy put Sarah into menopause, and depleted her energy. She could no longer manage large canvases, and the chemical solvents in oil paint were dangerous to inhale.

“I suddenly had increased sensitivity to chemical products like cleaning agents, new cars, plastic, rubber, sized fabrics—pretty much all of our 21<sup>st</sup> century environment.” Sarah considered giving up painting, but she adapted by working in water-based mediums on a smaller scale. When she did paint on canvas, she switched to acrylics.

Sarah avoided the more commercialized aspects of the larger breast cancer community. “I was sitting in a group where people were supposed to introduce themselves saying: ‘I’m a breast cancer survivor of so many years, with this kind of cancer’ and I refused. I didn’t feel comfortable with the ‘Cancerland’ ambience and its emphasis on makeup and scarves. I introduced myself as a painter and a writer who teaches college.” Yet, she continued to meet with this group for a year and a half after her treatment ended. “For the most part it was tremendously positive, a real community. I liked being with a range of women going through the experience. It gave me such compassion for them: young mothers with fast growing tumors, full-time workers who could barely keep up, runners who could no longer muster the energy to race.” Sarah became friends with many of them, yet she’s never gone on a race for the cure or to any large public event. “I find the pink bears and pins and logos pretty off-putting. I was eager to get back to my life, taking care of my son, painting, teaching; I chose to put energy into my work. After Sarah resumed her art, her teaching and her friendships, she was more selective, and chose her activities carefully. “My identity was and still is as an artist, a writer and creative person, not a cancer patient.”



*Time and Timelessness #16, 2010, acrylic on linen, 42"x34"*

In a series of acrylic wash on linen, Sutro captures the passing of time in earth-based natural tones. An underlying pattern embodies both structure and change. Tabular marks rain down out the sky in a lyrical use of transparent color, creating a physical presence. In the moment, her paintings express a kind of constancy in change itself.

*Life After*

Sarah's experimentation with materials became a quest to find safer pigments. This journey led to living in Asia. "Since my husband was offered a job in international development, we chose to take the risk," she said. "It was about living on the edge." Only two years after her breast surgery, reconstruction and chemotherapy, Sarah, her husband and son, moved to the small South Asian country of Bangladesh. An international art grant helped her pay for living expenses overseas. She set up a studio and made a survey of the galleries and art enclaves in Dhaka. It took time, but eventually she made connections with other artists and writers. On a chance visit to an organization where indigo was grown and processed, Sarah fell in love with the intense blue color surrounding her. This led her to a group of international artists who made inks and dyes from plants, barks and other natural ingredients. Side by side with South Asians she experimented with overlapping colors on silk and hand-made papers. Her work intensified, leading to exhibits. She began to publish her work internationally, and was a finalist for a prestigious poetry award.



*Raintree Series #11, 2006, natural color on paper, 31"×21"*

Natural color paintings reflect the wet, tropical environment of South Asia and its organic growth, movement and change.

Sarah's husband continued his work in international development in Bangkok, Thailand. In that huge urban center, there was no comparable sense of community to Dhaka. Sarah's challenge was to set up a studio and find materials when she didn't speak the language. The days were hot and humid and the weather often turbulent. Sarah traveled to obscure corners of the city seeking out small shops that carried indigo materials. Eventually, she found a large clay pot for making inks, a small metal scale to measure ingredients, and hand-made paper. Harder to find were the ingredients for her colors. On a trip north, after following winding mountain roads to meet tribal children, Sarah stopped at a small foundation that made color. When she saw huge pots of indigo cooking in the sun, she knew she had found what she sought. Sarah came to understand the uniqueness of natural materials and the immense importance of their origins in both Thailand and Bangladesh. Color and plant materials held sacred and magical properties and Thailand's color history went back to ancient recipes passed secretly from family to family.



*Palm Lines, 2007, watercolor, 8"x11"*

The growth outside her windows in Thailand, huge palms, tropic weather and lush nature, inspired exuberant paintings as well as more minimal abstraction. Nearly ten years out from the experience of illness and treatment, life was good and to be lived.

