An Autoethnographic Study of a Graduate Student Testing Positive for COVID-19 and Enduring Quarantine

by

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A Thesis Submitted in Partial Fulfillment

of the Requirements for the Degree

MASTER OF ARTS

Major Subject: Communication Studies

West Texas A&M University

Canyon, TX

Fall 2021

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Abstract

I became diagnosed with COVID-19 and was ordered to quarantine for two weeks in the spring of 2020. Using autoethnography, this thesis provides a personal illness narrative about my experience with COVID-19. The narrative is structured and explores a timeline of dates and events through journal entries with descriptions of my experience while undergoing quarantine. Themes based on the evolution of my experience emerged from my story: contentment, apprehension, astonishment, seclusion, bewilderment, physical pain, and convalescence.

keywords: illness narrative, COVID-19, autoethnography

Acknowledgements

I want to express my gratitude to my mom and my dad on this amazing journey these last few years, during my time here at WTAMU. I cannot thank you enough for your support and motivation that brought me to this point. To all of my relatives and friends, thank you for your advice and guidance along the way.

Dr. Franken, thank you for your feedback and suggestions throughout my thesis. Having you in my classes really helped me strive to be an improved graduate student and a writer. Your expertise in qualitative inquiry was much appreciated for my thesis.

Dr. Chen, thank you for your feedback and knowledge in health communications. Your knowledge in health-related topics allowed me to explore my health in relations to the illness I endured.

Dr. Kinsky, I thank you for your constructive criticism and comments for my thesis. Your additional knowledge in qualitative inquiry allowed me to enhance the credibility of my thesis and expand my interest in that area.

Lastly, and shockingly to say, I want to thank COVID-19. This illness has changed my life for the better. It has taught me how to create and write about a story that can transition into future topics as a writer.

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Chapter I

Introduction

Many individuals go through experiences that catch them by surprise. One morning we wake up early feeling great, and the next morning we feel the complete opposite. I experienced a surprising change in my health because of an illness, and this thesis shares that story: an autoethnography of my experience testing positive for COVID-19.

A coronavirus outbreak began in December 2019 in Wuhan City, China (Coronavirus disease, n.d.). In early January of 2020, the coronavirus had started to spread to other countries including the United States due to individuals traveling to other areas of the world. In February 2020, the novel disease was officially named COVID-19 (Coronavirus disease, n.d.). In March 2020, the Centers for Disease Control and Prevention established testing procedures to determine if an individual may have caught the virus (COVID-19, n.d.). According to the World Health Organization (WHO), the test is simply a brief swab up the nose or a saliva test in the mouth to determine if the individual tests positive for the coronavirus. By July 2021, as vaccinations began to be administered globally, more than 4 million people around the world had already died from the disease and new variants continued to emerge.

Brief Background about Myself and My COVID-19 Experience

I am currently living in the small town of Canyon, Texas. I work at a Correctional Institution and attend graduate school. On April 24, 2020, I tested positive for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and was ordered to quarantine for 14 days. The SARS-CoV-2 is a coronavirus that causes COVID-19. Time seemed to stop for me because I strongly believed that I was not going to catch this virus. The purpose of this autoethnographic thesis is to explore real-life experiences with COVID-19 during a pandemic, and to tell and share my personal story with others. Because COVID-19 is a new illness, not much is known about its biological mechanism or treatment. Most research has focused on simply describing the symptoms and safety measures to take (St. Amant, 2020). There have been some personal stories shared explaining and describing the details about their experiences of having COVID-19 and undergoing quarantine and isolation, and these examples come from podcasts, news articles, and a published study by Zheng (2020). After reading and listening to these stories, I became convinced that I was not the only individual who felt fear and anxiety during my experience with COVID-19, and I was motivated to share my story as an example of communication research.

Rationale

Sharing my personal narrative can offer new ideas and information about experiencing COVID-19. Telling my story will allow readers to gain additional knowledge about what it is like to experience COVID-19. According to research, sharing stories with others can help us live happier and healthier lives (Hyden, 2008). A story might feel ordinary to one individual, but it could seem extraordinary to someone else.

Telling my story will make me feel less isolated and more connected to others. Just as a wound will not heal overnight, we must allow ourselves more time to process the traumatic experience.

After battling the shock of contracting COVID-19 and returning to a healthier lifestyle, I have transferred my personal experiences into an autoethnographic thesis. In the months leading up to contracting COVID-19, I had been sick twice, prompting much stress and worry. Starting in early February, I had the flu and then mild pneumonia mid-way through March of 2020 when COVID-19 was officially labeled by the World Health Organization (WHO). Because my immune system was already struggling due to the prior illnesses, I did not know if I was going to survive COVID-19. When receiving my positive COVID-19 test results, I struggled to process the experience. This thesis explores my feelings and concerns during my time in isolation from quarantine.

At the time of my diagnosis, I had already completed all of my core classes and had enrolled in a thesis class for the upcoming 2020 fall semester. After the 14-day quarantine, I finalized a thesis prospectus about a completely different topic. As August arrived, my mind would not stop thinking about COVID-19. I tried to ignore these thoughts all summer, but finally, it became clear that organizing this experience into a thesis would be the best way to move forward. Periodically, we run into a wall when searching for a direction to write our story. Personally, I believe that the wall is there for a reason because it challenges us to select the best story to share.

The two weeks I endured in quarantine felt longer than most. Since that time, I have had the opportunity to process everything that happened, how it made me feel, everything I did, and the way my COVID-19 experience has influenced my personal life.

One of the main reasons why I want to share my personal COVID-19 story is to help others feel less isolated. This could be achieved by sharing personal anecdotes and common experiences that others may have experienced. Writing this thesis not only shares personal experiences, but it also utilizes a personal illness narrative approach that allows me to engage readers through autoethnographic scholarship.

Chapter II

Literature Review

This chapter will provide a description and explanation of illness narrative along with examples of illness narratives and what previous researchers uncovered. Additionally, this chapter discusses the power of sharing illness narratives, and provides information on COVID-19.

Illness Narrative

Reading and writing personal experiences can be a topic of interest to researchers, a tradition that began in the 1980s (Hyden, 2008). Illness experiences can be put into narrative form, and such narratives can be developed by individuals who have had the illness or by their close friends, relatives, and/or physicians. The goal is to describe the events that occurred during the illness experience and how the author felt about the illness along the way. In general, generating an illness narrative accomplishes an explanation and understanding of the experience of an illness, and writers of illness narratives often gain control of their experience by describing and sharing it (Dunne & Moore, 2011; Longden, 2010; Ritter, n.d.). For example, Longden (2010) and Ritter (n.d.) believed that describing and sharing their experiences on mental illness helped them find peace after a dark and painful beginning. Telling the story about an illness experience can bring a sense of hope and control (Hyden, 2008).

There are five components to an illness narrative. Hyden (2008) explains them as follows:

> (1) To transform illness events and construct a world of illness; (2) to reconstruct one's life history in the event of the illness; (3) to explain and understand the illness; (4) formulate a strategic interaction in order to assert or project one's identity; and (5) to transform illness from an individual into a collective experience. (p. 55)

Illnesses can impact one's identity. For instance, when an illness forces an individual into isolation, they are capable of losing their connection to the world. Hyden (2008) argued, "We are forced to revise our personal identities and life histories in terms of the illness" (p. 56). An individual with leukemia, for example, would need to re-structure their livelihood differently by incorporating doctor's appointments, treatments, and other medical protocols. A person may view themselves differently compared to before the illness.

Illness narratives are developed through the process of conjuring up memory, expressing the experience authentically, and becoming vulnerable (Hyden, 2008). First, memories are gathered to construct the narrative. Hyden (2008) believed that memories are what helps writers become who they are as storytellers and provide others with a sense of self, and they write those memories down in detail to strengthen the quality and credibility of the narrative. Furthermore, in the process of writing the narrative, narrators may have to write about things that make them vulnerable. It is important for writers to be vulnerable because it allows them to share authentic thoughts and feelings (Hyden, 2008). It is suggested that writers be willing to share private details.

