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Autoethnography is a qualitative research approach whereby the researcher shares personal stories that relate to the broader cultural context. Living through breast cancer showed me how reflective journaling and meditation can help one to cope with locally advanced breast cancer. The purpose of this autoethnography is to assist nurses in gaining a greater understanding of the primary cultural implications of (a) unresolved emotional issues from the past complicating current treatment and recovery for locally advanced breast cancer, and that (b) reflective journaling and meditation can provide an opportunity to “socially reconstruct” past psychological injury. In this example of autoethnography, I reconstructed the past by re-experiencing childhood wounds through meditation, accompanied by myself in the role of the nurturing mother providing comfort and support to the wounded inner child. That approach affirmed me in my current mothering role and provided imagery of the comfort that I was lacking in my childhood. Such duality empowered me toward self-acceptance and self-worth. Loss, grief, fear, and anxiety are considered universal states and emotions that interfere with quality of life. Finding meaning in suffering can heal pain and free energy for the pursuit of justice, peace, and joy.

The lived experience of breast cancer (Sealy, 2010) was an epiphany for me in understanding the benefits of reflective journaling and meditation to cope with locally advanced breast cancer. Although the mammogram and breast ultrasound were purported to be “gold standards” in detecting breast cancer, they failed me (Sealy, 2010). My cancer was not detected early and I found myself in a life-or-death situation in August 2008, when the painful lump in my right breast, which was thought to be mastitis, swelled to the size of a cantaloupe. Consequently, I required eight treatments of chemotherapy over six months to shrink the unbelievably large tumor prior to my outpatient double mastectomy. That was followed by 30 radiation treatments to prevent the cancer from returning. The chemotherapy worked and my tumor did shrink, from more than 25 cm to 5 cm by the time of my surgery, but it was an incredibly difficult time for me and my family. I am now a 2.5-year survivor of the ordeal.

My treatment was complicated by my fears of dying related to unresolved grief from the premature death of my mother on Mother’s Day 1962, when I was five years old. Because my father had abandoned our young family before my mother’s death, my grandfather cared for me, my brother, and my three sisters until his death when I was 10 years old. Housekeepers then were hired through my grandfather’s estate to care for our family, but I felt neglected. Those losses had many emotional consequences. I became very anxious and preoccupied with thoughts of dying prematurely throughout my life, like an unending plague. During my treatment and recovery, those feelings were exponentially exacerbated as I ruminated about dying from cancer and abandoning my daughters Eliza, aged 13 years, and Leonie, aged 9 years, just as had happened to me as a child. During my treatment and recovery, I continued to occupy my mind by working as a nurse researcher to avoid thoughts of dying, but these ominous thoughts constantly burst though my busy psyche. I felt like I had very little control over any aspect of my life. Each day, I obsessively looked for signs that the tumor was shrinking. I journaled to express my fears and anxieties in an attempt to reduce these negative emotions and behaviors.
Journaling is not a novel approach to building self-awareness among women with breast cancer. Smith, Anderson-Hanley, Langrock, and Compas (2005) identified a significant association between negative emotional writing and the experience of anxiety and depression among women newly diagnosed with breast cancer who attended a 12-week support group and spontaneously journaled. In contrast, Low, Stanton, Bower, and Gyllenhammer (2010) did not find a main effect between expressive writing and perceived social support among women with metastatic breast cancer in a randomized, controlled trial using a planned approach to journaling, although an association was observed between cancer-related emotions, writing, and intrusive thoughts for women with low emotional support. Alaszewski (2006) argued that diaries provide people “an opportunity to express so as to work through and move beyond their traumatic experience of suffering and personal affliction” (p. 43). Arthur Frank (1997), a sociologist, aptly described the process of empowerment through expressive emotional writing in the search for meaning from reflection in The Wounded Storyteller. My experience was that reflective journaling contributed to cognitive insights, but it did not reduce my emotional turmoil. In conjunction with meditation, however, both approaches provided an opportunity to “socially reconstruct” past wounds.

Methods

Autoethnography is different from journaling. Foster, McAllister, and O’Brien (2006) described autoethnography as “a qualitative research method that connects the researcher’s personal self to the broader cultural context. Evocative writing, where the writer shares personal stories on their own experiences, is used to extend understanding of a particular social issue” (p. 44). A Family’s Resurrection From Breast Cancer (Sealy, 2010) gives the details of my family’s experience, but its value as an ethnography is diluted because it covers multiple themes throughout the book.

The purpose of this autoethnography is to focus on the primary cultural implications of unresolved emotional issues from the past complicating current treatment and recovery for locally advanced breast cancer, and the use of reflective journaling and meditation to heal past wounds. A formal ethical review was not required because the details of this article are from my personal life.

My Background

My fears of dying from cancer were both understandable and overwhelming because of my mother’s premature death. My unresolved grief as a child led me to become a life-long anxious and neurotic person, traits that left me feeling completely ashamed. I mastered the skill of hiding those traits from the world, only disclosing them to my husband and trusted friends. Nevertheless, as my cancer treatment progressed, the side effects of the chemotherapy, hemorrhage, and sepsis from the surgery, as well as a severe radiation skin reaction, completely broke me physically and emotionally. I decompensated and entered a period of emotional and spiritual crisis (Sealy, 2011; Sealy, in press), no longer able to hide my shame of multiple anxieties and neuroses from the world. I hoped people wouldn’t judge me too harshly.

By the end of the treatment, my chemotherapy oncologist declared me “cancer free,” yet my surgeon said “nobody knows” and my radiology oncologist said “the risk of the cancer returning is the highest within three years.” All of these doctors had the same information yet communicated very different messages. My family focused on me being cured. I wanted to believe that message and I tried to put on a brave face for my family, but in reality, I was terrified the cancer would return and history would repeat itself. I continued to fear I would die a slow and painful death and abandon my daughters.

Personal journaling originally was my approach to help me acknowledge what was good and what was insightful through my family’s experience of breast cancer, rather than dwelling on what was bad. Journaling my fears and anxieties gave me an opportunity to express my negative emotions without overwhelming my family and friends with these thoughts. It was not until after my treatment was completed and my body and psyche came to a complete standstill that I began to reflect on my journaling over the previous 10 months and cognitively understood the patterns that were emerging. I clearly was expending far too much energy on worry when this energy was needed for healing. Cognitive understanding, however, did not enable me to change my default emotional reactions (e.g., stress, fear, anxiety, worry), particularly when the emotions were overwhelming. I realized it was crucial for me to change my emotional reaction if I was going to survive and improve my quality of life.

Meditation Toward Healing and Life-Transforming Change

After completing treatment, I decided to learn to meditate to seek comfort, healing, and peace for my ragged psyche. I began attending a meditation group at Wellspring, a cancer support center in London, Ontario. In our class, we practiced two types of meditations, Metta and guided imagery. Our meditation leader explained that the Buddha gave the phrases in Metta to his disciples as an antidote for fear more than 2,500 years ago. In our meditation group, we silently repeated the following phrases.

- May I be safe from inner and outer harm.
- May I be happy, just as I am.
- May I be healthy, may my body serve me well.
- May I be peaceful and at ease.

Metta begins with forgiveness. First, we ask forgiveness from others for intentional or unintentional harm. Next, we forgive others for intentionally or unintentionally harming us. Finally, we forgive ourselves. In the past, I would always deride myself for being anxious and neurotic and unable to change my emotional patterns, although I had a great deal of experience in psychiatric nursing. Over time, I began to integrate the forgiveness into my life and view my past compassionately while practicing Metta to calm myself when I was angry, frustrated, worried, or sad.
Our meditation group also participated in guided imagery, through which I learned to meditate deeply. During the meditations, I would envision myself returning to the traumatizing times in my childhood and later adult disappointments with the intent to try to heal these wounds. The major difference from journaling was that I imagined I was being accompanied by myself in my current role of mother. My goal was to mother my inner child, just as I nurture and comfort my young daughters. I meditated repeatedly on what I would tell my mother about different periods of my life, acting as if she were still alive. Over time, these meditations in dual roles helped me begin to repair the wounds. I felt as if I did have a mother in my life. The meditations felt sacred and supported me to view myself as a valuable person, deserving to live. These activities had a spill-over effect, as I began to treat myself more compassionately when I felt anxious. I noticed that the feelings of generalized anxieties began to decrease and my self-esteem increased.

Upon reflection, it seemed to me that my spiritual healing preceded my physical and emotional healing. The act of physically retreating from the world as much as I could was one approach I used to learn to focus on taking care of myself rather than placing the needs of others above my own. My meditation group provided a vehicle for healing as I tackled unresolved personal issues from the past. Eventually, I came to realize that it was time to re-enter life as a “resurrected” person. I had to realize symbolically that I experienced more than a physical cancer; I also had an emotional cancer (pessimism, fear, anxiety, blame, and doubt). Two years later, I would suggest that I had a spiritual cancer, as well.

Just like in the Charles Dickens novel, *A Christmas Carol*, I know that I had a ‘bah humbug’ attitude toward Mother’s Day my whole life. In 2010, Kevin [my husband] and I went out to buy a tree to commemorate both my mother and me. I chose a twisted lavender weeping rosebud. It has beautiful lilac flowers that blossom around Mother’s Day and heart-shaped leaves. We had a barbeque on Mother’s Day, and I invited my whole family. It is ironic and very symbolic that I started my journey with cancer with a family barbeque on Labor Day 2008 and now I ended this part of the journey with a family barbeque on Mother’s Day 2010. Before dinner, I took out the picture of my mother and held it up. I started to sob when I showed the picture to my young daughters, Eliza and Leonie. I continued to sob when I asked everyone in the room to remember or think kindly of our mother. It was very cathartic to admit my grief to my family when I clearly realized that I have denied my grief for almost fifty years. Like Scrooge on Christmas morning, I will always keep the spirit of Mother’s Day in my heart and soul 365 days of the year (Sealy, 2010, p. 260).

**Discussion**

Autoethnographies are evocative narratives that focus on the essence of shared humanity. In this autoethnography, loss, grief, shame, fear, and anxiety are considered universal states and emotions that interfere with quality of life. The primary cultural meaning from this autoethnography is understanding that many people may carry issues from the past as they face life-threatening illness. Such unresolved traumas become additional emotional and spiritual burdens contributing to an exacerbation of feelings of anxiety or depression, thus complicating treatment and recovery. The past can haunt us all and “suck” away our quality of life.

My autoethnography shares intimate details of the emotional shame and spiritual impact of past traumas I experienced when undergoing treatment for locally advanced breast cancer. Reflective journaling and meditation were interventions that I used to understand my past and present traumas from the perspective of a socially constructed world. My illness was so serious, I was no longer able to hide my shame. The impact of journaling and meditation on recovery and survival is more fully developed in *A Family’s Resurrection From Breast Cancer* (Sealy, 2010), where I shared multiple epiphanies as a researcher, sociologist, RN, friend, wife, mother, victim, and spiritual person. Reflective journaling helped me become more aware of my thoughts and feelings. I discovered that although reflection could contribute to cognitive insights, it did not reduce my emotional turmoil. In combination with meditation (e.g., Metta, guided imagery), I was able to reconstruct the past by re-experiencing childhood wounds in the dual roles of the wounded child and the nurturing mother who provided comfort and support for my inner child. That approach provided imagery of the comfort that was lacking in the past and affirmed me in my current mothering role. It empowered me toward self-acceptance and self-worth.

Many people (patients and nurses) may be hesitant to share past traumas because they may be ashamed of what happened. They may feel responsible for the trauma and may be castigating themselves repeatedly because of the trauma or desperately trying to deny or submerge the event, at a significant emotional price. Shared autoethnographies provide rich contextual information that allows nurses to become immersed vicariously in the lived experience of another (Foster et al., 2006). They provide a medium for nurses to compare their personal experiences to these stories, potentially leading to their personal life transformations, facilitating “self-awareness” and “therapeutic use of self” (Foster et al., 2006, p. 44) and fostering empathy.

The skills required for autoethnography go beyond those required for journaling. Nurses must be able to identify themes that are transferable to others (Foster et al., 2006). Nurses also must be willing to take the risk of becoming vulnerable as they write evoking narratives that go beyond personal reflection toward the public reflection of cultural implications, while ethically protecting others who may be implicated in their narratives.

Many nurses may have been exposed to reflective journaling during their nursing education, but episodically rather than exploring one issue over time. As a nurse educator, I recommend

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**Implications for Practice**

- Unresolved emotional issues from the past can complicate current treatment and recovery for locally advanced breast cancer.
- Cognitive awareness of unresolved emotional trauma alone may not be sufficient to facilitate a reduction in emotional pain.
- Reflective journaling and meditation can provide an opportunity to “socially reconstruct” past psychological injury.

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that we give nursing students opportunities to complete more in-depth reflections on the impact of loss and suffering within their own lives or within the family over time to more fully sensitize students to this issue. Reflective journaling on a significant loss that includes reflection on the multiple times the loss had a direct or indirect effect on your life can enable nurses to empathetically understand the suffering of patients over time. Second, I also would like to encourage nurses to develop skills in meditation, beginning with a memory in which the nurse experienced kindness, compassion, and grace. Finally, I believe it would be therapeutic for nurses to remember the original loss and its subsequent sequelae, but now accompanied with the memories of the person who represents comfort and compassion. We cannot change the original trauma, but we can reconstruct some of the resulting feelings of harm and loneliness with comfort and compassion. We can use our current insights to reconstruct an alternative empowered response at the time of injury. That process would require some dedication over time to explore whether a “wounded storyteller” exists in all of us.

As a nurse researcher, I wonder if it is premature to try to quantify the impact of journaling and meditation on well-being. Certainly, my case study and autoethnography would suggest that many of the benefits of journaling and meditation only became salient for me after the experience spanned 2.5 years. Additional phenomenologic research is required to understand the meaning of reflective journaling in combination with meditation.

Implications for Nursing Practice

Emotional distress can be augmented when patients are encountering a major illness while carrying unresolved traumas from the past. Patients may confide their past trauma or, in some situations, patients may be in such despair that the trauma bursts out from their psyche. Nurses then need to reflect on whether they are sufficiently in tune with their own thoughts and emotions to enable them to listen empathetically. If the patient is interested and if nurses have the skills and the time, the nurse could recommend or support a patient by embracing the process of reflective journaling and meditation to reconstruct past events.

Conclusion

Many people may experience suffering from unresolved issues from their past that are triggered when encountering a serious illness. Reflective journaling can assist people to identify cognitive patterns in their responses. Cognitive awareness alone may not be sufficient, however, to facilitate a reduction in emotional pain. Meditation can augment reflection toward emotional healing if people can find methods to socially construct past wounds, integrating understanding and self-compassion to the event. Finding meaning in suffering can heal pain and free energy for the pursuit of justice, peace, and joy.

References


