“I Don’t Know What World I Live in Anymore”: Social work student narratives of the COVID-19 pandemic

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Abstract
As an ongoing collective trauma event, the COVID-19 pandemic has produced varied experiences and narratives among diverse populations, which have implications for meaning-making and healing post-pandemic. This study examined narratives from six social work students to better understand how individuals make meaning out of the pandemic experience. Holistic content analysis was utilized to identify a core pattern, comprised of a single in-vivo quote, and key themes within each case. Two participants utilized imagery or metaphor to describe emotional impacts of the pandemic; two emphasized the social responsibilities and roles they were challenged to perform during the pandemic, particularly the role of being a parent; and two conveyed how they endured the pandemic through the use of self-care and grounding strategies. Participants’ inability to perform their professional and community service roles during this event created a sense of internal conflict between one’s felt need to help and the internalized master narrative of social work as a serving profession. Findings illustrate how individuals find meaning through storytelling, grounding, identity navigation, and research participation through a collective trauma and indicate potential strategies for individual and collective processing and healing.

Keywords
Trauma narratives, meaning-making, holistic content analysis

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To engage in meaning-making around particular phenomena, narrators rely on certain storytelling traits—structure, coherence, richness, and poignancy—to inform interpretations and understandings (Bublitz, 2014). However, the experience of living through a collective trauma event produces unique complexities for processing and shared meaning-making that impact the narrative form (Possick et al., 2017). Due to the multi-level impacts of collective trauma (Possick et al., 2017), shared meaning is not only shaped by personal experiences, but also by what is understood about the nature, extent, and impacts of the collective event (Pastor, 2004). Ongoing attempts to understand and make-meaning of the collective trauma experience (Hirshberger, 2018), coupled with possible challenges accessing and expressing emotions during the event (Stanley et al., 2021) indicate that trauma impacts the meaning-making process, as well as its representation through language use, which is evidenced through such patterns as temporal confusion, incongruence (DeVault, 1990), and narrative debris or “fragments, false starts, pauses, gaps [and] inconsistencies” (McKendy, 2006: 473–474). In such instances, the use of linguistic tools such as metaphors and stories help individuals communicate their experiences and emotions related to the traumatic event to promote psychological and emotional processing (Nadeau, 2006; Neimeyer, 1999; Stanley et al., 2021).

The COVID-19 pandemic serves as an example of a collective trauma event—an event which impacts an entire community or society and produces a shared psychological impact (Hirshberger, 2018). An experience of collective trauma, due to its accompanying stress, burden, or psychological toll, can “[elevate] existential threat, which prompts a search for meaning” (Hirshberger, 2018: 1) through such processes as reflection and narration. Such narratives can be understood as a representation of experience in the form of sequentially ordered talk which engages in cultural sense making (Riessman, 1993) and can be assessed not only for their content, but also for what they do or accomplish. For instance, according to McAdams et al. (2001), narratives can, “contribute to our identities, help us cope with challenges and stress…and help to determine the nature of our interpersonal relationships and unique positionings in the social and cultural world” (p. 15). As such, pandemic narratives have implications for the ways in which we will remember and process the pandemic both during the crisis and in its wake.

Wide-reaching impacts of the pandemic have been examined through preliminary research, particularly among populations with unique experiences and vulnerabilities, such as individuals living with disabilities (Courtenay and Perera, 2020), rural communities (Mueller et al., 2021), and communities of color (Dyer, 2020). One such population includes students in higher education who have felt lasting effects due to school closures, remote learning, and compounded mental health stressors (Copeland et al., 2021; Liu et al., 2020; Mueller et al., 2021). One study indicated that 71% of college students experienced increased stress and anxiety, while only 43% reported being able to effectively cope (Son et al., 2020). Identified stressors include health concerns, difficulty concentrating and sleeping, decreased social interactions, and academic challenges (Smoyer et al., 2020; Son et al., 2020). A small body of studies has specifically explored the perspectives of students in the field of social work (Cole et al., 2021; Paceley et al., 2021; Smoyer et al., 2020). The findings from two such studies emphasized students’ felt need for meaningful connection in the midst of enforced isolation as well as felt tensions
between service and safety, flexibility and structure, and balancing one’s emotional needs with social responsibilities (Paceley et al., 2021; Smoyer et al., 2020). Social work students also reported experiences specific to their educational programs, such as a lack of closure when their practicums ended mid-year, provoking anxiety around their preparedness for practice (Cole et al., 2021; Paceley et al., 2021). As many described pursuing social work to provide support to others, they also reported grief and guilt around their inability to serve, with one student stating, “As a social worker, I feel that innate need to do something about it, but there’s nothing I can do other than keeping myself safe” (Cole et al., 2021: 66).

Even across unique experiences, commonalities can be found that connect disparate individual lives (Hirshberger, 2018). Narrative meaning-making and analysis offers the ability to span the gap between individual and shared experiences of a collective trauma by creating narrative connections across unique stories (Jirek, 2017; Stephens and Breheny, 2013). Narrative reflection and analysis also create new directions for individual narratives, including new understandings of identity, self, and purpose (Lieblich et al., 2004). To examine such implications requires double listening (White, 2000), listening not only for an explicit trauma experience, but also implicit meaning-making which indicates the event’s impact on the individual (Carey et al., 2009). In that vein, this study examined explicit content and implicit meaning in social work students’ narratives of the COVID-19 pandemic to understand how social work students might narrate and make meaning out of the pandemic as a collective trauma event.