Through the construction of the narrative, writers attempt to develop a connection with their readers. In fact, Hyden (2008) suggests that writers should engage through three phases: (1) the beginning of the illness, (2) the middle of the illness, and (3) the aftermath of the illness, which could lead to a new beginning. A writer's overall goal is to reach an ending to their story that helps create meaning from the experience (Hyden, 2008). However, Hyden noted that illness narratives are sometimes ambiguous because these experiences do not always have a neat and structured ending.

Examples of illness narratives include Ritchie (2019), who learned that enduring PTSD changed him fundamentally as a person. Additionally, Leith (2009) searched for positive meaning from her experience dealing with trauma from pregnancy loss. Her positive takeaway was that she allowed her story to become a potential topic for future Ph.D. students. Leith (2009) and Ritchie (2019) both felt powerless to move forward because of the lingering pain and grief. Moreover, Doshi (2013) discovered that dealing with the loss of her mother from cancer allowed her to gain new insights and ideas on improving hospice care for the terminally ill. The support and treatment her mother received during the battle with cancer appeared to be inadequate. Following the death of her mother, she became motivated to learn new information from medical seminars and, in the process, learned from medical experts who had lost loved ones from an illness. Similarly, Richards (2008) concluded that his experience with kidney failure prompted new ideas in that area which could encourage medical experts to expand the research on a cure. In addition, Zheng's (2020) narrative indicates that communicating with each other about illness can help change the way individuals think, live, and deal with illnesses going forward.

Some of the above-mentioned examples draw connections to this thesis. For example, Zheng's (2020) illness narrative relates to COVID-19. Her study explored her two-week experience during her quarantine, and it provided inspiration in writing this thesis. The methodology she used to write her article was autoethnography. Her study includes a set of diary entries covering dates from March 20 to April 5, 2020, while undergoing quarantine. She tested positive for COVID-19 and went into detail about her experience during quarantine, similar to the direction of this thesis. However, this thesis uncovers the writer's experience with isolation, as opposed to Zheng's (2020) study because the individual writing this thesis did not socially interact with others the same way. Relatedly, Doshi's (2013) thorough diary entries highlighted the finals days of her mother's life before dying from cancer.

Based on personal experiences with post-traumatic stress disorder (PTSD), Ritchie (2019) argued that sharing experiences of an illness can set individuals free. When individuals reflect on their experiences, they confront the memories kept inside of them and gradually move forward in peace. Ritchie (2019) concluded that writers cope better when they transform their experiences into narratives and share with others, which this thesis aims to accomplish. Correspondingly, Stirling (2020) argued that sharing experiences allows individuals to release the feelings of fear and doubt that developed during the illness. Stirling (2020) acknowledged that talking about her experiences on conducting self-harm (e.g., cutting, not eating) while she was depressed helped her accept them.

Not everyone who encounters the same illness has a common experience. For example, in a study on PTSD, Price et al. (2015) indicated that individuals who learn to

accept their experiences with PTSD will likely be different from the way others experienced PTSD. Nonetheless, the sharing of an illness narrative has the potential to transform one's own experience with the illness, changing the way individuals live their lives, make decisions, and communicate with others.

An increased ability to cope with the illness is also a byproduct of writing an illness narrative. For example, Sealy (2012) indicated that, through the writing of an illness narrative, she was able to cope with her experience of having breast cancer. Sealy (2012) also emphasized how knowledge can result from sharing an illness narrative. For example, her readers learned that meditation can be a tool for healing as she tackled unresolved issues in the past while ill (Sealy, 2012). Meditation allowed her to release the burden of mental trauma and repairing a relationship with her mother by alleviating her anxiety and enhancing self-esteem. The knowledge of utilizing meditation can be conveyed to individuals who are also ill or have experienced breast cancer. For instance, performing meditation can assist an individual with leukemia experiencing symptoms such as fatigue or weakness by clearing one's mind and stress (Sealy, 2012).

Another example demonstrating an increased ability to cope is uncovered in Uotinen's (2011) study on the process of recovering from a respiratory illness in an intensive care unit (ICU). She informs the audience about the memories in ICU including sight (what she saw), hearing (sounds in the room), taste (could not taste anything), and touch (what she touched, physical movement) (Uotinen, 2011).

Although sharing illness narratives can help individuals cope with their experiences and find meaning, it can also make them vulnerable. Writers of illness narratives have the ability to explain their stories and frame them, but it also can become

an overwhelming process. Hoppes et al. (2007) concluded that fear and anxiety became two important variables while they wrote about their experiences on medical fieldwork as they helped treat patients. Writers of illness narratives might be afraid of being ignored or rejected, or they might worry that their readers will not understand what they were enduring. Nonetheless, according to Hyden (2008), it is important for writers to make themselves vulnerable because it allows them to share the experience authentically. With that said, tellers of illness narratives often feel the gravity of the negativity, and some storytellers are unable to express their emotions because of the personalization of the experience. Periodically, the experience could become too deep or too personal to revisit (Leith, 2009). On the other hand, Doshi (2013) and Sealy (2012) were able to cope and move forward by narrowing down their experiences, which included organizing their memories from the experience, taking notes of important dates and events, and recalling thoughts from the time of the experience and recording ongoing thoughts.

Because this thesis is an illness narrative of my experience with COVID-19, the next section gives a description and provides context for the COVID-19 pandemic of 2020.

COVID-19

COVID-19 is the name of a disease caused from a coronavirus. More than 80 million individuals across the world were impacted by COVID-19 after businesses, schools, and transportation shut down in March of 2020 (COVID-19, n.d.). According to the WHO, the symptoms of COVID-19 are similar to the regular seasonal influenza including shortness of breath, fatigue, and fever, and can range from mild illness to death. Unlike the flu, loss of taste or smell can occur. The virus can spread very quickly from

person to person, particularly through sneezes, coughs, and being close to another person (COVID-19, n.d.). Another way an individual could become infected is if he or she were to touch a surface with the virus on it and then touch their mouth, nose, or eyes. Normally it takes anywhere from two to fourteen days for symptoms to start developing in the system (COVID-19, n.d.). According to the CDC, individuals who test positive for COVID-19 are encouraged to quarantine for 14 days. Those who have been in close proximity to infected individuals are also encouraged to quarantine. Recovering from the virus can take two weeks to six months (COVID-19, n.d.). In severe cases, the virus can cause damage to the brain (Fifi & Mocco, 2020), the heart (Jahanshahlu & Rezaei, 2020), and the lungs (Shi et al., 2020). However, because the virus is new, so much remains unknown.

Some ways to mitigate the spread of the virus include wearing a face covering and practicing social distancing, which means maintaining at least six feet of distance from others. With such restrictions, COVID-19 prompted the majority of the population to interact and work virtually (St. Amant, 2020). By April of 2020, there were large increases in mortality rates on individuals who had pre-existing medical conditions, the global economy had started to decline, the pandemic had caused the employment rate to decrease, and positive cases and deaths continued to rise in the later months of 2020 (COVID-19, n.d.). In January of 2021, the CDC announced the establishment of vaccines from several companies including Pfizer, Moderna, and Johnson & Johnson.

By April 2021, the global economy gradually started to increase. According to the WHO, businesses, restaurants, and other workplaces, had increased human capacity (Coronavirus disease, n.d.). In many professional workplaces, individuals who became

vaccinated were no longer required to wear masks. However, in some workplaces, employees are still required to wear masks, unless up to 70% of the employees have been vaccinated. By July 2021, more than 160 million U.S. citizens had been vaccinated (COVID-19, n.d.), and public settings were beginning to re-open. A new variant known as Delta-8 discovered in December 2020 was described as highly transmittable, and dominated the coronavirus strain across the United States which could potentially increase concern for young, unvaccinated individuals who struggle with other medical conditions (COVID-19, n.d.).

