

■ CNE Article

Autoethnography: Reflective Journaling and Meditation to Cope With Life-Threatening Breast Cancer

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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.

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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 through 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.