

Theory of Flowing: Going with the Flow of the Ups-and-Downs of Recovering from an Ordeal

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Abstract

This article outlines the theory of flowing. Flowing is an intervention strategy that ordinary people implement in order to go with the flow of the ups-and-downs of recovering from an ordeal. It ensures that they continue to progress in recovering from their ordeal. Ordinary people experience ups-and-downs when they are recovering from their ordeal in the following domains: functioning, symptoms, energy, support, connection and progress in recovery. These ups-and-downs lead the person to perpetually struggle with uncertainty and feel increasingly insecure and distressed. Recovering from an ordeal is a process of getting better where the distressing ups-and-downs are gradually stabilized where the person intervenes the downward trends of regression, rises up and maintains their upward trends of recovery; and the ordeal is progressively resolved. *Flowing* consists of the following intervention strategies: recognizing the ordeal and associated symptoms; alleviating symptoms; activating and nourishing; self-caring; staying open and aware of progress; seeking caring support and connections; becoming a caring support and connection; and staying grateful. This mid-range theory of flowing was discovered by conceptualizing data that were sourced from people who are experiencing the ups-and-downs of recovering from ordeals that are triggered by COVID-19 (Coronavirus disease). Thus, this data represents a slice of data from a broader population of ordinary people who are experiencing the ups-and-downs of recovering from their ordeal. This study has implications in how data could be used to discover theories, coaching of people to overcome their ordeals in life and how to manage life and health as we approach COVID-19 endemicity.

Keywords: flowing, intervention strategy, recovery, grounded theory, overcoming ordeals

Introduction

Ups and downs in recovering from an ordeal in life are common among ordinary people. For example, COVID-19 (Coronavirus disease) that no one can escape from had triggered many ordeals in people's lives. No one in this world had not been affected by COVID-19 and its effects. As a result, many people in the world are recovering from their ordeal due to COVID-19 and its effects. The ordeal has deeply changed who they are in their respective lives. The fluctuation that a person experiences when recovering from

their ordeal shows that they go through a stream of events which come in a wave of gains and losses that affects their day-to-day responsibilities and functions at work, home etc. This makes recovering from the ordeal hard to bear because the person needs to undergo transiency in their life because impermanency is a phenomenon that many people could not tolerate as they could not bear losing what they have had previously, and having regained them, they lose them again. The ordeal that a person experiences is marked by this impermanency.

The purpose of this study is to examine the ups-and-downs of ordinary people when they recover from their ordeal in life by using data from personal stories of people who are recovering from ordeals triggered by COVID-19. As no one in this world had not experienced recovery from their ordeal caused by COVID-19 and its effects before, this data represents a slice of data from a broader population of ordinary people who are recovering from their ordeal. This data were used to discover a mid-range theory of *flowing*. This mid-range theory hypothesizes the ups-and-downs of ordinary people who are recovering from an ordeal and how they are resolved.

Methodology

The classic grounded theory methodology is used to discover a theory from data of personal stories of recovering COVID-19 patients collected from the internet. All these data are primarily from the personal stories in the COVID-19 recovery collective website (www.covid19-recovery.org/stories-category/stories/). These personal stories were collected for another study carried out in the United Kingdom. Classic grounded theory methodology allows “the research strategy of secondary analysis – the study of specific problems through analysis of existing data which were collected for other purposes” (Glaser, 1963, p. 11). Theoretical sampling was carried out on the data “to provide as broad and diverse range of theoretical ideas” (Glaser, 1978, p. 150). Together with the constant comparative method (Glaser, 1998) and memoing where “memos track the growth of conceptual ideas as they emerged” (Glaser, 2014, p. 60), new codes emerged. By staying open, the emergent new codes and ideas in this present study are independent from a previous and related research regarding the theory of securing (Oh, 2021). When substantive coding is carried out, two questions are constantly in mind – (a) what is the major concern and (b) how is it resolved (Glaser, 1978). From the data, people were discovered and conceptualized to be experiencing *ups-and-downs* when recovering from their ordeals (that are triggered by COVID-19) as their major concern. The emergence of this conceptualization proposes that the data from these personal stories of COVID-19 recovery represents a slice of data of the *ups-and-downs* of a broader population of ordinary people who are recovering from an ordeal. With the emergence of the concept--*ups-and-downs*, the core category--*flowing* emerged.

