AN INTERPRETATIVE PHENOMENOLOGICAL STUDY OF UNDERGRADUATE STUDENT WELLNESS: EXPLORING GENERATION Z STUDENT WELLNESS EXPERIENCES DURING THE COVID-19 PANDEMIC

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AN INTERPRETATIVE PHENOMENOLOGICAL STUDY
OF UNDERGRADUATE STUDENT WELLNESS:
EXPLORING GENERATION Z STUDENT WELLNESS
EXPERIENCES DURING THE COVID-19 PANDEMIC

BY
KRISTEN PEPIN

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
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ABSTRACT

Qualitative research exploring undergraduate student wellness during a pandemic was scarce prior to the outbreak of COVID-19 and is still lacking. Studies investigating student wellness during pandemics often fracture the concept by quantitatively researching specific wellness dimensions (Cao et al., 2020; Galea et al., 2020; Tang et al., 2020) as opposed to exploring the construct from a holistic perspective. Additionally, few studies aim to understand how undergraduate students make meaning of wellness and their lived wellness experiences, specifically during a pandemic. Furthermore, emerging research (Huckins et al., 2020) corroborates the extant literature that posit student health behaviors were declining in recent years, indicating wellness instability existed at the onset of the pandemic (ACHA 2019b & 2020; Twenge, 2017). The purpose of this study was to illuminate the unique wellness experiences of undergraduate students amid a large-scale health crisis, while simultaneously uncovering the essence of their shared experiences as members of the same generation living through the pandemic (van Manen, 2014).

Interpretative phenomenological analysis (IPA) was used as the theoretical framework and methodology to explore how Generation Z students made meaning of and described their wellness experiences, as well as interpreted their wellness during the pandemic. A survey and two rounds of in depth, semi-structured interviews were conducted with 10 undergraduate student members of Generation Z who had at least one year of traditional college experience before the COVID-19 pandemic. The findings of this study revealed how students understood and actualized wellness, evidenced the strength of their values, and highlighted the growth they exhibited when
their lifeworld was disrupted. In addition, students demonstrated micro and macro interpretations of their wellness experiences by reflecting on personal experiences and their global perspectives of wellness. Overall, the findings indicated students strove and at times struggled, to balance their wellness during the first year of the pandemic. Students from this study would benefit if colleges and universities cultivated a culture of wellness on campus and in virtual spaces to support students and community members during their wellness journeys. Further recommendations for research, policy, and practice are presented at the conclusion of this dissertation.
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experience with a colleague and friend. I look forward to our continuous collaboration.

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DEDICATION

This work is dedicated to my family, Mike, Aurora, and Kori, for the unconditional love and support throughout this journey and in life. I would also like to dedicate this labor of love to Rhody, Beebs, Schatzi, and Gus, for consistently reminding me of what I value most and helping me prioritize my own wellness. Finally, I dedicate this research to my parents, Ernest and Rachel Bibeault, who continue to lead by example, look for the good in life, love with their whole hearts, and generally make the world a better place. They impressed upon me the importance of a strong work ethic, a sense of curiosity, a love for exploration.
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CHAPTER 1

INTRODUCTION

In March of 2020 students attending colleges and universities left for spring break oblivious to the drastic changes they were about to face. Several institutions of higher education within the northeast region of the United States initially reacted to the novel coronavirus (COVID-19) outbreak by extending spring break for one week. Students’ initial reactions displayed excitement for an extra vacation week, however, once news of the severity of the pandemic surfaced and students realized the abrupt changes to their daily lives, their perceptions of the situation changed. The taken-for-granted world in which they lived was no longer guaranteed or available. This study explored student wellness experiences and their perceptions of their situations during that time and the year that followed. Using interpretative phenomenological analysis (IPA) as a framework, the findings of this qualitative study shine light on how 10 Generation Z undergraduate students made sense of their worlds situated within their wellness experiences during the COVID-19 pandemic. The purpose of chapter one is to present an overview of the study, therefore, it is organized as follows: (a) contextualizing the phenomenon, (b) description of the problem, (c) justification of the study, (d) purpose of the research, (e) research questions, and (f) definitions of key terms. This chapter concludes by outlining the remaining chapters present in the study.

Contextualizing the Phenomenon

Although chapter two presents a detailed literature review and chapter three frames the research within IPA, this section briefly offers context and describes the
phenomenon of interest. It also provides a foundation for understanding the unique experiences of students in this study by introducing (a) wellness as an experience, (b) Generation Z as inclusionary criteria for participation in the study, (c) the COVID-19 pandemic, and (d) the phenomenon of interest. All these elements combined offer a content-related and temporal context that situate the research within the pandemic timeline.

