

Losing Big

“The vet said Teresa has an enlarged spleen, which is not uncommon in older cats. But there’s a chance it’s cancer.” My husband was relaying this on my cell phone while I strolled through a 60s fashion exhibit in the Phoenix Art Museum. “We need to okay an Ultrasound for a more definitive diagnosis,” he continued. Wandering past manikins draped in aged couture, it was as if I was listening to a surreal audio tour commenting on the lifeless costumes by American designer Giorgio di Sant’ Angelo. “But babe,” husband added, “I don’t want to do any heroic therapy on the cat, she’s 12 years old.” The Twiggy-wear collection hung limply in strange blue light, like a sad post-script to once swinging Carnaby Street. “So what are we to do?” I asked, gazing at a bandanna in faded primary colors that had fallen over a manikin’s eyes. I used to dress just like this: a colorful sash looped around my head, a long sweater, and a skirt so short it road up past my underwear when I held onto an overhead strap in the subway. “Let’s discuss it when you come home, but it may be time to put her asleep.” Thus opened another conversation on grief and loss, which is becoming a new anthem for us Boomers.

I was in Phoenix, in fact, helping my sister and her usually lively husband shoulder some of the care of his cancer treatment. It was week five of his seven-week regimen of radiation and chemotherapy for tongue cancer. He was facing thirteen more blasts of radiation, and six full days of IV chemo drips to wipe out any errant cancer cells, as well as obliterate healthy cells and tissue – not to mention his immune system. His neck already resembled Johnny Cash’s ring of fire, and I shudder to think how enlarged and weepy the neck blisters have become in subsequent weeks. Or how the increased heat radiating from his singed neck, chest and back will make sleeping lying down near to impossible, or how swallowing a melting ice cube – let alone the

brew of round-the-clock pills, will sear his charred tongue and throat, or how his feeding tube will continue to irritate any bending or sitting movement. Then there's the constant nausea abated by pain medication that inflicts further pain to ingest.

While you could argue that modern medicine and technology are keeping us alive longer and even affording a better quality of life – once we get past the treatment, you could counter that modern medicine still fails to dispense treatment that dignifies our compromised condition. It's an issue begging for us to appropriate: aging with dignity while taking advantage of aggressive health care delivery.

Slouching into middle-age – a state that continues to cause chagrin, if not flat out denial, we've grown to accept the initial pesky losses good-naturedly, like our weakened muscle tone, short-term memory lapses, inability to read small print, even losing a good night's sleep on occasion caused no great disruption in our honed routines. But as these conditions have worsened and become compounded by less pesky losses – we're no longer able to deny the inexorable loss of our vainglorious youth. Additionally, we're challenged now by the really big losses. The heart-breaking losses. At this point in our journey we've lost a loved one, or our livelihood, or home, or health and well-being. Being middle-aged now means having suffered a big loss. Not that we didn't suspect this when we were younger than thirty, but back then we were looking at eons of good times and boundless opportunities before having to get serious and consider losing big. Now we've arrived. But it doesn't have to be a total bummer.

My elderly cat, for instance, seems to be handling her cancer diagnosis just fine. Opting for palliative care, my husband and I administer tablets to stimulate her appetite and she's gobbling up food with gusto. She snoozes in the sun, bats at her favorite toy, and spends most of her time doing what she's always loved: purring on our laps. Meanwhile, my brother-in-law counts the days left to his cancer treatment on one hand. And though he's been beaten up by modern medicine, he's found a new love in raising native flowers and medicinal herbs. Like a proud parent, he graphs their growth, administers nutrients and coos over his young charges. And there's my dad; having lost my mom to lung cancer years ago, he's been happily remarried for two decades. My step-mom and her grown children have enlarged my father's experience of family. Lastly, my adult students at City College cope with the loss of their pensions and health benefits - and the return of their adult children with babies in tow, by taking film classes and writing the screenplays they've contemplated for years.

"Pieces simply fall away," my husband's 95-year-old aunt confided in me a year before she passed. She was describing losing her eyesight and bits of memory. She had outlived three husbands, having lost the first along with her son in the Holocaust in Poland sixty years ago. "But there's always a new door to open," she added. She lived by these words, having started a new life in the US, published four novels, and even enjoyed a new admirer in her coop complex.

Gleaning from this living wisdom, I have no doubt we'll forge ways to dignify our collective grief and loss. It's already happening. Sure, as Boomers, we're naturally ranting and raging in our suffering, but we're also reviving our ability to question authority and reconfiguring how our care is delivered. We're re-considering the strength of community and

reclaiming our passion for talking-the-talk and walking-the-walk by honoring those who have sustained us and those we must sustain in kind.

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