Outlines of the full theoretical framework were constantly written in memos to sort-out and connect codes, integrate new concepts and ideas that emerge. Insights were obtained from these memos which led to new ideas and codes to emerge. Theoretical sampling was stopped when theoretical saturation of the data was achieved. When theoretical saturation was achieved, a total of 35 personal stories from the Covid-19 Recovery Collective website had contributed to the research data of this study. Memos were sorted, theoretical codes were identified, the theory was written-up and a mid-range theory of *flowing* emerged. The theoretical framework was later compared with the theory of securing (Oh, 2021) to include relevant concepts from the theory as illustrations of this new mid-range theory of flowing. Passages from selected personal

stories from the Covid-19 Recovery Collective website were used as illustrations in the theory.

Theory of flowing

Major Concern: Ups-and-Downs in Recovering from an ordeal

One of the major concerns of ordinary people is the experience of *ups-and-downs* in their life commencing from starting and recognizing an ordeal and throughout the recovering from the ordeal. An ordeal refers to a painful and trying experience owing to a substantial loss and deficiency especially in the person's functioning when symptoms and loss of energy appears as part of the person's ordeal. The person's ordeal is commonly triggered by experiences and events that endanger them to lose their *self* i.e., who they are in their lives. This loss is also related to their existence in the world around them. Oh (2021) conceptualized the following:

Their selfhood . . . expresses their identity, existence and potential. Their identity refers to who they are; their existence, their life, and potential--what they could possibly achieve and who they could possibly become. (p. 92)

Thus, the person's functioning specifies their self in the world around them. Any losses and deficiencies in their functioning marked by the appearance of symptoms and loss of energy will lead them to lose their *self* and thus feel insecure. Losses and deficiencies in functioning that are undergone by the person could include threats, and perceived and real experiences of being deprived. Louise (n.d.) reported:

At 7 months I am left with pleurisy pain, arthritis, earache, lactic acid in my arms, short term memory loss, elevated heart rate on exercise and fatigue. I tell people it is like living a half-life. I can function but can't do what I used to. If I go out for a walk it means I have no energy for anything else. I teach adults and have been working from home but in November I go back into the classroom. I ask myself can I do it? (n.p.)

Ordinary people experience ups-and-downs when they are recovering from their ordeal in the following domains: functioning, symptoms, energy, support, connection and progress in recovery. They undergo a mix of these ups-and-downs in these domains when they are recovering from their ordeal as time passes. Each of the ups-and-downs in these domains reinforces one another.

Functioning

The substantial loss and deficiency in the person's functioning is often related to their day-to-day functioning and with the person's functioning in their specific roles in life such as in their occupational, professional, entrepreneurial, educational, family and social life. These roles are a substantial part of their *self* affected by the ordeal. As their functioning determines their *self*, a loss and deficiency in functioning would mean a loss of their *self*. Their ability which largely contributes to their functioning diminishes gradually or drastically as they suffer for their ordeal. The person also loses power over themselves when their functioning is compromised. Oh (2021) conceptualized power as "their capacity to direct and regulate themselves and influence others" (p. 92). They become incapacitated. Jake (n.d.) shared: "the following 7 weeks I was incapacitated" (n.p.). Esme (n.d.): stated: I am unable to work as a physiotherapist, have had to

postpone finishing my MSc and find normal life exhausting. Gradually, they may regain their abilities but these abilities are limited. Claire (n.d.) shared: "Slowly it improved but has never returned to my fitness levels before Covid" (n.p.).

Symptoms

Symptoms are adverse experiences and effects that mark the loss of and deficiency in functioning. These adverse experiences are largely featured in the form of physical, mental, emotional, relational and behavioral signs of distress. Jacqueline (n.d.) shared:

Initially, I was fearful, unusually emotional and over-reactive, all of which were not unexpected, given what I had gone through. . . . I am frequently apologizing for my verbal and mental stumbling and asking my listener for patience while I gather my thoughts and the ability to express them. . . . I was speaking to a friend on the telephone when I became incapable of saying 'envelope' or otherwise describing that sealable thing you might put a piece of paper in. I became flustered and abruptly ended the call. Then I remembered the words 'brain damage' being used in conjunction with the Coronavirus and I stacked that on top of my fear that I would contract early-onset Alzheimer's just like my grandfather did. In short order, I was in full-blown panic attack Number 2, called 9-1-1 because I thought I was (again) having a stroke and was transported to the ER. Again, I was diagnosed with a panic attack like no other (except, of course, the other one) . . . you begin to recover physically but soon learn that your disease has emotional and neurological components which no one anticipated; . . . and then your hair falls out. THAT's telogen effluvium. (n.p.)