**Wellness as an Experience**

Wellness is an interdisciplinary term that lacks an agreed upon definition. In this research, it is operationalized as an individualized process of becoming aware of and making choices towards a more successful existence as determined by oneself (Dunn, 1961; Jonas, 2005; National Wellness Institute (NWI), n.d.). Expanding on the construct and exploring it in terms of experience, wellness is dynamic and evolves over time (Dunn, 1961; Jonas, 2005; NWI, n.d.; Travia et al., 2019), has no end state (Jonas, 2005; Roscoe, 2009; Miller, 2005), and emphasizes lifestyles and everyday practices (Jonas, 2005; Miller, 2005; NWI, n.d.; Strohecker, 2015). It is considered to be a holistic experience that is multidimensional by nature (Kirkland, 2015; Roscoe, 2009; Travia et al., 2019). When embarking on a wellness journey, individuals are encouraged to take an active role in the self-directed process since it is an individualized preventative pursuit towards their definition of a more successful existence (Myers et al., 2000; NWI, n.d.; Strohecker, 2015). Nonetheless, it is important to recognize that health disparities (e.g., race or ethnicity, class, geographical location, gender, etc.) exist and impact individuals' abilities to focus on their wellness (Rababah et al., 2019; Travia et al., 2019). In fact, Prilleltensky (2008)
expands health disparities by exploring upstream constructs that inform political and societal interpretations of wellness experiences by addressing connections between power, wellness, oppression, and liberation from a community psychology perspective. Quantitative measurements of wellness and health disparities presented in the literature can only partially inform professionals of the content that should be addressed in education and initiatives aimed at minimizing health disparities and improving student wellness. The American College Health Association (ACHA, 2019a) suggests student interpretations of wellness should also play an influential role in the creation of programs and policies focused on student wellness. The review of literature revealed a gap in qualitative research exploring undergraduate student wellness experiences that could be used to help inform institutional decision making about wellness initiatives on campus and in virtual spaces.

**Generation Z as Inclusionary Criteria**

The largest generational representation in the undergraduate student population is currently Generation Z. The population of interest for this research includes Generation Z students within the United States, which can be described as individuals born between 1995 and 2010 (Seemiller & Grace, 2019). This birth year period was selected based on key events that occurred in the United States during those years. To give context, Generation Z views the terrorist attacks September 11, 2011, as historical; however, the economic recession of 2008, presence of and reliance on the internet, and the COVID-19 pandemic are considered shared lived experiences that can impact perceptions of wellness. Participants identified as members of Generation Z. Utilizing Generation Z membership as an inclusionary criterion to participate in this
study was a sampling strategy intended to limit the potential variance in experiences of a multi-generational cohort. Qualitative research on the wellness of Generation Z undergraduates is limited; this research aimed to fill this gap in the literature.

**COVID-19 Pandemic**

When conducting research during an outbreak it is important to disclose and consider the temporal location of the analysis within the outbreak’s timeline (Van et al., 2010). If the analysis and phenomenon coexist, current research will most likely be published as the study is underway. Van and their team (2010) suggested identifying the time of the research during a pandemic, for they noticed a change in data based on the phase of the outbreak when researching the H1N1 pandemic in 2009 in Australia. Identifying the temporal location in the outbreak’s timeline provides context and demonstrates researcher reflexivity. To follow this recommendation, I situated my research within a timeline that offered significant COVID-19 updates and events in the northeast region of the United States that occurred concurrently with my research. Figure 1 offers a visual representation of the research process alongside the progression of the COVID-19 pandemic in the U.S and identifies general regional policies and guidelines in response to the virus organized by month.

**Research Phenomenon**

The phenomenon of interest was the series of events students experienced as they strove for balance and worked towards their unique interpretation of a more successful existence when their lifeworld was completely disrupted by the COVID-19 pandemic. In short, the phenomenon I aimed to explore was Generation Z undergraduate students wellness experiences during the first year of the pandemic.
Figure 1