Summary

This chapter provided a detailed description and explanation of illness narrative followed by examples. An additional topic covered in this chapter included background on COVID-19. Based on the previous research in the area of illness narrative, my story strives to explain my experience as I tested positive and underwent a two-week quarantine, including the evolution of my experience with COVID-19.

Chapter III

Methods

This thesis utilizes autoethnography. Autoethnography is a qualitative research method in which the researcher writes about their personalized experiences in order to bring understanding to a societal context (Wall, 2006). According to Creswell and Poth (2018), autoethnography primarily focuses on the researcher as the subject of the research. Historically, autoethnographic studies have employed various types of expression, including metaphors, snapshots, artifacts, and narratives (Muncey, 2005). In this project, I employed the last form of expression, narratives.

Autoethnography

Autoethnography can be broken down into three parts: *auto* meaning self, *ethno* meaning culture, and *graphy* meaning study (Bochner & Ellis, 2006). Autoethnography bridges autobiography and ethnography. The goal of this procedure is to produce a personal narrative of the writer's experiences, and to re-visit and familiarize the data until a set of themes and meanings emerge (Bochner & Ellis, 2006). Autoethnography is a qualitative inquiry that allows the writer to reflect and write about their own experiences. Autoethnography allows authors to not only tell their stories, but to provide reports that are scholarly interpretations (Bochner & Ellis, 2006). Autoethnography allows writers to use self-reflection to explore personal experiences, and to connect their story to wider cultural, political, and social meanings and understandings (Bochner & Ellis, 2006). Autoethnographies are personalized, revealing texts where the writer tells a

story about their own lived experience. Personal narratives can have several creative styles of writing including a poem, a drawing, a painting, or other relevant forms.

A personal narrative is a great way to revisit the human experience because it allows humans to understand their own life, as well as the reader understanding the author (Wall, 2006). In this case, my COVID-19 experience will be a personal narrative. A personal narrative has specific elements, including the narrator or storyteller, the content of the story, the order of events, and the overall point which establishes the reader's takeaway from the story (Bochner & Ellis, 2006). In the process of writing my personal narrative, I aimed to tell my story of being diagnosed with COVID-19 and guide my readers through my thoughts on being diagnosed and enduring quarantine.

Autoethnographers have many different ways of telling their stories. As I embarked on the telling of my story, I used mapping in addition to restorying, which is "the process of reconstructing new meaning from a lived experience by placing it into a framework of time, setting, plot, and scene" (Creswell & Poth, 2018, p. 72). Mapping is a tool intended to organize dates and events into a timeline of journal entries (Doshi, 2013). According to Linden (2008), using mapping can help narrators stay on task throughout the story. Thus, I mapped out my story by incorporating dates and events leading up to my COVID-19 diagnosis and my two-week quarantine experience. Each journal entry had a specific location followed up with a discussion on what took place. The locations included my home, my workplace, my grandmother's house, the medical facility, the bowling alley, and the grocery store. Some examples of events include medical experiences at home, communication experiences with relatives and friends, and communicating with work.

The data contained dates, events, thoughts, and perceptions stored in my memory. My story is organized through journal entries and follows the traditional story structure of an introduction, a body, and a conclusion. The introduction starts by introducing myself into the story followed by a timeline of dates and events from the beginning of the pandemic leading up to my COVID-19 diagnosis. The body covers the process of undergoing a two-week quarantine. Lastly, the conclusion includes emerging themes from the evolution of my experience. Additionally, there are examples of the perceptions and thoughts associated with my COVID-19 experience, including my frustration with this illness, my struggle with isolation, and the uncertainty of COVID-19. The purpose of my autoethnographic thesis is to explore real-life experiences during a pandemic that made a tragic impact upon the world.

Thematic Analysis

This thesis utilized a reflexive thematic analysis (Braun & Clarke, 2006). Reflexive refers back to the personality of the researcher affecting the investigation of the results. This approach aims to identify the themes and make sense of meaningful interpretations across a narrative. The themes I gathered through my personal story were ascertained through five steps from Braun and Clarke's (2006) guidelines. The first phase is the familiarization of the data. In this stage, the researcher should get familiar with the content of the data by reading and re-reading, paying specific attention to patterns. It is important to actively read through the entire story at least once before searching for meanings and patterns. In my case, I have read through my story multiple times to gain a sense of familiarity.

The second phase is generating the codes, which can range from a couple of words to a short catchphrase. A code is a small feature of the data that is interesting to the writer and could be assessed in a meaningful way regarding the writer's narrative (Braun & Clarke, 2006). For example, from the following passages of my narrative, "My facial expression changed with my jaw dropping with the feeling of disbelief" (April 24), and "I was scared and nervous, but I did not acknowledge it because of the shockwave that came over me" (April 24), the words *disbelief* and *shockwave* were coded. This is because these coded words reveal similar relations with one another as they give the same context.

The third phase is generating themes. Codes tend to be shorter, more basic units within the data while themes are expressed through broader units of information that include several codes combined to form a common idea (Creswell & Poth, 2018). For example, the codes, *disbelief* and *shockwave* developed into the theme, *astonishment*.

The fourth phase involves reviewing the themes. This phase required me to double-check my potential themes against the entire dataset to ensure that the items had not drifted away from the data. In this case, I reviewed the themes to determine if they supported my data. Next, I went back to the data for refinement. For example, the prospective theme, *isolation*, was reviewed and credentialed from passages of data such as, "It seemed to me that I lost access to my whole life" (April 24), and "I was not used to isolating myself… What was I supposed to do for two weeks…" and "I felt disconnected from everything" (April 26). However, I re-read the data passages again, and discovered a more appropriate theme for isolation, *seclusion*. The difference between

the two is that with *seclusion*, there is confinement, and with *isolation* there is not. Moreover, themes were further defined and named in the next phase.

The fifth phase is defining and naming the themes. In this step, the writer should clearly identify the names of the themes. Naming themes can involve coming up with a succinct and easily understandable name for each theme (Braun & Clarke, 2006). For example, the theme, *physical pain* emerged from my experience as my narrative mentioned about my *throbbing headache* and *symptoms* from the illness.

Finally, once the themes were defined and named, I began the process of finalizing my illness narrative report, which focused on the themes that describe the evolution of my COVID-19 experience (also presented in a table). To strengthen the plausibility, I went back to the narrative to see if each theme was an accurate representation.

Summary

This chapter explained the research method, autoethnography, and the construction of the illness narrative and report. The chapter also provided information on the approach of the personal narrative and specific elements it represents. In addition, this chapter explained the process of interpreting my illness narrative, which utilized a reflexive thematic analysis.

Chapter IV

My Results

I tested positive for COVID-19 on April 24, 2020. My experience with this virus has been weighing heavily on my mind, and the memories I have stored have remained fresh in my thought process. The purpose of this autoethnographic thesis is to explore real-life experiences during a pandemic and to tell a story about my time with COVID-19 under quarantine. The goals of my story are to describe the experience of testing positive for COVID-19 and undergoing a two-week quarantine, and to demonstrate the evolution of my experience.

In this thesis, I share my story through journal entries. The journal entries include descriptions of dates, locations, and events leading up to my diagnosis and undergoing quarantine. My story concludes with a thematic summary and analysis. The themes in the analysis are not in chronological order. For example, *physical pain* is introduced in my narrative before *seclusion* and *bewilderment*. Each theme is based on the evolution of my COVID-19 experience. My narrative contains some contradictions: some examples include positive experiences on certain days and negative experiences on other days, and feeling weak one day and having some energy on other days.