Thus, these adverse experiences and effects make the ordeal hard to bear and distressing. The person suffers for varying (from light to worsening) levels of symptoms of their ordeal. While some symptoms are alleviated as time passes, some symptoms that appear could be new, random, acute and persistent, and a relapse. Barbara (n.d.) stated: "Nearly 3 months have passed since, and here I am again, in bed with fever, chills, burning chest, and muscles aches, every other week" (n.p.).

Pre-existing conditions would worsen by the current ordeal. A pre-existing condition are symptoms and loss of energy that are underlying and not related to the current ordeal. These symptoms could be from another earlier ordeal. Doug (n.d.) reported: "my diabetes is back under control although I now need more insulin than previously" (n.p.). And the symptoms of the current ordeal could also be confused with a pre-existing condition. John (n.d.) a cancer patient who had chemotherapy shared:

My diagnosis and realisation of my symptoms was somewhat mixed in with some intensive chemotherapy I was undertaking at the time for a bone marrow cancer called Myeloma. I spent around 3 1/2 weeks in an isolation room where my immune system was essentially killed (neutropenic) due to the high dose chemotherapy I was receiving. This process alone gives a substantial kicking to the body where I felt absolutely exhausted, nauseous and very weak I am unsure how long these issues may continue and have become aware of possible heart damage as being another post covid issue, with atrial fibrillation and family heart issues it all adds to the mix. (n.p.)

Energy

Another mark of loss and deficiency in functioning is the loss of energy. The loss of energy could be in the form of physical and emotional fatigue, and loss of motivation (i.e. willingness and drive) to carry out day-to-day functions. While their energy returns, at times they experience sudden loss of energy and thus their functioning becomes limited. Loss of energy could also be episodic. Darren (n.d.) stated:

But after 3 months of being back to work I noticed the fatigue would come in waves. Once every week or 2 weeks, I would have a 24 hour period of intense fatigue that was not triggered by anything I could identify, and was self-limiting. I would get home, not eat and just go to bed and the next day felt able to go to work again. This episodic fatigue was worrying however. So I started taking food supplements (Full spectrum curcummin) to try help. It didn't. I wondered if it reduced the severity of fatigue, but what actually started happening was the fatigue was becoming more present every day. I was struggling to be motivated to cook food at home, I was too tired to prepare breakfasts or lunch to take to work. I was just coping to get through the day, and was spending all my rest days doing nothing but watching TV in pyjamas. (n.p.)

Support

The person could experience indifferent support that set them back in recovering from their ordeal. Support could largely come from (a) professionals, and (b) connections--family, friends and peers. They may go to and from their support whom they expect to help them with the ordeal. Support that is indifferent would commonly lack knowledge and urgency, presumptuous, absent, overwhelmed, uncertain, and denying and giving-up on the person. The indifferent support would deny by normalizing, rejecting and minimizing the ordeal of the person. In short, indifferent support invalidates the person's experiences. Thiago (n.d.) stated: "I was bad, almost dying for 4 months . . . without medical assistance. My doctor did a CT scan but said I had nothing despite feeling all the symptoms" (n.p.). However, there are times that the person would receive caring support but the support would be limited. Mary (n.d.) a nurse reported:

Mid May after much to-ing and fro-ing spoke to GP. He stated that I had definitely had Covid and arranged for me to be seen at Hub. He also prescribed antibiotics and steroids as cough was still evident and persistent. Told I was fit to [return to work] RTW about week later. Contacted line manager and was told I would have to shield due to having had steroids more than once in last year. Advised to get GP to issue letter to state this as per shielding guidelines. He refused as he said I did not come into any of the shielding categories. Explained this to line manager who said she would contact [occupational health] OH and do risk assessment. After completing the requisite time period for shielding I again contacted line manager about RTW. She appeared to have forgotten anything she had said in our conversations. Completed a Risk assessment over phone and returned to work doing only x1 short shift at beginning of August. (n.p.)

Connection

Related to support that the person engages during their ordeal is their connections. Connections not only serve as a support to the person's recovery but also part of the person's functioning. Thus, losing connections by the person signifies a loss of support in recovering from their ordeal and loss and deficiency in their functioning. The

person would isolate themselves or limit their interactions due to the ordeal. Their isolation is usually triggered by externalised forces. However, at times they enjoy limited connections with others but impaired and feeling insecure. Darren (n.d.) stated: "I started to leave the house more, and my parents came to visit. I found that being around people was too cognitively stimulating and caused extreme fatigue" (n.p.). Coty (n.d.) shared:

I started to isolate myself in my home away from anybody as I believed I'd become the person no one would want to be around as I was always complaining of being in pain, it caused a lot of emotional distress. (n.p.)

