



CARING FOR CYNTHIA

A Caregiver's Journey Through Breast Cancer

Photography by Amy Blackburn, RN, BSN, MA



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SHE TOLD ME

I was at home when the call came. All I could hear was wind and the sound of someone walking. I knew it was Cynthia, my best friend.

Months before, Cynthia, who was forty-one at the time, had felt a lump in her breast while doing a self-exam. She told her doctor about it and a mammogram and biopsy were scheduled. The mammogram came back negative, and the biopsy identified the lump as benign.

Then Cynthia's gynecologist sent her on for a second opinion from a surgeon. It was my number she dialed when she left the appointment. I waited for the noise to subside. Then came Cynthia's voice:

"Amy, I've just left the surgeon's office. He used the words 'highly suspicious' to describe the irregularity. I had another biopsy, and my breast's a little sore."

"Are you all right?"

She said she was.

Five days later, Cynthia learned the results of the biopsy report. I wasn't with her when she got the phone call, yet Cynthia has spoken of that call so often I know the events by heart:

Our mutual friend Haroon was scheduled to pick up Cynthia after work to go for a spin in his new convertible and a walk in the park. As she waited for Haroon, Cynthia's phone rang. It was the surgeon. "Cynthia," he said, "the biopsy is positive. You have breast cancer." As she hung up and began to cry, Haroon arrived in his new Mustang. Later she said she noticed Haroon's new car but simply could not talk about it. Instead she insisted they drive to the park and maintain their evening routine. As Haroon

and Cynthia walked, instead of weather, politics, or hospital talk, the two discussed suffering, faith, and inner strength. Cynthia recalls that initial conversation as a great source of comfort in those first few moments after her diagnosis.

From the park, Haroon drove Cynthia to my house. As I heard the car pull in, I stepped outside to greet them. Rising moonlight illuminated the activity in my driveway, and as I watched Cynthia get out of the car, I could see tears on her face.

"I have breast cancer," she blurted. Her hand reached to her tearful eyes. In that pause at the end of the sentence, I was speechless and numb.

"Can you take a picture of me tonight—just the way I am right now?" The three of us hurried into my home to record the raw emotion of that night.

By and large, Cynthia's presence encourages laughter and vibrant conversation wherever she goes. On that night, however, the three of us were silent. Under the studio lights, I saw a stoic woman in a black sports bra and polyester running pants, void of expression. Cynthia cried, then regained her composure. In the seven exposures I created that evening, there was already evidence of Cynthia's courage surfacing.

Much later I came to realize that Haroon and I were seeds planted to become the first growth of a community of professionals, family, friends, and colleagues that would sprout into a garden that enveloped Cynthia and provided support and care during her illness with breast cancer.

In the dark of that night in my home, though, I had no idea how much my life would change in one year.





Can you take a picture of me tonight—just
the way I am right now?

CYNTHIA

DISCHARGE FROM THE HOSPITAL

After surgery, while Cynthia was waking from anesthesia in the recovery room, her sister and her niece Rebecca gathered close to the stretcher to greet her as she awoke. Her mother stayed near the side rails too and used ice chips to wet Cynthia's dry lips. While we were positioned around Cynthia, the surgeon emerged from behind us. We stepped away so he could see Cynthia. I asked him directly about lymph node involvement. "The lymphs were clean," he said.

I didn't believe Cynthia heard what he said and therefore repeated the good news. She used her hoarse voice to thank the surgeon and thank God. Cynthia's tears were noticeable as she gripped Stephanie's hand.

Breast removal, also called a mastectomy, can be an outpatient surgery. Cynthia's hospital check-in, preoperative procedures, surgery, and recovery added up to an eight-hour day.

After some time in the recovery room, the nurse began discharge instructions and outlined the care of the drainage tubes. As a nurse, I've been providing discharge instructions for years. That day I was on the other side and, instead of speaking, I was listening. I had to listen intently; the information gained was critical should Cynthia require medical assistance beyond what I could provide in the next twenty-four to forty-eight hours. And even though I was familiar with drainage tubes and postsurgical care, I felt my heartbeat pounding in my ears as I listened to the nurse.

Once the word "drain" was mentioned, Cynthia looked at her side. About six inches underneath her

armpits were drains that looked like lightbulbs at the end of a flexible straw. They had been surgically placed under the skin to remove blood and protein-filled fluid. I heard the nurse say it was time to pull the car around.

As I approached the outpatient entrance, I spotted Cynthia surrounded by her family. They helped her into my car, and we pulled away from the curb. Cynthia settled into the front seat and rolled down the window to feel the air. As I drove, I felt numb, as if the anesthesia had been administered to both of us. Cynthia sat quietly, her eyes closed, opening them only briefly to talk, although few words were spoken.