Timeline of Research Process, COVID-19 Progression, & Regional Responses

- **DEC 19**: 1st person tested + COVID-19 (Wuhan, China)
- **JAN 20**: US HHS declared public health emergency in US
- **FEB 20**: 1st COVID-19 case in New England & death in US; WHO named disease COVID-19; COVID-19 on every continent except Antarctica
- **MAR 20**: Universities & K-12 schools suspended classes and started emergency remote learning
- **MAR 20**: WHO classified COVID-19 as a pandemic; States & national emergency declared; COVID-19 in 50 states; POTUS signed stimulus bill
- **MAR 20**: States announced travel restrictions, limited gathering sizes, closed non-essential businesses/work-from-home policies, issued stay-at-home advisories
- **APR 20**: States started contact tracing, mask advisory announced, social distancing advised; US COVID-19 deaths surpassed 60K
- **MAY 20**: States started reopening phases, most in Phase 1, some in Phase 2; RESEARCH PROPOSAL APPROVED BY DISSERTATION COMMITTEE
- **JUN 20**: States in reopening Phase 2 or 3; travel restrictions include quarantine period; RESEARCH APPROVED BY IRB
- **JUL 20**: States in reopening Phase 3; 4 million COVID-19 cases in US; STARTED STUDY RECRUITMENT
- **AUG 20**: States pause reopening plans; 6 million COVID-19 cases in US; INTERVIEWED 2 PARTICIPANTS ROUND 1
- **SEP 20**: Universities & K-12 schools fully remote, hybrid, or in person with restrictions; INTERVIEWED 2 PARTICIPANTS ROUND 1
- **OCT 20**: States continue with reopening plans; INTERVIEWED 2 PARTICIPANTS ROUND 2
- **NOV 20**: States rolled back reopening plans, added travel restrictions, stay-at-home advisories, mask mandates, social gathering restrictions, and dining curfews; INTERVIEWED 2 PARTICIPANTS ROUND 1
- **DEC 20**: COVID-19 vaccinations given to frontline medical workers; INTERVIEWED 4 PARTICIPANTS ROUND 2
Statement of the Problem

Examining undergraduate student wellness is not innovatory (Baldwin et al., 2017; Cass et al., 2021; Kovich & Simpson, 2019). Extant literature often quantifies
wellness using predetermined indicators that fragment the construct (Cooke et al., 2016; Renger et al., 2000; Roscoe, 2009) and theorize paths to behavior change (Bandura, 2004; Prochaska & DiClemente, 1983; Riekert et al., 2014). Few studies qualitatively explore how diverse groups such as Generation Z students interpret wellness as a holistic construct and experience. Furthermore, the scarcity of literature on student wellness in times of pandemics is unsurprising. Understanding the lived wellness experience of the current student population and the meaning it holds for Generation Z students is a crucial element of building effective wellness models and programs for students attending college (ACHA, 2019a; Drolet & Rogers, 2010), specifically during a pandemic. While existing literature depicts quantitative snapshots of student wellness and offers suggestions for change, it fails to capture the holistic essence of student wellness experiences and insufficiently embodies the meaning students give to their lived wellness experiences.

**Justification of the Study**

College students struggled to exhibit behaviors that indicated wellness stability before the onset of the COVID-19 pandemic (ACHA 2019 & 2020; Twenge, 2017). Emerging research indicates students that attended school during the semester of the COVID-19 outbreak exhibited worse health behaviors than the previous semester (Huckins et al., 2020). Recent global events aside, college is often a time of transition for students (Arnett, 2000; Bruffaerts et al., 2018; Ge et al., 2019), and as such, may be their first attempt at taking responsibility for their actions and overall wellness. Reliance on data collection tools that fragment wellness (Roscoe, 2009; Travia et al., 2019) limit researchers abilities to explore wellness holistically. For this reason,
information presented below and in the literature review highlight research available in specific wellness dimensions (e.g., emotional or social), including identifiable behaviors (e.g., physical activity and sleep) that indicate wellness. According to annual reports published by the ACHA (2020b), undergraduate students surveyed during the fall 2019 semester, stated they had difficulty eating properly, meeting recommended levels of physical activity, and attaining recommended hours of sleep. Struggles in school and difficulty meeting minimal health behavior recommendations are signs that students are either coping with uncontrollable life events common to college students (e.g., loud roommates, unhealthy food choices on campus) or controllable lifestyle choices (e.g., excessive/binge drinking, social events that curtail sleep) (Gaultney, 2010). Considering controllable lifestyle choices or modifiable behavioral risk factors (e.g., alcohol consumption, physical activity, and diet) are leading causes of death in the United States (Mokdad et al., 2004; New York University, 2012), interview questions within this study investigated how student members of Generation Z attempted to actualize wellness before and during the pandemic.