**Methods**

**Data collection**

This analysis utilized a subset of interviews purposively selected from a large qualitative study on experiences of social work students during the early months of the COVID-19 pandemic. Given the large sample size ($N = 67$) and rich data collected, multiple publications have been produced using these findings, each with their own focus, analysis, and purpose. This manuscript reports findings from a narrative analysis of a subset of six participants. In the initial study (See Paceley, et al., 2021 for a full description of methods and sample), 67 Bachelor and Master of Social Work (BSW and MSW) students completed in-depth interviews lasting between 45 min to 1.5 h via Zoom in May and June of 2020. Participants were recruited from one public university and inclusion criteria required that participants were 18 years or older and had been enrolled in a social work program during the spring semester of 2020. Of the 67 participants, 53 identified as female, 7 as male, 2, as genderqueer or non-binary, and 4 participants did not answer. While the majority of participants (63%) identified their race/ethnicity as White/Caucasian, 22% identified as Black, Indigenous, or other people of color (BIPOC), and about 10% of participants identified as Biracial. We limited participation to social work students due to the uniqueness of their educational experiences (e.g., practicum placements, professional degree pursuit, etc.), believing that this would impact their
reflections on the pandemic’s impact on their educational, personal, and professional experiences. Each participant received a $20 gift card for their participation.

Interviews were completed by nine research team members which consisted of six students at the BSW, MSW, and PhD levels, and three faculty members. All research team members were either students or faculty members within the same school and program as the participants. The research team included faculty and students with a range of social identities including BIPOC and white racial/ethnic identities, diverse genders and sexualities, students with disabilities, and parents. The team also had varied experiences of COVID-19; while all faculty were transitioning courses quickly to an online format, some were doing so while parenting or caregiving in other ways. Student researchers were facing challenges in practicum and with their own health. Considering the potential implications of these relationships, participants were allowed to choose if they wanted to complete their interview with another student or a faculty member.

The semi-structured interview guide was developed by two faculty members and the BSW and MSW student researchers on the team. The full team reviewed and refined the interview guide after completing the first few interviews. All team members used the semi-structured interview guide developed and were instructed to use an active listening approach (Kvale, 2007) by posing follow-up questions to build upon the interviewee’s narrative. Interviewees first stated why they pursued social work and described a typical week prior to the pandemic. Participants then described educational, social, and personal impacts following the pandemic onset. Interviews closed with messages participants wanted to share with other social workers.

**Data processing and subsample identification**

Interviews were audio-recorded, transcribed, and reviewed for accuracy. Interviews were initially analyzed using an inductive thematic approach. In the process of reviewing transcripts, certain stories seemed to take on a life of their own, where the personality of the participant leapt off the page and captured the imagination of researchers. As clinical professionals, we also identified deeply evocative descriptions of new or resurfaced trauma in many stories. The ongoing nature of the pandemic and fact that data was collected only a few months into this event lent itself to capturing in-vivo narratives of trauma in the making. Thus, we chose to pursue a secondary narrative analysis with the data although the study was not initially designed to pursue narrative meaning making.

In pursuing a narrative analysis, we were guided by the method described by Leiblich et al. (1998) as a holistic content analysis. This approach focuses on the content of a story and sees narratives as a textual representation of a person’s experience or a “snapshot of an evolving story” (Wells, 2011: 45). This method is intended to identify a core pattern or global impression within each individual narrative, which contains key themes. This method of analysis was selected due to its ability to balance individual meaning-making with the collective experience of a phenomenon. Due to the depth of this analysis, we first needed to limit the sample to a manageable size. We first undertook a close read of all transcripts. During this process, we sought stories that reflected common experiences but where those experiences were described in particularly poignant ways with potential for
rich meaning making. After analyzing the full dataset, 18 interviews met this criterion and we examined each to assess whether there was a core pattern that could be identified. In this case, core patterns took the form of a single in-vivo quote which captured the overarching essence of the narrative. We also spoke with the interviewers to confirm that core patterns resonated with their impression of the interview. Based on this process and following recommended sample sizes of five or six for in-depth narrative analyses (Wells, 2011), we identified six narratives to include in our sample. In cases where team members disagreed on participants to include in the final sample, we discussed the benefits and drawbacks of inclusion in detail as a full research team and came to consensus by agreeing to emphasize diversity of experiences and identities across the sample and opting to include those stories which elicited the strongest evocative response from the team as a whole. The final subsample included six narratives from participants whose ages ranged from 23 to 33 years old, three of the six narratives were from people of color, and five participants identified as women.

