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## Time spent waiting: Attempting to perform the "good daughter" and missing opportunities to practice empathy

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### **Cover Page Footnote**

Thank you to my mother, Art Bochner, and Lori Roscoe. Art, you changed my methodological perspective. Lori, you are an exceptional mentor. Momster, you are my heart, and I love you dearly.

## **Time spent waiting: Attempting to perform the “good daughter” and missing opportunities to practice empathy**

Meredith L. Clements

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*What do you do when a loved one who receives a serious medical diagnosis? How will this impact your relationship? What happens during the time between receiving the diagnosis and undergoing surgery? A diagnosis can reduce what Frank (2013) calls “diagnostic uncertainty” because it gives the health problem a name—a frame we can use to make sense of an illness. Upon receiving a diagnosis, a period of waiting begins, often introducing new forms of uncertainty. At times, the waiting can be just as devastating as the diagnosis itself. In this narrative, I share my experiences as a daughter who struggles to make sense of this in-between time while waiting for my mother’s operation to remove her brain tumor. I confront the “good daughter” narrative I inherit and actively reconstruct through my perceptions of social and familial expectations. I share the story of my continuing struggle to fulfill the role of a “good daughter” as I attempt to move toward a richer, more empathic way of understanding my position as the daughter of a mother experiencing illness.*

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“Recovering from surgery will be a lonely process,” my mother says as she takes a seat at the kitchen table. “I was counting on Mr. Wilson to keep me company during recovery. I pictured our little dog lying next to me, and it helped. He knew I was sick. He could sense it, you know?”

I nod, “Of course he did, Mr. Wilson was a smart dog.”

“He was a wise and patient pet,” she says, sniffing into a tissue. Mr. Wilson the wiener dog was our family pet for eighteen years. Three weeks before my mother’s brain surgery, he died in her lap on our way to Walgreens. Mr. Wilson loved car rides, and my mother loved including him. The time we spent waiting for my mother’s surgery became more difficult after Mr. Wilson’s death. The night he died is a memory I regret, as it was one of many moments during the time we spent waiting for the surgery when I missed the opportunity to empathize with my mother and the angst she felt toward the unknown.

“I don’t want to imagine my recovery without Mr. Wilson. Who knows what that process will actually look like or how long it will take?” My mother looks at me with tears in her eyes. “The doctor says I will lose feeling in my right side, plus my hearing will never be the same, and you know how proud I am of my hearing. They’re going to cut large flaps on my face and neck to expose the area, so I’m bound to have scarring. My brain will be exposed for hours! And my mouth’s going to droop, so I won’t be able to

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Acknowledgements: This narrative is dedicated to my mother, Dr. Clements. Momster, you are my heart, and I love you dearly. A special thank you to Art Bochner and Lori Roscoe. Thank you, Art, for helping shape my methodological perspective. Lori, I am grateful for your exceptional mentorship, and I plan to pay it forward.

speak as well as I do. What will I sound like? What will I look like? I'm going to come back lopsided!"

At this point, I am unsure of what to say. I want to hug my mother and say something spiritual and profound about beauty and subjectivity, but my focus is on trying not to cry. If I start crying, I will not be able to stop and I want to appear strong. I do not want to burden my mother with my emotions. If I want to be a "good daughter," I should not add to her problems. Imagining myself enacting a "good daughter" narrative distracts me enough to avoid crying. Focusing on performing a "good daughter" role distracts me from being present, leaving little room for an empathic exchange, which is what we both need.

My mother is staring into her glass of white wine that I poured over an hour ago. A warm glass of wine during a humid Florida summer may sound unappealing, but the temperature didn't matter—it was still wine. "If I come back unable to speak and I don't look like myself, what's the point of coming back at all?" My mother and I have moved beyond what Frank (2013) describes as "diagnostic uncertainty and the relief when some physician validates how much is actually wrong, as devastating as that diagnostic news can be" (p. xv). Receiving a diagnosis helped make sense of her pain, but now we are stuck in a state of post-diagnostic uncertainty, and I am terrified by the thought of my mother losing her quality of life.

