Student Reflections on Shared Trauma: One Year Later

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Abstract

In March of 2021, as the world marked the first anniversary since COVID-19 altered our reality, graduate social work students in Dr. Carol Tosone’s Evidence-Based Trauma class at NYU considered the challenges of learning about trauma treatment while simultaneously living through a global trauma. Students reflected on their home lives, school experiences, field placements, mental health challenges, feelings of burnout, and the added complexities of racial disparities and injustices. Students also shared their coping mechanisms and hope for the future. This paper aims to provide insight into their varied experiences while relating their struggles and demonstrating their pathways toward resiliency.

Keywords COVID-19 pandemic · Shared trauma · Social work education · Racial trauma · Burnout · Resilience

At the beginning of 2020, the news reported a virus originating in China and spreading worldwide. At the time, it was inconceivable to believe that this potential pandemic would affect our lives any more than other recent health pandemics. However, in March, the announcement of shutdowns and stay-at-home orders began to change our perception of the pandemic. Teaching an advanced trauma class to M.S.W. candidates, Tosone and her students (Tosone, 2021) reflected on the similarities between the current pandemic and the trauma experienced by students after 9/11. In this current paper, a new group of students were tasked with writing about their observations, feelings, and impact of COVID 19 on various aspects of their life from the vantage point having lived with it for a full year. What follows are the students’ reflections on the changes in their home situations, school life, field placement, overall mental health, challenges with racial trauma and widespread inequities, past personal traumas, coping mechanisms, and thoughts on the future. Their struggles, insights, and resilience are shared to benefit future social work students and educators.

Home Life

Being stuck in NYC during the pandemic has been like being stuck in a snow globe full of toxic snowflakes with no escape.

All the students reported pandemic-related changes to their home life with a mixture of positive and negative results. Some of the younger students, recent college graduates, shared that they moved home for either financial reasons or to avoid isolation. Returning home after a period away truly tested family strength and relationships. Loss of independence was a common theme among the students, exacerbated by their limited ability to leave the house. Students shared that they felt as though they were regressing and reverting to high school behavior instead of continuing to move forward in their adult development. Feelings of anger, resentment, and frustration added to the grief they felt, losing their independence and their social lives.

Going home was not the easiest or safest option for all the students. One international student was unable to return home and continued in school. Another student shared she returned home to her abusive father and the domestic violence in her family of origin as a last resort. For those living in abusive situations, home was not a safe place (Bloomberg, 2021). As time went on, she reported that she felt herself...
slipping into her old ways and struggling to maintain her newfound strength and resilience.

However, not all of the reflections were negative. One student stated that moving home allowed her to reconnect with her nieces, who live close to her parents. She enjoyed playing a more substantial role in their lives over the past year. On the other end of the spectrum, older students, who had an empty nest found the benefit of “reconnecting” with their grown children and, in one case, even getting to know their adult child’s partner, as the partner moved with them. However, their grown children have since moved out, necessitating a readjustment to having an empty house.

Students with younger children at home discussed the unexpected challenge of assisting with remote schooling for themselves and their children, sometimes simultaneously. Participating in virtual classes and virtual field placements became difficult as family members did not respect the need for privacy. One student related that her family could “not comprehend that just because I was physically in the house, I was not available to speak with them.” Another student commented on the challenge of being both her son’s mother and his school enforcer while trying to complete her own work. One student concluded, “I had to acknowledge that I could not meet everyone’s expectations all of the time.”

Over the year, some students struggled with financial security. Both students and their family members faced furloughs, job losses, and uncertainty with unemployment benefits. Grappling with ongoing concerns and fear for loved ones deemed “essential workers” and those working on the front lines led to family disagreements and stress. Several students acknowledged their privilege that they could stay home while others needed to earn a paycheck.

In their reflections, the students shared their personal experiences with COVID as an illness. Several shared they had developed COVID to varying degrees of incapacitation. Others became caregivers to parents who had become ill. They shared that they were “terrified in so much is unknown.” Another blamed herself for her parents getting ill as she had developed COVID first. A third shared that she and her partner received diagnoses simultaneously, yet he became quite ill, leaving her “terrified” for the future. Students shared the traumatic impact of the relentless sounds of the sirens blaring through the quiet city day and night, exacerbating their fear of hospitalization. One student, with ill parents shared, “The hospitals will not allow visitors and I may never see my parents again. It is better that I care for them at home, avoiding the hospital, even if I am emotionally exhausted.” Another student lamented that her mother needed hospital care but could not get the required assistance due to her social location. She wrote that she had to advocate more as a Latinx woman to ensure her mother’s life was saved.

