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Turning the Tables: An Autoethnography of My Patient to Nurse Journey

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Abstract

Recovering after traumatic surgical procedures can bring about adverse effects to the person. Despite some undesirable upshots, something good may come out of it. This evocative autoethnographic study centers on my personal transition as I move from being a patient to that of the nurse. It chronicles the shift of my point of views from episodes of denial to the eminent acceptance that utilizes narrative prose and photovoice as methods. This study has relevance because it describes the process of how an ordinary patient takes ownerships of self-improvement. The findings show that experience can take many forms which proved to demonstrate that I am just one of the many forms that could be similar or different to those who had the experience. Don't feel defeated if you need help. Some people need help to bounce back emotionally. That's not a failure. Success involves caring for yourself and those you love enough to do whatever is necessary to rebound (Pick, 2016). Indeed, success, aside from requiring work, it does not come from oneself or others but a product of both. Recovery and being scarred for life is one of those things that need a lot of work and acceptance.

Keywords: *Patient, Nurse, Recovery, Surgery, Shift, Acceptance.*

Introduction

Ever since I was little, I always had this strange fear of going to the hospital for a check-up, taking in an assortment of medications after the check-up and, if things turn for the worse, eventually getting surgery or surgical procedure done. They are all extremely common things that people get anxious about. In fact, some people becomes so worried that these common fears turn into phobias. The fear of hospitals is known as nosocomephobia. While tomophobia is a fear of surgery and pharmacophobia is a fear of medicine (Aman, 2013).

This study summarized my journey as a patient-nurse self where I share experiences of random introspection, self-examination and personal and professional growths. I provided a personalized account of my success and series of roadblocks and failures. This autoethnography, writing that seeks to describe and systematically analyze personal experience (Ellis, 2007, pp. 3-29), showcases the process of establishing my identity as a nurse and explain the changes that occurred over time that prompted me to take on the character. How did I end up adapting the nursing profession? How do my past experiences change my perspective of the occupation? How do my past experiences guide my practices?

Sharing my story rooted from my experience that left me feeling helpless and out of control, and my overwhelming aspiration to give voice to patients and nurses. Psychological trauma can leave you struggling with upsetting emotions, memories, and anxiety that won't go away. You may also feel numb,

disconnected, and unable to trust other people. When bad things happen, it can take a while to get over the pain and feel trusting and safe again (Robinson, et al., 2016).

This autoethnographic approach allowed me to speak as a patient as well as a nurse having been able to experience a deeper understanding from two different point-of-views and the changes that occurred throughout of my journey (Ellis, 2007, pp. 3-29). My story described how I'd examined myself as a patient as well as a nurse to understand both stands and how such self-discovery influenced my practices.

It all started at a tender age of seven; I had my regular check-up. Every time I see someone wearing white that resembles that of a doctor, it sends chills through my spine, as if something bad was about to happen. At that time, our family physician was doing his routine when he decided to take my blood pressure since my body mass index at that point was way over the normal range for a boy of my age. I registered an abnormal blood pressure reading. It was when I was diagnosed as having hypertension at a very young age. Fast forward to December 2001, at the peak of freshmen days in high school, I was rushed then to the emergency room for extreme abdominal ache and painful urination. Test results came in as appendicitis, infection of the appendix, which warrants an immediate surgery. The appendix ruptured, as a result, the surgeons decided to remove it.

The idea of having a joyous holiday turned grim quickly as I've developed a post-operative complication known as peritonitis or inflammation of the linings of the inner abdominal wall brought about bacterial infection after the rupture of the appendix. Was rushed again to the hospital and had to go for a six-hour operation. This time, the recovery was as intense as the ordeal before it. Restrictions were implemented, and prescriptions were followed after such traumatic experience. Traumatic experiences often involve a threat to life or safety, but any situation that leaves you feeling overwhelmed and alone can be devastating, even if it doesn't include being physically harmed. The subjective emotional experience of the event and not the objective facts determines whether an event is traumatic. Feelings of helplessness and fright can aggravate traumatic experiences (Robinson, et al., 2016).

Sometimes traumatic experience brings a positive outcome out of it. I realized that as a patient I was helpless at that time not to mention limited in my understanding of the people around me. As a nurse for almost five years, I have encountered changes from my practices brought about by my experience as a patient. This autoethnography permitted the use of my voice in detailing the journey I experienced during my transition.

Literature Review

The researchers went through some relevant literature to get ideas and insights, and are presented below. The following literature was found to be related to this current study. Despite the high prevalence of traumatic incidences leaving many with psychological trauma, the knowledge of horrible events periodically integrates into public awareness but is rarely retained for long. The dialectic between denying terrible events and acknowledging their devastating impact is the central dialectic of psychological trauma. This primary debate between feeling numb and reliving the event exists both within individual survivors of trauma and on a social level where "denial, repression, and dissociation operate on a social as well as a personal level" (Herman, 1992).

Most people will have experienced traumatic events that stimulate feelings of intense fear, helplessness, or horror. However, not all who suffer trauma or repeated trauma develop PTSD symptoms (Levine, 1997). Those who develop PTSD symptoms are struck with a lingering sense of helplessness (Ogden et al., 2006). Indeed, weakness is understood to be the "essential insult of trauma" where survivors commonly lack an internal feeling of safety. This sense of helplessness is associated with unresolved feelings related to the incidence(s) and with the weakness associated with a nervous system that is overwhelmed and deregulated, responding with hypo- and hyper-arousal that often seem and feel involuntary (Herman, 1992).

Due to physiological dysregulation associated with the trauma, the survivor is commonly in a state of overwhelming in the oscillation between hypoarousal or hyperarousal, re-experiencing and numbing, (Haines, 2007). This swing consists of oscillations between intense and overwhelming feeling of arid states of no feeling at all, between short and impulsive action to complete inhibition of action. The instability produced by these periodic alternations further exacerbates the traumatized person's sense of unpredictability and helplessness.

