Both Sides Now

Many of us working in the specialty of oncology experience confounded shock and disbelief when we or one of our family members are diagnosed with cancer. In some way, we subconsciously feel that if we dedicate ourselves to helping those fighting the disease, then maybe we gain immunity. As many of us have learned, this is not the case. I first experienced the shock and disbelief of a cancer diagnosis two months before graduating as a clinical nurse specialist in oncology. I was diagnosed with melanoma at a time when I was trying to finish my thesis and embark on a new advanced practice role. At that time, my vulnerability was focused on the impact of my diagnosis on my profession. How could I take care of patients with cancer and be a patient with cancer myself? I was young and confident that I would beat the disease, but I was afraid about when I could start a family without risking disease recurrence. The spiritual bargaining that takes place when we are diagnosed with cancer is certainly dependent on the developmental stage in which we find ourselves when diagnosed.

My husband was diagnosed with melanoma 10 years ago—approximately 15 years after I was. He was in his early 40s, so his fears were different than mine when I was diagnosed. He worried about living long enough to see his only child, a fourth-grader at the time, graduate from high school. Feeling powerless, he embarked on a stereotypical male midlife crisis. The Porsche was fun for me, too, but what about those genes yet undiscovered? Intellectually I knew that feelings of guilt and despair took the form of numb awareness of some way, we subconsciously feel that if we dedicate ourselves to helping those fighting the disease, then maybe we gain immunity. As many of us have learned, this is not the case. I first experienced the shock and disbelief of a cancer diagnosis two months before graduating as a clinical nurse specialist in oncology. I was diagnosed with melanoma at a time when I was trying to finish my thesis and embark on a new advanced practice role. At that time, my vulnerability was focused on the impact of my diagnosis on my profession. How could I take care of patients with cancer and be a patient with cancer myself? I was young and confident that I would beat the disease, but I was afraid about when I could start a family without risking disease recurrence. The spiritual bargaining that takes place when we are diagnosed with cancer is certainly dependent on the developmental stage in which we find ourselves when diagnosed.

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In 1999, I was an oncology nurse. I knew too much about the disease I was confronting and the treatments that lay ahead, and I feared that my own survival was unlikely. I was afraid about when I could start a family without risking disease recurrence. The spiritual bargaining that takes place when we are diagnosed with cancer is certainly dependent on the developmental stage in which we find ourselves when diagnosed.

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At times, the anxiety was overwhelming and immobilizing. It was early-stage disease, but I had two separate malignancies and my third lifetime diagnosis. Internal fears and questions were endless. My sister and I both tested negative for the BRCA gene mutations, but what about those genes yet undiscovered? Was it my lifestyle? Was it my stress level? Intellectually I knew that feelings of guilt and worry were of no value, but on an emotional level, those feelings were real and painful.

It did not take me long to realize that I was feeling powerless; in that fragmented state, I had difficulty falling back on my education or oncology experience. At times, my experience seemed emotionally much harder because I was an oncology nurse. I knew too much about the disease I was confronting and the treatments that lay ahead, and I feared that my own survival was unlikely.

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