Lack of clear communication from the CDC and the government regarding safety measures also contributed to the high anxiety experienced. Students reported that they were caught up in obtaining Lysol, wiping down the groceries, and procuring N95 masks. Fear of going outside, let alone using mass transit, became overwhelming. They shared ongoing disagreements with those who were more lax with the protocols creating resentment impacting long-term relationships. Restrictions about gathering with extended family left students cut off from family support resulting in isolation and, in some cases, depression. Surveys have suggested that emotional distress due to social isolation tripled within only the first month of COVID-19 (Holt-Lunstad, 2020). One student mentioned fears about going out for routine health care led an older family member to ignore an infection resulting in severe and preventable consequences.

Graduate School During a Pandemic

Being a social work grad student at this time has been a complicated, challenging, and yet simultaneously rewarding experience.

Almost all the students admitted a deterioration in their motivation for their schoolwork. They spoke of the losses they experienced, including educational opportunities, benefiting from socialization with students and professors, and not feeling supported. Two students considered pausing for a year, especially with the uncertainty of field placements but decided to proceed as planned. Another student noted the irony of studying social change while living through it, stating, “We are in a parallel process of both helping clients manage through COVID while we are living through it and dismantling racism while learning about it.”

In discussing the student’s experiences, it is essential to note that the students were in different programs. Some were traditional students, completing their second and final year of the program. They benefited from spending two-thirds of their first year on campus and at in-person field placement. The other group of students, Advance Standing students, only attended the school for this year. Their entire experience has been online as they have never set foot on campus for class, and many of them had field placements that were also online. From their reflections, it appeared the Advance Standing students, only having this one academic year, reported feeling cheated and questioned if their experience was worth the money they paid to attend New York University.

Students had mixed feelings as to the response of the administration and the instructors over the past year. “Initially, there were a plethora of student activities and events and communication from the administration. As time passed,
the activities lessened in frequency, and the administration was not as responsive,” lamented one student. Another shared that the administration missed opportunities to support the students and ignored student suggestions. Several students blamed the school for unsuccessful field placement opportunities. Still, other students found that the administration handled the transition better than expected based on the unprecedented nature of the shutdown.

When first transitioning to an online platform, several students reported that instructors were open to sharing personal experiences and showed leniency with expectations and workload. However, students found that returning to school last fall mirrored a return to an expectation for a usual workload. Sharing frustration and disappointment, students noted that some instructors used non-interactive teaching methods. Coupled with a lack of motivation and competing home stressors, the learning experience became exceedingly difficult. Students complained about the expectation of “leaving the Zoom camera on and having to participate.” While most shared that professors creating a space to discuss current events and experiences was helpful, one student described it as retriggering and not allowing her the chance to focus on something other than the pandemic. While many students liked opportunities to socialize and connect using breakout rooms and group projects, some questioned if it placed a further burden on them. However, many concluded that connecting with others allowed for relief in the universality of shared traumatic experiences and allowed for normalizing among one’s community and peers (Tosone et al., 2011).

### Challenges in Field Placement

It is hard when a client is crying not to provide the tissue box. Despite being a critical component of social work education, field placement internships created additional stressors, complexities, and challenges. Three students reported losing their “dream field placement” experiences due to COVID-related challenges. Another shared having to change her placement at the last moment when moving home was necessary. One of her classmates shared the necessity to postpone graduation for a year as she could not procure a field placement and wanted the experience over the class offered instead.

“Learning the practice of clinical social work online is hard, especially when you do not have other staff or students present,” shared one student. Another added, “I never had the opportunity to get to know the staff at the placement since I saw them only briefly for a one hour group supervision weekly.” The students addressed their clients’ pre-pandemic issues, often coupled with COVID-challenges. One student shared that her first COVID death was a client who took his own life due to isolation. Another commented she was being re-traumatized about hearing clients with COVID, after recovering from the illness herself and caring for sick family members. These situations required strong support and supervision, which for some students was reliable and for others was inconsistent.

Students also commented on the frustrations of working as employees but not receiving any compensation. Especially in the time of economic hardship, students felt frustrated at the expectation of “working for free.” Another student shared, “we were not even eligible for the vaccination, as we were not licensed social workers, even though we were in person just as they were.”