A recovery is a broad approach to a variety of medical condition (Davis, 2006). Recovery is a client-driven process where consumers are equal partners in their treatment and hierarchy is rejected. Hope, taking responsibility for illness management and finding purposeful meaning in life are critical components of recovery (Kram-Fernandez, 2011). The process of recovery often involves empowerment, community integration, peer support, open support, self-help, and social justice (Davis, 2006).

Theoretical Framework

This study was anchored on the following theories: Bloom's Trauma Theory, Bandura's Social Cognitive Theory and Fredrickson's Broaden and Build Theory. This study was primarily rooted to Bloom's Trauma Theory. Understanding what trauma are, would mean knowing what it does to your body. A child psychiatrist, Lenore Terr, did the first research on traumatized children, where she found out that psychic trauma happens when a sudden, unexpected, overwhelming, intense emotional blow or series of emotional assaults bombards a person from its external environment. Traumatic events are external, but they quickly become incorporated into the mind. A similar point, from Van der Kolk, on trauma's complicated nature, when he said, "traumatization happens when both inner and outer resources are inadequate to cope with the external threat." Both clinicians make the point that it is not the trauma itself that does the damage. It is how the individual's mind and the body react in its unique way, traumatic experience together with the unique response of the person's social group. Any traumatic experience changes the entire person's way of thinking, learning, remembering things, feeling with regards to oneself or of other people, and making sense of the world, in general, are all profoundly altered by traumatic experience (Bloom, 1999).

It is impossible to understand the behavior and response of a human to trauma entirely without first, getting key factors about the way our evolution had affected us. We are born with some emotions innate to us as part of our mammalian heritage and such produce patterned and predictable responses in all of our vital organs. This means that overwhelming emotions can do damage to our bodies as well as our psyches. Our very complex brain activities and essential mind functions often separate us from other animals and define us as the most intelligent, and yet, it is this very feature that leaves us open to the adverse effects of trauma which includes body memories, post-traumatic nightmares, flashbacks, and behavioral reenactments. Finally, as an integrated whole, we are physiologically designed to function best, just like the computers that we now build and use.

The expected outcomes that accompany traumatic experience degrade this feature and the maximum performance is impeded in more ways than one. Brains function best when adequately stimulated and simultaneously protected from overwhelming stress. This explains the need for order, for safety, for adequate protection (Bloom, 1999).

As Ronnie Janoff -Bulman (1992) has shown, the experience of trauma shatters some very basic assumptions about a person's world, relationship to others, a fundamental sense of identity and his/her place in the community, or even the world as a whole. It often shakes a person's sense of meaning and purpose for being alive. Making sense out of violence while transcending its effects, and at the same time transforming the energy of violence into something good, powerfully good for oneself and the community describes a survivor mission (Hernan, 1992). It is a task that encompasses the one's remaining life while confronting spiritual, philosophical, and religious context and conflicts. A part of human experience that is impossible to avoid if recovery is to be assured.

This study was equally anchored to Bandura's Social Cognitive Theory. Among the mechanisms of human agency, none is more central or pervasive than people's beliefs in their efficacy to manage their functioning and to exercise control over events that affect their lives. The foundation of human agency is personal effectiveness. They have rooted in the core belief that one has the power to produce desired effects by his/her actions; otherwise one has little incentive to act or to persevere in the face of difficulties (Benight and Bandura, 2004).

Self-efficacy beliefs regulate human functioning through cognitive, motivational, affective, and decisional processes. They affect whether individuals way of thinking in self-enhancing or self-debilitating ways; how well they motivate themselves while being firm in the face of difficulties; the quality of their emotional life, visible and hidden vulnerability to stress and depression; resiliency to adversity; and the choices they make at significant decisional points which set a person's life courses.

Through this broad range of means, belief in one's capability to exercise some measure of control in the face of taxing stressors promotes resilience to them. People are producers of life circumstances and not just construes and reactors. Individuals with the high sense of coping efficacy adopt appropriate strategies and courses of action designed to change hazardous environments into more helpful ones. In this mode of affect regulation, efficacy beliefs alleviate stress and anxiety by enabling individuals to mobilize and sustain coping efforts. The stronger the sense of efficacy, the more efficient the people are in taking on the stressful situations that breed stress and the greater their success in shaping them more to their liking (Benight and Bandura, 2004).

Social cognitive theory adopts an agentic model of adaptation and change rather than a reactive dispositional one. Being an agent of change is being able to influence one's functioning and one's life circumstances. Individuals must play a proactive role in their adaptation, rather than just undergo experiences in which environmental stressors act on their personal vulnerabilities. Within this agentic perspective, resilience to adversity relies more on specific individual enablement than on environmental protectiveness. Innate protectiveness protects people from harsh realities or an opposite effect, weakens their impact. Enablement equips them with the personal resources to cultivate their competencies and to select and construct environments that promote successful adaptation. This is the difference between proactive shaping of life circumstances and reactive adaptation to the state of affairs (Benight and Bandura, 2004).

Lastly, this study was also anchored to Fredrickson's Broaden and Build Theory. This approach is defined as a model for explaining the different stands of positive emotions in human minds and bodies, what their effects are, what the evolutionary reason is behind them and why studying them is so essential for our well-being (Lino, 2016). This theory described the functions and forms of positive emotions and its subsets, including joy, contentment, interest, love, acceptance and openness. A fundamental proposition is that these positive emotions broaden an individual's repertoire on fleeting thought–action: the urge to play is associated with joy, the urge to explore is related to interest, the urge to savor and integrate is linked to contentment, and love sparks a recurring cycle of each of these forces within safe, close relationships. The broadened mindsets arising from these positive emotions are contrasted to the narrowed mindsets sparked by many negative emotions (Fredrickson, 2004).