Looking up from her glass, my mother says something I still find haunting: "Maybe Mr. Wilson is the lucky one." Tears stream down both of our faces. The floodgates have opened, and my mother is sobbing. We are both crying, but we are not crying together. We are a mere ten feet apart, but we do not share the same space. As an instructor of interpersonal communication, I lecture on the value of empathy, yet I cannot seem to put it into practice in this moment. Pelias & Shaffer (2007) define empathy as "a qualitative process in which individuals understand and share the feelings of others" (p. 99). Understanding empathy as a sharing process can enable actors to not only empathize with a particular person or situation but also incorporate it into their worldview. Even so, paying particular attention to the active nature of empathizing, we can better understand how difficult an empathic exchange can be, especially when it is in the context of a mother-daughter relationship where the power dynamics are imbalanced and the emotional attachment is strong.

My mother, wondering if our dead dog was luckier than her, shows me how vulnerable of a state she is in, and yet I cannot put in the work of trying to share her feelings. I know ways I can empathize. I know she needs a hug and someone to witness her grief, but I am too scared to listen. I know she needs me to be present, but I cannot stand in the kitchen any longer. I leave my mother alone, crying, holding a warm glass of white wine in one hand and Mr. Wilson's favorite toy in the other.

\* \* \*

In the context of illness, there are times when we yearn for a diagnosis because it gives us a way to navigate the uncertainty and narrate the pain (Charon, 2004). Following a medical diagnosis requiring surgery, a period of waiting can occur that often invites new forms of precarity surrounding surgical outcomes. For my family, the waiting is almost as devastating as the diagnosis itself. In this story, I share my experience as a daughter who struggles to make sense of the time between my mother receiving a diagnosis and her waiting to undergo major surgery to remove a brain tumor. I confront the “good daughter” narrative I both inherit from familial expectations and actively reinforce using my own perceptions of what it means to be an adult child to a parent who is experiencing illness and uncertainty (see Bochner, 2012; Freeman, 2014).

While the arduousness of living with a brain tumor is something I never hope to experience directly, I wonder what we can learn about illness and empathy from my point of view. To do this, I share some darker memories from the time in-between my mother’s diagnosis and surgery. The challenge of writing with the intent to share the personal is telling a story that is both my mother’s and mine. This is the challenge of a narrative account (see Freeman, 2014). My mother’s “self-story” (Frank, 1995) remains her own, yet in thinking with her story (Frank, 1995), I might come closer to a shared understanding, absorbing some of the emotional overlap between us. I tell this story with the intention to suggest that coming to a place of empathic mother-daughter exchange is an ongoing process that is forever incomplete. I embody parts of my mother’s illness. Confronting the “good daughter” narrative helps me better understand why and how I ineffectively associate helpfulness with silence and distance. This narrative engages imagination and memory, what Saunders (2008) calls re-membering and Freeman (2010) describes as hindsight. I conceptualize my memories as a process of (re) turning to the past (Freeman, 2010) in ways that acknowledge the intensity of a daughter’s fear of death and dying.

\* \* \*

A tumor is lurking in the right side of my mother’s skull for an unknown period of time. Her tumor is discovered the day she lost feeling in her face and right arm. The emergency room doctors think she is having a stroke or a heart attack, but an MRI reveals a tumor pressing on the lump of central nerves that control all five of her senses. Removing the tumor without damaging all or some of her senses will be a serious challenge. Since the surgery she needs is life threatening and rare, she chooses to wait a few months between her diagnosis and surgery. She wants more time. Plus, the surgeon who is most capable of performing this operation is on a Mediterranean cruise for three weeks, and so we are stuck waiting regardless of her preferences. “I want more time as myself,” she says. “I hate change, and I’m not ready for this. I don’t want to rush into something and come back damaged.”

\* \* \*

I move home a couple weeks after my mother's diagnosis as a gesture of commitment to our family. I want to be present to perform the "good daughter" narrative I inherit from my family's Southern roots, which equate to highly gendered standards of how women are supposed to fulfill their roles as daughters. For instance, during a time of death or illness, a "good daughter" does not attract attention, almost like reverting back to the role of a child who "should be seen but not heard." I am aware my presence is expected, but I am not confident in sharing my voice.