Furthermore, suicide-related statistics before the pandemic were alarming and brought attention to the severity of being emotionally unwell (National Alliance on Mental Illness [NAMI], 2020). From 2001 to 2020, the overall suicide rate in the United States increased by 31% and suicide was labeled the second leading cause of death for people ages 10-34 years (NAMI, 2020). Concerns for the mental health of students in higher education mirrored those of American adults, as indicated by the consistently increased percentage of students that reported they felt lonely,
overwhelmed with responsibilities, and so depressed they had difficulty functioning (ACHA, 2016, 2017, 2019b). In recent years, students reported that their anxiety, depression, stress, and sleep negatively impacted academic performance (ACHA, 2016, 2017, 2019b). The correlation between mental health and academic performance demonstrates the holistic nature of wellness, specifically how imbalances in physical and emotional wellness can transfer to intellectual wellness. Increased concerns for the emotional or psychological wellbeing of students (Lipson et al., 2019; NIRSA: Leaders in Collegiate Recreation, 2020) and other areas of wellness, such as physical and financial wellness (NIRSA: Leaders in Collegiate Recreation, 2020) prompted professional organizations to voice an ongoing call for action that started in 2018. The ACHA and NIRSA: Leaders in Collegiate Recreation, along with 13 other professional organizations committed to prioritizing wellbeing for students by establishing interdisciplinary connections and approaching wellbeing from association and institutional levels.

On top of traditional stressors, students that enrolled in college courses during the 2019-2020 and 2020-2021 academic years navigated unique challenges to their wellness that resulted from the pandemic (Ghzai-Saidi et al., 2020; Healthy Minds Network & ACHA, 2020). The global health crisis that originated in December 2019 continues to threaten the welfare of people all over the world even as this paper is being written (Chan, 2021; Johns Hopkins University, 2022; Zhai & Du, 2020). The rich findings that emerge from the idiographic analysis of IPA data could inform practitioners about students’ perspectives of wellness and the ways students experienced wellness during the first year of the pandemic. Understanding the lived
wellness experience of the current student population and the meaning it held for
Generation Z students could help practitioners and policy makers determine how
students were able to thrive and in what ways students could have used support.
Stakeholders invested in supporting students in their wellness pursuits can use the
findings of this research to offer support and initiate programs on campus and in
virtual spaces, especially during emergency remote learning situations.

**Purpose of the Study**

The recentness of the COVID-19 pandemic and on-going status of the health
crisis suggest literature offering insight to student experiences during the pandemic are
limited in availability or still in creation. In addition, existing literature focused on
student wellness is primarily quantitative in design and fragments the construct,
instead of qualitatively investigating wellness experiences from a holistic perspective.
Therefore, a uniform literature exploring student wellness experiences during the
COVID-19 pandemic is lacking. The purpose of this study was to illuminate the
essence of undergraduate students’ wellness experiences during the pandemic while
exploring the convergences of their experiences as members of the same generation
living through an unprecedented pandemic. This research helps offset the absence of
literature focused on the holistic wellness experiences of undergraduate students and
forges a path for others to qualitatively explore student wellness experiences amid a
pandemic and other major life disruptions. This study aimed to contribute to the
qualitative literature on undergraduate student wellness by exploring the essence of
their wellness experiences during the novel coronavirus (COVID-19) pandemic.

**Research Questions**
This study had two research questions designed to help the researcher gain a deeper understanding of the phenomenon from Generation Z students’ perspective. The questions were designed to address the problems established in the literature and fulfill the purpose of this study. The two research questions of interest explored through interviews were: *(RQ1)* How do Generation Z students make meaning of and describe their wellness experience? *(RQ2)* How do Generation Z students perceive wellness prior to, during and/or following the COVID-19 pandemic?

**Definition of Key Terms**

This section provides operational definitions for key terms used throughout this study.

**Double Hermeneutics** – Analytic effect that acknowledges the findings are the researcher’s interpretation of the participant’s interpretation of the phenomenon (Smith et al., 2009).

**Emergency Remote Learning** – Abrupt and temporary shift to remote online learning due to crisis circumstances (Shin & Hickey, 2020). Participants in this study experienced asynchronous (i.e., material presented in online learning management systems) and synchronous (i.e., use of an online learning management system and meetings held virtually via Zoom, Google Meets, etc.) learning during the first year of the pandemic.

**Generation** – Cohort of people born within a few years of each other who experience socio-historical events at similarly developmental life stages (Mannheim, 1952).
**Generation Z** – Individuals born in the United States between 1995 and 2010 who experienced major socio-historical events (e.g., the terrorist attacks on September 11th, the creation of Homeland Security, and currently, the COVID-19 pandemic) during developmental life stages (e.g., before entering school, during adolescents, while in college) (Seemiller & Grace, 2019; Twenge, 2017)

**Global Pandemic** – The final and sixth stage in pandemic classifications (WHO, 2009). This phase is declared when community level outbreaks occur in at least two WHO regions and widespread human infection is recorded (WHO, 2009).

**Health** – State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 2020a).

**Hermeneutic Circle** – Analytic approach that is iterative and explores the whole, the part, and the relationship between the two (Smith et al., 2009). In this research, the whole was the collective experience of the cohort group, and the part was the individual participant’s interpretations.