March 11, 2020: At Home Relaxing

I was relaxed while sitting in my chair, and I was getting ready to watch a National Basketball Association (NBA) game. In the evening, everything was calm, and I was feeling no stress. I got up to go into the kitchen to grab a bottle of Diet Dr Pepper and sunflower seeds to snack on during the game. I kept hearing my phone beep, but I did not think much of it. After I sat back down, I grabbed my phone to see what it was and discovered that a national emergency had been declared by the President of the United States. I thought to myself, "Well, this can't be good!" I set my phone back down because the game was about to start. About 10-15 minutes passed by when, on my television screen, I noticed fans in the arena standing and walking up the stairs to the exit. It turns out that the NBA had cancelled the game. I wondered if that had anything to do with the national emergency alert on my phone. In the next few minutes, I noticed that the NBA also announced two of their athletes had tested positive for a virus. A virus? At that moment, I began to get concerned about what was happening. Next, the NBA announced that the entire season was cancelled, and soon other organizations followed suit as discussion about a virus erupted all over the media. It began to get frightening. I pulled out my laptop to look more into this virus. I discovered it was called COVID-19. I began to get more worried, but calmed myself by thinking, "It cannot be that bad, right?" All I could do was to hope for the best and move forward. Later that night, I called a friend to discuss what was happening, which helped calm my nerves**.** On this day, the themes I experienced included contentment and apprehension.

March 12, 2020: At Home and the Bowling Alley

The next morning, I woke up fresh with no worries about the virus and went about my day. However, that night I walked into the bowling alley to prepare for my league, and I noticed worry and anxiety in other people while I was bowling. Still, I decided not to worry or panic about what was going on because I was focused on my courses, work, and living a healthy life every day because I felt like I could overcome any medical obstacle. To live healthy, I decided that I wanted to research the best vitamins to help boost my immune system to combat viruses. Later that night, I sat in my chair watching COVID-19 coverage on the Fox News channel. The channel covered updates on rising positive COVID-19 cases, the number of deaths reported, and lockdowns across the globe. While watching the updates, I became overwhelmed with anxiety and fear thinking this illness was going to enter my body.

March 23, 2020: At the Store

A little over a week after news of the virus first broke, the whole country had gone into lockdown. My home state of Texas issued a stay-at-home order. This order restricted individuals from leaving their homes except for essential activities including getting food and going to work. I went to the grocery store to stock up on food and beverages. As I walked into the store, I could not help but notice other individuals who were doing the same, quickly snatching up items off the shelves. The shelves were getting empty fast. I even saw someone wearing a face covering, and thought, “Wow, that individual must be scared to death,” which did not help me because I was trying to remain calm. Most of the time, grocery shopping is enjoyable to me because I like to cook and fix my own meals. Normally, if I saw someone I knew at the store, I would

spend some time visiting with them; this time, however, nothing felt right. I felt as if I needed to rush into the store, get my groceries, and get out immediately because of the uncertainty. When I returned home, I unloaded my groceries with frustration because I was not able to get the items I wanted due to many things already being sold out.

April 11, 2020: Learning About the N-95 Mask at Work

A majority of the local restaurants, businesses, and the campus of my university were all temporarily closed due to the growing pandemic. I was grateful to still be employed as a Correctional Officer at a local prison. When I arrived to work that morning, my supervisor handed me a document stating that I was considered an essential employee working for the state, but I was not sure what it meant specifically. I was then told that people have been getting pulled over by the police to find out where they are going (due to the stay-at-home order that was in effect). If I were to get pulled over, I could hand them the document to be excused, but thankfully that never happened.

At work, everything was on lockdown. The inmates were locked in their cells, and I had to perform my regular duties including taking out the trash, making food, and cleaning. There were posters everywhere explaining how to prevent the spread of COVID-19 and reminders to notify a supervisor immediately if you have a fever, cough or difficulty breathing. I thought, “These symptoms are similar to the seasonal flu, so why panic?” Prior to starting my shift, I was informed that I needed to wear an N-95 mask, which is a face covering that protects wearers from contracting the virus. It reminded me of the masks that the doctors wear while they perform surgeries. I felt extremely uncomfortable wearing the mask because it was tight on my face, and it made

breathing difficult. While I was working at my post, the TV was on a news channel, and they were talking about COVID-19. The hysteria of this virus was growing.

April 18, 2020: Learning about PPE at Work

One week later while I was at work I was assigned to a post where individuals had been testing positive for COVID-19. As I was walking to my post, I wondered why COVID-19 was treated differently than the flu. I was instructed to wear personal protective equipment (PPE) prior to entering the restricted area where the virus was located. At the time, I did not know what the full extent of PPE, and all I knew about was wearing a face covering. I was required to wear my N-95 face covering as I did before, a shield for my eyes, medical gloves, and a safety gown. It was not an enjoyable experience to wear PPE because the weather was getting warmer. I would take the gown off and spray it down with some bleach at a location where it was not necessary to wear the PPE. This was a repeated process until it was time for me to go home.

April 19, 2020: Working at the Same Location

The next day, I worked at the same location, and repeated the process of wearing the PPE. Throughout the day, I was not happy about it. I asked myself, "Why did I work at the exact location I worked the day before?" If I remember, the shift had a shortage on staffing, and the reasoning for that remained unknown. As I recall, I was thinking about the possibility of other employees testing positive being the reason for short staffing. After coming home from work the last couple of days, I quickly put my uniform into the washing machine with a tad of bleach to kill any remnant of the virus, as I was beginning to get worried about the possibility of my parents catching the virus because of me.

April 20, 2020: My Grandmother's House & Amarillo

I was off work and feeling good. I was energetic and ready to go on a trip. I met up with my dad at my grandmother's house where my uncle stayed, and together we went to pick up a motorcycle my uncle had purchased from a motorcycle shop. Vehicle shops had remained open during stay-at-home orders, as they were considered essential. Due to the risk of catching the virus, we only picked up the motorcycle and returned to my grandmother's house. There, I got into my car to drive back to my place. As I was driving, I thought about the wonderful day I had with my family, and how great I felt physically and mentally. However, as I was getting closer to home, my throat started to become somewhat dry. At first, I thought, "Oh, it's probably no big deal." After arriving home that night and before going to bed, I took some Advil in case my throat was getting sore, but again I did not think it was a big deal. Generally, when I get some rest, I feel better.

April 21, 2020: The Next Day, I Had A Throbbing Headache

The next day, I had a throbbing headache. According to my memory, it lasted all day. I took some Tylenol to help ease the pain, but that did not help. I wondered if taking an extra pill would have worked. Overall, I did not feel great, and my energy level was low. I had plans to go play basketball with some friends that evening at the outside recreational complex since everything was closed, but I had to call and tell them I was not going to participate because I did not feel good. I felt like I had let my friends down by not being present. I felt sad for them because for a long time they have always had my back and been very supportive of me, and I could not return the favor. I also worried about them thinking something like, "Oh, well we can just move on without him." I was

really looking forward to participating with them, but suddenly I became ill, and I did not want to be isolated. I was hoping my headache would disappear the next day. The theme I began to experience was physical pain.

April 22, 2020: At the Medical Facility

I woke up with pain all over my body and did not want to do anything. I had muscle aches, a sore throat, coughing, and feverish chills. The symptoms appeared COVID-19 related, yet I hoped I only had the flu. Thankfully, I still had an appetite because usually when I feel sick, I do not eat anything. That afternoon, I suddenly started to feel foggy in the brain. I had never experienced a sensation like this before and did not know where it came from. One minute I was mentally sharp, the next was the complete opposite. I did not know where I was or what I was doing half of the time. One minute I would think correctly, the next I would be lost in a state of confusion. At that moment, it felt like someone had reached inside of me and pulled out my soul because I had absolutely no energy.

I called the medical clinic to tell them about my situation and the symptoms I was experiencing. I thought I might need to be tested for COVID-19. I was asked if I had been around anyone who had tested positive for COVID-19, and I told them I had worked two full days near people who did test positive. The nurse told me to head their direction. I felt relieved to have been able to schedule an appointment but still really ill. That afternoon as I left my apartment, I called my dad to inform him I was not feeling well and was going to get tested. About 20 minutes later, I arrived at the medical facility. I have no idea how I managed to get there feeling the way I did.

As I walked into the facility, there was a nurse at the entrance performing temperature checks. My temperature was 97.8, which was a good sign. I was not running a fever and that helped ease my anxiety. After my temperature check, I sat down in the waiting area and remained seated for at least 15 minutes before hearing my name. As soon as they were ready for me, I got up slowly, and suddenly felt like I needed to be in a wheelchair. I did not buckle, but my legs felt weak enough to the point where I did not feel like walking. In the small examination room, I sat alone for at least 30 minutes. There was a lot of waiting involved. I became frustrated with the wait because when I was on the phone with the clinic, they told me that I would walk in there, get tested, and walk right out the door. Nobody ever informed me about a waiting period upon my arrival. I was also worried that if I did have the virus, I could be exposing others just by being there and waiting.

When the doctor came in he gave me an antibiotic shot in my lower back and tested me for the flu, which came back negative. Next, the doctor performed the COVID-19 test. It was the saliva test, which was done by swabbing my mouth and nose for a few seconds. It was uncomfortable. The swab went all the way up my nose until I started to feel resistance. It felt like somebody had just pinched me. The doctor placed the swab in a clear, plastic bag with my information on it and said it would take at least two days for the results to come back. Next, I was ordered to isolate for 14 days and was provided a doctor's note so that I could notify my supervisor at work.

April 23, 2020: Loss of Taste and Smell

The following day, I felt much worse all around. There were also two new symptoms I experienced as soon as I woke up: the loss of taste and smell. As I got out of

bed, I went into the bathroom to take my daily vitamins and to brush my teeth. About 20 minutes later, I turned on my Keurig coffee pot. When I poured my coffee into my cup, I took a few drinks. My eyes started glancing with a state of urgency. Then I started thinking, "Wait a minute, something seems off course." That was when I discovered the two new symptoms. Shortly after, I called my doctor's office to give a brief update about the two additional symptoms, and they said it is likely from COVID-19, even though the test results had not yet arrived. I did not like the sound of that. Out of frustration, I wanted to go out for a walk or visit with someone, but I realized that was not safe. In that moment, I felt anxious about waiting for the arrival of the results. I found myself pacing back and forth rapidly, wondering what the outcome of the results would be. I had to spend the entire day thinking about those results, preventing me from achieving my daily tasks such as mopping the floor, taking out the trash, and doing homework. It was continuous frustration. At some point, I could only be patient, but it was difficult to do that. I could not even enjoy the thrill of eating because I could not taste or smell anything.

April 24, 2020: I Tested Positive for COVID-19

I woke up to take a couple pills of Advil to help relieve my pain. My symptoms were still the same, and I wanted to just lie in bed all day. The antibiotic shot I received from the doctor did not work, and I had a feeling my COVID-19 test results would come back positive, and my anxiety increased by the minute. However, with a small feeling of hope inside, I waited patiently.

I knew I was not going to make it to work that weekend. When I called my supervisor to let him know that morning, he told me to not worry about anything and to take care of myself. It was a Friday, and every Friday I generally drive to my parents'

house because they live close to where I work, but it became increasingly clear that I was not going anywhere. Around lunch time, I received the phone call from the medical center and got the news: I tested positive for COVID-19. “I cannot believe this!” I thought. It’s a phone call I will never forget because I could just feel myself shifting to another level of uncertainty. The nurse said, “James, your test results came back positive.” “Okay, thank you,” I replied. My facial expression changed with my jaw dropping accompanied by the feeling of disbelief. I was scared and nervous, but I did not acknowledge it because of the shockwave that came over me. I never thought I was going to contract the virus because I did my best to follow the safety guidelines: maintaining social distance and wearing a face covering. Besides my home, the only places I went to during the lockdown were work, the grocery store, the vehicle shop, my parents’ house, and my grandmother’s house.

That afternoon, I called my parents to inform them that the results had come back positive. They were helpful and agreed to pick up some items for me at the store, including Gatorade for an energy boost and Tylenol for some pain relief. They also got me some soup, crackers, cheese, and other snacks that had protein. I made sure that my parents dropped off the bags at my front door so they would keep their distance from me. I walked outside down by my front set of stairs and was able to see them, but only with a face covering and from a distance of 12 feet to be safe. As I walked back up the stairs to my apartment, it felt like I had just completed an hour of cardio. I sat down to regain my breath, and I can remember my dad saying from the background, “It is going to be a long two weeks.” I did not realize how right he was at the time.

I posted an update of my condition on Facebook informing all of my relatives and friends that I had tested positive for COVID-19. The post read:

> "With the symptoms remaining in my system, results came in just a couple of hours ago from my doctor's office. I have tested positive for the COVID-19 virus. It is going to be a long 14 day quarantine in an attempt to try to keep myself occupied in my apartment. I want to thank everyone for their prayers and support. To the individuals that are at risk of getting exposed, I pray for each and every one of you. I am frustrated, stressed, and confused because I have absolutely no energy right now. I am also motivated because I will come back stronger than ever before, and I will build up my immune system back to where it was a year ago. For right now, let's all focus on getting better" (James Hill, 2020).

Generally, I do not provide private or medical information on social media. However, because of this pandemic, I felt motivated to inform everyone on my Facebook. About two hours after posting my COVID-19 update, I received an enormous amount of support through comments and "likes" from people. As I recall, there were 16 likes and 56 comments. I was actually in shock because that was probably the most support I received for anything the entire time I have been on Facebook.

One of my cousins that I have known all my life kept in close contact with me consistently. I remember receiving texts from him discussing the benefits of drinking Kefir milk. The text messages explained some of the nutritional facts and the ingredients. I became anxious about it and clicked on the Walmart app to check it out. According to the app, it is a low-fat milk protein probiotic drink that can be a valuable energy source for medical purposes or to help maintain a healthy lifestyle. I perceived this medical

experience to be a learning process, and taking over-the-counter items were my only options to combat the infection. According to the Walmart app, there are two flavors, blueberry and strawberry. Of course, it did not matter to me at the time because I had no taste and smell. My cousin also provided additional suggestions of taking a small serving (4 oz.) of the drink every few hours from morning until night. I told my parents about it so that they could pick some up for me from Walmart.

Mostly, I just wanted to order a pizza to lift my spirits, but I would not even be able taste or smell it. I also wanted to go for a drive to clear my mind, but I could not do that either. Like my dad said, this was going to be a long two weeks. On this day, the themes I experienced included astonishment and seclusion.

April 25, 2020: Isolated at Home

The following day, when I woke up, I felt like my life had completely changed. I was not used to isolating myself. What was I supposed to do for two weeks? I started to become discouraged. It seemed to me that I lost access to my whole life. I understood that I had the virus, but I did not understand why I felt so frustrated. With no taste or smell, it became less appealing to eat or drink anything. I decided to go back to bed and sleep all day. My life became boring to me. I remember looking out the window that afternoon and noticing someone's car too close to mine. It angered me because their vehicle was only one foot from it. Therefore, I decided to come up with the energy to move my car away from theirs. I did wear a mask, safety goggles, and medical gloves to prevent contamination. That was an odd way to begin the two weeks of isolation. On this day, the theme I experienced was bewilderment.

April 26, 2020: Isolated at Home

The following day, my mood felt the same as before: discouraged, angry, stressed, and anxious. I wondered if I was going to get better from the illness. I would listen to the news, and they would say that symptoms could become worse. I did not want to quarantine myself, but I knew it had to be done. Staying isolated in one area made me feel like I was unable to reach out to the world. I felt disconnected from everything.

It was unknown if my symptoms would improve. Normally, for the seasonal flu, I would improve within two or three days. This illness was different, and I started to become aware of that. It was different because I thought it was attacking my brain. For example, when I would move my eyes around, I felt pain behind them. When I would have the flu, I normally felt pain all over my body including my arms, legs, chest, and all around. With the flu, I would feel more mentally alert, which allowed me to complete my daily tasks without difficulty.

I remember waking up from a long nap. As I woke up, I had just missed a phone call from one of my relatives. I felt guilty about not answering, but I did not feel like interacting with anyone. The only thing I felt like doing was texting, messaging through Facebook messenger, or email. My phone was blowing up with texts, missed calls, or emails from relatives and friends. I probably did not respond to all of them, but most of them I did. I would estimate there were around 60-70 people to get back to. As soon as I responded to half of them, that was it. I had no energy to communicate the rest of the day. Over time, I responded to everyone, but on different days when I had the energy.

However, I did get on Facebook and provided everyone an update once every couple of days just to inform them about my status, my symptoms, my illness, and how

everything was progressing. As I reflect, every one of those posts had at least 15-20 comments. In order to reduce the number of phone calls, I chose to post Facebook status updates for all my friends and family to see.

The only individuals I responded to, consistently, were my parents. Every couple of days, throughout my quarantine, my parents would call or text me to see how I was doing or if I needed anything.

April 27, 2020: Isolated at Home

I found myself doing different things such as pacing the floor, staring out the window, watching TV constantly, and sleeping excessively. I kept going outside in the parking lot to get fresh air in the afternoons because I was bored, and some sunlight helped. I knew I could not take my car for a cruise because I did not have the energy, and I should not take a risk of spreading the virus around and violating my quarantine. I kept taking long naps because I was just completely exhausted. If I wanted to, I could stream a movie through my internet, but the movies seemed long. I watched one of the *Lord of the Rings* movies, which felt longer than the initial run time. There were also times when I would sit up, stare at the ceiling, and think about random thoughts such as eating at restaurant, going bowling, and playing a round of golf to help time pass. I also grabbed my office chair, placed it near the window, and sat there for several hours. As I looked out the window, I could not help but think that the more I thought about my illness, the slower the time traveled.

As time slowly passed, I received a phone call from my supervisor to help me fill out a workers' compensation packet over the phone because I could not be there in person to complete it. This type of packet allows state employees to receive health

insurance benefits in case of an injury or an illness caused on the job. There were so many questions asked about how I caught the virus, what post I was working at, what the timing was, and so forth. I could not answer some of these questions because I did not know how to answer most of them, as sick as I felt. One of these questions was about if I knew where I caught the virus. I did not know where I contracted the virus, specifically. I was also aware that there was going to be additional paperwork sent to my physical address to complete for time off from work.

April 28, 2020: Isolated at Home

I was in the process of cleaning dishes so I would have something to do. After I finished drying the dishes, I went back to my chair to sit down and rest. I grabbed my laptop from the desk nearby, and I was anxious to see if there was any research about the severity of COVID-19. I was not aware on how severe this illness was at the time. However, I turned my TV on to Fox News and discovered that individuals younger than myself were dying from this virus. Young citizens were dying from this virus? I was so shocked and scared that I could not believe it for one second. I almost turned my TV completely off because I became upset. “If something like this can happen to someone younger than the age of 30, it can also happen to me!” That groundbreaking moment basically changed the rest of my 14-day quarantine. I became obsessed with hearing more news about COVID-19.

April 29, 2020: Isolated at Home

I needed somebody to deliver my rent check. I asked my dad and he agreed, but I did not want to use a personal check in case the virus traveled on paper, so I transferred money over to his bank account, plus extra money for additional groceries. I was still in

bed when he came over with the groceries and knocked on my door, and I cannot tell you how painful it was to roll out of bed. It took such a long time and was the worst I felt during the two weeks I battled this illness. After I did get out of bed, it took forever to walk down the hallway to open the door. We had a small-talk interaction by telling each other, “Hey, take care.” He placed the groceries outside of my front door. After my dad dropped off the groceries and left, I felt so weak carrying the bags inside, especially the bag with the Gatorade. Putting away the groceries, I had a moment of ironic frustration knowing my taste and smell had still not come back. On the day I tested positive, I could remember the nurse telling me that my taste and smell should start to come back within a few days. The nurse appeared to be overly optimistic, but even after 7 days, I still had no taste and smell.

April 30, 2020: Isolated at Home

I felt like my strength had improved up to 50-60%. I had enough strength to take a disinfectant bottle from the bathroom cabinet and spray my entire apartment to eliminate the germs. I started with some Lysol, and shifted over to Clorox. I sprayed down all of the doors, windows, chairs, the bed, closet, and the kitchen, basically everything I touched. All of these activities I did at home, watching movies and the news, eating a lot of soup, watching new movies, and sleeping. It felt like I was going in circles not knowing when it would stop. I had to keep my mind well-balanced and focused on moving forward.

May 1, 2020: Isolated at Home

As I approached to the half-way mark of my quarantine, I picked up new hobbies. For example, I played video games. I would play one game for approximately one hour

and shut it off. I thought, “Well, that was not so bad, at least it killed some time.” I also found a good book to read called *Ghost Stories of America* written by Dan Asfar and Edrick Thay (2002). I watched the news to stay up to date on the pandemic. I called relatives or friends for comfort.

I gave myself permission to indulge my imagination. As I sat in my chair, I thought about my dream of going surfing. I have always wanted to do this in Hawaii, surfing 20-foot waves smoothly and naturally. Instead of this being about creativity, develop the dream. It was a nice dream sequence, like a delirious distraction.

I took additional time to watch an exercise video from the Anytime Fitness Facebook page. The video was 30 minutes long, and it featured an Anytime Fitness trainer. Watching the video was tough. I wished I had felt better enough to follow along and work out with them, but I had to listen to my body and be patient. That was the day my taste and smell started coming back intermittently. Therefore, I had decided to start working out after my quarantine was completed. Another way I passed time was making a list of things to do in the future. The list included bowling in the summer, making the final payments on my car, traveling to see other states, paying the rest of my student loans, and investing in a new bicycle. Writing these tasks down helped me smile and move on with my time.

May 6, 2020: Isolated at Home

I had some energy to exercise. I have learned that doing something physical helps force out the negativity, and it establishes a positive and creative mindset. Regardless of how I felt, I needed to stand up instead of sitting down continuously. As I stood up, in the middle of my apartment, I would gradually walk from one corner to the other. In the

process, I created this imagination that I was walking on an island. I imagined that I was in the Bahamas. In my mind, there were palm trees, clear blue water, a beautiful sunset, and fancy houses in the area. I also imagined a big mansion that covered at least a couple of blocks. I went inside, and I could notice other people smiling and having a good time. I got to meet and greet a lot of people, and we talked to each other about where we were from. There was no social distancing, and it was like COVID-19 never happened. It felt like it was so real, mentally and physically. There were coconuts on top of the palm trees, and they were delicious! The food was outstanding, and I could actually taste and smell. It was beautiful from all angles, and I believed it served as motivation because someday I would like to go there in reality. My dream has always been to visit a place like this.

May 7, 2020: Isolated at Home

Another way I managed my negativity was thinking about ways to explore the power of positivity. I started the day watching a TED Talk video on YouTube by Pastor TD Jakes. He spoke about the process of enduring stress. I learned that dealing with stress is only part of the journey to achieve success, which inspired me. I also learned that stress only forces us to change our structure or strategy for whatever it is we are trying to accomplish. The part that motivated me the most was no matter how difficult stress becomes, we must always remember that we would not be stressed or frustrated if we were not close to what we were trying to achieve. There were so many other inspiring individuals whom I would listen to, and nothing makes me more motivated about positive thinking than learning from someone who is out there truly making a difference in the world we live in. After watching this particular video, I grasped the ability to stay positive.

May 8, 2020: At Home, the Medical Facility, and the Store

I was finally done with quarantine! I needed to get tested again and receive a negative result before returning to work. Therefore, I headed to the medical facility to get in line. On the way, I had a different feeling than last time. Even the front desk nurse could tell that I was more alert and stable. The nurse asked me, "James, in your opinion, what is the difference between COVID-19 and the flu?" I stood there and thought about it, then told her that I never want to be sick, let alone staying isolated in one small environment. However, I also mentioned that I would not wish COVID-19 on my worst enemy. COVID-19 is something I will never forget.