I choose to focus on household chores. My mother is passionate about gardening and maintaining the lawn, so I spend afternoons picking up branches and watering plants. I make grocery store trips and attempt to cook, even though I know the quality of the food and the state of the lawn do not matter at this point. These are mundane tasks, but I go through the motions because they enable me to perform what I perceive as "daughterly" and "good." One of the issues with enacting this "good daughter" narrative during a time of chaos is the pressure to appear a certain way, which averts my attention. My feminist politic exists in direct contrast with these misguided conceptions of what it means to be present for a loved one, and yet I reinforce the "good daughter" narrative without question.

During one of many grocery store outings, I bump into Miss Stevie, a friend of my mother's. While standing in the dairy section, Miss Stevie asks about my mother and immediately insists that she will be fine before I can actually respond to her question. As she reaches for the Irish butter, Miss Stevie says, "I wish I had a daughter who would come home and help me with the groceries."

My attention shifts from the butter. I lock Miss Stevie's gaze. "Well it's the least I can do," I say with a smile. "It's working," I think to myself. "Now Miss Stevie will think I'm a 'good daughter' and hopefully tell mutual friends of my mother's."

Miss Stevie chuckles, "As you know, my daughter Sarah lives only a mile down the road from me but won't lift a finger!" Grasping her forehead, she jokes, "Oh what did I do wrong?" I do not find Miss Stevie's joke funny; instead, her joke feels like a backhanded compliment to me and an insult to Sarah. But, I laugh anyway. I want her to think that I think she is funny. I laugh because Miss Stevie reminds me of my mother, and I want her approval. There is something tragic about seeking approval from a family acquaintance while buying butter, but this is where I am during the time I spend waiting for my mother's surgery. I want to appear helpful just as badly as I want to actually help.

\* \* \*

Our family's sense of normalcy disappears with the diagnosis. The physical energy I put toward the mundane activities helps me to detach from

feeling vulnerable. Though my intentions are to help my mother cope with her changing reality, I am deepening the cracks in our relational foundation. I am home, organizing the everyday, but I am not contributing to dialogue or encouraging open communication. I do not ask my mother about her feelings because I am scared of what she will say. When she shares her fears of dying, I wonder why she focuses on the direst of outcomes.

“Why is she so negative?” I wonder. “I understand the surgery may cause memory loss and facial asymmetry, but why does she refuse to acknowledge the more positive parts of her illness, like the fact that something can be done? Or what about the current eye pain and headaches? Why isn’t she relieved by the idea of the pain going away after surgery?” This type of wondering fails to recognize my mother’s suffering and promotes what Ehrenreich (2009) suggests is a series of unrealistic expectations, where social standards pressure patients to frame their illnesses as positive experiences.

Ehrenreich (2009) argues that we recruit the ones we love into thinking positively during the lowest points of our lives. As a health communication researcher, admitting I am guilty of foisting positivity onto my ill-mother is painful. Before the doctors found her tumor, I would have referred to my mother and I as critical thinkers with pessimistic tendencies. After her diagnosis, I cling to positivity, hoping we can fake it until we make it. In actuality, my positive language constructs barriers between us that did not exist before.

\* \* \*

I am driving my mother across town in the early morning and she begins to cry. For the first fifteen minutes, the car ride is silent except for her sniffing. Taking a deep sigh, she says, “I am so scared.”

I swallow the knot in my throat. “I am sorry you have to go through this, mom. No one deserves this.”

“I . . . I feel stuck,” she stutters. “I’m stuck in a body that has turned against me, and I have no control.” I want to reach across the car and hold her hand. My mother responds well to physical signs of affection. I want to better acknowledge her fear by physically reaching out, but I cannot move my hands from the steering wheel. Though hearing her cry pains me, my mind transports me back to the night Mr. Wilson died. Just like that night, I focus on trying not to cry.

Before the diagnosis, we were a “touchy” family. My mother hugged and kissed me often. But we are different now. She is terrified of the unknown, and I am stuck playing a role that I want to reject, enacting traits I imagine a “good” and “strong” daughter has, one of which is not crying. One of my biggest fears, in addition to my mother dying, is worsening the time we spend waiting.