For Sarah, the relationship between plants and the human body became intertwined, resonating with her pursuit of alternative cures after breast cancer treatments. Though she had followed the traditional medical path of surgery, chemotherapy, and a tamoxifen regimen, she had also sought alternative treatments like acupuncture, and herbal compounds like American Indian 'Essiac' tea. She began to see that her journey, propelled by art and color, had led to understanding the ecology of the body. With her new knowledge she wrote and published a book about the natural colors (*COLORS: Passages through Art, Asia and Nature*). In it she reflects on the way color illuminated her life, as well as the historical roots of Indigo and other plants used for medicines.



*Rice Fields #3, 2002, watercolor, 8"x11"*

The flat, brilliant landscapes of Asia are subject over and over again in Sutro's work. Vastness, water, the marks of nature, renewal and change all shaped her ideas of what painting could be.

With her son growing up, Sarah traveled from Thailand to pursue her art at the American Academy in Rome, an artist's colony in Montenegro, and a show of her work in Belgrade, Serbia. Now 62, fourteen years past her cancer diagnosis, Sarah feels positive about her life.

“Cancer is no longer a major event for me. It seems unbelievable considering the trauma of the past. Being ill sharpened my vision—it increased the colors I saw and the beauty in my environment. I’ve developed so much as a writer and a painter. Still, I’m very aware of the issue of mortality and I’m more accepting of change. I try not to take anything for granted.” She adds. “I never use the word ‘survivor’ to describe myself—it sounds too much like some sort of club. Yes, I survived, but I did much more than that.”

## **Judith's Story**

### *Life Before*

Judith, unlike Sarah, had been worrying about breast cancer since her thirties. Two of her maternal aunts died of the disease before age 50, and she knew two women who were diagnosed in their twenties. Throughout her thirties, forties and fifties, she obsessed about breast cancer and was vigilant about getting mammograms and having frequent check-ups. A retired college professor and published writer of fiction and non-fiction, Judith lives with her historian husband south of Boston. Unless it's storming they are outdoors, biking, or taking long walks together. Recently, Judith became a yoga teacher of classes for older women at a Senior Center. She continues to travel widely and has been to India, Egypt and Vietnam. Last year she joined an educator's trip to Ghana. Standing in the slave dungeons where captured humans were kept chained before being shipped to the Americas, she reflected on her own good fortune, despite having had breast cancer. “It’s been almost seven years since my diagnosis and treatment. I feel healthy, I live in a lovely house with a water view; I don’t worry about money; I have satisfying work, wonderful friends, and a compatible partner. Compared to the vast suffering I’ve seen, my life is blissful.”

Judith started keeping diaries at the age of twelve after reading the *Diary of Anne Frank*. She even used the address “Dear Kitty,” just as Anne did. Decades later, she was visiting the Anne Frank house in Amsterdam on September 11, 2001. As a Jewish woman who had identified with Anne, to be in her hiding place at the exact moment the World Center was attacked inspired her to write a short story. “Writing fiction is a way for me to explore what I’ve been thinking about,” she said. Her story is about a Muslim woman who also visits the museum on the day that Islamic terrorists attack the United States.

Fit and energetic, Judith looks younger than her sixty-nine years. Her novel *Seasons* was first published in Germany in a prestigious series called *The New Woman*, which included writers like Margaret Mead and Doris Lessing. This autobiographical novel describes a young city couple's experiences living on a rural Vermont farm, including their often failed attempts to raise animals and grow food. As in Judith's own first marriage, the fictional couple breaks up by the end of the book. Her short stories have won awards and her most recent, yet unpublished novel offers a comic treatment of life as a college professor. Judith began her college teaching career in her mid-twenties when she was barely older than her students. “Jobs were much easier to get back then—I never worried about getting hired.” After teaching at a community college, she went on to a full-time position at a state college where she taught sections of a large Child Development course. “I learned from experience,” she said.

“Eventually I went back to school. Though my Master’s was in Educational Psychology, I chose to do my doctoral work in Literature and Creative Writing, my first love.”

Judith grew up in a Detroit Jewish community. Her parents were the children of first generation immigrants from Eastern Europe. Though her grandparents were no longer alive, the families often gathered to celebrate holidays together. She remembers eavesdropping on her mother and aunts. This close-knit sister bond would be decimated as two of her mother’s sisters died of breast cancer, and two others succumbed to other cancers. “I remember my mother lying on the couch, weeping about her sister’s diagnosis—‘it was just a tiny lump,’ she said.” The heavy atmosphere of loss and sadness over these premature deaths affected Judith deeply.