Progress in Recovery

While the person progresses in the recovery from their ordeal there are remaining residuals of their ordeal that could lead them to regress. This is because recovering from an ordeal follows this trajectory:

The process starts when the person recognizes the ordeal and its symptoms after experiencing a loss and deficiency in their functioning when symptoms and energy loss appear, and their suspicion validated.

Next, the process is non-linear. As Naomi (n.d.) stated: "by end of April, I was a bit better, although things were up and down—I realised that recovery wasn't linear" (n.p.). The ups-and-downs in the process consist of downwards and upwards trends. A downward trend signalling a regress where the person experiences light to worsening symptoms and loss of energy marking their loss and deficiency in functioning. Thus, making them lose their *self* and feel hopeless. An upward trend shows that the person is progressing with the interventions strategies that they have implemented where their symptoms are well managed (i.e., symptoms had disappeared and reduced, and no new symptoms had appeared). They also feel more energetic than before which signifies gain in functioning. They are able to function better than before, making them increasingly gain their self and feel more hopeful. Progress will also see the ups-and-downs stabilizing.

Appearances of symptoms and energy losses are episodic and will bring the person downwards in their recovery from the ordeal. Without intervention, downward trends will be sharp and drastic. However, with intervention, the person will steadily rise up in the upward trend but after a period of time of progress, recovery gains will diminish. Furthermore, there will be residuals of the ordeal. Doug (n.d.) shared: "I simply can't do what I was able to do prior to the virus. Progress seems to have plateaued" (n.p.). These residuals refer to unknown, atypical, relapsing and persistent symptoms and sudden energy losses that signify losses and deficiencies in functioning that are yet to be gained and including those losses and deficiencies in functioning that could not be gained. They include the loss of *self* prior to the ordeal that is to be gained and could not be gained; and new functioning that specifies the *self*. A sudden appearance of a symptom and substantial energy loss marking a loss and deficiency in functioning after a period of progress and stability (where symptoms are well-managed and energy and functioning are returning) will signal a regress and brings feelings of insecurity and fear of relapse and regress. Peter (n.d.) reported:

So I can't say I felt great in March but was well enough to do most things. Then in April I suddenly hit another dip. Tight chest; extreme fatigue; IBS and viral

rash on my back. Also that bitter taste at the back of my mouth that I again was sure was from my sinus. One Sunday morning I came at breakfast. I couldn't raise my arms to hold my knife and fork. My wife had to feed me. I burst into tears- it was really scary. I didn't know what was wrong with me – the fatigue was awful. (n.p.)

However, it alarms the person to intervene in order to prevent regress in the recovery process. Pat (n.d.), a retired general practitioner shared:

It's now 5 months and I feel that I am virtually back to normal although occasionally I feel slightly breathless and am unsure whether this is residual disease, pollen counts, air quality or perhaps anxiety. I test myself by seeing whether I can run up and down stairs – so far so good! (n.p.)

All these ups-and-downs as indicated above make recovering from an ordeal unknown, uncertain and unpredictable. These ups-and-downs fluctuate like waves and are cyclical. Thus, these ups-and-downs lead the person to perpetually struggle with uncertainty where the person vacillates between (1) gain and sudden loss and deficiency in functioning marked by the disappearance and sudden appearance of symptoms, and gain and sudden loss of energy; (2) gain and loss of their *self*; and (3) feelings of security (in the form of hope) and insecurity (in the form of hopelessness). As a result, they increasingly are at a loss of who they are i.e., their *self*, feel insecure and distressful. Oh (2021) conceptualized feelings of insecurity as follow:

Feelings of insecurity are a person's distressful feelings of being unassured and vulnerable. They are comprised of a mix of the feelings of (1) inadequacy, not good enough and lesser; (2) un-belongingness, alone, unaccepted and unloved; (3) unsafety, unprotected; (4) worthlessness, low self-esteem; (5) emptiness, aimless; and (6) hopelessness, uselessness and powerlessness. Manifesting from these feelings are (7) distressful emotions and physical sensations. Common distressful emotions that a person experiences are shame, guilt, fear, anxiety, depression, resentment and anger. Together with these emotions, the person experiences aroused and tense physical sensations. These physical sensations are also part of the physical distress that the person experiences. (p. 94)

Claire (n.d.) shared:

I am nearly 12 weeks now with three symptoms and don't feel any better, it's so hard getting up each day hoping and wishing when you open your eyes you will feel good with no symptoms just for a day. Each day gets harder I feel so low at the moment and don't feel people understand, you get the feeling people think your putting these symptoms on or exaggerating them. I can guarantee I'm not. I just [want] to feel normal again and feel healthy and happy. (n.p.)

