Six Months in Time

On the same day recently, six months in time were framed for me from two perspectives. The emotional significance of each of the events was different, yet similar. Both perspectives reflected major life transitions for the people involved—including myself. The impact of one event colored the impact of the other.

It was a sunny spring morning filled with hope and blessings. My adolescent son was very excited. After school, he was going to take the test to obtain his driver’s permit. This was going to be a turning point not only for him but also his parents. For him, this milestone was symbolic of maturity, independence, and freedom. “Six months from this day,” he exclaimed, “I can apply for my driver’s license and be on my own!” The anticipation and excitement in his voice and mannerisms spoke a thousand words.

In my mind, I began to count out the six months. He could be driving himself to high school during the next school year. There would no longer be a need for me to rush home from work to pick him up and share his daily activities during the ride home (the only place and time that most parents can pin down their adolescents to even speak to them). No longer any need to cart around a car full of his friends and eavesdrop above the loud music and laughter, enabling me to keep a pulse on what he was doing and thinking and share vicariously this happiness. His freedom with a car meant more maturity and freedom for him, but for me, it signified another small step toward my empty nest. As he chattered away about his upcoming milestone, all I could feel was a certain melancholy and dread. Another life transition ahead, with its own losses and challenges. I already was imagining sitting on the couch waiting to hear the garage door open to know that he was home safely from a night out with friends. No more eavesdropping during the car ride home. I imagined that I would be lucky to have him stop and kiss me good night!

After dropping him off at school, I headed to an event that I was looking forward to. I was going to spend the afternoon with a former patient of mine for what had become our afternoon “tea party” support group. When I was working as an oncology nurse practitioner in a private practice, I started a small intimate support group of women who were long-term survivors of cancer. Neither newly diagnosed nor in the terminal phases, these women had emotional and physical challenges unique to their life stages—and to the stage of their disease. These were women who were at the same stage of life as me. They were balancing their roles as wives, mothers of young children, daughters, friends, and colleagues, all while challenged by recurrences and ongoing treatments for ovarian or breast cancer.

The group met once a week for a potluck lunch in the office conference room. They shared intimate stories, laughter, and tears in a safe and supportive atmosphere. As a nurse and therapist, I attempted to maintain my professional boundaries, but as the months passed I found myself becoming a part of the journey and lives of each group member. My own personal life took dramatic turns during this time, and I had to leave my position as a nurse practitioner, but the women in the group decided that they wanted to continue meeting and asked the office chemotherapy nurse to oversee their group “dynamics.” She suggested that they meet for a monthly tea party to gather outside of the office setting.

The idea of the tea party had come about when the office nurse hosted a special tea for one of our former female patients who had been a close friend, as a special event, prior to her death. As a therapist, I had learned that crossing personal boundaries was considered carrying on a “dual relationship” with a client. As an oncology nurse, I always had felt comfortable attending patient or family events, including funerals, when appropriate. Therefore, a support group in the form of a tea party made my therapist side feel a bit skeptical, but my nurse side felt very comfortable and enthused to be included.

This idea turned out to be exactly what the group needed. We met for tea at different places each month, sometimes at a patient’s home. Each tea party was special in its own right. We wore colorful hats and pretended that we were sophisticated ladies on a special outing. The hats were also helpful to cover any bald heads! One tea party took place in a beautiful rose garden that later became the place where one woman’s husband chose to have her memorial celebration after her death.

Driving to tea on this spring day, I recalled all of these memories. This afternoon’s tea would be at the home of one of the few remaining patients. I was anxious to see my former patient and now friend, although I felt apprehensive that she was not faring well. I had seen her the month before during a hospitalization that found widespread metastases of her ovarian carcinoma. A recent positron emission tomography scan had demonstrated further disease, and her CA 125 level was climbing steadily. At this point, she continued in active treatment and was investigating clinical trials.

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