Many students discussed struggling with their own privilege. Having a computer at home to sign up for the vaccine online and being able to go away while their clients had to work were just some ways that the students struggled with their social location. As one said, “I am fortunate to have the technology to get what I need and the ability to work from home.” A different student shared she was “able to be compassionate with clients who were having a hard time, validating their challenges, yet wondered what was wrong with her when she was struggling.” Working with marginalized and oppressed clients gave the students a sense of gratitude and deepened their desire to help. “Focusing on others made me feel good and gave me a sense of normal.”

One of the most common struggles reported was the abrupt endings at placements due to the onset of the pandemic. Unplanned termination generally occurs when the client decides to discontinue treatment (Mirabito, 2006). However, in these cases, it was neither the client nor the therapist initiating termination. The ending of the therapeutic relationship, whether planned or unplanned, can elicit feelings of loss, separation, and guilt, impacting both the client and the practitioner (Ballan & Mera, 2011). When the shutdown started, students told their clients and their colleagues that this school had put a 4-week hiatus on field placements, but they would be back after that time. That never occurred. Instead, the school permanently halted the field placements for safety, leaving students and their clients unable to terminate properly. Repeatedly, students expressed sadness and guilt about not being able to say goodbye to their clients. As Van der Kolk (2014), explains our memory depends on how personally meaningful it was and how emotional we felt about it at the time. One student said, “I think about the high school students at my placement that I had to leave. These were students who had difficult home situations. A year later, I still wonder how they are managing.” Another shared that her guilt stems from the lie she told her students that she would see them soon, but never returned. In both cases, continuing via telehealth was not an option.
Students working with younger children lamented that they let down children who already had abrupt endings and inconsistency in their lives. Another student shared that her guilt she had not followed through with the mission of the agency. At the placement, she visited elderly Holocaust survivors weekly. Due to the pandemic, her visits were reduced to phone calls, which she believes did little to combat her clients’ loneliness.

The rise and necessity of telehealth was another topic frequently discussed by the students. Telehealth is a more efficient way of delivering healthcare, and now that it has become so common, it seems likely that it will continue after the pandemic is over (Hayhurst, 2020). Some students share that it was only due to telehealth, but they could continue having a field placement this year. There were positives to telehealth as it saved money and time for the client. Online groups helped clients combat loneliness and isolation. Groups tried to meet the fundamental need for attachment and connection with others (Van der Kolk, 2014).

However, the students identified challenges with telehealth as well. Telehealth was not an ideal way to learn how to practice clinical social work. Both students and clients faced technological challenges and instability during sessions. Older adults often lacked the technical understanding to use telehealth, and those financially struggling may not have been able to afford the technology. Additionally, it is hard to maintain privacy via telehealth, and clients need to come up with elaborate ways to safely and privately have their sessions (Bloomberg, 2021). Students also reported difficulties in engaging young children to remain on telehealth zoom session.

Understanding the boundaries involved with self-disclosure is a difficult concept for any starting social worker. However, the students reported facing challenges that made setting boundaries even more difficult. Students reported having difficulties with using self-disclosure and not being able to reach supervisors. Several students acknowledged that self-disclosure helped their clients feel less isolated and alone as they shared the trauma; however, the students were unclear about “how to set the boundaries.” Another student commented that “every client, colleague, and classmate has seen one of my cats at some point on Zoom.” Seeing into our clients’ homes provides a glimpse into their lives, but they can see into our homes as well (Bloomberg, 2021). One student questioned, “What messages do we send to our clients if they can see that the homes we live in are nicer than theirs?” Telehealth appears to be a medium that will remain; however, these are issues to consider.

### Shared Trauma and Mental Health

I am emotionally exhausted.

Nearly all the students reported deterioration in their mental health over the past year. Students reported feeling heightened anxiety and depression, anger, fear, hopelessness, and numbness. Students further reported decreased energy and difficulties sleeping, whether unable to sleep or wanting to sleep all the time. Other students reported a vague but persistent sense of uneasiness and uncertainty, a struggle to concentrate, and a pervasive sense of loss. Struggling to make sense of the last year, one student said that her feelings had been described in the literature. “Nothing makes sense as before as nothing will after” (Tosone et al., 2003; Tosone, 2021).

Relationships with the concept of time were presented as a repeated theme in the students’ reflections. At the start of the pandemic, students thought, “I will get more done as I have more time.” However, in reality, students reported feeling emotionally exhausted and traumatized by local and national events. The experience of stressful events results in time distortions, and social stress alters the way we see time (Van Hedger, et al., 2017). Students noted the chronic, unrelenting pressure of the last year had taken its toll on the ability to concentrate, and expectedly, their sense of time feels distorted (Van der Kolk, 2014). Perception of time felt skewed as days and weeks lost their meaning. Holidays and milestones that mark time were canceled or minimized, increasing the sense of time distortion. As one student pointed out, “we cannot make up for the time we have lost.”

Students shared that the ongoing pandemic reignited old traumatic experiences and habits. Traumatic experiences are organized not as coherent, logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations (Van der Kolk, 2014). One student reflected how sending off her adult children reminded her of the uncertainty of sending them off to school in Jerusalem during the Intifada in 2000. Another shared how the pandemic had rekindled an unhealthy obsession with her body image. Students noted a decreased interest in hobbies and relationships while an increase in alcohol consumption to numb feelings. They shared fears that they or a close family member would die and shared feelings of anticipatory anxiety as they waited to see what would happen next. As one student described, “I feel myself frantically running on empty.”

Reflecting on what so many have shared, “The theme of this entire year has been loss.” Students have struggled to mourn the loss of loved ones, including pets that passed away. Aside from loved ones, school, and field work, loss encompassed freely walking outside and grieving usual daily activities. One student recalled the immense
devastation she felt early in the pandemic when her children’s playground was padlocked. “It was the last thing we had, she reflected, and with it being gone, I just cried.”

Social media and television have both played significant roles over the past year. While social media provided a way of remaining in touch with friends, students also noted it caused resentment and envy for those who were more isolated. It also was a source of misinformation, sometimes being shared by the government. Students shared how they felt “news overload,” with one student remarking how she “felt obsessively glued to the death count ticker at the bottom of the CNN screen.” Several students marked their days by the New York Governor’s daily press briefings. Many students acknowledged the importance of finding a balance between television and social media with other activities.

The symptoms students reported were in line with traumatic responses. One student explained she was living in a perpetual state of hyperarousal. She was more aware of television shows in movies where characters were not following social distance guidelines or wearing masks. Another student observed feeling overly concerned with not touching surfaces, even after learning that COVID-19 is spread through respiratory droplets. Unrelentless anxiety over losing her spouse and fearing who will care for her and her husband in the future should they both become ill plagued a student after they both recovered from COVID. One student reported avoiding intrusive feelings and thoughts, choosing to isolate instead, while another noted feeling triggered and overwhelmed when hearing her classmates discuss their COVID experiences in the field. The current blossoms in the park reminded a student of “the blossoms that flowered this time last year” to “the constant backdrop of sirens.”

When practitioners and clients are exposed and affected by similar traumatic experiences and events, they experience a phenomenon known as shared trauma (Tosone et al., 2012) or shared traumatic reality (Nuttman-Shwartz & Dekel, 2009). When clinicians share a similar trauma with their clients, they may feel like their role as a helping professional is impaired due to the increased risk of experiencing retraumatization (Nuttman-Shwartz & Dekel, 2009). The literature also notes that “students are a particularly vulnerable group because they lack training and knowledge” (p. 523). While the students did not mainly discuss the concept of shared trauma, their experiences reflect a parallel process to their clients.

While we acknowledge that COVID-19 is collective trauma, we cannot consider it the same as past collective traumas, with a set date and timeframe for healing (Saul, 2014). We are still amid the pandemic and facing tremendous uncertainty. Even as the numbers of those becoming ill or dying continue to decrease, the resulting traumatic impact will have to be addressed for years to come.

### Racial Trauma

The past year has been a dual crisis of COVID-19 and the widespread reckoning of racial inequality.

To think that the only traumatic experiences of the past year were those directly related to COVID-19 would be myopic at best. From the outset of the pandemic, the disparities in accessing testing and quality health care became apparent. Marginalized and traditionally oppressed communities were getting sick at a much higher rate than predominantly white communities yet lacked the same access to health care as those of privilege. This challenge was seen repeatedly throughout the past year and most recently continued with the discrepancy in communities’ access to vaccines. Audate (2021) reasserted that clinicians of color have had to work through their own racial trauma while also holding space for their clients’ experiences.