A second fundamental proposition concerns the consequences of these broadened mindsets: by expanding an individual's repertoire of momentary thought–action, whether through play, exploration or similar activities, positive emotions promote discovery of new and creative ideas, actions and interpersonal bonds, which in turn build that his/her resources which range from physical, intellectual, social as well as psychological resources. Importantly, these resources function as reserves that can be drawn on later to improve the odds of successful coping and survival (Fredrickson, 2004).

Analysis

The analysis of data for autoethnography began with an emotional journey for the researcher while recalling events of the past. The researcher focused in on the most memorable moments and activities within the data collection period.

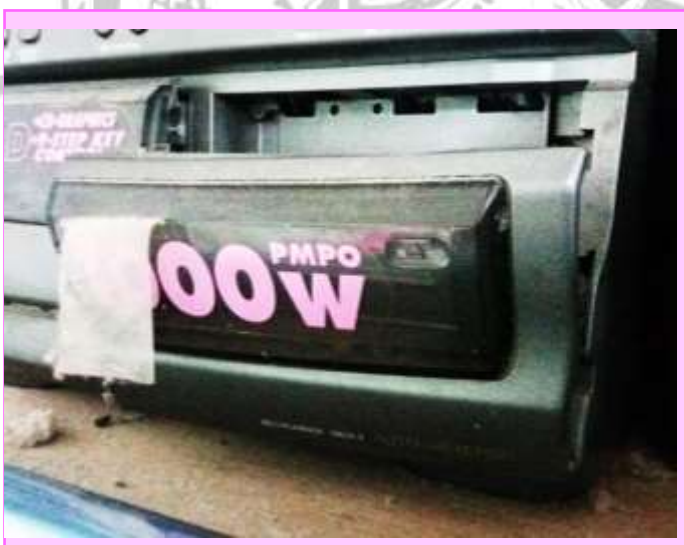
The recall of this emotional data was done by writing down and taking photos of the details and events (Ellis & Bochner, 2000). Unlike other qualitative methods, autoethnographic focused less on finding themes and more on making a change within the environment. The difference that was noted in this study was the researcher's transformation. The research had layers of narrative prose and photos. However, the emotional details of the story were the focus (Ellis, 2007).

Focused on the elements of the story that had to mean to me and others within the culture, rather than on research conducted by outsiders, allowed me to present issues that I felt were relevant to the culture. In other words, every autoethnography would offer different research from the same scenario. This procedure does not suggest that the method lacks reliability and validity, as some may point out; instead, it implies that autoethnography are entirely subjective.

Validity is interpretive and dependent on context and the understandings we bring to the observation (Ellis, 2007). Our personal constructs determine the importance of instances within an event (Kelly, 2003). From our constructs, we determine how accurate the stories are.

Discussion

Denial



Compulsive HOARDING

Sometimes, it is hard for us to let go of things that matter most to us. Sometimes it is easier to deny that it is not working and keep it as it is rather than discarding it.

I still remember that night, December 12, 2001, when my symptoms started to appear. What began as an ordinary fever quickly turned into something nightmarish. I woke up at exactly 9:55 that evening, and I was experiencing severe abdominal pain on my middle area to the point I was not able to turn to my sides. All I can do at that time was to cry and revert to my preschool demeanor. When my mother asked me how I feel, I just kept emphasizing that I was okay and maybe it was just the nasty flu. Right before midnight, that is when the pain started to gain some leverage.

Me: Nay (Mom), I think it's not an ordinary fever (while crying in pain and my hands touching my abdomen)
Mom: (quickly turning on the light in the room) Can you tell me where the pain is located?
Me: (pointing to my middle side of the stomach still crying) Here!
Mom: (face turns from pale to red) Why didn't you inform me earlier! I kept asking, but you said you were okay?
Me: I thought I could handle it by myself and besides, I don't want you to worry about me (sobbed weakly)
Mom: That is what we parents do, we worry about things concerning our children, no matter how small or big it is. Did you eat some street foods in school? (she vehemently opposed us from eating such food variant)
Me: The chocolate drink sold outside of the school.
Mom: Maybe that is food poisoning. First thing tomorrow, we will go to the doctor for a check-up.

We prepared early for that day to get an earlier appointment. I came out on an empty stomach since I was not in the mood of eating anything. I had noticed that the more I move and time pass by the more the pain increases in intensity. We were eventually the first one to be seen by our family physician. At the examination room, the deafening silence is making the pain even worse as if something terrible was about to happen. I was prepared to wait for the result with my mother in the receiving area. When the doctor calls us back again to his office, the result pointed to one diagnosis, appendicitis or the inflammation of the appendix.

My reaction was not that of shock maybe because the pain was too great for me to entertain such thought in my mind. I was then obligated to have my laboratory examinations before my diagnosis was finalized. I was then asked to urinate in the sample cup as part of the standard urinalysis. It was painful to force myself to expel some urine out of my body. Test results came in, and it confirmed the diagnosis mentioned by the physician earlier.

The doctor then referred me to the hospital for surgery. At that time, there was a long queue of patients for surgery. Unfortunately, I was last on the list, like dead last to be exact. To make matters even more interesting, neither the doctors nor the nurses at the hospital at that time seemed to take not notice of my condition and was taking it too lightly. I developed a negative impression of those members of the healthcare team. I branded them as "insensitive" and "incompetent" because I felt that they were not doing their job properly.

Luckily, with the help of someone from the hospital administration, I was then prepped for surgery. At that time, American surgeons were doing their medical mission to the hospital as part of their month-long extension services. I was stripped down to nothing and then changed into the hospital gown. Being naked in front of strangers was not easy, but I had no choice since it was part of the protocol. The cold needle being inserted to my lumbar, lower back, area to administer the anesthesia and it was painful. After 20 minutes of administering the anesthesia, the surgery commenced with me being awake for the whole procedure. I felt the cold surgical equipment sticking to my body but no sensation coming from cutting and slicing actions. As if they were just tickling me the whole procedure.