\* \* \*

My mother is an intuitive woman, the kind who comments on a room's energy and tells you whether a person "feels right" after a handshake. She likely perceives my anxious energy, energy that I try to hide, and interprets that energy as something to avoid during an already-stressful time. I cannot remember the time of day or where we were standing when she shares the decision to go to Texas to be admitted as a patient at MD Anderson Cancer Center without me, but I remember feeling confused. Her decision to go without me is the most blatant act of distancing I have experienced. "It's better if you stay home while I go to Texas for the surgery. I can't bare the thought of trying to keep it together in front of you," she says in a tone that leaves little room for discussion. Perhaps I inherited parts of my "good daughter" narrative from her notion of "good mother?"

"That's fine," I say in a cold voice as we stand staring at one another, separated by the kitchen counter. The silence is uncomfortable, but I have nothing more to say. I am snapped back into speaking when I realize the stove is on but nothing is on the burner. "Mom, the burner is on! What's the deal? Were you going to cook something?" I exclaim in an accusatory tone.

"Oh, I was going to make tea, but that was a while ago . . . I guess I forgot." How is she going to handle the trip to Texas without me? Better yet, why is she pushing me away when I want to help? In this moment, I realize we are more alike than I thought. She is performing the "strong" and "good mother" narrative and is blocking my ability to understand her decisions. Like the "good daughter" narrative, performing the "good mother" is a detriment of our relationship.

"Perhaps she wants me to stay home as a gesture of good faith, as a sign she will return?" I wonder. Instead of asking how she came to the decision, I go along with my mother's plan without question, assuming a "good daughter" does what her mother says. I do not want to seem as if I am changing the subject or taking attention away from the larger picture, which is, of course, her surgery. At this point, it would have been useful to ask myself whose impression of me as the "good daughter" am I trying to manage: my mother's or my own? Better yet, why is impression management important to me during a time when there are life-changing issues to address? I turn off the stove's burner. For the first time since this conversation began, I make eye contact. "Alright then, mom," I say in a tone suggesting we are done with this topic.

Five days later, I am back in the car driving my mother to the airport. I do not remember what we say or if we hug, but I remember sobbing as I drive away, so much so that I have to circle the airport twice to catch my breath before entering the highway. I go from screaming crying to complete silence. Half an hour passes before I exit the car and unlock the house. "What's the point of being home, if I'm alone?" I wonder. "There's no mother here for me to be a good daughter to." Does the "good daughter" narrative exist without a mother? Now that I cannot hold her hand, holding her hand is all

I want to do. I want so badly to go back and relive the past few months. If I could, I would have been there—I would have actually been there. I begin to question my behavior, wondering if she would have included me in going to the cancer center if I had been more present. Maybe I would have been included if I was less persistent in my performance of a “good daughter.”

\* \* \*

BEEP-BEEP-BEEP-BEEEEEP! Jamie’s alarm clock sounds like a hospital heart monitor. The beep is a type of beep that jolts me from a deep sleep—only I am already awake with my face intentionally turned away from his. The phone rings, and Jamie reaches over me to answer the call while I pretend to sleep. I am in my bra and underwear. I squeeze my eyes shut as if I am wishing away the scene to which I just awoke. “Oh, why am I here?” I think to myself. I want to go home.

“Damn it,” I whisper, taking a deep breath and letting out a sigh that sounds like I am in pain, and rightfully so. My attempt to drink away my emotions results in me being in bed with a random acquaintance with a dreadful hangover. I roll over and see Jamie fiddling with his cell phone. “God, this is terrible,” I whisper into my hand. I want to remember last night’s events, but my brain is too dehydrated to function. My body aches—a physical manifestation of my guilt.

Jamie shouts into the phone, “Dad? Hey Dad!” His voice lowers, deepening his Southern accent in an attempt to hide the fact that he just woke up. “Yes Sir, I’ll be there soon . . . I’m actually on my way . . . be there before 8:00am.” Ending the call, he touches my back, but not in a gentle “good morning, sweetie” type of manner. His touch is more of a push in the direction of getting up and leaving. Relieved to see my purse on the nightstand, I look for my clothes.