“I couldn’t wait to move far away,” she said. “Even after I married and moved to the East Coast, I worried constantly about my parent’s health and about getting breast cancer myself. I started going regularly to a breast center, started by Dr. Susan Love at Faulkner hospital in Boston.” Dr. Love, the author of books about breast cancer, and an important national spokesperson, recently started a massive online effort to organize and promote research on breast cancer. (<http://www.armyofwomen.org/>).

After Judith’s first publication, she received a competitive grant to spend a year at the Provincetown Fine Arts Work Center, an inspiring artist’s community at the tip of Cape Cod. When the fellowship ended, she worked on writing while teaching full time, fortunate to have a steady income unlike many writers and artists. When her first marriage ended in divorce, she shared a house with two single women and two children. This living arrangement led to her second novel titled *The House Without Water*, which she imagined as a contemporary version of the classic *Little Women*. Eventually she moved to the Boston area and was hired to teach writing at Harvard where her colleagues were a group of actively publishing journalists and scholars. As a single woman in the competitive atmosphere of Boston, she attended readings by writer friends, and helped start a writing group composed of novelists, poets and biographers. Over a twenty-year period, the group created their own writer’s colony by annually renting a large house on the ocean.

After ten years as a single, childless woman, Judith met the man who would become her second husband. Since she hadn’t been in a comfortable domestic situation during her fertile years, and he had had a vasectomy, a family was not an option for them. She laughs: “I’m like that woman in the 70s poster who says: ‘Oh my God, I forgot to have children.’ I think I put my nurturing energy into working with students.”

### *Diagnosis and Treatment*

At her consultations with Dr. Love, Judith often had benign breast cysts aspirated. She would experience an enormous sense of relief until the next time she felt something suspicious. Five years before her cancer diagnosis, a surgically biopsied lump proved to be benign fatty tissue. After passing menopause, Judith stopped obsessing as much. “I’d made it this far-- maybe I could let it go.” Though she no longer did regular self-exams, in 2006, Judith felt a vague tingling and thickness in her left breast. This time, her concern had a real basis. Despite the fact that her primary care physician felt nothing unusual, she sent Judith for an ultrasound. “It had been less than a year since my last x-ray so they wanted to screen one breast, but I insisted they do both.” Though the mammogram showed no abnormality, the ultrasound, done the same day, revealed a noticeable black dot in her left breast, just where she had suspected something. The woman radiologist performed a needle biopsy and Judith wasn’t



especially worried. She had had so many ultrasounds and aspirations that it almost seemed routine. As she indulged in a spur of the moment haircut and met a friend for dinner, she felt relatively carefree. Over the long Veteran's Day weekend, she didn't think about the results. Then, the following Tuesday at nearly five o' clock, the phone rang.

"I'm sorry," the doctor said. "It is cancer," but she added, "it's very tiny and it isn't life threatening. *It's just a nuisance.*" Judith would recall her words: "just a nuisance" many times as she faced the cancer she had dreaded since her twenties. Almost immediately, Judith's primary doctor phoned, sounding very concerned. She set up an appointment with a surgeon for the following week. That doctor seemed scattered as he listed various hospitals where he could operate. "When we left, I cried—I didn't feel safe at all." Rather than stay with this physician, she chose to return to the Faulkner Breast Clinic where she had been followed for years and the doctors were all women. This choice required negotiating with her health insurance provider, but it was worth the trouble. Her female surgeon, a doctor she had consulted after Dr. Love left the practice, spent a long time carefully explaining her estrogen positive tumor, as well as the surgery options. Though she could have a lumpectomy, and then wait to see if more surgery was needed, Judith knew immediately she would choose a mastectomy. Her reasoning was based on personal experience (not exactly a scientific method), but she knew of two women who had lumpectomies and later died, and two others who had a mastectomy, and were alive and well.

Though statistics on early stage breast cancer show similar survival rates for lumpectomies, and she fully understood that anecdotal stories are not evidence, these personal connections weighed heavily on her. "At that point in my life, I didn't believe I needed my breast to feel whole. I was sixty-three and my husband was very supportive." Though her doctor suggested consulting a plastic surgeon and have reconstruction during her mastectomy, she cancelled the appointment. "As a feminist," Judith said, "I was wary of the plastic surgery industry based on breast enhancement and reconstruction. Many of these surgeons are young women, and I'm sure they believe in what they do, but I question the heavy emphasis on breasts. Keeping the breast gets far more attention than the cancer itself." During the decision-making process she spoke with three women who had reconstructive surgery, including her friend Sarah. One had been left with compromised muscles; another insisted her reconstructive surgery was more painful than any of her cancer treatments; and a third had a reconstruction procedure that failed to take.

