

# Using Archetypes and Transitions Theory to Help Patients Move From Active Treatment to Survivorship

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Nurses historically have used the medical model to assess and intervene when individuals move transitionally into and out of the role of patients with cancer. Although assessing for clinical depression or other medical model designations is appropriate, using this as the sole model for helping patients with cancer emerge from their illness experiences and into the role of survivorship may rob them of the opportunity to actively use the illness for spiritual growth and self-actualization. The transition process is classified into three distinct stages: endings, the neutral zone, and beginnings. Each is characterized by its own unique qualities and challenges. Jungian metaphors and archetypes also can be used to evoke powerful images that help survivors find depth of meaning in their suffering and enhance healing. Nurses often are in ideal positions to create such healing experiences by helping survivors recognize “shadow” emotional experiences stemming from the recovery process, accepting the emotions as normal transitional phenomena, and using them to develop compassion for others. Individuals, therefore, are presented with opportunities to imagine newly emerging life purposes that far exceed their identification as survivors.

**M**any patients with cancer are challenged when transitioning from active treatment to survivorship. Just as the transition to the role of patient with cancer is jarring, the transition at the end of treatment also can be troubling. Patients are finally leaving what has become the safety net of treatment and may experience a void by not having office visits, hospital stays, and emergency room runs. Patients who looked forward to the day when they would complete the arduous demands of treatment often are surprised by the void.

Chemotherapy was both the proximate source of my chaos and a sort of solution to the problem it itself generated. That solution was not getting to the end of treatment. The solution was being kept apart from a world that could not, and would not, understand. When liberation from the hospital comes, as welcome as it is, one’s real trouble begins: the trouble of remaking a sense of purpose as the world demands. . . . The danger for ill people is that they are often taught how to be ill by professionals. Illness is not presented to the ill as a moral problem; people are not asked, after the shock of the diagnosis has dulled sufficiently, what do you wish to become in this experience? What story do you wish to tell yourself? How will you shape your illness, and yourself, in the stories you tell of it (Frank, 1995, p. 107)?

Much of the confusion during the transition back to the mainstream of life can be attributed to a number of factors.

## At a Glance

- ◆ As patients emerge from active treatment and move into survivorship, they may feel lost and find mainstreaming—a return to a new and different normal—challenging.
- ◆ Explaining to survivors that experiences after treatment are predictable transitions can help them navigate each stage.
- ◆ Using metaphor and archetypal language can help survivors use the illness experience as an opportunity to grow and eventually provide service to others.

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