That evening five of us gathered in Cynthia's living room. Several people curled on the shaggy rug below Cynthia on the couch. She was surrounded by flowers, gifts, and cards sent from as far away as the East Coast. The conversation was light, and there was even some laughter despite the long day.

It wasn't long before I suggested Cynthia sip some water and take a short walk around her condo complex. Two of us accompanied Cynthia for a fifteen-minute stroll.

Once back inside, I helped Cynthia with the pain pills, the bandages, and the drainage tubes. I milked the tubes, emptied the bulbs, and measured the red-tinged drainage that came from each side of Cynthia's chest.

Karolyn took over at that point, and I headed home despite the pull I felt to stay with Cynthia through the night. Thankfully, though, her mother would manage those hours and allow me to rest in preparation for the next day.





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SEEING HER BODY FOR THE FIRST TIME

The next day, Cynthia stood in front of her bathroom mirror with her upper torso wrapped in a six-inch Ace-wrap dressing. I watched with my camera. First, Cynthia took off the drainage bulbs that were safety pinned to the dressing. As the bulbs hung by her side, she took a large sip of water and set the glass down. Then she paused a moment, looked at me, looked at herself in the mirror, looked down at her chest, and began to slowly unwrap her bandage.

Each layer of wrapping had more dried blood the closer she got to the incision. Once the incision was exposed, she looked up to the mirror and then turned to me.

There was silence. There were no tears.

I assisted her into an expandable mesh dressing that fit her like a tube top to hold the new gauze placed on the incision, then watched as she buttoned her blouse. Right away we noticed how the extra material puckered where her breasts would have been.

Karolyn came into the bedroom holding costume coconut-and-seashell bras. Both Cynthia and her mother laughed. It was the perfect distraction to lighten the moment. Karolyn reached for Cynthia and kissed her. The two began to make plans to shop for a camisole with material “breasts” built into the fabric so her shirts would look more natural.





As we waited, my mind was foggy. The waiting room was like a scene out of a movie, like it was not really happening. I wished it was a movie.

FIRST DAY OF CHEMO

Three weeks after the drains were removed and Cynthia's body was well enough for chemotherapy, I went with her to her first treatment. We waited for her blood to be drawn. Then we waited for the results of the blood tests. As we waited, my mind was foggy. The waiting room was like a scene out of a movie, like it was not really happening. I wished it was a movie.

After getting the blood results, the pharmacy department was supposed to mix the chemo that Cynthia would receive. We thought we were waiting for that when one of the nurses approached and reported the lab work revealed Cynthia's white blood count was too low to receive the first dose of chemo. We looked at each other, and the only word that came out was, "Okay." Cynthia received an injection of a medication to boost white blood cell production, and then the nurse instructed Cynthia to return the next day for additional blood work to recheck the white blood cell count.

We put so much emotional energy into preparing for this day. Was I relieved that Cynthia didn't receive chemo? Had we experienced a setback in the course of treatment? My emotions were in a jumble. I felt discouraged and helpless as we walked out of the cancer clinic that day. I wanted to blame someone or something: the cancer center, the cancer itself, or even the white blood cells.

We returned home to a driveway full of friends. Cynthia went for a walk to shake off the day, and I returned to my home.

I found myself tidying and then finally cleaning my home. Here I had control. As I worked, I focused on faith and trust, and prepared myself for all that would occur beyond my control in the months ahead.

When Cynthia returned to the cancer clinic the next day, her white blood cells were at the level required before the chemo treatment. She received her first dose of chemo that day and thus began the four months of eight cycles of chemo treatments. Cynthia would receive chemo every two weeks depending on her white and red blood cells' ability to recover from the previous dose of chemo. She would receive medications to boost both red and white blood cell production.

Because the chemo compromised her body's ability to fight infections by decreasing the number of white blood cells available to attack germs that invade the body, Cynthia took measures to stay as healthy as possible. She would wear a mask, if necessary, in public to avoid exposure to germs.

We quickly learned that since fresh foods and flowers carry germs, Cynthia couldn't eat fresh vegetables, salads, or even be around freshly cut flowers. With this information, Cynthia and I were going to face a summer without salad, which had been one of our favorite shared meals.



NEW IDENTITY

I knew Cynthia valued her hair more than her breasts. Her hair was naturally silky and blondish brown in color. Her hair was long, almost to her waist, and had been since childhood. Washing, conditioning, and combing her hair took hours, a fulfilling ritual that was a part of her existence. Her longtime coif was an obvious part of her identity.

Several days after the aggressive chemo regime began, we knew total hair loss was only weeks away. We spoke affectionately of her hair during this time and reacted to the anticipated loss by memorializing it. Perhaps the photo session was a necessary part of the grieving process on our journey with cancer. As we began this series of portraits, we knew Cynthia's hair would never look the same.

In typical fashion, Cynthia took steps to control what she could. She reacted to the anticipated hair loss by working closely with her longtime hairdresser, Tony, to create a new look with shoulder-length hair. She did this as she prepared for baldness in about two weeks.