After almost two hours of the surgery, I was brought to the recovery room for monitoring and then was moved to my room. The surgeon and the nurses came to asked how I was doing and it felt not genuine to me, maybe because I am still clouded with my first impression of them. After a day, I was permitted to drink fluids, on an ascending increment. Another day passed, and then I started eating solid foods as ordered by the physician. Also, the drainage bag connected to my surgery site was removed, and the wound was cleaned as if I was on my way to recovery.

Denial: When does it hurt?

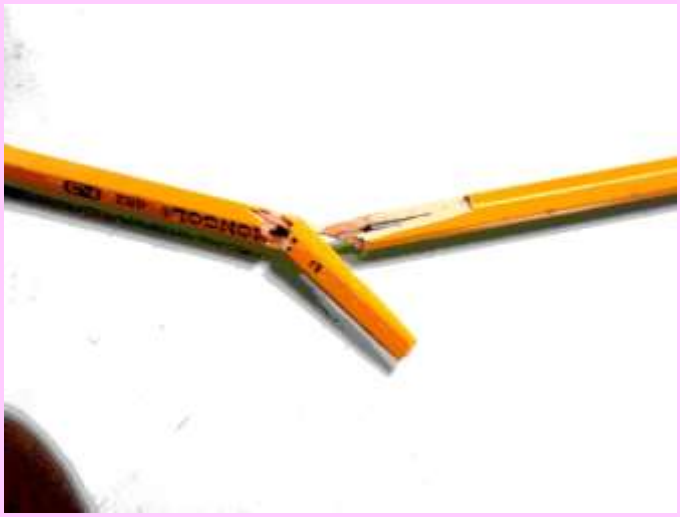
The need to save others from worrying about your conditions as brought about by the altruistic side of humanity. The utilization of denial as means of escaping scrutiny is very rampant. Though it may seem a good way to avoid such encounter sometimes, the intended outcome comes up as the opposite. Denial can be very deadly, particularly right when it comes to health issues and concerns. Many of us can see friends, family, or spouses who, for no good reason, kick and scream at the thought of seeing or even interacting with the doctor, even for a physical examination (Berkley, 2017).

We are very keen observers of others' conditions to the point that we are very involved with it. When tables are turned, we become withdrawn and self-absorbed. It is common for people to get the cold shoulder or treatment when they express concerns and doubts about their loved one's health problems. But if you are the one doing the denying and shrugging off symptoms from your body thus limiting your options for treatment later on (Berkley, 2017).

The commonality of using denial as means of avoiding reality is quite alarming. It has been dubbed as the hallmark of addiction. Addiction not only for drugs or alcohol but also applies to the frequency of using such defensive mechanism just to avoid being dissected by more questions. We may use denial in varying degrees: first degree for denial that the problem, symptom, feeling or need exists; second degree for minimization or rationalization; third degree for admitting it, but denying the consequences and fourth degree for unwillingness to seek help for it (Lancer, 2014).

Denial is an adaptive phase when it helps one cope with stressful situations, such as the loss of a someone dear, separation, death is sudden or even a loss of function. Denial allows the body and the mind to adjust to the shock more gradually and efficiently. It's not adaptive when we don't address warning signs of a treatable illness or problem out of fear. Another reason we deny problems is that they're familiar to us. We grew up with them and don't see that something is wrong. As adults, we deny the truth in cases we'd have to take action we don't want to or forced to (Lancer, 2014).

Anger



BOILING Point

Life often bombards us with challenges that often test our threshold. We either go with the flow or against it. There is too much stress that boils down to self or others.

After thirteen days, I've noticed that I was not able to defecate and still to have problems with urination. I've also noticed that my stomach was getting larger and also had a problem standing up. I had this gut feeling in the stomach that something bad was about to happen again but could not pinpoint or place my

finger on it. The stress brought about by my current situation made me frustrated with myself and even those people around me who was trying to help with my situation. I was at that point where I need to vent out my frustrations to someone, a form of displacement of unwanted and negative feelings. I've kept on asking God why such experiences were only occurring to me. I was at my lowest point.

The family physician was then asked to come to the house to check on my condition. The doctor upon doing the physical examination quickly asked my parents to have me admitted to the same hospital I was in earlier that month. There was a cloud of frustration and disappointment hovering over me that my thoughts were focusing on punching someone's face and to think that I am not a violent person to start with. I quickly asked the doctor what will happen to me. He just told me to relax and cooperate with the procedures to be done. I was placed flat on the bed and then was put in an inclined position.

Inconvenience for Convenience

We often shy away to pain
To things where there is none to gain.
Just because we're strong enough
Doesn't mean that we are that tough.

Our threshold for pain varies
That it is the source of queries.
Life events we are not prepared
Frequently we have to compare.

A painful event makes us learn
To experiences we earn.
Considered as inconvenience
Later gives way to convenience.

The doctor was pulling something out from a suspicious package that made me more nervous. It was a nasogastric tube (NGT), a narrow bore tube passed into the stomach via the nose. It was used for the aspiration of stomach contents or in my case, for decompression of intestinal obstruction. It was uncomfortable, placing a running a tube from my nose down to my stomach. In less than ten seconds, the stomach content deposited, gushed out of the tube which is a collection of pus, green and black undigested stomach content. In less than a minute, two kidney basins were filled to the brim with my stomach slowly decreasing in circumference. The next procedure I was asked to light flat on the bed, with both legs rested on the stirrups. The physician slowly inserted his index and middle fingers to my anus, a procedure term as digital rectal examination. It was a very painful process but must be done since it was a way to test if the intestines were inflamed and obstructed. The hospital at that time was not capable of doing the operation because of the lack of surgical facilities. I was then referred to a private hospital, a two-hour drive away from my hometown.