Jacqueline (n.d.) reported:

What I expected was an overwhelming feeling of gratitude for having survived, for having been given a "new lease on life." What I actually experienced was paralyzing fear and palpable anxiety. I felt there was danger everywhere. I was afraid to leave my house. I was afraid to get into my car. The thought of going into a public building was dreadful. I was experiencing depression and loneliness. It suddenly occurred to me what I had just experienced: I had been blind-sided

by a novel virus about which very little was known; I had no idea how I had contracted the virus; I had survived by a very narrow margin. (n.p.)

Flowing

Flowing is an intervention strategy that a person implements to go with the flow of the ups-and-downs of recovering from an ordeal. It ensures that the person continues to progress in recovering from their ordeal. Recovering from an ordeal is a process of getting better where the (1) distressing ups-and-downs in recovering from an ordeal are gradually stabilized by the person (a) intervening in the downward trend of regression in their recovery, (b) steering, rising up and maintaining the upward trend of progression in their recovery; and (2) the ordeal is progressively resolved a moment at a time. A downward trend of regression in the person's recovery is marked by the loss and deficiency in their functioning when their symptoms and loss of energy appeared and a loss of their self, while an upward trend of progression in their recovery is signified by the gaining of functioning when their symptoms are increasingly alleviated and energy and ability is progressively gained, and increasingly gain their self. As an outcome of this process, the person continuously and incrementally gains the functioning they have lost or are deficient for. They also serendipitously obtain new functioning in the process of gaining what they have lost or deficient for. As a result, they increasingly gain their *self* and feel more secure. Oh (2021) conceptualized the following:

When the person increasingly feels secure, they experience a mix of feelings of (1) adequacy; good enough and satisfied; (2) belongingness, loved and accepted; (3) safety, being protected (4) worthiness, self-acceptance; (5) wholeness, purposeful; and (6) hopefulness, empowered. Manifesting from these feelings are (7) joyful emotions and physical sensations. A common joyful emotion that a person experiences is happiness with its warm and activated or relaxed physical sensations...These feelings of security are also usually experienced as peace, contentment, positivity, and balance by the person while they are still working on their feelings of insecurity. (p. 102)

As a process, recovering from an ordeal is energised by the person's hope in gaining the functioning that they had lost and are deficient in and who they were i.e their *self*, prior to the ordeal. Donovan (n.d.) stated: "I still long to be the person I was before all this started" (n.p.). However, recovering from an ordeal as a process of getting better is asymptotic. The person could gain the best functioning that they could and the best of their *self* at any one time. They could be the best they could as there are residuals of the ordeal to be resolved from time to time. Oh (2021) conceptualized that:

As a result of this process, the person continuously realizes a better version of themselves . . . [as the] recovering process is asymptotic where the person feels the most secure and could be the best version of themselves as they could in any one time. (p.102)

However, the person will feel insecure with these residuals as they fear the loss and deficiency in their functioning, appearance of symptoms and loss of energy, and loss of their *self*. Jacqueline (n.d.) shared:

All this post-Covid aftermath is frightening on so many levels. What's really disconcerting is that these symptoms manifested months after my physical recovery, which begs the questions: Will my symptoms get worse? Will they ever

fully resolve? Will new after-effects emerge? Are my symptoms even Covid-related? (n.p.)

Flowing consists of the following intervention strategies: recognizing the ordeal and associated symptoms, alleviating symptoms, activating and nourishing, self-caring, staying open and aware of progress, seeking caring support and connections, becoming a caring support and connection, and staying grateful. These intervention strategies are inter-related and they reinforce one another.

Recognizing the Ordeal and Associated Symptoms

Recognizing the ordeal and its associated symptoms consists of identifying and learning about the ordeal. Failure in recognizing the ordeal and its associated symptoms will lead the person to continue on a downward trend of their ordeal and regress during their recovery from their ordeal. Failure in recognizing the ordeal and its associated symptoms could be in the form of delays, denial, complacency, absence of boundaries, false beliefs, uncertainty and resignation to the ordeal. This failure could be due to the lack and absence of available knowledge and resources which consist of lack and absence of support and solutions, existence of pre-existing conditions, absence of confirmation, and inconclusive, atypical and unknown nature of the ordeal. John (n.d.), a cancer patient shared:

As I was recovering from some industrial chemotherapy I assumed everything I was experiencing was due to my cancer treatment...My failure was to be able to unpick covid symptoms away from cancer recover symptoms...not blaming anyone but I was immunocompromised at the time, so I put this down to bad timing. (n.p.)