While Cynthia consulted fashion magazines for short hair ideas, in the end she entrusted her new

look to Tony's creativity and experience. She climbed onto the parlor chair. Tony tied the plastic hairdresser apron behind her neck and handed her a brush.

Without speaking, Cynthia began to brush her long hair, I believed, for the last time in her life. She brushed for several minutes, and then Tony stepped behind her and made a ponytail with her hair, using a black rubber band. With one snip of his scissors, her long hair was gone, placed in a plastic bag, and ultimately donated to Locks of Love, an organization that provides hairpieces to financially disadvantaged children. Tony resumed the haircut by styling Cynthia's shoulder-length hair. Her new identity took shape. Even without her long hair, Cynthia would still be Cynthia.

Cynthia's hair loss hit me harder than I had anticipated. Thankfully Tony was able to support Cynthia during this emotional time, something I was not prepared to do. In the days that followed, more and more people came forward to provide Cynthia (and I) with the emotional and physical support she (and I) needed.







Cynthia cried, almost to herself, as long masses of hair fell gently to the ground. On Cynthia's face, I saw moments of acceptance mixed with fear and sadness. Karolyn's face was expressionless as she cut her daughter's hair and then shaved her head.

HALFWAY THROUGH CHEMO

The summer was growing long, and we were only halfway through the chemo treatments. The Tucson summer heat was stifling, and a feeling of stagnation overcame me. The combination of the heat and feeling like Cynthia and I were on a boat without an engine in the middle of an ocean, prompted me to take action and lighten things up. I went shopping and bought pink-striped kitchen towels as a gift to celebrate the milestone. After all, we weren't going anywhere, but we were halfway through chemo treatments and, even without an engine, we were getting closer to the coastline.

A week later, I escaped the heat with a trip to visit my family in Pittsburgh. Aunt Sue, my mother, and I accompanied my cousin Kristin, who had flown in from New York, to a coat salon in downtown Pittsburgh, where she wanted to buy a very special coat. Aunt Sue and Kristin love shopping with my mother.

While shopping at the salon, I found a French silk scarf with pink, burgundy, and red stripes that had a woven texture and appeared to be one of a kind. I thought of Cynthia and how her bald head is sensitive to air, even warm air. The owner of the salon stood close by as I mentioned Cynthia's bald head to my mother and the idea of purchasing the scarf. I noticed the owner walk away. Moments later he appeared from the next room with a swatch of mink that was dyed pink. A breast cancer ribbon was pinned to the middle of the mink with a pearl pin. He said he had overheard us talking and wanted to give this pin to the woman we had been discussing. He also discounted the scarf.

This unanticipated act of generosity on my voyage back through family territory underscored the oneness of our existence and the power of the simple act of giving. Suddenly I felt a little gust of wind push our boat closer to the shore. With the help of strangers, Cynthia could find safe harbor.



THE INHERITANCE

Ruthann, a high-school friend from Oregon, came to Tucson to support Cynthia during a chemo treatment. Cynthia felt great after her blood transfusion. Ruthann was also more than willing to become a patron of the local steakhouses.

After a steak lunch, we sat around Cynthia's kitchen table and talked. I noticed a tiara sitting on the kitchen countertop and asked if it was Ruthann's. We took turns trying it on while Cynthia gave us the history: the tiara was given to her by her mother, who was also a breast cancer survivor.

I've always associated tiaras with beauty and pageantry. Tiaras are passed from queen to queen. They symbolize beauty, royalty. In this case, however, the inheritance was cancer.

Cynthia had become a queen of endurance, another quality she shared with her mother.



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YOU CAN
BEAT THIS

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BEAT THIS

ARTIST'S STATEMENT

A camera explicitly, and sometimes unpredictably, records the emotions and surroundings that make up a brief moment in time. Once captured, the image is used to interpret this ephemeral moment. Whether we accept the reality it presents or whether we deny it, the revealing nature of photography allows us to feel the moment again and again.

When my best friend, Cynthia, and I learned she had breast cancer, we were in denial about the reality of the diagnosis. As we began to accept it, we used photography as a medium to document our reality while, at the same time, escape it. In accepting breast cancer, we controlled how we reacted to it by becoming subjects of an educational documentary that would move, touch, and inspire

others. We faced each emotional challenge with a steadfast acceptance, simply out of our promise to document that experience for others.

Each person's experience with breast cancer is personal. The images created during the year of Cynthia's cancer and treatment were captured through my perspective—that of the caregiver. My close relationship with Cynthia and my photographic style of capturing people simply being themselves will serve as a visual support for those patients and caregivers recently touched by cancer. It is my intention that the images inspire dialogue when moments of adversity or triumph surface, and that they serve as a platform from which one can begin to experience cancer.