**Hermeneutics** – The art of or theory of interpretation that can be applied to philosophical inquiry (Moran, 2000; Smith et al., 2009).

**Lifeworld** – Taken-for-granted world in which people live, where consciousness is directed externally and attention is absorbed in the moment (Smith et al., 2009; van Manen, 1990).

**Pandemic** – Epidemics that span multiple countries and usually affect a large quantity of people (CDC, 2012). Pandemic classifications range from one to six (WHO, 2009). The numerical pandemic phase indicates the degree to which the
disease spreads, not the severity of the disease (Britannica, 2020a; Madhav et al., 2017).

**Phenomenon** – A manifestation or a showing of itself (whatever it is) in a manner that is revealing (Heidegger, 1962/2001; Moran, 2000).

**Phenomenon of interest** – The series of events students experienced as they strove for balance and worked towards their unique interpretation of a more successful existence when their lifeworld was completely disrupted by the COVID-19 pandemic.

**Wellbeing** – A state of existence characterized by subjective positive ratings in multiple domains of life. It includes the domains of physical, social, spiritual, financial, and psychological health (Wadsworth, 2015).

**Wellness** – An individualized process of becoming aware of and making choices towards a more successful existence as determined by oneself (Dunn, 1961; Jonas, 2005; NWI, n.d.).

**Organization of the Study**

This chapter identified an array of undergraduate behaviors that indicate undergraduate students are lacking in knowledge or skills to attain or maintain wellness. The works presented highlighted a gap in holistic and qualitative research in existing student wellness literature, especially during a pandemic. Given the uniqueness of the situation, the phenomenon was then contextualized and described as undergraduate student wellness experiences during the first year of the pandemic. The purpose of the research, questions of interest, significance of the study, and definition of key terms were also detailed.
The remainder of this study is structured into four chapters. The review of literature presented in chapter two explores the concepts of wellness, generations, and health crises, including the COVID-19 pandemic. Chapter three details the methodology that informed this study and the research design. In chapter four, the findings offer three superordinate themes that emerged from the data and are presented as participants’ preconceptions of wellness, their composite findings, and individualized participant vignettes. Lastly, chapter five discusses the findings in relation to the research questions, provides implications for research, recommendations policy and practice, and concludes with a researcher reflection.
CHAPTER 2

REVIEW OF LITERATURE

“Your body should be eager for activity. Your mind should sparkle with interest. For maximum wellness, the environment should be such as to encourage you to live life to the very full.” -Halbert Dunn (1961, p.2)

Introduction

The purpose of this study was to explore undergraduate students’ wellness experiences during the pandemic while uncovering the similarities of their experiences as members of the same generation living through the COVID-19 pandemic. This research helped fill the gap in literature by centering the holistic wellness experiences of undergraduate students using an IPA framework for analysis. In addition, it forged a path for others to investigate student wellness experiences amid a pandemic or during any major academic disruption and then interpret the meanings they ascribed to their experiences. Specifically, this study aimed to contribute to the qualitative literature on undergraduate student wellness by exploring their wellness experiences during the COVID-19 pandemic.

This review of literature explored and synthesized journal articles, scholarly works, seminal texts, professional organization websites, and book chapters pertaining to undergraduate student wellness during a health crisis. This review is organized into three main sections: (a) wellness; (b) generations; and (c) health crises. The wellness section of this chapter begins with a recount of wellness from a historical context and
an explanation of wellness as a contemporary construct. Given that wellness was central throughout this research, elements of wellness are incorporated in subsequent sections of the literature review. Research conducted on generations appears next in the review. Generation Z was used as a criterion for students to participate in the study. There is a concise description of the traits and characteristics posited to be unique to Generation Z. This section concludes with an exploratory discussion of Generation Z wellness. The health crises portion of the chapter starts with a review of basic epidemiological terminology, followed by an exploration of previous health crises and the current pandemic, and finishes with a summary of student wellness during health crises. Chapter two concludes with a summary of the literature on all three topics.

**Wellness**

Wellness as a construct is an amalgamation of theories and models informed by ancient beliefs, resurfaced concepts, and contemporary approaches to holistic intentional living. This research aimed to explore wellness as an experience; therefore, this section offers insight into the development of the construct that will be used in the interpretation of participants’ experiences.

**Historical Perspective**

Wellness is an abstract concept difficult to define due to numerous definitions and applications. Engaging in the history of the construct provided a stronger foundation for question development and a more educated analysis throughout. This section offers a broad overview of the evolution of wellness from 4,000 BC up
through the 20th century. A visual summary of the historical foundations of wellness as a construct is represented in Figure 2.