Like the nurse, the doctor also acknowledged my improved appearance, and I noticeably felt better than I did two weeks prior, although, I was definitely not up to full strength. I just wanted my results to officially come back negative because I wanted my life to get back to normal. That was the day my taste and smell started coming back intermittently. I asked the doctor if it was okay to stop and get groceries on the way back home since I was already out of the apartment, and that it was the final day of my quarantine. The doctor said it would be fine, but I needed to remain socially distant from others and masked while in the store. I walked out of the medical facility with my fingers crossed thinking, "Please come back negative!"

When I arrived at the store, I wore an N-95 mask with gloves. I did not stop and visit with anyone because I wanted to get the items I needed and get out in a timely manner. After I unloaded my groceries at home, I officially began my weekend, free of quarantine, but still staying inside the majority of the time to be cautious.

May 11, 2020 and Beyond: The End of My Quarantine

The theme I experienced on this day was convalescence. After a weekend of relaxation, I woke up early, anxiously, because I had a feeling that the test results would be in, and, around lunchtime, I received a phone call from the medical clinic, and the nurse had told me that the results came back negative. The nurse notified me about an app, called Healow, where I could have access to all of my past medical records. One of the records had a COVID-19 examination, and it said that SARS-CoV-2 was not detected. I was finally relieved of all the anxiety and stress. I made a few phone calls to relatives and friends to let them know about the results. After completing the phone calls, the first thing I did was get a haircut and grab lunch to-go. Furthermore, I gradually began the process of recovering from the illness.

Getting back into the world, still with some restrictions but no longer positive had a sense of joy. Isolating at home for two weeks was a grueling and challenging process. There were difficulties to overcome such as anxiety, lack of connection with my peers, and most importantly, the stress that this virus had caused in my life.

This quarantine experience was the most frightening time of my life. Going into the next hour or day without knowing if I was going to improve or not became a terrifying feeling. It made me afraid and worried, and I constantly wondered what my future would hold. Not helping was the fact that my social life was limited, but I was greatly appreciative of the support I did receive through social media. I did not expect that much support, but it helped me get through the difficult times. Despite receiving social support, staying in isolation at home for two weeks had forced my regular life into a halt.

Thematic Summary

Through my story, themes that describe the evolution of my experience throughout my narrative can be uncovered. These themes include contentment, apprehension, astonishment, seclusion, bewilderment, physical pain, and convalescence. Each theme is presented in a Table.

Table

The Evolution of My Experience with COVID-19

Theme	Example
Contentment	Everything started out fine. Looking forward to watching a game. Satisfied living a normal life.
Apprehension	The talk and fear of the virus expanding. I became worried.
Astonishment	Shocked about my test results coming back positive. Never thought or believed in catching the virus.
Seclusion	Stayed in a private setting for a long period of time. Separated away from others. Could only reach out via text messages, phone calls, and emails.
Bewilderment	Became confused when completing tasks and function mentally while ill.
Physical Pain	Felt pain all over my body from the illness.
Convalescence	Needed to make a steady recovery and patch up the damage caused from the illness.

As presented in the table, my story begins with the feeling of confidence and relaxation, and no worries about anything which led to contentment. Next, my story transitioned into apprehension and astonishment because I started to become worried about catching the virus, and I was greatly shocked about my test results. Then, my story shifted into seclusion based on my life becoming private and kept away from the world. Fifth, my narrative moved to bewilderment because I was in a state of confusion when completing daily tasks while enduring an illness. Additionally, my results moved to physical pain due

to the body aches. Finally, my story transformed to convalescence because I needed to make a complete recovery from the illness.

Chapter V

Discussion and Conclusion

The goal of my thesis was to provide thoughts and perceptions associated with my COVID-19 experience by transforming it into an illness narrative. The narrative's goals focused on how I described the experience of testing positive for COVID-19, undergoing a two-week quarantine, and the themes describing how my experience evolved. The themes included contentment, apprehension, astonishment, seclusion, bewilderment, physical pain, and convalescence. Positive highlights from my quarantine included playing video games, thinking about a dream vacation, and listening to a speech from a TED Talk video. There were also positive communication experiences including receiving massive support from relatives and friends through phone calls, texts, and Facebook.

My thesis resonates with the works from Doshi (2013) on dealing with the loss of her mother due to cancer and Ritchie (2019) on her experience with PTSD. Their studies utilized the autoethnographic approach, sharing details about their private life. My results acknowledged that enduring pain and suffering from an illness experience was common. My thesis highlighted emotional states such as feeling down and anxious in my illness experience, which was similarly experienced in the studies from Doshi (2013) and Ritchie (2019). Another similarity between my study and the others is that I confronted my memories, and organized them in such a way that it provided liberation.

Based on my results, one similarity that stands out is the ability to unleash our voices into the world. In addition to that, we are continuously n motion and changing, continuously. Our studies, mine and Ritchie's (2019), also practiced self-disclosure in the writing process. The frustration level I felt appeared equivalent to that of Doshi's (2013) experience, and writing about my experience decreased that level of frustration, which was also reported by Doshi.

Differences between the studies also emerged. My results introduced my experience with COVID-19, a new phenomenon which differentiates from their experiences such as PTSD from sexual abuse and caring for someone with terminal cancer. The topics were about different types of illnesses between my study and theirs. Another important difference is that my thesis focused on the evolution of my experience with an illness and isolation by changing from decent to difficult, while previous studies dealt with different variables such as social support, medical support, empathy, and disclosure. For a reminder, as mentioned in chapter 2, previous studies used the feminist narrative (Ritchie, 2019) and the recalled narrative (Doshi, 2013). The feminist method captures the experiences of women in a social context and searches for a purpose in academic writing from a woman's life. The recalled approach rediscovers an event that occurred several years or a decade ago, which requires long-term memory. The current project, however, used the personal narrative approach, which focuses on the experiences of the writer. While Ritchie (2019) and Doshi (2013) also used some dialogue, my study centered on personal thoughts because I was isolated in a pandemic. I did have illness symptoms, but Ritchie (2019) and Doshi (2013) were not separated from others.

In addition, my personal narrative established an understanding on how important our social lives have become. Personally, I consider social interactions to be influential in every aspect of my health and livelihood. When I had COVID-19, my social life vanished. I had high levels of stress and anxiety because I contracted the illness and was forced to separate myself from the social world. It affected me mentally by being excluded from my relatives and friends, and it created a constant sense of loneliness. Prior to COVID-19, I had a normal social life. Then, COVID-19 arrived, and my social life was not the same. Our social lives are important because if we have strong social support in our community, it improves our emotional and physical well-being which is essential components in our adult life. In addition, my study examined the evolution of my COVID-19 experiences followed by enriching illness narrative literature.

One important implication to consider is how social isolation and COVID-19 can be impactful in a conservative area, such as in Texas Panhandle. COVID-19 has been publicly politicized through media organizations, the public, and the workplace. In the Texas Panhandle, many people refused to wear masks in public or take the virus seriously, and I even have family members who believe COVID-19 is not real. Thus, my experience with COVID-19 was shaped by my cultural surroundings. For instance, I was isolated in a small town of about 13,000 population. I was located in an apartment complex with only one gas station nearby. I was surrounded by many residents who isolated themselves due to the pandemic. My daily routines were altered because of staying inaccessible for a period of time, and, therefore, it became stressful for me to follow my original routine during quarantine as compared to before and after. All of these

aspects were not good as they played a role in how I endured social isolation. I discovered that enduring isolation can be a stressful time for an individual.

This autoethnography will not decrease the stress of social isolation. Rather, my aim is to provide insights on social isolation in social contexts and coping with an illness. In addition, I hope my autoethnography continues to strengthen the field of qualitative research. In the following sections, I address the current study's limitations and discuss future directions for research.

Limitations

One important limitation is relying on the memory. I rely on my memories not only for sharing my story, but I also used it to establish my personal identity to the audience. Relying on my memory had limited capacity. I wrote about my recent COVID-19 experience while the memories remained fresh. I only wrote down the memories that were available. My thesis only relied on the memories to produce the results in the study.

It would have been valuable to save and incorporate photos or other artful visualizations to enhance the reader's engagement, and add additional richness to my narrative. A photo of my doctor's note from the time I tested positive for COVID-19 could have served as a prime example. Photos and other visualizations were not presented because the writer decided to not involve personal information.