The person's failure to recognize their ordeal and its associated symptoms could stem from indifferent support who fail to recognize the ordeal and invalidate the person's experiences despite the person's suspicion and suffering of loss and deficiency in their functioning. As a result, the person goes mostly downwards in their ordeal and recovery until their condition is finally recognized and confirmed. Miriam (n.d.) went through an ordeal and finally got a confirmation of her condition shared:

Many things over the following months led to me question whether what I had was Covid or not, but following ongoing symptoms in July I was officially registered as 'likely Covid' by the NHS. I will still never know for sure, as the antibody test I had done >6 months after the infection was negative, but the symptoms and ongoing signs of 'long Covid' leave with with a high certainty that I had it I was referred for a 'post-covid' assessment through the hospital and listed as 'likely covid'. In a way this was a huge relief—it was hard to reconcile the feeling of having something before the world said it was circulating, knowing deep down that I did but could never prove it Obviously, if I had known then I would have acted differently. (n.p.)

Alleviating Symptoms

The person gains relief for the symptoms of their ordeal. Gabrielle (n.d.) shared:

I finally started feeling better! I went to see a Respiratory Consultant who said I have airway inflammation & pleurisy. He prescribed an inhaler to help with the

inflammation, suggested buying a wheat herbal bag which can be heated in the microwave. It really helped! (n.p.)

Although symptom reduction is beneficial, the relief could be temporary. An excessive use of symptom reduction for temporary relief would lead the person to be increasingly on a downward trend of their recovery in the near future. Darren (n.d.) reported:

To get through work I was having to consume more coffee than normal. Usually I have one coffee in the morning and rarely a 2nd in the afternoon. But now the fatigue affecting me so much, I would have a double espresso before I left the house, plus an Americano before I got to work. The another coffee at 11:00am and at lunch. And sometimes before I left work. I even reached having 6 coffees per day, and I was masking the fatigue I was experiencing. I could not socialise, meet friends or family, be the partner I wanted to be, or do meaningful activities. I was literally just working and surviving on coffee. I wanted to do fun things again, so one weekend my partner and I went for a long walk on the Saturday (10km). On the Sunday we went cycled 17km. On Tuesday it was a really busy day at work that was physically, cognitively and emotionally exerting. By Wednesday I crashed. (n.p.)

Activating and Nourishing

Thus, the person energises themselves by activating and nourishing themselves to gain more energy, functioning and their *self*. These activities could bring a more upward trend in the person's recovery at a longer term. Darren (n.d.) shared:

At the start of week 5 however, it was like a switch had been reset, and suddenly the brain-fog started to lift, the fatigue started to melt away, I had energy to do things. I couldn't figure out why, but the only thing that really had changed was starting Q10 4 weeks before. I did some reading of the literature and apparently it can take 4-8 weeks for it to take effect. (n.p.)

Self-Caring

The person practices self-care by disciplining themselves in activating and nourishing themselves. Tammy (n.d.) stated: "I am taking multivitamins, folic acid, B-12, cod liver oil, Vit D, CoQ10 and turmeric religiously in an attempt to try and help myself" (n.p.).

They would activate boundaries that help them in their recovery so that they could implement a suitable type, quantity and intensity of activities that alleviate their symptoms and activate and nourish themselves without going into excess and bringing them to a downward trend in their ordeal and recovery. They accept their limitations that arise due to the functioning that they currently possess and the losses and deficiency in functioning that they had experienced in the ordeal. Gabrielle (n.d.) shared:

As a usually active person, this was so frustrating. It was quite difficult to concentrate & remain focussed. To overcome this, I learnt the importance of energy preservation and had to take more breaks than usual to get through a day of work. (n.p.)

Staying Open and Aware of Progress

Next, the person stays open and aware of their progress. Oh (2021) conceptualized openness as follows: “the openness of the person . . . is commonly expressed as open-mindedness, presence, awareness, willingness, spontaneity, humility, and being reachable and teachable” (p. 101). The person is open to trying out novel means of care and support to augment their symptom alleviation and activating and nourishing activities in order to sustain their progress in recovering from their ordeal. Melanie (n.d.) shared:

At this stage I’m willing to try anything. I don’t play video games normally but I went on and found what I think were similar games using escape room/puzzle and repetitive retrieval concepts. I’m not advocating this as a cure but the results for me personally have been so dramatic that I almost can’t believe it. After 2 days of these games my brain felt like it was waking up and starting to process thoughts logically again. My physical fatigue is also receding. (n.p.)