**Figure #2**

*Historical Foundation of Wellness*

Ayurvedic medicine, a holistic approach to staying well, was shared as oral culture, before it was first recorded in text somewhere between 2,000 to 4,000 BC in India (Baars & Hamre, 2017; Guha, 2016; Jaiswal & Williams, 2017; Kayne, 2010). At the core of Ayurvedic practice are the beliefs that a person’s health is impacted by all areas of life (Guha, 2016), their body is cosmically connected to the universe (Kayne, 2010), and one should strive for balance between their mind, body, and spirit (Baars & Hamre, 2017; Guha, 2016). Ayurvedic practitioners consider a multidimensional approach to wellness, where one tries to balance a combination of the five basic elements of life known as ether or empty space, air, fire, water, and earth (Kayne, 2010).
These tenets were not confined to India, though; Traditional Chinese Medicine (TCM) shares the same values. The ethos of TCM emphasizes prevention, treatment, optimization, and sustainability (Hafner, 2016) through energetic intervention (Kayne & Booker, 2010). The five principles of TCM (i.e., yin and yang, the five phases, five substances, organs, and meridians or channels) work together to establish harmony (Kayne & Booker, 2010). TCM practitioners target specific elements within the principles to help prevent imbalances or re-establish equilibrium when it is out of alignment (Kayne & Booker, 2010). Modern Chinese medical practitioners hold the 3,000-year-old cornerstones as truth even as the practice evolves with time (Hafner, 2016; Liu et al., 2014; Petri et al., 2015). Both Ayurveda and TCM acknowledge the interdependence of lifestyle choices and environment as they encourage individuals to strive for a sustainable and nourishing lifestyle that works for them.

Greek medicine promoted a life balance that included magic and legends (Petri et al., 2015). In Ancient Greece the lines between spiritual and physical worlds were indiscernible (Cartwright, 2018; Petri et al., 2015). Around 400 BC, medical practitioners were fascinated with cause and effect and felt people could have some control over their health (Cartwright, 2018). Balancing life (i.e., diet, lifestyle, temperature, and trauma) and the four humors (i.e., blood, yellow bile, black bile, and phlegm) were vital to remain well (Cartwright, 2018; Petri et al., 2015). Over the years, medical knowledge and technologies continued to evolve as civilizations, like Greece, began to recognize medicine as a profession instead of a philosophy (Petri et al., 2015), as such, traditional medical practitioners arose in all parts of the globe (Kayne, 2010).
The notions of wellness, such as using natural remedies, striving for balance, and nourishing relationships were at the core of many traditional medical practices (Kayne, 2010), whilst the term wellness was nonexistent in medicine. It was not until the mid-17th century that the earliest written record of the word wellness was used as an antonym of illness (Miller, 2005; Miller & Foster, 2010). Over the next two hundred years, the term wellness was used infrequently in common conversation, even as branches of holistic medicine, such as homeopathy, chiropractic, osteopathy, and naturopathy spread into the United States (Miller & Foster, 2010; Strohecker, 2015).

At the turn of the 20th century most American medical practices were natural, holistic, and preventative, and the training lacked the rigor and clinical education present in other industrialized countries (Miller & Foster, 2010). Duffy (2011) wrote about Abraham Flexner’s experiences in education and research on foreign systems of medical education that led to his survey of medical schools in America. In 1910 the Flexner Report altered the process of medical education resulting in major changes in medical practice. The report evaluated medical schools based on Flexner’s assessment which was highly influenced by German medicine and educational theory (Duffy, 2011). Soon thereafter, the medical world was flooded with science and chemical-based medications that could be sold for a profit (Strohecker, 2015) and transitioned the ideology from preventative practice to reactive medicine. Advancements in prescriptions and medical technology reoriented society’s health concerns from infectious disease to chronic illness and American doctors started to treat the body as independent physiological systems (Miller & Foster, 2010) as opposed to a whole
being. The fragmented, reactionary approach to medicine provided short-term relief and quick fixes, but lacked the unification of the mind, body, spirit, and environment.

**Wellness Revived**

While the term wellness only gained popularity in the United States during the late 1900s, concepts similar to wellness, like traditional and ancient medicine, have existed for over 5,000 years (Guha, 2016; Kayne & Booker, 2010; Wickramarathne et al., 2020). In 1946, the World Health Organization (WHO) resurfaced the holistic mindset by redefining health in their constitution as “a state of complete physical, mental, and social wellbeing; and not merely the absence of disease or infirmity” (WHO, 2020, bullet 1). Defining the term in the mid-20th century revived an interest in wellness; consequently, the modern concept of wellness emerged shortly after the changes announced by the WHO and the shifts in society’s health needs. Dr. Halbert Dunn was the first to use the contemporary term wellness in 1961. He defined it as “an integrated method of functioning which is oriented to maximizing the potential of which an individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning” (Dunn, 1961, p. 4). Dunn used a Health Grid to provide a visual explanation for his version of high-level wellness. This model showed the junction of one’s environment (e.g., social and cultural institutions) and health (based on age and genetics), (Stará & Charvát, 2015) resulting in a predicted wellness outcome based on those external and internal variables.