Judith even considered having both breasts removed, given her family history. Since the BRCA gene mutations give women who've inherited it an 85 percent chance of getting breast cancer, as well as increased rates of ovarian cancer, Judith elected to have this expensive test. First, she saw a counselor who took a family history, then she returned for a blood drawing, and waited months for the results. When her test results proved negative, she decided against more surgery. One of her stiff-lipped New England students, whose mother also had breast cancer, made an offhand remark that still resonates: "I think you should wear your scars proudly," she said. In fact some mastectomy patients even have artistic tattoos drawn on their bare chests. To help accept her new body, Judith took pictures of herself before and after surgery.



In this image Judith holds a mask over the breast that will be removed, anticipating its absence. Though Judith normally didn't make visual art, she created a collage using pictures from different parts of her life, including pre- and post-surgery images, which continues to hang on her study wall.



Judith included pictures of herself at four, in her teens, and her twenties, as well as her pre- and post-surgery chest and her bald head. The other images are from paintings of women, and Georgia O'Keefe's skeletons. The eyes suggest being seen and accepting what one sees.

Between surgery and starting chemo. Judith and her husband took a trip to Mexico they had been forced to reschedule. Her pathology report indicated micrometastases in one lymph node, which made her cancer stage 2, but it would be another month before she could consult with oncologists. On her trip to San Cristobal Los Cassis, Mexico, she visited an American expat who was bedridden due to a recent accident. "There I was, fresh from cancer surgery, at her bedside. Though I had a potentially fatal disease, this woman was in much worse shape. Except for sensitivity around the surgery site, she wasn't in any way restricted. In fact, she climbed the pyramids and shopped in the markets. Only when she wasn't busy, did she worry about what was next? Daily radiation, chemotherapy, or if lucky, maybe simply taking the estrogen suppressor Tamoxifen as a preventative measure.

The two oncologists she later consulted agreed that she had estrogen positive infiltrating breast cancer, but they disagreed about the need for additional treatment. Because of the micrometastasis, the younger, male doctor recommended a short term of chemo, while the older, female physician felt that Tamoxifen would be sufficient. Given what she knew about her friends and family's experiences with cancer, she opted for the more aggressive chemo, but chose the woman as her oncologist. During this period, a close friend from childhood experienced a reoccurrence of breast cancer. Judith hoped to visit her in California, but her friend died before she could get there. Though this was a huge blow, Judith tried not to compare herself to either her friend or her dead aunts. Over and over again, she reminded herself of the many who had recovered from breast cancer.

With the exception of the treatment side effects like hair loss, mouth sores and exhaustion, Judith's work life and social life stayed on keel. Through it all she continued attending yoga classes since the mind/body work made her feel stronger and emotionally more in charge. Since she had only four chemo sessions, every two weeks (a dense dose regime), she knew it wouldn't last long. The day following the infusion, she rested in bed, but on most days she taught her classes. When the Human Resources department at her college phoned to ask if she wanted a medical leave, it made her feel worse. Though some cancer patients advocate using the "cancer card" to decline unwanted obligations, Judith preferred privacy.

### *Life After Cancer*

A year after her surgery and chemo, Judith and her husband went on a strenuous trek to northern Thailand, hiking all day and sleeping in village huts at night. Then, three years after her treatment, she spent her sabbatical semester at a yoga teacher training course. This involved traveling to Baja, Mexico on the Pacific coast, sleeping in a tent and participating in ten-hour days of practice and meditation with women young enough to be her daughters. "I'll admit this wasn't the right program for me, not because I'd had cancer, but because I wasn't with people my age."



This experience led to an article she wrote, titled “The Professor Goes to Yoga Boot Camp,” where she contrasted the yoga training approach to her own philosophy, which honors the experiences students bring to classes, rather than imposing one way upon them. Later she took a workshop designed for teaching yoga to elders whether they’re using a chair, or even lying in bed.