“Have you seen my dress?” I ask myself, noticing Jamie’s already in the shower moving on with his morning. Thankful I am still wearing underwear, I slip out of bed in a hurry to find my dress before he returns. I do not want Jamie to see me like this. He has not earned the right to see me naked when we are sober.

Jamie returns from the bathroom wearing a loosely rolled towel. “So you’re probably still drunk,” he says with a slimy laugh. “Why do women in this town find him charming?” I wonder. My friends who have slept with him say he is a “sweet” guy, but I find him unchallenging. Stepping into jeans, he looks across the room, making eye contact with the dresser. “It’s too bad we didn’t have sex . . . It’s like we were two high school kids rubbing up against each other . . . seems like a missed opportunity to me.” I let out a stilted giggle, hoping to mask the offense I take to such a ridiculous comment. My public speaking students call guys who behave like Jamie “frat-tastic.”

Jamie has a reputation in Tallahassee for never saying no. He does not have an off-switch and is famous for picking up bar tabs. I am attracted to

what he represents—a quick distraction from my mother’s absence. I grow tired of the repetitious questions from distant friends of the family about my mother’s health status. Questions like, “Your mother’s doing all right . . . right?” or “How’s your mom? Is she okay?” Why do people ask questions like this? Of course she is not “all right” or “okay”; she has a massive tumor in her head! No one in her situation meets the public health standards of okay.

Jamie does not ask questions. He does not care enough to appear caring, which is something I have difficulty understanding. The “good daughter” narrative I enact rests on a foundation of appearing caring. Both Jamie and I are struggling to manage an appearance—he wants to appear confident and carefree, while I want to appear strong and caring because a “good daughter” cares for her loved ones.

When friends of the family ask, “How’s your mom? I’m sure she’ll be fine, right?” I want to respond: “Well, Miss Stevie, I’m not sure. She’s in Texas at a major cancer center, and I’m stuck here talking with you, trying to appear helpful! I’ve been excluded, Miss Stevie, and I can’t understand why. Whenever I actually speak with my mother, I’ll tell her you insist she is fine. How’s that sound? Does that sound fine?” I cannot speak in the manner I want or share what I really feel because I know people who ask about my mother’s health status have good intentions. More importantly, I do not want to ruin the “good daughter” narrative I have been working to construct throughout the summer. I have a series of similar canned responses where I say, “Thanks for asking. She’s still in Texas, where they’ll run tests and prepare for the surgery, which will be soon. She’ll be home soon.” I try to appear positive in my delivery.

My drunken night with Jamie is also the night before my mother’s surgery—a night she wants to spend without me, so I choose to be with someone who does not bother to ask me anything except, “What kind of drink do you want?” Knowing Jamie for years, I can say with confidence that we both have attachment issues. I wonder what issues Jamie is trying to avoid. I remember his father calling to make sure he was awake for work, which is odd because Jamie is 32 years old. I wonder what his “good son” narrative includes? To what degree does his “self-story” (Frank, 2013) involve enacting his role as a son? Perhaps he also internalizes social pressure to fulfill standards of a “good” and “strong” adult child? I do not speak with Jamie about the issue of seeking approval from a parent because his response might reveal that we share more in common than I would like.

The significance of this morning presses against my chest and seeps into my heart. For five days, my mother has been over 700 miles away, undergoing tests and awaiting a risky operation. Her tumor and the surgery are so rare that my mother’s lead surgeon will later take her case on a European surgical conference tour. Her case is what Frank (2013) calls “sufficiently extraordinary,” (p. 11) one that will be recorded to use as a teaching tool and published in medical journals. I want to be at MD Anderson, or at least

somewhere in Houston, helping her in some way, rather than killing time with sex and alcohol. My soul is split open by the reality of this morning. Thinking of how my mother might feel today is too taxing of an empathic exercise for my current state of mind. I feel helpless and full of regret.