Data analysis

With our sample limited, we undertook the five stages of holistic content analysis outlined by Leiblich and colleagues (1998). The first step is to identify a core pattern through multiple close reads, which we discussed as a research team to clarify and hone core patterns as needed. In all cases, core patterns referenced a narrative strategy that the participant used to describe and make meaning out of their experience of the pandemic. Second, we wrote brief initial impressions of each narrative, including relevant life experiences and intersectional identities of the participant, evidence for the core pattern, and any notable contradictions or inconsistencies. Third, we identified themes within each narrative, which were less global than but related to core patterns and are often presented in the form of tensions, core identities, or other repetitions or absences in content (Wells, 2011). Themes were at times content-related while others were focused on narrative strategies used by the participant. Fourth, we read each narrative while coding for its distinctive themes. Fifth, we drew conclusions from the analysis of each theme. The findings reflect evidence from various stages of analysis, including a brief description of the participant and their life context, followed by a summary of and evidence for the core pattern and notable themes. We also include impressions or interpretations from the interviewer when relevant. This inclusion reflects the value of subjective interpretation on the part of the interviewer as a co-construct of the interview space in conjunction with the analyst as an outsider to the interview process (Patti and Ellis, 2017). These interpretations are informed by the researcher’s own subjectivity, identities, and experiences with COVID-19, while simultaneously reflecting the team process of checking our own biases and presumptions while engaging with the data. As the purpose of holistic content analysis is to assess the depth and meaning of each story rather than overarching patterns across cases (Leiblich et al., 1998), we present the narratives individually.
Ethical considerations

Study procedures were reviewed and approved by the University of Kansas Human Subjects Division. Given the trauma context of the study and social service background of all interviewers who were social work students and faculty, we assessed the comfort of participants throughout the interview, offering to pause or redirect, and in some cases offering referrals to mental health supports and services. When participants were initially recruited, they were told that their stories would be reported anonymously and couched within a broader analysis. Accordingly, participants are referenced using a single initial which is not related to their real name within the findings section. Given the heightened potential for participant identification with a relatively small sample size and greater detail about participants’ life circumstances, we shared each summary with the participant referenced to ensure they were comfortable with their story being shared in this context. All six participants agreed to have their story included in the final manuscript and one requested that the authors make an adjustment to their story to slightly obscure their identity, a request which was honored.

Findings

We present the six narratives in a sequence of three pairs, according to the participants’ use of narrative strategies. First, two individuals captured the overarching nature and emotional impact of the pandemic through evocative metaphors or imagery. One described herself as floating due to a loss of stability and routine (in-vivo core pattern: All my anchors are gone) while the other described a new eerie, polarized, and uncertain world (I don’t know what world I live in anymore). Second, two individuals emphasized the social roles and identities they were challenged to fulfill during the pandemic. A woman, whose husband was a pastor in a small community, described tension in her role as a community member, torn between safety and service (I’m more suited to a war than I am for this), while the father of an infant struggled to balance his parenting role with academic performance (Identity upside down). Finally, two individuals used narrative strategies that reflect taking control of one’s storytelling to illustrate resiliency. One woman stated that despite the challenges she faced, the pandemic gave her a needed opportunity for solitary self-care and reflection (My Walden Pond) while another used brief, poignant stories to illustrate lessons learned about her own challenges and strengths during the pandemic (Story time).

Emotional impact of the pandemic

The first two narratives used evocative metaphors or imagery to describe the reality and emotional impact of living through the early months of a pandemic. These narrative strategies seemed to serve the purpose of connecting or communicating more effectively with the interviewer, allowing the participant to make meaning out of their own experiences, and providing evocative analogies to convey emotional experiences.
All my anchors are gone. At the time of her interview, B was an MSW student and woman of color in her 40s. She was pursuing her Master’s part-time so that she could maintain a consistent income, but her employment history during the program entailed a wide variety of part-time positions that she pieced together into a full workload. She described herself as a “social introvert” and her socialization activities orbited around providing service to others and engaging in meaningful connection, such as volunteering with seniors and organizing social events for her classmates in her spare time. B’s interviewer described her as a person who seemed to have a “rich internal life, [but] who was so isolated” at the time of her interview. A few months into the pandemic, she had lost many of her usual social roles, the grounding of her schedule through her courses and practicum, and had recently broken up with her boyfriend. A running theme throughout the interview was her use of metaphors to convey the affective and social impact of the pandemic. She described early losses of social events and activities as being “like dominoes” as plans and schedules fell apart. She characterized quarantine as being “like a social death” and a “two-sided sword” in that the assurance of safety came with losses associated with enforced isolation.

B’s use of metaphor and her significant losses of socialization and structure are well-captured in the quote: “all my anchors are gone” in which she described how her schedule had been altered. In many cases, the metaphors captured tensions that arose within her narrative: between isolation and socialization, personal reflection and interpersonal connection, and losses and resiliency. The early portion of the pandemic she described as an “intense decline” of social engagement as many events were cancelled; however, as it wore on, she saw meaning in the ways she was able to engage, such as visiting seniors through the windows of a skilled nursing facility, completing a telehealth role play with a fellow student, and even completing her research interview via Zoom, saying to her interviewer: “I’m sure we could have had the same conversation by phone, but [this way] I smile when you smile.” Her desire for connection was informed by her felt responsibility to serve, stating: “I am really, really missing helping people, being of service to people… I just feel that I’m in this domicile of privilege right now.” While the pandemic and quarantine created opportunities for deep reflection and personal growth, after 3 months of intensive social distancing B said that she had had enough, saying she had had, “lots of time for self-reflection, like almost too much time. Like, I’m so done reflecting.”