Like Sarah, Judith hasn’t joined the breast cancer culture. She doesn’t paste pink decals on her car, or attend marches for a cure. “During my treatment, I joined the annual cancer walk and raised quite a bit of money but after I learned about the many organizations, all competing for funds, I decided to support my late friend’s husband’s effort to fund a chair in breast cancer research at Stanford University, her alma mater. They’re focused on discovering what causes breast cancer in order to prevent it. I wish the many organizations competing for money would join forces and work together like Dr. Love’s web-based Army of Women.”

The year after her treatment, Judith helped design and launch a doctoral program in Adult Learning. Her student’s research gives voice to marginalized populations like Latina teachers, day care providers, and African-American women. Neither her colleagues nor her students view her as a former cancer patient or “survivor” because she never mentions it. When the rare person asks: “How’s your health?” she has to pause and remember they mean cancer. Judith admits her own situation would have been different if she had been younger or had children. “I remember a friend dealing with breast cancer in her thirties. Just looking at her six year old made her burst into tears.”

Though Judith insists little has changed in her life as a result of the cancer—unless you count buying new, updated breast prosthesis each year—she doesn’t feel completely safe.

There's still a chance of recurrence, but she could also die in a car crash or from some sudden new illness. She continues to take anti-estrogen aromatase inhibitors as a preventative and sees an oncologist every six months. If the cancer does return, she reasons that current treatments could allow her to live out her lifespan. Like Sarah, Judith finds the term 'survivor' offensive.

"It has too many associations with death camps in WWII, meaning you've survived a holocaust or war. Maybe it's because I'm Jewish, but I think it's an unfortunate term, you could say that we're all survivors, survivors of life!" After reading many books, and looking at tons of websites filled with irrelevant information, and mindless affirmations about breast cancer being a good thing, she came up with her own response. Not only does she question the pressure to have breast reconstruction, and the fetishizing of pink adornments, she has her own proposal reminiscent of Jonathan Swift's ironic solution in 1729 to the "Irish problem" in *A Modest Proposal*: his deadpan argument that all Irish children should be roasted or boiled to increase the food supply.

"My immodest proposal is completely serious," she said. "If ALL postmenopausal women elected to have their breasts removed and it became as routine as getting a tonsillectomy or an appendectomy, wouldn't the breast cancer death rate decline dramatically?" Judith's rebellious need to question commonly accepted assumptions remains intact. (See her article on the Lilith website). Despite the years she spent worrying about it, breast cancer is not the driving force of her life. Her most powerful post-cancer realization is that thousands of women face this disease, and many emerge undiminished to have rich and interesting lives. Rather than focusing on heroic survivors, she hopes we come to see breast cancer as a collective problem, like global warming.

"It's more than 'a nuisance,'" as my first doctor called it. It's a steep bump in the road, one deep enough to cause damage, but it's not a wall. For women with productive work and decent lives, having cancer need not derail them. Cancer doesn't make you a better person—life does that, aging does that."

Our stories have messages for women facing breast cancer and the healthcare professionals treating them.

1. Telling or writing their stories imposes a meaning and coherence patients might not otherwise find. The act of constructing a narrative can be empowering.
2. Patients and healthcare providers should consider environmental issues. Making women aware of possible environmental toxins in their drinking water, their homes, or food may prevent cancer and free cancer patients of self-blame.
3. Patients should not be pushed into reconstruction without clarity about the downsides. The medical view that favors saving the breast above all pushes vulnerable women to accept that concept.
4. Patients can be encouraged to question commercial beauty regimens intended to help them "feel better about themselves." Trying to measure up to a Hollywood conception of attractiveness may make them feel worse!
5. Stress the strengths that women possess. Cutting down on activity and increased self-care doesn't have to mean assuming a victim identity.

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Judith Cohen is a writer and college professor, seven years past her own breast cancer diagnosis. She teaches in an adult education program where adult life experiences are central. Publications include "Late for School: Stories of Transformation in an Adult Education Program," *Journal of Transformative Education*, "Python," *I Thought My Father Was God*, National Story Project, Paul Auster, Ed. Henry Holt, New York, 2001, as well as a novel *Seasons* (The Permanent Press of Sag Harbor, New York, 1984). Cohen's short fiction has appeared in *The North American Review*, *New Letters*, *High Plains Literary Review*, *Sojourner*; reviews and articles have appeared in *The Christian Science Monitor*, *The Dallas-Times Herald*, *The Boston Herald*, *The Boston Review*, and *The Women's Review of Books*.

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