My excessive drinking and promiscuity is not what I regret, so much as knowing I will remember this morning and how much time I am spending thinking about myself. I frame last night's behavior as a misguided form of coping. Refusing to reflect further on the night, I am more concerned with more pressing questions, like: Is it appropriate to call my mother and risk upsetting her or myself? What would I say? What might she want me to say? What would I want to hear if I was in her position? Trying to empathize, I reflect on the fear associated with becoming a patient. Taking a deep breath, I pick up my cell phone and text the following message:

Mom, it's me. I am not sure when you will get this but hopefully your surgery is on schedule. I love you very much, mom. You are my role model and hero. You are a courageous woman. I'm thinking of you and hoping your surgery has the best possible outcome. You are loved.

Thirty minutes later, I receive a text:

Darling daughter, I am heading into surgery. I love you.

\* \* \*

"You want hazelnut coffee this time, right . . . are you listening?"

"Excuse me?" I ask, realizing I am sitting in my boyfriend Ryan's bed. Redirecting my gaze away from the window, I turn toward Ryan. "Umm... yes, I do... Sorry, I am thinking about something else." I shake my head and smile. We have been dating for a while now, so I know he knows when I am not present. Walking toward me, Ryan smiles and pulls me toward his chest. I can hear the coffee percolating. The rhythm of the dripping slows, and a toasty smell fills the apartment.

"So what are you day dreaming about?" Ryan asks.

"I am stuck in the morning of my mother's surgery. Do you remember what I told you?"

"I remember you said how you went out and let loose then woke up with a guy you're not too fond of," he replies with a half smile that suggests he has experience with similar nights.

I am unsure as to why I am motivated to reflect on the regret I have toward the time between diagnosis and surgery. Over a year has passed, but I still have difficulty making sense of that summer, in particular the night before her surgery when I was with Jamie—an obvious attempt of avoidance. Though I prefer to pretend my interaction with him did not happen, the time I spent with Jamie is one of my most human moments. Tears well, and I take a deep breath. "I woke up practically naked lying next to someone I don't respect, yet there were parts of me that felt naked for months. In a way, the

memory of that morning represents the fear and discomfort I experienced throughout the time between my mother's diagnosis and surgery."

"It's more complicated than questioning what motivates your behavior, right?" Ryan responds.

"Yes, but complicating the past is painful!" I exclaim. "Remembering is a process of reflexivity, which further muddies what I thought I understood." One of my favorite professors discusses the shortcomings of conceptualizing remembering as an act involving searching and retrieving (Bochner, 2014, p. 308). As I write the story of our time spent waiting for surgery, I revisit pain and regret in new and sometimes deeper ways than I have in the past (Eakin, 2008). Embracing the interconnection between newness and remembering allows me to understand Bochner's (2014) argument against the idea that experiences are something that can be recovered in their original form (p. 308). Narrative is applied qualitative research at its core because the process of narrative inquiry holds the writer accountable in ways other research methods may not because it requires the writer to be aware of "the gaps between experience and expression" (Bochner, 2014, p. 309). Storytelling is a deeply human practice that calls upon reflexivity and emotional truth (see O'Brien, 1990) and this way of writing is helping me work through lived experiences I do not fully understand.

"When you say 'reflexivity,' do you mean being a reflective person? Doesn't that seem more important than becoming a reflexive or reflective writer?" Ryan asks.

"That's actually a difference that doesn't make a difference to me. As a practice, reflexive writing can help me better understand myself while also becoming a better writer. The two are intertwined."

"Okay, but what is the point? What is your goal or objective?" he asks.

"For starters, I don't want to reframe memories into something with a clear outcome, and I don't intend to reframe my relationships into something lighter or more pleasant like I do when I post on Facebook. I don't want to apply a filter over a dark memory."

"That's the age we live in!" he jokes. We can filter photos, reframe experiences, digitally check-in to places and spaces to broadcast our presence. We can craft a reality void of sadness and regret. Or at least that's what it'll look like to your 'friends' on Facebook."

"Exactly, and it's tempting to stay in that space of showcasing the desired self, which to me is a 'good daughter,' but I'm working to expand my comfort levels by conceptualizing reflexive writing as a process of becoming. That's the 'aim or outcome' you were asking about. The story I'm writing could be thought of as a tangible outcome, but I don't find this way of understanding storytelling. The writing process is the outcome, but it's one that is forever incomplete (Bochner, 2012; Eakin, 2008). I want to work on becoming a more reflexive daughter, woman, scholar, friend . . . I want to learn about myself through writing, but I'm intimidated by the emotions that will emerge

through the process of storytelling. Those months spent waiting for her surgery have passed, but the experience we lived through is ongoing. That summer time gave me a better understanding of how out of control we can be in the context of death and dying.”