In addition to, or perhaps fueled by the lack of equity, police brutality against the Black community became a forefront issue. The murder of George Floyd in May of 2020 had been the latest in a series of police killings, forcing a spotlight on the long-standing problem of police brutality. “Mr. Floyd’s death [felt] different because it [represented] a cumulative injury on top of the sustained acuity of health inequities [that played] out in horrifying details through the COVID-19 pandemic” (Barbot, 2020, p. 1253). Sparking the Black Lives Matter Movement, people took to the streets demanding accountability, justice, and police reform. Racial injustice and police brutality were laid bare to the world with the video of George Floyd’s murder on everyone’s personal screens and social media.

However, as the students shared, this was only one form of racial trauma experienced. The Asian community, the LGBTQIA+, the larger BIPOC community, and other marginalized groups have experienced their own ongoing traumas. “As a person of color, this year has been disappointing and exhausting,” shared one student. “The ignorant comments and the constant discussion of the topic has overwhelmed me.” Another student of color added, “I grew up in a suburb that was 97% white, feeling othered and bullied. I moved to NYC for greater diversity. Now I am back home again, and being here is reigniting all of my traumatic memories and feelings.” According to some students of color, they are glad the issue of inequity and oppression is being addressed, but they are tired and do not want to explain their position to everyone. On the other hand, a white student shared that she struggles with trying to be a supportive BIPOC ally while unsure how to do so best.
One student of color remarked, “I believe I have to work harder to show white people I am not a threat, and I have to combat their microaggressions. I fear this overt and subtle form of racism and can see the impact of racism on physical and mental health.” Racism cannot be ignored as a social determinant of health. At the time of the writing of this article, the officer responsible for the death of George Floyd was convicted on all of the counts charged. While there was much relief regarding the verdict, police shot two Black youths in separate incidents later that day. The work continues.

Another student in the class focused on their experience with Anti-Asian hate. As an exchange student from China, they dealt with public blame for “bringing the virus” and feeling unsafe on the subway and out in public. They described it as “being treated as though they were diseased.” Completing fieldwork from their apartment left them feeling better protected; however, they struggled with the shared trauma of hearing clients say they were also not feeling safe but had no choice but to go out to work.”

According to the Stop AAPI Hate reporting center, a not-for-profit coalition that tracks incidents of violence, discrimination, and harassment against Asian-Americans, and Pacific Islanders (AAPI) in the United States, there were nearly 3800 hate-related incidents from March 19, 2020, to February 28, 2021 (Stop AAPI Hate, 2021). Anti-Asian hate crimes increased 145% in 16 of America’s largest cities, while overall, hate crime dropped 6% in 2020 (Center for the Study of Hate & Extremism, 2021). Anti-Asian hate crimes significantly increased in New York City and Los Angeles in 2020 (Yam, 2021). The New York City Police Department reported 28 arrests for anti-Asian hate crimes in 2020, up from 3 arrests in 2019 and 2 arrests in 2018 (The New York City Police Department, 2021). The Los Angeles Police Department reported 15 hate crimes targeting Asians in 2020, up from 7 in 2019 (Center for the Study of Hate & Extremism, 2021).

Additionally, being an international Asian student during the pandemic had its own complexities. While many domestic students returned home during the pandemic, international students could not easily do so. “The expense of the ticket back to China together with the 12+ hour time difference would be prohibitive, so I stayed, despite the social isolation.” Then in July, U.S. Immigration and Customs Enforcement (2020) issued a new guideline stating that non-immigrant F-1 and M-1 students must depart the U.S. if attending schools operating entirely online, which all schools were at the time. Though the government rescinded the policy eight days later, international students were shaken. This experience added to their overall unease and uncertainty, especially considering the recent uptick in Anti-Asian attacks and hate crimes.

Other marginalized groups also faced pandemic-related barriers. As race is a social determinant of health, one student of color shared the extreme lengths needed to advocate for and prevent her mother from dying at home from COVID. She remains tired and angry that discrimination against her mother could have resulted in her mother’s death. Another student shared that her son, who had recently come out as gay, was struggling with isolation and marginalization and moved home, while another young gay man felt forced to go “back in the closet” so he could return home.

**Coping Mechanisms**

I had to learn to ask for help….

As time went on, I realized life was altered, not canceled.