After arriving at the hospital, it became apparent to me that I was up for another surgery. An event that was bound to happen from the start. While in the emergency room, I could see my mother trying to hold back her tears as she watched helplessly while the emergency room unit was flocking around me. The nasogastric tube, as well as my intravenous line, was removed. Any articles from the referring hospital were removed and were replaced with the one from the hospital. I was subject to blood testing, x-ray, and rigorous physical examination. I was feeling weak already from the long travel, and adding fuel to the fire were the sophisticated test done. After 2 hours of laboratory and diagnostic procedures, I was able to rest in my room.

My parents were talking to me in the room when the healthcare team started knocking on the door. This was the time they oriented me with my parents as to the nature of my diagnosis, intestinal obstruction due to peritonitis, or the inflammation of the lining of the digestive tract. They explained to us that the first surgical procedure done was not satisfactory regarding eliminating all the infectious content out of the system. The appendix ruptured, and the operation was supposed to be done extensively instead of the conventional appendectomy, or the removal of the appendix. The form they said, my mind was telling me to hate the doctors and nurses more because of what happened.

I was prepped for surgery by 6:00 in the evening. The things that were done to me the previous surgery were more or less the same, except for the fact my body hairs, especially those near the operative site were all shaved off. But something caught my attention, one of the nurses who were on duty that day, keeps telling me to stay attentive and keeps praising me for cooperating with them throughout the entire preparation. That was the first time I felt more at ease with them being around me. It was like I was talking to my mother during that period.

The surgery lasted for six hours with two hours post-operative recovery. I woke up feeling fragile and couldn't even move my hand just to touch my parents. What I saw in them was a sign of relief and worry, an ambivalence of emotions. They told me I was lucky to be alive and I should rest some more. When I was fully conscious, my mother said that in the recovery room I started acting weird that I pulled all the wires and monitors attached to me, that I was violently screaming and very aggressive. I was amazed to the fact that I can do those things without full control of my actions. I think that was innate for a human to be vigilant especially if it was just after a very traumatic event.

Anger: When it is not good?

Anger have always been a go-to human response wherein the person tends to show emotion not often commonly associated with that person. Anger is an innate emotion characterized by antagonism toward someone, or something that you feel and think did something deliberately wrong to you. Anger can sometimes be a good thing. It is a way to express unwanted and negative feelings, for example, or motivate you to find solutions to the problem. But excessive anger can cause problems (American Psychological Association, 2017).

Anger is the natural emotion created in a fight-or-flight situation by the physiology of your mind and body. When you sense a threat your mind generates fear and anxiety. Fear and anxiety can appear very overwhelmingly and suddenly as if these emotions makes us feel powerless and out of control, done to us deliberately. The stress hits when you start thinking about all the bad consequences this may have for you. Anxiety can range from apprehension to a full-blown panic attack. Fear is an essential feeling and is created by us. It is not something we have, but something we do. The purpose of fear is to keep us safe (Schaub, 1999).

Often, anger clouds up our judgment and in turn result in anxiety. Anxiety can alter our perception of things and often generates guarded behaviors as a response to threat in our safety. Anger and anxiety can go hand-in-hand. Anger can intensify symptoms of generalized anxiety disorder (GAD), a condition that includes an excessive and uncontrollable worry that interferes with our daily life. Not only were higher levels of anger found in people with GAD, but hostility along with internalized, unexpressed anger in particular contributed significantly to the severity of GAD symptoms (Deschenes et al., 2012, pp. 261-271).

If expressing too much anger is detrimental, then holding it in for too long may equate the former as well. Emotions that are bottled up, like suppressing anger can be harmful to your health. A University of Michigan 17 year study of 192 couples found that couples who hold their anger have shorter life span than those who readily say when they're mad. Anger is a good avenue to vent out frustrations and sentiments (Arbor, 2008). One must remember that releasing such emotions needs to be done in moderation at right

time and place. Learning to express anger in an appropriate and acceptable way is a healthy use of it. Learn, to be frank, and directly tell people what ticks you off and what you need.

Bargaining

Hanging on a BALANCE

When confronted with severe trauma, we often negotiate a compromise. Negotiation is an innate human trait that may prove beneficial or detrimental at some point.

The road to recovery was tough, both physically and mentally. I was placed on NPO (Nothing per Orem) or nothing through the mouth prescription. It is a remedial instruction provided by the physician that does not allow the patient to take in any fluids or foods by mouth and would be placed on strict total parenteral nutrition. Total parenteral nutrition is administering vitamins, nutrients and essential fluids filled with electrolytes through intravenous route. At that point, I was hard at myself because I developed an extreme fear of surgery, so the need to follow strict regimen was a must for me.

I was just watching my parents and my siblings eating away foods that were not allowed to be ingested by me. I would just look at every morsel intaken and tried to imagine it was me who was eating it instead. It went on for three days, with just my lips touching or being dab with a wet cotton ball just to prevent it from drying up. Sometimes when my mother is not looking, I would suck the life out of the cotton ball just to be able to feel the water and eventually drink some it. Of course, my mother would always catch me and scolded me in the process. I even remember one time that they were eating Chinese foods, one of my top two favorite cuisines that the saliva was rolling down my mouth profusely like a rabid animal.

Me: Nay (Mom), can I have some dumplings (with dog eyes trying to win them over)
Mom: (with the left eyebrow raised and a straight face) No you can't!
Me: (frowning with a spec of tear on my eyes) Why not?
Mom: It is what the doctor ordered.
Me: (trying to sound appealing) If you give me some, I promise to do my homework diligently.
Mom: (with the same facial expression) The answer is NO, it is against the doctor's order, and you might get sick again.
Me: Even when I say that I will do all homework alone for a year?
Mom: No!
Me: How about for two years?
Mom: The answer is still NO so end of discussion. Why don't you just follow what has been prescribed?