High-level wellness occurred when an individual maintained peak health and was situated in a favorable environment; the higher those two factors were on the grid,
the higher the person’s wellness level (Miller, 2005). The core elements that still hold true today, according to Dunn’s original explanation of wellness are wellness (a) occurs on a continuum; (b) is holistic in nature; (c) is one’s own responsibility; (d) allows for growth and potential, and (d) requires self-awareness and harmony (Dunn, 1961; Miller, 2005; Swarbrick, 1997, 2006). In his writings, Dunn (1961) referred to wellness as a zest for life that required balance between mind, body, and spirit within a supportive environment. Following Dunn, there were three additional professionals that spearheaded the wellness movement simultaneously in the United States: John Travis, Bill Hettler, and Don Ardell. Table 1 presents theorists that contributed to the revival of wellness during the 20th and 21st centuries.

In the late 20th century, during its conceptual evolution, wellness poured out of the medical world and pervaded everyday life into other professions (e.g., psychology, fitness, and education), the leisure and recreation industry (e.g., spas and tourism), the consumer market (e.g., diets, dog food, and health-enhancing products) and more (Miller & Foster, 2010). Throughout this period the term retained its core principles, even as new theories and models emerged based on conceptual applications. Dr. John Travis was the first to revise Dunn’s wellness model, by dividing the construct into three models. First, he modified the Health Grid into a wellness continuum that polarized premature death and high-level wellness highlighting the relationship between the wellness paradigm and treatment paradigm (Strohecker, 2015; Travis & Ryan, 2004; Wellness Associates Incorporated (WAI, 2018). Next, he used analogies
<table>
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<tr>
<th>Decade Concepts Were Introduced</th>
<th>Organization / Theorist</th>
<th>Conception of Wellness</th>
<th>Well-Established Theoretical Models</th>
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<tbody>
<tr>
<td>1940s</td>
<td>WHO</td>
<td>A state of complete physical, mental, and social wellbeing; and not merely the absence of disease or infirmity</td>
<td>N/A</td>
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<tr>
<td>1960s</td>
<td>Dr. Halbert Dunn</td>
<td>An integrated method of functioning which is oriented to maximizing the potential of which an individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning.</td>
<td>Health Grid Model: Theorized wellness depended on environment and health.</td>
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<td>1970s</td>
<td>Dr. John Travis</td>
<td>Singular definition of wellness not found in read resources. Concept expressed as a self-directed process that fluctuates based on several variables, including but not limited to one’s values, psychological state, and motivation. People intentionally working on wellness strive for balance amongst their twelve dimensions and the energies within the universe.</td>
<td>Three Model Approach: (a) Wellness Continuum: Depicts relationship between reactive (illness) and proactive (wellness) paradigms (b) Iceberg Model: Observable health behaviors and measures of health result from lifestyle choices, psychological state, motivation, philosophy, and spirituality. (c) Wellness Energy System: People are conduits for energy; they absorb, transform, and release energy. Wellness Wheel: Divided wellness into 12 dimensions</td>
</tr>
<tr>
<td>1970s</td>
<td>Dr. Bill Hettler</td>
<td>An active process through which people become aware of, and make choices toward, a more successful existence.</td>
<td>6 Dimension Wellness Model: wellness occurs when the 6 interdependent dimensions are harmoniously fulfilled.</td>
</tr>
<tr>
<td>1970s</td>
<td>Dr. Don Ardell</td>
<td>Singular definition of wellness not found in read resources. Concept promoted as a process that utilized one’s mind, body, and emotions to manipulate energy so they may engage with their environment and society</td>
<td>Ardell’s Wellness Model: wellness is a balance between meaning and purpose, physical, and mental domains.</td>
</tr>
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and visual representations of icebergs and water pipes to further explain his theories. The Iceberg Model suggests a person’s state of health is the observable result (i.e., the tip of the iceberg visible above the water) created and supported by a person’s behaviors and lifestyle, one’s psychological state and motivation, and their philosophical and spiritual realms (Travis & Ryan, 2004; WAI, 2018). The final concept proposed by Travis was the Wellness Energy System. In this model people are viewed as channels of energy that allow a flow of energy in, around, and out. Any blockages of energy could yield disease or distress, much like the movement of water through a pipe. Based on the WAI (2018) workbooks online, the belief is that wellness requires an unobstructed flow of energy.

Travis also fragmented wellness into twelve dimensions (i.e., self-responsibility and love, breathing, sensing, eating, moving, feeling, thinking, playing and working, communicating, intimacy, finding meaning, and transcending) expressed on a wellness wheel (WAI, 2018). During the 1970s Travis opened the first wellness center in the United States and created the Wellness Inventory to assess an individual’s state of wellness (WAI, 2018). Whilst Dunn revived wellness, Travis materialized and popularized the concept.

The 1970s also saw the rise of wellness in higher education when the University of Wisconsin Stevens Point (UWSP) modified some of Travis’ materials to become the first institution in higher education to implement contemporary wellness initiatives. It was considered revolutionary to offer lifestyle assessments and peer-led group interpretation sessions for all incoming students. The institution prided itself on having a culture of wellness and provided a comprehensive program that addressed
wellness holistically (Opatz, 1986). The UWSP program was the catalyst for the wellness movement in higher education that continued to gain popularity in institutions of higher education throughout the decade and soon spread outside of academia into general population culture (Miller, 2005). The emphasis of wellness on campuses never completely faded but fell out of the foreground as national educational priorities transformed as the 20th century approached.

Dr. Bill Hettler worked at UWSP and is known for the changes he made in health promotion, prevention, and public health at the university level and within their curricula (Stará & Charvát, 2015). One of his major accomplishments was the development of TestWell (formerly known as Lifestyle Assessment Questionnaire), which was modeled after Travis’ wellness inventory and used to assess wellness in higher education for years (Miller, 2005). In 1977, Hettler co-founded the National Wellness Institute (NWI), a non-profit organization that hosted and continues to host national wellness conferences (Stará & Charvát, 2015; NWI, n.d.). Hettler’s theory includes six interdependent dimensions of wellness (i.e., emotional, occupational, spiritual, physical, intellectual, and social) that yield a sense of wellness when they are harmoniously fulfilled (NWI, n.d.). The NWI (n.d.) believes wellness approaches are multi-dimensional and should help people achieve their full potential, acknowledge the whole person, and affirm people’s strengths.

The last leading figure in the wellness movement was Dr. Don Ardell, who is known for his communication skills in books, newsletters, and presentations (Miller, 2005). His theory suggests wellness should not include spirituality, but instead highlight the self-responsibility present in mental and physical wellness (Miller,
Ardell promoted wellness as a process that utilized one’s mind, body, and emotions to manipulate energy so they may engage with their environment and society (Wickramarathne et al., 2020). Ardell’s first wellness model suggested people aim to balance five wellness dimensions: self-responsibility, physical fitness, stress management, environmental sensitivity, and nutritional awareness (Wickramarathne et al., 2020). Later, he revised his model by combining previous dimensions into three prominent domains that people should prioritize; they were the meaning and purpose, physical, and mental domains (Wickramarathne et al., 2020). Despite their differences, all four authorities; Halbert Dunn, John Travis, Bill Hettler, and Don Ardell contributed to the contemporary construct of wellness not so far removed from the practice of Ayurvedic and Traditional Chinese Medicine. The theoretical threads of wellness that were knit through time produced an abstract construct that’s interpretations exist within the mind of the individual. This portion of the literature review summarized the evolution of wellness over the last five millennia.

**Contemporary Construct**

Contemporary scholars, identified as those exploring the content area within the last forty years, note that wellness is a complex, subjective construct that is interdisciplinary and lacks an agreed upon definition (Cooke et al., 2016; Roscoe, 2009; Travia et al., 2019). In this section, wellness is deconstructed and then synthesized to provide a more in depth understanding of the process. Wellness, as defined by Wellness Associates Inc. (2018), created by Dr. John Travis, goes beyond the WHO’s definition of health by comprehensively including the process of integrating daily habits that demonstrate one’s awareness, education, and dedication to
growth. Jonas (2005) succinctly differentiates between health and wellness by declaring health is a state of being, while wellness is a process of being. Jensen and Allen (1994, as cited in Roscoe, 2009, p. 217) addressed the need for illness and disease when defining wellness and posited both are needed to define the other; without one, neither would exist.

Current researchers investigating wellness go beyond the physical dimension. Roscoe (2009) states Egbert’s 1980 definition of wellness includes an amalgamation of personality, reality, and life purpose. Creative actions that allow one to cope, hope, and develop relationships contribute to an individual’s wellness (Egbert, 1980, as cited in Roscoe, 2009). Similarly, Witmer and Sweeny (1992, as cited in Miller & