

Wounded Healers

I remember being shocked when my grandmother was told she had breast cancer in 1984. I had been an oncology nurse for a number of years. It must have been magical thinking, but I thought my work helping patients with cancer would somehow protect my loved ones and me from this disease. I was less shocked last year when I heard those same words from my own doctor.

We all have heard the statistics about the aging nursing workforce—the average Oncology Nursing Society member is 50–54 years old. And we all know that cancer is a disease of aging. It was only a matter of time that the unusual—an oncology nurse being diagnosed with cancer—became the usual. We have marked our losses with sadness; the passing of Vicki Mock, DNSc, RN, FAAN, in November 2007 comes to mind. We have commiserated with our colleagues. In her *Oncology Nursing Forum* guest editorial (Vol. 35, No. 2, pp. 155–156), Nancy Jo Bush, RN, MN, MA, AOCN®, recounted her experiences as a patient. In this issue's Professional Issues column (pp. 551–554), Heather J. Doell, RN, BSN, CON(C), MN, describes her experiences as a cancer caregiver and a cancer care receiver.

Psychologist Carl Jung's concept of archetypes as a universal process of meaning making of the human experience is an avenue to better understand the dual role of nurse and patient. The “wounded

healer” is one such archetype in which an individual's suffering is placed within a universal experience of suffering (Kirmayer, 2003). It originated with the Greek myth of Chiron, a centaur, who was shot with a poisoned arrow that caused an incurable and painful wound. By being transformed and overcoming the pain of his own wounds, Chiron became the source of great wisdom, healing power, and inspiration for others.

But what about our experiences as nurse and patient? In a study of 25 nurses diagnosed with cancer (DeMarco, Picard, & Agretelis, 2004; Picard, Agretelis, & DeMarco, 2004), the researchers found many of the same issues faced by other cancer survivors—shock, dealing with uncertainty, managing their own self-care, and attempts to maintain normal aspects of their lives. In addition, the nurses dealt with being insiders and the knowledge that comes with that position. They straddled the patient's and clinician's worlds, creating unique information and support needs as well as ambiguity in both roles. Doell also addresses many of the issues that she and others faced during this transformation: Do we tell? Who do we tell? When do we tell? How does it change our nursing actions? Our work with our colleagues who are also patients?

I have received manuscripts from other nurses telling their stories. I often refer them to the Survivorship, Quality-of-Life and Rehabilitation Special Interest Group, which has more than 300 members, and to the Nurse Survivors Focus Group. But that is not enough. We need



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to think about how we can use our experiences and insights gained from our own suffering to make changes in our practice settings. We can use our stories and experiences to change the way that we educate future oncology nurses, work with other clinicians, and shape our research. Although many of us have already become wounded healers from our own cancer experiences, many more will follow. So, we all need to think about how we will handle those three words no one wants to hear.

References

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ATTENTION *CJON* READERS: IT'S TIME TO GET CREATIVE!

Everyone has at least one great story, whether it is told or expressed through artwork or poetry. Now, *CJON* is asking you to share your poetry, artwork, anecdotes, or stories about the meaning of cancer and cancer nursing in its new column, Heart of Oncology Nursing. Submissions can be made by nurses, patients, family members, etc. For more information or to submit your work, contact Associate Editor Barb Henry, APRN-BC, MSN, at pubCJON@ons.org.

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