They are also open and aware of the current status of them recovering from their ordeal in order to track their progress. This is so that they could decide on and implement new and existing symptom alleviation, activating and nourishing activities; and acquire further caring support and connection for their ordeal. Roger (n.d.) reported:

Because I wear a Fitbit I was able to inform the Dr. of my heart rate and as I am normally at a resting rate of 62 my then current rate of resting was 74 and I was having some high heart rates of around 120 to 130 when just moving around the house they agreed that they would in fact see me in person with full C19 PPE gear implementation. (n.p.)

Darren (n.d.) shared:

I was given advice by colleagues to stop, rest and pace. I started to record my symptoms in app, factors that were involved in my day and other relevant info. By week 3, I had bought a walking stick that provided sitting to rest and pacing (called a FlipStick). This meant I could leave my flat. But I live in a 2nd floor flat with no lift, so stairs were a real problem. I noticed I was having tachycardia with minimal exertion, where my heart rate would jump from 60 to 180 my walking around the flat. (n.p.)

Seeking Caring Support and Connections

Caring support and connections could largely come from (a) professionals, and (b) connections--family, friends, and peers. Caring support and connections validate the person’s experiences of their ordeal. The person seeks and receives caring support and connection in order to be supported in carrying out their intervention strategies. A caring support and connection would be assuring, prompt, compassionate, accurate, and knowledgeable so that they could provide emotional, relational and functional support and guidance to the person. They could provide emotional, relational and functional support and guidance in terms of advice other than supporting the person in their day-to-day functional needs. Esme (n.d.) shared:

My [general practitioner] GP has been very supportive and has listened to my symptom list and concerns. I have had blood tests which showed low Vit B12 and folate and I have had a course of injections to replace the B12 and am taking folic acid. (n.p.)

Naomi (n.d.) stated: "At times I have felt disbelieved and alone, but joining online support groups has helped a lot, and my partner taking over the household tasks has allowed me to stay in work" (n.p.). Darren (n.d.) reported: "My partner and my family have been rocks. Without them, I would not have coped" (n.p.).

Becoming a Caring Support and Connection

As part of flowing with the ups-and-downs in recovering from the ordeal, some of them had become caring support and connection to others who suffered for the similar ordeal that they are going through. The person's experience and knowledge make them suitable candidates of being a caring support and connection that are assuring, prompt, compassionate, accurate and knowledgeable so that they could provide emotional, relational and functional support to sufferers like themselves. Jacqueline (n.d.) shared:

My hope is that by sharing my Covid experience, I could help even just one survivor navigate the Covid fallout about which we are all learning in real time. If I could also convince one mask-averse person to cover his mouth, even better. (n.p.)

Nanda (n.d.) reported:

I have compiled my stories throughout the weeks in what I call my "Corona Chronicles". If you are interested to read more on how I cope, you can find it at www.livingmytruth.se/corona-chronicles. I hope that you who reading this do not have to go through what I went through. I want to do whatever I can in order to raise awareness for the long-term effects of covid-19, which is why I hereby submit my story to you. (n.p.)

Staying Grateful

The person reminds themselves to stay grateful for what they still possess and gain despite the losses and deficiency in functioning they experience. They might face the fact that they may not be able to gain what they had lost or deficient for and be their *self*, prior to the ordeal i.e., who they were before. Instead, they will continue to implement the intervention strategies to progressively gain more functioning and continuously be the best of their *self*. Oh (2021) conceptualized that they "aim to be a better version of themselves" (p. 102). Nanda (n.d.) stated: "This experience is teaching me a lot about life and living, for that I am quite grateful (how strange it might sound)" (n.p.). Jackie (n.d.) shared:

I still try to do as much as I can and have managed to increase my daily walk but I have now accepted that my mind can no longer dictate to my body and I need to listen to it more carefully. Now when I worry about recovery, I just remind myself of all the people who didn't make it through this terrible virus and consider myself and my family blessed to have survived. (n.p.)

Limitations of Study

The study was carried out by using data from people who are recovering from ordeals due to COVID-19 to represent a slice of data of ordinary people who are recovering from their ordeal in life. Although COVID-19 had caused ordeals that are experienced by ordinary people across the globe, the theory generated in this study could be benefitted by more data (when and if available and accessible freely) from different types of ordeals experienced by people. Any new data that are relevant will modify the theory if they are relevant to create more fit but will not invalidate it.