I ended up sleeping that night disappointed. Morning came, and I felt something was definitely off that day. I tried to scan the environment and myself as well. It was when I realized that my nasogastric tubing was removed and is now on the floor. Quickly called my mother and in turn asked the nurse for some assistance. Thirty minutes later, a medical intern came in to place a new nasogastric tube. I could tell that just by the look on his face that he was new also to the procedure, but I had no power to argue nor the choice since he was the one asked to carry out the order. When he inserted it, I felt his hand shaking, and he is perspiring hard. The nasogastric tube instead of going to the esophagus went straight to my airways. Of course, I gagged and cough during the process which prompted him to remove it and tried doing the procedure again. It was when he inserted it that the tube tangled inside my throat and the next thing I had noticed is that I was coughing out blood already. This made me hate the hospital and the healthcare team more.

Neither did I know that it was only a drizzle to what was about to happen to me. After four days of no water, I was able to urinate which prompted the physician to order a liquid diet, meaning I will be able to obey my thirst and drink water only. It was already a consolation for me. Day five came, and the physician asked my parents if they can go outside to talk about my current progress. That feeling of unease all came flashing back again. My mother entered with blood-shot eyes, an indication that she cried before going into the room. She told me to prepare for another operation since my intestinal tract is not functioning anymore. The doctor suggested having a colostomy bag attached to a stoma (an opening surgically created near the large intestine) that they will be creating the next day. This opening, in conjunction with the attached stoma appliance, provides an alternative channel for feces to leave the body. I went ballistic and started asking too many questions. I don't know if my body can take more traumas.

I was at a period of asking why it was happening to me. Looking for alternatives to the impending surgery scheduled the next day. After much negotiation, the ending was still the same. The operation will commence tomorrow if I can't defecate in the morning. I was about to brush my teeth when I've noticed that we were out of distilled water, so I asked my mother if we can buy one. She said that the store ran out of it already and she will be buying first thing tomorrow. Then I've told her to not worry about it and would be using the tap water from the hospital sink. Later that night, I felt that my stomach was grumbling and after how many minutes I was able to pass out some flatulence (gas). Then came in the sign that the doctor was waiting for, I was able to defecate signifying that my digestive tract was working again. It made me happy since the scheduled surgery will not be happening anymore.

Bargaining: When is it too much?

The third stage encompasses the individual's hope that he/she can avoid unwanted results. Usually, the negotiation for an extended life is made in exchange for a reformed lifestyle or a modification in our routine activities. People facing less serious stress can bargain or seek compromise. The usual reaction to feelings of helplessness and vulnerability often needs to regain control. When we are alone, we may make a deal with any higher power being or God in an attempt to stay away or delay the inevitable. This is a weaker line of defense to protect us from the painful reality (Axelrod, 2016).

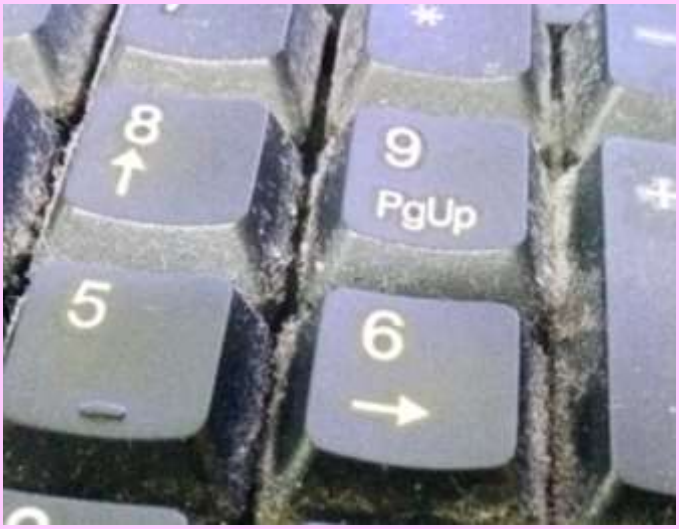
Bargaining is a final attempt to stick with things we are most comfortable in. In a bid to regain control and do the things we used to do back then would often bring out a desperate motive within us. Experiencing a life altering event would make us anxious to what changes would take place after that. One must face anxiety head on with thorough preparation and relaxation strategies that can alleviate the experience, but don't feel you need to vanquish it all together. Small amounts of anxiety may be "very constructive," helping you concentrate and take the task seriously (PON Staff, 2016).

This stage allows us to explore ourselves more and being able to know our limitations. It is recognition that things are different and there is no point postponing the inevitable. A stage where we try to find out the best thing left in the situation. Life's trauma would teach us to bow down on things beyond our control. An experience that denotes the actual meaning of the word compromise. This stage may help to arrive at an

alternative or even a sustainable solution. It might also bring some relief to those who are moving close to what they wish to avoid altogether (Anastasia, 2015).

Emotion plays an active role in decision making, creativity, and relationship building which are key factors in reaching an agreement. When we are confronted with things that may come across as grueling, we often do anything to avoid pushing or being pushed. We become avoiders that are neither competitive nor cooperative (Leary et al., 2013). Negotiation for one's welfare is so challenging that it requires sacrifices along the way. Always remember that when faced with strong feelings and opposition, we must wise, centered, energized and resilient.

Depression



A SORRY State

It's human nature to feel sadness, fear, regret, and uncertainty. It shows that the person has at least begun to accept the reality. A preparatory stage for the 'aftermath.'

On my next day, I was feeling happy that I was able to defecate and couldn't wait for the doctor to come into my room to tell him about the good news. Of course, such good news didn't last long because the physician noticed something about the quality of my feces. It had a fishy smell and looked a bit off. It was when he ordered for a quick stool examination (examination of the feces) to confirm if his hunch was true. After the test had come in, the doctor told me that I'd contracted a disease called amoebiasis, also known as amoebic dysentery, an infection caused by amoebas, parasites found in contaminated water.