Students found creative and meaningful ways to combat the negative experiences and feelings they were facing. Tedeschi and Calhoun (2004) define five factors that influence posttraumatic growth: (1) a greater appreciation of life and a changed sense of priorities; (2) warmer, more intimate relationships with others; (3) a greater sense of personal strength; (4) recognition of new possibilities or paths for one’s life, and (5) spiritual development. These can be associated with the students’ healing strategies.

Many engaged in healthy activities, including yoga, journaling, mindfulness, and taking long walks. Physical or behavioral strategies, relational and cognitive strategies, or deliberate distraction of attention have all been found to be efficient self-care strategies, particularly for social work students working with clients who experienced trauma (Diaconescu, 2015). A few students shared how “joining together” at 7 o’clock every evening to thank the frontline workers brought about a sense of community and purpose. Others reported seeking professional help and talking with friends as a way to process their experiences.

Students looked to make meaning in their daily routines. One student shared that she and her family began making PPE in their house and distributing it. Another fought isolation by becoming a COVID tracer. Still, a third student used her musical talents and joined with others to provide virtual concerts for frontline organizations. Several students focused on ordering from local restaurants and businesses to support the local economy.

Another challenge involved trying to set boundaries with their physical space. One student reported using different rooms for class and for her internship to have a sense of separation. Switching rooms and alternating between sitting on the floor and at the desk also helped, as did looking at the class on the television’s large screen, thus changing the
viewpoint. Students also mentioned taking planned breaks between classes and fieldwork.

Spirituality has played a role as a coping mechanism for some of the students. Many noted that a spiritually renewed connection as a function of mindfulness or religion has had positive effects. One student shared that she is trying to create new religious family norms and uses that time to connect with her kids. Reevaluating life on a deeper level and increasing gratitude for the shift of priorities in life has been helpful to some.

**Burnout**

Is it possible for a graduating MSW student to already experience burnout?

Amazed and disheartened are the two feelings that occurred when realizing that all the students who shared reflections noted that they already felt a sense of professional burnout. This alarming response raised concern for the next generation of social workers. Essentially, they reported feeling burnt out with work in particular and society in general. Peinado and Anderson (2020) aptly observe how burnout is “part of everyday vocabulary” for social workers (p. 757), who are more times than not overworked with high caseloads, low wages, and little time for processing. Despite working from home, students reported exhaustion and feeling physically, emotionally, and mentally spent. Parts of the Maslach Burnout Inventory’s (MBI) definition of burnout coincides with what many individuals have sensed regarding COVID stay at home/work from home orders, including overwhelming emotional exhaustion and cynicism, detachment from work, and diminished professional accomplishment (Siebert, 2005). One student shared she has decided to pursue an alternate career path that is less emotionally taxing.

**Looking Ahead**

This year has felt like a social experiment providing research to help in the future.

As the students prepare to graduate, what are their thoughts or concerns? They expressed uncertainty about their skills and professionalism, asking questions such as, “Am I ready to be a professional? Will there be an end to the pandemic, and how will that appear? Will I be working from home or in an office? What role will telehealth have in my professional career, and will there be a greater awareness about racial inequality?”.

Students are also concerned with what they have missed. A few shared feeling “a professional disconnection with the loss of a field placement and therefore disadvantaged when applying for jobs.” One student emphatically said, “I do not want to begin my social worker career behind a computer screen.” Another wondered, “How can we recover while still in the midst of the disaster?”.

However, students also admitted to a renewed sense of energy, passion, and purpose; and wanting to continue to advocate for social justice and less disparity. One student added she wants to pursue salary increases and workable caseloads for all. Many shared that they have had time to reflect and have reprioritized their goals professionally and personally. Overall, the resilience they have demonstrated will serve them well moving forward as they take their place among the next generation of social workers.

**Conclusion**

The students who contributed to this paper showed tremendous insight, courage, and vulnerability in sharing their COVID-19 related experiences. Noticeably, the topics that did not come up were the stresses regarding the presidential election. Now, four months into the new presidency, the pressure of the election is no longer at the forefront. Additionally, there was minimal discussion about the vaccine and the stress concerning the rollout of the vaccine.

Reflecting on the previous collective student paper (Tosone, 2021), those participants largely believed that life would have resumed “normal” by the fall of 2020. With every great hope that by this time next year, we will not be facing the impact of the pandemic and can turn our focus to addressing the disparities the pandemic has illuminated.

**Declarations**

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