Despite the losses described, B intentionally turned her narrative in a positive direction when asked to describe challenges that arose during the pandemic. Having already described many struggles, it is possible that she felt compelled to shift the storyline when she answered her interviewer’s question by asking, “Instead of talking about challenges, can I talk about resilience?” B went on to describe how she felt that she had learned lessons of flexibility and adaptation due to her diverse work history, saying she had to “hustle” to make ends meet and describing this experience as, “like, transitional boot-camp.” Throughout her story, the use of metaphor seemed to stem from B’s rich internal dialogue and relational nature. She references the interviewer, whom she knew from her own MSW cohort, in a familiar and comfortable way and seemed to use these visual images both as a personal meaning making tool as well as a way to better explain her experiences within the co-constructed interview space. Her agentive turn toward
resiliency also rounds out the interview with a sense of balance, leaving the audience, and perhaps herself as well, with a sense of closure.

*I do not know what world I live in anymore.* Z was a Hispanic, married woman and part-time MSW student in her early 30s who was working as a domestic violence advocate. Her weekly schedule was extremely busy as she worked 40 h a week, an additional 16 h a week at a practicum, and took classes every other Saturday, which took an emotional and mental toll, particularly given the emotional nature of her work. She had summer plans to spend a month abroad with her husband to regroup and destress, however, these plans were unceremoniously cancelled due to the onset of the pandemic.

Z also had an autoimmune disorder which contributed to the themes expressed in her interview, including a theme of anxiety. Having lost a parent during H1N1, Z described how she anticipated the pandemic with an ominous sense of dread earlier than those around her, prompting loved ones to interpret her as “over-reacting” and “paranoid.” Her concerns were validated as things shifted quickly in mid-March, a transition she described as going from, “normal week to lockdown.” She contrasted her usual sense of safety to the “eerie” feeling that “was creeping in,” stating, “you always think, especially here where we live in America and the Midwest, [that] it won’t get here...that you’re somehow buffered. And then all of a sudden we weren’t.” She described her anxiety being particularly high while shopping for necessities and on one occasion she reported being “bullied” by young children who made fun of her for wearing a mask. The political aspects of the pandemic added to her sense of uncertainty:

> It’s just weird, this invisible thing that suddenly changed everything. And then, of course, it took on a political tone... and there’s just that feeling of being on the precipice of something bigger. Like you’re moving towards something ... Anxiety. I think I’m describing anxiety. [laughs]

This overarching sense of eeriness, fear, anxiety, and impending doom informed Z’s core pattern which was represented in the quote, “physically, I’m prepared. I’m fine...But mentally, *I don’t know what world I live in any more.* I don’t know what’s an overreaction or what’s normal or what’s safe.” As this last statement indicates, it was not only anxiety around safety, but also uncertainty around her own reaction that shaped Z’s experience of the pandemic as if her sense of reality was somehow brought under question during this time, especially given the politicized nature of the pandemic.

Z’s interviewer described the interaction as giving them a “creeping, omen-like feeling” as if the participant was “peering into the future.” The dis-ease of her narrative contrasted sharply with her calm and light demeanor and the way she described her daily experience of the pandemic as being relatively uneventful. The moments in which she stared off screen to ponder something were interspersed with those in which she joked and laughed about her own sense of dread. In these ways, the dynamics of her interview seemed to parallel what her interviewer described as a “dissonance between the weight of what was happening in the world and the relative calm or boredom of her daily life.” While Z had anticipated an international trip to decompress from her daily work stressors,
she said that cancelling her trip and spending down time at home gave her a needed break, but in an unexpected and much more boring way. When her interviewer compared the eerie feeling she described to a slow-moving horror film, Z said,

Right, but just like anything else, the real-life version is a lot less interesting… It’s just more annoying… I’m glad it’s not like a movie, where everybody’s throwing things and breaking in the house like Contagion or something. But it’s actually kind of worse, because it’s just this weird thing that won’t stop, and there’s no real end… It just is.

Also replicating a common plot twist in an outbreak film, Z’s major concern was not the virus itself, but the “social things bubbling up from this.” In discussing the upcoming 2020 presidential election and life beyond the pandemic, she said, “Whatever happens after this, we’re ricocheting off of this moment.”

The struggle to perform social roles and identities

The next two narratives reflect social roles these two participants played before and during the pandemic and the challenges they faced in doing so. Both indicated that they were failing to perform a valued social role, including those of an engaged community member or present and patient parent, and shared the struggle of adapting to and accepting that perceived failing.

I’m more suited to a war than I am for this. J was a white, part-time MSW student and a married mother in her late 20s. Her husband was a pastor in a small, rural town and her interviewer described her as having the “persona… and perspective of a pastor’s wife… in a small community,” highlighting that this social role seemed very important to her, as if much of her social sphere and purpose orbited around it. J said she became interested in social work because it felt like a “calling in [her] life” that aligned with her “core values.” Prior to the pandemic, J said she felt, “like I had a voice in the classes, I was enriched by the learning experience of conversation.” She said it was “so beautiful to be a part of a community,” engaged in deep dialogue and discussion. In contrast, J felt that her educational experience during COVID-19 was draining and not as meaningful. She used metaphors to describe the emotional consequences of isolation from and lack of communication with her instructors and peers. For example, she described the “choking feeling” of struggling to keep up with her readings due to the weight of the material in conjunction with the weight of social problems during the pandemic:

I almost couldn’t read the material anymore because it was so heavy. We’re learning about trauma and I’m reading in the news that domestic violence is on the rise, and then I’m reading about what domestic violence really is. And it was too much, it was so heavy. And not to be able to communicate that with my classmates was almost debilitating.

J summarized the issue as an emotional toll she was unable to pay, stating that she simply did not have the capacity to intellectually engage some days: “I just can’t read this
material today, I can’t go there in my empathy, like I normally can.” The immediate concerns of a neighbor who lost their job or not having childcare for her son also edged out her capacity for intellectual processing: “[I was] just at a place when the empathy was so high that it was just hard to compartmentalize anything.”

Being an active member of her community, J was involved in frequent volunteer work, which was disrupted by the pandemic. For her, taking care of others was a daily occurrence, consisting of delivering meals, providing emotional support, and working as a ministry volunteer. While she and her husband continued delivering meals to struggling community members during the pandemic, the drop offs were limited in terms of social connection and wrought with fears of spreading the virus. Being active and outside her home freed J from the “scroll hole” of “watching the news constantly,” but she ended up feeling burnt out from her scattered and numerous service roles, stating that in future crises she will need to rethink her “posture” and to set boundaries earlier. Eventually, she felt that the problems of the world and her community were too large for her, stating:

You want to do something. You’re on this crazy side of history that you’ll never be on again, and so I wanted to make my mark, right? But just slowing down and helping the people I can in front of me... I was realizing that that’s all that I could do right now, but I should focus in on my family and the people that I know are in need in front of me.

J repeatedly compared pandemic life to living through a war, explaining that in wartime, people can be physically present with each other and a sense of community connection is created. However, in the pandemic that sense of community was replaced with isolation and empathy overload. Navigating the tightrope of offering support while keeping herself and others safe prompted her to state: “I feel like I’m more suited to a war than I am for this.”

Identity upside down. V was a white BSW student and father in his early 30s. One of the most common terms V used to describe his life and educational experiences was “adversity.” When asked why he chose to pursue social work as a profession, V answered, “I would say a large percentage [of people in social work] have had significant amounts of adversity in their life. And I think that was true for me. I had adversity as a child and then throughout my military career.” Facing such challenges helped V recognize that traditional forms of success in life were not “readily available” to all people in the same way. This informed his search for “truth” and investment in social work as a discipline:

There’s no profession that exposes truth more so than what social workers do... it exposes the world for really, truly what it is... conscientiously I couldn’t go [in]to another profession... and [feel] fulfilled.

He seemed to be driven by a strong sense of responsibility in his work and even described the pandemic as a potential opportunity for “real social and political progress” as opposed to changes that were “placating” or “veiled beyond the illusion of progress.” As an older student in a non-traditional academic setting, V felt that his small cohort was
bonded through the mutual adversity they had faced in life and described them as “tight-knit...like a family.” He described this support as pivotal in his success and the meaning he found in his social work education.

During the pandemic, adversity took on old, but also new forms for V. V’s wife worked in essential services and because of the potential dangers of exposure in daycare, he became the “primary caregiver” for his infant daughter. V struggled to balance his parenting role with his academic performance and mental health. As a military veteran, V referenced his prior trauma that “started to bubble back up” in the context of the pandemic, creating barriers to his successful adaptation to shifting social roles and responsibilities:

The trauma that I experienced in the military no doubt has a part to play in how the pandemic has shaped me... I think we’ve all felt a strain on our relationships... But for me... As my role changed... it just completely throws your identity upside down, like who you think you are, your role in life... not only as a partner to my wife, but as a father and as a friend and as a student... Your obligations change.

As a white, financially stable man, V acknowledged a good deal of privilege in his experience of the pandemic, citing his access to consistent healthcare coverage, a steady income through his spouse’s employment, and supportive family members as valuable resources. Access to this support made him feel “guilty” for struggling with his “prior issues” as though he should have been able to handle the responsibilities at hand. The struggle to balance parenting with online learning also challenged his perception of himself as a father. He described instructors expecting students to be available, without acknowledging that their home lives were in chaos:

The last thing I expected was to still have the requirement to be available for those blocks of time, especially over here, watching my daughter and trying to do a Zoom meeting and trying to be engaged in classes... not only can I not learn, it’s actually counterproductive because I’m trying to do both things. I am not a good dad, that patience level goes down.

During his interview, V described his motivation for participating in the study as being driven by a hope for change. He described hoping that, “professors understand that... some students were struggling to put food on the table.” Simultaneously, V acknowledged the mutual bonds of adversity that caused him to hope that students would also offer “that same level of empathy and compassion” back to their instructors, stating that everyone had challenges impeding their capacity to “perform...to the expectation we had before COVID.” V’s perspective on adversity, seeking of “truth,” and felt responsibility all seemed to shape the shifts in identity he experienced when unable to perform up to his own high standards as a student, parent, and spouse. He seemed to recognize that these challenges were common and shared, but still struggled to feel grace or compassion for himself, in the face of guilt and anxiety.
Reframing and storytelling to narrate resiliency

Finally, the last two participants utilized narrative strategies of storytelling and reframing to demonstrate their own survival and resiliency. One reframed the pandemic as providing the gift of time and space to process and engage in self-care while the other used stories to convey the meaning she found in small moments of relief and recognition of her own strengths in surviving the pandemic.

My walden pond. A was a woman of color in her early 30s who pursued social work to “advocate for women” following years of employment in public communications. She discovered that where she found meaning in her work was in, “supporting other women, helping others, increasing diversity and inclusion… being a minority woman myself, that was really important.” Following this “light bulb moment” and career shift, she entered the part-time MSW program, taking classes on Saturdays while she continued to work full-time. She had already experienced online course delivery before the pandemic began and appreciated the “flexibility” it afforded her as well as opportunities to engage with “really like-minded students.” She described her life as “hectic” between work, practicum, and coursework, until she was “laid off” just before the onset of the pandemic. She had also put in extra hours at her practicum, so by the time the number of necessary hours were cut back due to the pandemic, she was well-over her requirement. In the shift to pandemic life, in her own words, “then the world flipped upside down.” Going from a hectic routine to unemployment and very little social contact, A said:

This is the slowest I think my life has ever been…It’s been an amazing break for me. And I’m such a homebody and an introvert anyway that I really haven’t minded. And I have no money… So I kind of don’t want to be out… Being laid off and being in the middle of the pandemic, I have felt a kind of shrinkage of my life… Literally and figuratively.

The rapid shift in pace left A feeling like she could indulge in self-care for the first time in years. She bought a hammock, spent hours with her dog, and read novels endlessly. She described this as, “good and bad. I have a lot of weird guilt because I’m not used to being so unproductive. I struggle with that.” A wanted to enjoy what time she had left for indulgence and self-care before she started summer courses. Enjoying the simple things in life reminded her of her own needs:

It has been really nice to go back to the basics… I’m sleeping a full eight hours right now, which is not normal for me… at the same time, there’s the part of me that’s maybe more sluggish because of a lack of activity… objects at rest, stay at rest… I’m afraid I’m going to become a blob… it’s been interesting to try to give myself permission to slow down.

The tension between rest and activity was also evident in A’s social life, as she stated that engaging in social activity was meaningful, but also draining. Being with her boyfriend or having her mother deliver food to her was comforting, but she appreciated her silence and space. She found that her mental health training encouraged her to give
herself “grace” in her more sedentary moments, describing her need for more sleep as normal given the “constant attack on our nervous systems.” Sharing these experiences with classmates also allowed her to normalize her own needs, stating, “It is helpful to talk to other people and see just the humanity in everybody else, that they’re all going through the same thing.” A also described feeling grateful for the newfound mental space that her privileged life afforded her:

I have so much time to think, which is… Again, privileged, but… I mean, I feel like… This is going to sound so pompous. I feel like Henry David Thoreau. I’m just sitting here. I mean, I’m at Walden Pond over here sitting and gaining perspective… So, maybe that’s what this is. This is my Walden Pond moment.

**Story time.** R was a white woman and full-time MSW student in her early 20s who was living with her mother. During the pandemic, R had adopted a set of kittens who wandered across her Zoom screen during the course of her interview. She tended to them and referenced them periodically, holding them in her lap, and watching them explore their surroundings, all while keeping up the conversation with her interviewer who described the interaction as fun and engaging. A key theme which came up within R’s interview was the concept of intangible feelings or perceptions, which she described as “vibes” or “energy.” Particularly, she used these terms to describe the intangible connection she felt with her classmates, friends, and clients in her classrooms, social settings, and direct practice prior to the pandemic. While she appreciated technological advances in online communication, she grieved the loss of what had been,

Zoom is just, it’s great… But it’s not the same as being with your friends. It’s tough to not cut each other off, and… I think there’s something in the aura that people give off and like the vibe that they have when you’re upset and you’re around somebody that’s calm, you get calmer. It’s tough not to have real contact.

Describing this missing energy was one way in which R conveyed the impact of social isolation on her sense of purpose during the pandemic: “I like to interact with people. That’s how… I develop meaning in life… it’s just a big part of how I perceive myself in the world.” This was particularly absent in her practice experience, which had shifted to telehealth delivery:

I could help clients better in person… just seeing my clients and joking with them and not doing therapy, just teasing or having conversations… I think it’s just that meaning-making and deeper understanding of people and yourself that it provides… You don’t joke around on Zoom when you have six clients and they’re all trying to say important things.

Without this sense of meaning, R struggled to be productive as a student, to meet deadlines, or turn in work. She described her education as seeming almost “extracurricular” in the grand scheme of what was occurring in the world. Several times she described her life within the context of history, comparing the pandemic to H1N1, 9/11,
and world wars in its scale of impact. Grounding herself within history seemed to allow her to contextualize the pandemic within the broad scope of human existence, but the scale of it also felt unreal to her: “I did not see it coming. I could not have guessed in my lifetime that we’d have a global pandemic. I thought of world wars… but I haven’t thought of… a global pandemic.” This unreal nature of the pandemic provoked many complex and negative emotions, including “anxiety,” “depression,” “paranoia,” “guilt,” “fear,” and feelings that she was “missing out” on the education she could have received. In light of these challenges, R described making use of several strategies to ground herself in reality and a renewed sense of purpose, such as by adopting kittens who needed her for their healthy development. She also described her therapist as “working the grounding exercises” by helping her to establish routines, ask for accountability, and establish a sense of responsibility for her school work. The grounding work in therapy and the contextual grounding she performed in her interview seemed to offer her a sense of place, meaning, and rationality.

Throughout the interview, R used brief stories to illustrate the intangible feelings that she described as being so important to her sense of self. She prefaced three such stories with phrases such as, “quick side story” or “story time!” The stories stood out as small, captured moments, like time capsules of her pandemic experience, such as a recent interaction with a stranger:

Really quick side story. I went to a Walmart the other day… and a little girl in the line showed me these outfits that she just bought and was super sweet and open to me. And… something about having that interaction again just, I mean it brightened my whole month.

R also described living with a disability and how this shaped her experience of the pandemic. When she sustained a minor injury, she reported feeling extreme anxiety at the thought of making a hospital visit. This incident revealed to her how things that seemed small prior to the pandemic grew more complex or “trickier” when one has to constantly “weigh the risks.” Her interviewer also distinctly recalled a recurrent dream R described in which she had to get herself, her mother, and her kittens out of their home safely during a zombie apocalypse, but never seemed to make any progress. R seemed to use these stories to convey the things she perhaps could not put into words, the intangibles that she felt, but could not speak. Her interview and use of stories seemed to oscillate between a sense of displaced purpose and grounded meaning, a tension which seemed to capture her experience of the pandemic in general.

**Discussion**

In the present study, we attended to both the content and meaning making within six narratives of social work students living through the collective trauma of the COVID-19 pandemic. Each of the narratives demonstrate a dedication to process the pandemic by attempting to gain or create a sense of meaning (Hirshberger, 2018). Individual narrators use a wide variety of linguistic tools—imagery, grounding, identity construction, uses of comparison and metaphor, dreams and storytelling—to reconstruct and integrate
experiences with COVID-19 into their identity and narrative in order to make meaning (Gillies and Neimeyer, 2006; Hirshberger, 2018). With their wide-ranging discursive content, strategies, and purposes, these narratives illustrate the varied ways in which past traumas resurface, new collective traumas are experienced, privilege and oppression are conceptualized and navigated, and individuals adapt to the experience of a collective trauma event.

Our intent in presenting this analysis is primarily to allow the depth and meaning of each narrative to speak for itself as individual constructions of the pandemic experience. However, each story can also be understood in the context of two narrative concepts—multifinality and master narratives. Regarding traumatic experiences, “multifinality signifies the divergent outcomes emanating from similar initial conditions” (Flouri, 2005: 377). The shared collective trauma of the COVID-19 pandemic resulted in unique, individualized responses among our participants based on their interpretations, identities, and past experiences. The principle of multifinality appeared relevant to us as researchers and practitioners given that the content presented by each participant embodied such nuanced, individualized perceptions. However, within that nuance, we were also able to identify overarching processes that speak to the value of meaning-making and narrative construction in response to collective trauma.

Historically, discursive and narrative analytic approaches have utilized the concept of master narratives—culturally specific stories which have evolved over time to provide a contextualization for meaning-making at a macro-level (Bamberg, 2005). Individual narratives can also be parsed for the ways in which personal meaning-making strategies corroborate, resist, or mirror master narratives of their culture and era (Bamberg, 2005), allowing us to unpack the ways in which narratives position the speaker or open up or close opportunities for identity and agency (McKenzie-Mohr and Lafrance, 2011). For example, one master narrative of the social work profession frames social workers as benevolent servants, evident in the National Association for Social Work’s (NASW, n.d.) professional Code of Ethics which describes the first core principle of the discipline of “service,” stating that, “social workers’ primary goal is to help people in need and address social problems.” In this case, master narratives did not serve as a sensitizing concept, but rather emerged within the analysis. Similar to prior findings (Cole et al., 2021; Paceley et al., 2021), the study participants wrestled with this master narrative that they were unable to perform or achieve to full capacity during the pandemic. The narratives indicate the need to find purpose (Baumeister, 1991; Hirshberger, 2018), and meaning in their existence to help cope with collective trauma events (Harmand et al., 1993; Vignoles et al., 2006). The presence of this master narrative and the tensions it provoked—between guilt and relief, safety and privilege—also indicate a disruption to the continuity motive, where the identity as a servant was not always able to be maintained (Breakwell, 1986; Vignoles et al., 2006). Attempts to renegotiate valued social roles also indicates the importance of identity construction which can meet the need to belong and feel connected to ourselves, others, and the environment in moments of trauma (Baumeister and Vohs, 2002; Hirshberger, 2018; Vignoles et al., 2006).

As researchers and practitioners, we noted how participants’ descriptions of “hustling” to make ends meet or grappling with disability, loss, and interpersonal roles may have
been further reflections of that “service” master narrative—an embodied neoliberal capitalist urge to perform and be productive. Participants did not explicitly describe capitalism as the etiology of their distress, and yet their recognition of privilege or the political nature and differential impact of the pandemic underscores the role of economics in their diverse experiences. For example, one participant recognized the worth of slowing down after being fired from her job, but her attention was still drawn to anxieties about productivity and were couched in her financial ability to remain unemployed for a period of time. In addition to a capitalist drive to perform, the desires to “help” or be of service expressed by the participants may be illustrative of how students have internalized the profession’s values and ethics, which have codified such colonially rooted concepts as benevolence and empowerment through a White Supremacist lens. Similarly, class and race dynamics were woven throughout the narratives and actively reflected by participants who named their own experiences of adversity as anchoring their resiliency and privilege as providing space for comfort and ease in the midst of a collective trauma.

In contrast, the social work profession is also frequently framed as supporting the advancement of social justice, requiring, “particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, Code of Ethics). Thus, social workers and other serving professionals might take comfort in narrative resistance—the creation of narratives which “attend to power and oppression and…resist harmful storyings of their lives” for themselves and their clients (McKenzie-Mohr and Lafrance, 2011: 189). These narratives can also be suggestive of creating meaning through the promotion of collective memory that maintains a positive image of social workers (Hirshberger, 2018). Further, their reflections on privilege and oppression—including their own identities and how they were impacted by the pandemic—may shape the ways in which they connect with future clients or systems and their consideration of social justice and intersectionality. This process is indicative of the meaning making that is a result of collective trauma. COVID-19 becomes integrated into each person’s narrative and current identity (Gillies and Neimeyer, 2006), illuminating the “social psychological process” experienced in attempts to make meaning in the face of trauma (Hirshberger, 2018).

This study has important limitations that should be considered in the interpretation of the findings. The sample included only students enrolled in a social work program while students in other academic programs, doctoral students, or individuals outside of a university setting may utilize alternative narrative strategies to describe their individual experiences within the collective trauma of COVID-19. Additionally, the selection of a subset of participants means we could go in depth into the analysis of six participant narratives, but does not reflect the full diversity of the broader study sample in terms of their experiences or narrative strategies utilized. Finally, although narrative analysis was an appropriate analytic strategy utilized for our research questions, we did not initiate this study with a plan to engage in narrative inquiry; if we had, we may have asked different or follow up questions.

Despite these limitations, this study provides important benefits to our collective understanding of COVID-19 through the lens of social work students. Prior research indicates that the way in which one makes meaning out of an experience impacts their
wellbeing (Brody, 1987). The participants’ use of redirection, emphasis on resiliency, and storytelling around coping strategies might indicate their motivation to reframe the telling of the pandemic not solely through the lens of trauma, but also as a story of strength, agency, and potential. Narrative meaning-making might be utilized in therapeutic settings to promote healing during and after collective trauma events through the use of specific resistive strategies such as critically attending to the language and framing of stories and “supporting people’s intentional choices for re-storying their lives” (McKenzie-Mohr and Lafrance, 2011: 205). Individuals might also mobilize counter-narratives to motivate behavioral change, such as in the case of R who used grounding and accountability structures to reframe and motivate her pursuit of higher education in the midst of a global crisis. While we hope the findings of this study inform healing solutions and processes, we also see the potential of empowering narrative research as an intervention in and of itself. When participants were given the opportunity to review the summaries of their stories, they described it as an “honor” to have their stories selected for this in-depth analysis and conveyed gratitude for not only their ability to participate, but also having the opportunity to review an “academic” retelling of their story a year later. Three participants described reviewing the summary of their story as an opportunity to take stock, assessing how their life circumstances and wellbeing had evolved since their interview. One person also spoke to the impact of the data collection process, specifically:

I want to reiterate just how phenomenal this interview experience was. For one hour, someone asked me how I was doing and listened to my experience without judgment. It was one hour to be selfish, to complain, to cry, and to reminisce in a neutral, supportive space. Oh, if only everyone [could] experience the opportunity to be heard and seen for one hour, how healing that would be.

Their description of the research process names the role that research might have in creating opportunities for healing, collective processing, and empowerment of individuals facing collective trauma events. By highlighting the participant role and voice in this process, we hope to center their contributions to the final product and the energy and insight they offered for the sake of developing knowledge and creating change.

Through this study, we aimed to provide snapshots of individual social work student experiences of the COVID-19 pandemic as a collective trauma event. While the study participants’ poignant stories provoke a sense of validation of diverse pandemic stories and collective meaning-making, they also shed light on ways in which the negative impacts of trauma can be addressed through narrative interventions, such as the intentional creation of coherence, agentive self-reconstruction, or adapting to a new sense of identity or purpose (Ewing, 1990). As the pandemic continues and future collective trauma events emerge, these lessons will offer useful strategies for meaning-making, reflection, and healing for individuals and communities.
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