

Climbing Back Into the World

By Kirsten Woodend, PhD, RN, MSc

It's hard to get back into the world
when you've been broken.

It's not so much
the challenge of your mangled restructured body –
you can control how you cope with pain,
how hard you push yourself forward.

You think the “system” is set up to support you
as you surmount these challenges;
in reality it adds another set of hurdles
to those you are already trying to clear.

You suffer a multitude of indignities
in the process of body repair; mostly,
these are inevitable –
though many did not

need to happen. Surprise, surprise. These
indignities do not end when you leave the hospital.

If anything, they become more
challenging, more deeply hurtful.

It's amazing how, in other's eyes,
you suddenly become a child
incapable of coping mentally or physically;
how often you are patronized in “your best interests”;
how often, in the name of caring,
you are prevented from exploring
what you are capable of;
how is it OK that your colleagues have been told
not to talk to you about work
to protect your sick leave and recovery.
(at what point did I become incapable of making

these decisions for myself?);
how invisible you are
as you negotiate your walker through the aisles in a
store;
how many places are inaccessible to you.
How? How? How?

But worse than this are the barriers
to reengaging in your life. The decision
is not yours (remember you are a child again)
– it rests in others’ hands. You need
to smile and “play nice” to ensure
that all the forms and letters you need are signed,
that all the correct boxes are ticked so that

more barriers to re-entry are not “triggered.”

It feels like a never-ending game of “whack-a-mole.”

Do I not have enough to cope with?

I want to contribute
to the world again.

Why do you insist
on making this
so difficult for me with your low expectations
and your petty bureaucracies?

Don’t you want me back?

About the Author



Kirsten Woodend, PhD, RN, MSc has been the Dean of the Trent/Fleming School of Nursing at Trent University since 2011. During her career she has held numerous clinical practice positions, and teaching, research, and administrative positions in the fields of nursing and epidemiology. She is committed to both her academic and local community, serving on the board of the Canadian Association of Schools of Nursing; working to address the peer support needs of amputees in her region; and serving as chair of the board of the local nurse-practitioner-led clinic. On a beautiful day in the summer of 2017, she sustained life-threatening injuries, including the loss of her left leg, as a result of a motorcycle accident, giving her the opportunity to live healthcare from the patient perspective.