Ryan sighs. Forced to confront illness during his childhood, he understands the temptation to avoid talking about the process of dying. “From what you tell me about when your mother left for MD Anderson, you chose to use guys and booze as forms of distraction, right? The worst part is that it was unsuccessful! You remain haunted by your mother’s illness.”

“Yes, her trauma became my trauma.” We sit silently. I am sharing a past that feels ever-present, and I am grateful for Ryan’s empathy. As we hug, I respond: “What a difference being present makes!”

\* \* \*

BUZZ BUZZ! My cell phone vibrates. Looking down, I see a text from my mother: “Good luck with your writing, Poocher! Remember to do something good for yourself today!”

I smile and laugh, texting back, “thanks, Momster, I love you.” I happily reciprocate, trying to show and tell my mother she is loved and supported.

During her months of waiting, my mother stops using terms of endearment. For over a year, I do not hear her call me “Poocher.” I, too, stop using nicknames like “Le Momster.” Before the diagnosis and the waiting, our nicknames are part of our everyday interactions. Before the stress of waiting, we would text one another—“squeak, squeak”—as a way of playing with my other nickname, “pip squeak.” The post-diagnosis uncertainty, however, is too overwhelming and prevents us from engaging in playful dialogue like we did in the past. These little absences suggest a shared fear toward the future, and yet we ignore what we have in common.

I reread her text, feeling thankful for her slow yet graceful recovery. My mother is swollen and a bit lopsided. She struggles with her speech and is in pain, but her physical therapist continues to applaud her commitment to the assigned exercises. Her facial muscles are strengthening and her memory is improving. “If I can’t find the right word, don’t feed it to me. The therapist says it’s there, I just need to give my mind time to recall the word.” Another period of waiting begins. My mother embodies the idea of “beating the odds,” even as she struggles with post-traumatic stress. I would too if I had my head cut open. Thinking *with* my mother’s experience creates openings for a more empathic relationship than we had, where I can better understand the ongoing nature of (her) recovery.

\* \* \*

“Surely you’ve learned something from this?” my mother asks. “I know you’ve changed. It’s rather sad. The time between my diagnosis and surgery changed our relationship. You’re still my baby, but you’re not as young as

you were to me, and I think you know it. I certainly see you enacting it—this more serious daughter who knows her mother will die someday. You lost your naïveté.”

Many mother-daughter relationships function under the assumption that a daughter will outlive her mother. With my mother’s recovery well underway and doctors declaring her tumor-free, we are able to imagine a future where she dies peacefully in her bed so many decades from now that the thoughts of her dying cease to impact our everyday interactions. My mother and I now share a heightened sense of awareness that the people who matter most to us live in a state outside of our control. This kind of awareness feels similar to moments when I look directly into the sun. I feel an overwhelming urge to squint and turn away from reality, yet I look up because I want to remember that I am part of something stronger than myself.

My relationship with my mother is both richer and more vulnerable because of the time spent waiting for surgery. Telling this story from my perspective challenges me to share my fear of social and familial disapproval (see Freeman, 2014). The “good daughter” narrative is a broken one, stifling opportunities to be present with my mother’s experience. As a storyteller, sharing the darker aspects of maintaining the role of a daughter who is wanting to appear “good” by running errands and seeming to have control over my emotions requires a sense of vulnerability that I did not (or could not) experience during the actual time about which I am writing. I have cried my way through writing this, grappling with the decision to disclose moments of animosity I felt toward my mother’s suffering. I embodied storytelling in the way Frank (2013) describes as “less a work of reporting and more a process of discovery” (p. xvi). I continue to struggle with the “good daughter” narrative, reminding myself there is richness in active listening and physical touch. When I struggle to empathize with my mother’s experience, I remember the moments of connection I missed during those months spent waiting. I remember there is courage in disclosure.

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