Directions for Future Research

Ideas for future research include a comparative analysis and a phenomenological study. A COVID-19 comparative analysis between people in the city versus people in the country or in several states where restrictions and lockdowns were different could be useful because positive cases and quarantine life could see unique results between the

two areas. In addition, this type of study could explore these two areas through data sets or other objects it requires.

Secondly, a hermeneutic phenomenological study exploring the individual's views on COVID-19 can also be valuable because it focuses on lived experiences (Manen, 2016). This specific type of phenomenological approach can allow the writer to empathize with the participant's responses regarding their experiences to COVID-19. This type of study could find common or different meaning for several individuals who have experienced COVID-19 and social isolation. Differently from autoethnography, this inquiry engages the author with a sample of participants beyond himself. In addition, a phenomenological study could also establish data from those individuals by in-depth and multiple interviews (Creswell & Poth, 2018).

This thesis provided knowledge indicating that social isolation I endured should be taken into further consideration. This thesis suggests researchers should discover more isolated experiences, similar or different from mine, in various social contexts in relation to my experience with COVID-19 in Texas. For instance, social isolation I experienced in my location and socioeconomic status might differ from other individuals' experiences in relation to COVID-19. Furthermore, considering important differences in social isolation across a variety of populations, it may be beneficial to target certain groups (e.g., gender, work status, age, education levels) in an effort to discover additional insights in this area. I would also suggest researchers investigate other socially isolated experiences rather than the virus itself. In terms of this autoethnographic project, my findings suggest the impact of the political context on a social context should be investigated further.

Communication researchers should explore individuals experiencing stress and anxiety from being isolated. Staying quarantined in one setting for two weeks during a pandemic can potentially cause stress all around. This thesis also adds useful information for social practices such as going to work, cooking, cleaning, and other related activities. It is encouraged that communication scholars examine different areas in the country to determine how several individuals use the process of managing their stress while facing social isolation. In addition, it could also be helpful for researchers to expand research on discovering and comparing differences in social practices.

My thesis encourages all future research students to take note that they must find their voice in the process of sharing their personal illness experiences. COVID-19 and illness-related research can be a learning process. Listening to personal stories from people who have dealt with life-threatening illnesses can help expand knowledge and broaden the scope and construction of the narrative. There is proven evidence that illness narratives open the door for future research opportunities for upcoming communication scholars (Hyden, 2008). Moreover, using mixed research methods, instead of one, could enhance the depth of this thesis.

Conclusion

Overall, my COVID-19 experience was like a wake-up call to write my autoethnography. My story highlights descriptions and the evolvement of my experience with COVID-19. There are still feelings of fear and isolation left inside of me, and writing my story helped bring hope. I see the light now, but there is still darkness. Using the lens of illness narrative, qualitative inquiry, and my COVID-19 experience has motivated me to share my story with the world. I started to experience the mobilization of

healing as I wrote my story. I feel completely healthy now, but this illness will remain implanted in my memory for many years to come. Translating my COVID-19 experience through an autoethnography may advance the knowledge and desire for future researchers to explore and share their illness-related experiences.

References

Asfar, D., & Thay, E. (2002). *Ghost stories of America*. Ghost House Books.

Bochner, A. P., & Ellis, C. S. (2006). Communication as autoethnography. *Communication As…: Perspectives on Theory,* 110-122. SAGE. doi:10.4135/9781483329055.n13

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Coronavirus disease. (n.d.). https://www.who.int/health-topics/coronavirus

COVID-19. (n.d.). https://www.cdc.gov/coronavirus/2019-ncov/index.html

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. SAGE.

Doshi, M. J. (2013). Help(less): An autoethnography about caring for my mother with terminal cancer. *Health Communication, 29*(8), 840-842. doi:10.1080/10410236.2013.809502

Dunne, L., & Moore, A. (2011). From boy to man: A personal story of ADHD. *Emotional and Behavioral Difficulties, 16*(4), 351-364. doi:10.1080/13632752.2011.616339

Fifi, J. T., & Mocco, J. (2020). COVID-19 related stroke in young individuals. *The Lancet Neurology, 19*(9), 713-715. doi:10.1016/s1474-4422(20)30272-6

Hoppes, S., Hamilton, T. B., & Robinson, C. (2007). A course in autoethnography: fostering reflective practitioners in occupational therapy. *Occupational Therapy In Health Care, 21*(1-2), 133-143. doi:10.1080/j003v21n01_10

Hydén, L. (2008). Illness and narrative. *Sociology of Health & Illness, 19*(1), 48-69. doi:10.1111/j.1467-9566.1997.tb00015.x

Jahanshahlu, L., & Rezaei, N. (2020). Central nervous system involvement in COVID-19. *Archives of Medical Research, 51*(7), 721-722. doi:10.1016/j.arcmed.2020.05.016

James Hill. (2020, April 24). *With the symptoms remaining in my system, results came in just a couple of hours ago from my doctor's office.* [Status update]. Facebook. https://www.facebook.com/james.hill.948/posts/10223086017443537

Leith, V. M. (2009). The search for meaning after pregnancy loss: An autoethnography. *Illness, Crisis & Loss, 17*(3), 201-221. doi:10.2190/il.17.3.c

Longden, E. (2010). Making sense of voices: A personal story of recovery. *Psychosis, 2*(3), 255-259. doi:10.1080/17522439.2010.512667

Manen, M. V. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.

Muncey, T. (2005). Doing autoethnography. *International Journal of Qualitative Methods, 4*(1), 69–86. doi: 10.1177/160940690500400105

Price, W. D., Lundberg, N. R., Zabriskie, R. B., & Barney, K. W. (2015). I tie flies in my sleep: An autoethnographic examination of recreation and reintegration for a veteran with posttraumatic stress disorder. *Journal of Leisure Research, 47*(2), 185-201. doi:10.1080/00222216.2015.11950356

Richards, R. (2008). Writing the othered self: Autoethnography and the problem of objectification in writing about illness and disability. *Qualitative Health Research, 18*(12), 1717-1728. doi:10.1177/1049732308325866

Ritchie, M. (2019). An autoethnography on the geography of PTSD. *Journal of Loss and Trauma, 24*(1), 69-83. doi:10.1080/15325024.2018.1532628

Ritter, P. (n.d.). Paul Ritter: A personal story of recovering from a spinal cord injury. https://js.sagamorepub.com/palaestra/article/view/7561

Sealy, P. A. (2012). Autoethnography: Reflective journaling and meditation to cope with life-threatening breast cancer. *Clinical Journal of Oncology Nursing, 16*(1), 38-41. doi:10.1188/12.cjon.38-41

Shi, Y., Wang, Y., Shao, C., Huang, J., Gan, J., Huang, X., Bucci, E., Piacentini, M., Ippolito, G., & Melino, G. (2020). COVID-19 infection: The perspectives on immune responses. *Cell Death & Differentiation, 27*(5), 1451-1454. doi:10.1038/s41418-020-0530-3

St. Amant, K. (2020). Communicating about COVID-19: practices for today, planning for tomorrow. *Journal of Technical Writing and Communication, 50*(3), 211-223. doi:10.1177/0047281620923589

Stirling, F. J. (2020). Journeying to visibility: An autoethnography of self-harm scars in the therapy room. *Psychotherapy and Politics International, 18*(2). doi:10.1002/ppi.1537

Uotinen, J. (2011). Senses, bodily knowledge, and autoethnography. *Qualitative Health Research, 21*(10), 1307-1315. doi:10.1177/1049732311413908

Wall, S. (2006). An autoethnography on learning about autoethnography. *International Journal of Qualitative Methods*, *5*(2), 146-160. doi: 10.1177/160940690600500205

Zheng, S. (2020). Quarantine life is stillness and dialogue: A reflective autoethnography during a global pandemic. *Qualitative Inquiry*, 1-6, 107780042096017. https://doi.org/10.1177/1077800420960170