The doctor, looking serious, told me that I might have contracted it from the hospital water, confirming to him that it was indeed the water from the hospital sink. I was then given new sets of medications. Aside from that, he also noticed that my legs were shrinking and were in dire need of some regular muscle movement. He also asked me to do some stretching and walking exercises and was only allowed to eat soft foods that were very bland and one dimensional. I was at the lowest point of my life at that time, seeing that I somehow reverted to my infancy and everything that I used to do or eat was stripped out of me. Not to mention that I was feeble and there was a need to start moving more frequently.

The following day, the nurse in the ward came to my room to update me with the new doctor's orders as well as encouraged me to started walking considering my sad condition. It was when I've realized that it was the same nurse who was talking to me in the operating room. She then took my hand and slowly helped me out of my bed and guided me through the corridor. It was when I get to know her more and asked some questions I was dying to ask since I started to be hospitalized.

Me: Miss, if you don't mind me asking, why is it that most of the nurses and doctors are so generic? (Referring to them as lifeless and not genuine.)
Nurse: (with a smile) It is because we are trying to do the multiple things for multiple people at the same time.
Me: (still frowning) Then why is it that they don't ask for help from other nurses and doctors?
Nurse (still with a smile) That is simple, we do ask for help but not in a flashy manner, it is as if our glances act as unspoken contracts to look at each other's' back and try to do the work
Me: Do you ever get exhausted from doing all these?
Nurse: Of course but in everything we do, we must always move forward. Whatever challenges it may throw at us just move forward. Like what we are doing now, we are exercising your legs so they can be strong again (her pointing at the end of the corridor).

The conversation I had earlier with the nurse was an eye opener for me. She made me realize to never judge a book by its cover. She explained that everyone is fighting their battle that sometimes it affects how a person behave. She further pointed out that nurses and doctors are humans too that has certain limitations. After the talk, she was kind enough to assist me back to my room. From that point, she made sure that I was getting my daily morning exercises and I was following the doctor's orders.

On the tenth day, I was preparing to be discharged, and my parents went downstairs to pay for my hospital bills. The nurse, for the last time, came to my room and reminded me of what to do if some symptoms may show up at home. I was able to show her what to do especially doing aftercare to my wounds and the timing for my medications. She then made a remark which struck me the most, "you'll make a beautiful nurse or a doctor one day!" I just shrugged off the idea due to embarrassment and burst into laughter saying that it was not the profession for me. At exactly 3:45 in the afternoon, I was discharged from the hospital after eleven days. The road to recovery is rigorous and far from over yet I was preparing myself for it.

Depression: When does it end?

There is a moment in life where problems just come and go. But sometimes, life play tricks against us and have problems pouring in increasing intervals at the same time. Depression is a phase in which the person tends to feel sadness, regret, guilt, fear, and other negative emotions. A person may have completely given up and given in by now and may now reach a roadblock from where the path only seems dark. One may show signs of indifference, pushing others away, reclusiveness, and zero excitement towards anything life has to give. This may look like the lowest point in life with no way ahead (Anastasia, 2015).

After a surgical procedure, it can lead significant changes afterward. Feeling sick emotionally and feeling bad physically are not contrasting emotions but two entities were sharing a symbiotic bond with each other. Depression is not uncommon after any surgical procedure, or even after a diagnosis that leads to the process. Getting the news, sad reality, that your health isn't perfect and you need to undergo surgery or any treatment, the financial pressures of obtaining adequate health care and feeling bad emotionally and physically can trigger episodes of depression or make depression that is already present worse (Whitlock, 2016a).

In times of hardships, one does not solely depend on financial or physical support, but the majority of it depends on the emotional support we will be getting after any traumatic experience. A simple clarification and reassurance can go a long way. We may need a bit of active cooperation and a few kind words (Axelrod, 2016). Often, we worry that in our grief, we have spent less time with others that depend on us. Having a good support system can help alleviate the depressive or sorry state that we are into. Thus in turn giving us the chance to express ourselves more and exhaust out our worries in the process. Sometimes all we need is a hug.

We all feel sad or anxious at times. It's a regular part of life (Pietrangelo, 2014). One cannot say that he/she had experience life without experiencing the hits and misses of it. It is never perfect in the sense that it will be given to you in the process. We often argue and even compare ourselves to others without actually seeing the big picture of things which is to learn from our experience. Let depression be an opportunity for you to grow and take things as it is. Changes are bound to happen even if we lie idle and wait. Associate yourselves with diverse and active individuals, people who you can count on. Consider roadblocks as commas not periods to your sentence.

Acceptance

enLIGHTenment
A final stage, that one aspires to reach, that varies per person, and it is a broad indication that there are some emotional detachment and objectivity.

Which to take, Chemical Engineering or Biotechnology? A question I was stuck asking myself when I was filling out a form for a public university. It was my senior years in high school, and it was the time of the year to select what to take up in college. I was stuck with the two choices above, yet it didn't feel right to me. I think I was selecting courses based on their names not for any other reasons. Maybe because this sounds cool at that time, that I was considering of taking up the course.

My parents then asked me if I was sure of my choices. They then laid it all out on the table and asked me for possible employment upon finishing the course. My sister who was studying at that university then told me that those were high mortality classes, fields wherein only a handful of students get to finish it because of its complicated nature and not to mention high regard to the quality of graduates. Then it made me think, what other courses I can take aside from these two. Then a realization came to mind, a memory from three years ago, why not take up nursing. The mere fact that I was considering to take up the course amazed me but what is more interesting is that my willingness to go back to places that reminded me of my experiences.