Discussion

The concepts in this theory of flowing are discussed in relation to the theory of securing (Oh, 2021). In the following paragraphs are similarities and dissimilarities that explain the process of change and recovery a person goes through and how the concepts from both theories could build on each other especially in the area of recovery.

In the related theory of securing (Oh, 2021), it was proposed that ordinary people get trapped in a vicious cycle when they are feeling increasingly insecure and subsequently engaging in instantaneous relieving. Through honesting a person frees themselves from this vicious cycle in order to support their recovery. While in this current theory, recovery is given attention where ordinary people were identified to be trapped in a wave of ups and downs when they are recovering from an ordeal. Simply put, the theory of securing conceptualizes the major concern and actions of ordinary people pre-recovery.

Next, according to the theory of securing, people largely continue to cycle viciously in their distress because of their own instantaneous relieving actions. And it is through deciding to implement honesting that brings the person into recovery. However, with this current theory, getting into a wave of ups and downs in recovery is inevitable. The person either goes with the flow to stay afloat or sink. Staying afloat would need them to go with the flow and intervene when we sink. Metaphorically, white water river rafting would be imagined to depict the ups and downs that are experienced during recovery. Thus, the people that the person has with them on the raft is crucial. Both theories (securing and flowing) recommend people that are supportive for recovery. Supportive people will energise the person with motivation and skills. Indifferent ones will serve as dead weights, and worse, would still cause the person to get stuck or sink because indifferent people are either not rowing or rowing not in tandem with the person. It is hard and nearly impossible to be alone in the raft to survive the current of the white water. There is a need for the person to choose who could be their support, and be open to changes. This will be a continuous effort as the journey on the white waters (e.g. of COVID-19) is still long and unpredictable.

Both theories (securing and flowing) recognized the role of self as a precursor and outcome to change. Our functioning in our lives specifies who we are in our lives. In the theory of securing (Oh, 2021), the person's selfhood is specified by the combination of security attributes that the person has. These attributes determine their functioning. The perception of lack and losses in these attributes will trigger their feelings of insecurity and change who they are. Thus, as an outcome of recovery, these attributes are acquired to re-gain who they are but who they are could not be the same as before. Both theories identify that person will not be the same person they were before the loss and ordeal. There are always residuals left over that will appear in the future for further work however distressing they are. Recovery does not mean that they gain everything

that they have lost. Losing is part of change. When there is loss, there is also gain. Some gains happen only when the person loses. It is part of a life process. For example, a loss of our health due to sickness makes the person gain the value of well-being and their life. This was experienced by Nanda (n.d.). Steps will be taken to improve health and change in lifestyle for the better in order to manage a condition better. This change may not happen if not for the loss of health. However, there are also instances of gaining something different following a loss. For example, Nanda (n.d.) gained a new passion of educating people about COVID-19 in the process of gaining what she had lost. Through this understanding of gain and loss a person has the opportunity to develop themselves (by increasing their abilities) and continuously be a better version of who they are (Oh, 2021).

Implication of this Study

The conceptualization power of classic grounded theory methodology had managed to raise the theory to be able to explain how ordinary people coped with the ups-and-downs of recovering from their ordeals with data from people who are recovering from ordeals due to COVID-19. Thus, this study had proposed how available data could be used beyond its initial goal (for example, to discover a theory in a specific population i.e., COVID-19 recovery) to achieve a higher goal (that is to discover a theory broader population, for example ordinary people who are recovering from their ordeal). As a result, a more general substantive theory was discovered instead of a substantive theory. By doing so, the application of the theory could potentially extend to a bigger population and thus benefit more people. Furthermore, this is especially relevant when it is not feasible to obtain data for all forms of ordeals faced by ordinary people.

Next, this theory could be used by professionals (such as medical practitioners, psychologists, educators, coaches, managers etc.) to coach their patients, clients, students, employees and groups to cope with their ordeals (i.e., losses and deficiencies) in their life. These ordeals could include COVID-19 and hardships in areas such as health, relationships, work, business etc when recovery from ups-and-downs are also experienced and observed in these areas.

Lastly, as the world is still grappling with health risks and chronic disabilities (for example long COVID), the theory can be used as a guide by ordinary people to manage their lifestyle, interactions, activities, and health as we approach COVID-19 endemicity. It could also be used by health and mental health professionals (e.g. health promotion counselors and health psychologists) to instill good health behaviors (relating to sleep, physical activity and diet and nutrition) among community members as a means of prevention, recovery and to be healthy and stay healthy.

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