After the talking with my parents, they gave their permission for me to take up nursing. At first, the feeling of uncertainty and doubt was swirling inside me. Questions about my intention or what I want to get out of it were things that made me second guess myself. But amidst it all, I still pushed through with my gut feeling was telling me. The return demonstrations were some of the major hindrances. One particular event in mind was when we were asked to do demon how to inject solutions to the body using three know routes correctly. The entire time, I was crying, but still, I went through with the activity.

Another challenge was having my hospital duty and assisting medical and surgical procedures. My first major operation helped was the one so close to my heart, an explore laparotomy (a surgical procedure wherein the abdomen is opened and the organs examined for injury or disease). The patient had the same diagnosis as me. It was looking myself in the mirror. The doctor and my clinical instructor were there to explain the procedure more in detail this time in the perspective of the member of the healthcare team. That time it all made sense to me why I was subjected to those procedures.

On 2009, after four years of an emotional roller coaster, I was able to finish my studies. I took the board examination just two months after. I then went home to our province after studying in Cebu to patiently wait for the result of the test. By August of the same year, the result came in, and I made it. Who would have thought that a man who was of syringe and laboratory coats would be a registered nurse?

Working as a nurse in the hospital, both in private and public hospitals were an awakening for me. It was when I was the part of the healthcare team, that everything made sense to me. To think it took me eight years just to realize as to why the members of the healthcare team behaved the way they are. By using dual perspectives as a patient and a nurse, I was able to blend both different justifications and created a new sense of direction in between. That experience made me realize that often diverse needs create tension between the patient and nurse. If one feels threaten or inadequately responded, that is when subjectivity clouds our judgment and producing a negative impression of the other.

Acceptance: When does it start?

Many people are focused on having a successful treatment that they tend to overlook the fact that it is hard work of healing begins after the surgical procedure. Recovering from surgery, in many ways, is the most difficult part of the entire process. You may experience problems along the way, or you may be unsure about the instructions the provider has given you. You may wonder if what is happening is an actual postoperative complication, or if what you are experiencing is just a normal response after a surgical procedure (Whitlock, 2016b). Anxiety kicks after something troubling happen. We all have to move from several stages during our recovery that it may prove ominous to us. It is a big leap for any person to go with the changes that entail after the surgery and an ever greater challenge to accept it entirety.

Change being an inevitable part and truth of life where there is no running away from it. If change is well formulated and thought out, it can produce significant results, but even in spite of planning, change is hard to accept, incorporate, predict, and appreciate (Anastasia, 2015). In any traumatic experience, change is the determining factor of how the wheels would move and where it would be lead you. It is best to know that as much as we want to remain within our dormant stage, being happy to what we used to be, life undergoes a series of evolution and regression. This, in turn, changes our impression of things that would often be hard to accept.

Grieving is a personal process that has no time limit, nor one “right” way to do it (Axelrod, 2016). Acceptance doesn't happen in an instant. It is like a big reset button we encounter at any game that requires one to integrate to his or her current situation thoroughly. It is deeply personal and singular experience that is marked by withdrawal and calmness. Acceptance should never be equated to happiness since emotions are not uniform to all those who reach this stage.

Acceptance stage is characterized by three sub-stages namely experimentation, decision, and integration. Experimentation is a person's initial engagement with the new situation after the traumatic experience. The decision is learning how to work in the new situation, feeling more confident. While integration, is where changes are assimilated, and a renewed individual emerges from the process (Anastasia, 2015).

Nobody can help you go through the process more easily or understand all the emotions that you're confronted with. But others can be there for you to offer support and help comfort you through this process. The best thing you can do is to allow yourself to feel the grief as it comes over you. Resisting it only will

prolong the natural process of healing (Axelrod, 2016). Easier said than done, as they say, acceptance stage is a personal journey unique to every individual. Nobody can dictate you on when and how to do it, but they are there to support you. One can only surrender to the process and start to heal.

As for my journey towards acceptance, it was never easy, yet it was very meaningful. Self-doubts and disinterests were significant problems encountered yet I was able to pull through it all. Your story may be the same with me, yet the manner you handle it may be different to what I did, and that's a good thing because you are being yourself, a unique individual that has his or her way of managing and accepting things. Appreciate everything about you and those people around you.

Conclusion

It is with all honesty that I started to write this study from the perspective of a patient and slowly ending it from a nurse's viewpoint. I can consider this as a developmental milestone in my growth that I was able to move on and tried living normally again.

This study may be few pages only, but the process of acceptance is not an immediate step that can be achieved with just a few clicks of a button. I still can't determine if my acceptance stage is only until this point. Even if I accepted what happened to me and do an 180 with a new perspective, I feel that such stage is only the tip of the iceberg, or at least that is how I look at it. There is still that wedge holding me back when I revisit those events. I know full acceptance will happen in due time, in my due time. Being able to survive such ordeal is not a walk in the park. It was a gradual change that I didn't even realize that it was occurring to me to already. In like manner, I could not have predicted the outcome of this autoethnography because some of my days were good that I feel motivated to retrospect or bad that I seldom stay in one place to think.

The experience is one of the postsurgical effects and coping with traumatic events. It can take many forms which proved to show that I am just one of the many forms that could be similar or different to those who had the experience. Maybe next time, a researcher would read this not as a person who suffers the same ordeal but someone who will be informed as to how postsurgical trauma takes place and how can it leave a nasty bruise to the patient. Maybe picking up tips on how to understand patients as well as nurses more as to why they act that way.

Most people are stuck on coming up with things they can do to help themselves feel good physically and emotionally during recovery. Don't feel defeated if you see yourself needing some help. Some people need help to bounce back emotionally. That's not a failure. Success involves caring for those you love enough, especially yourself, to do whatever is necessary to rebound (Pick, 2016). Indeed, success, aside from requiring work, it does not come from oneself or others but a product of both. Recovery and being scarred for life is one of those things that need a lot of work and acceptance

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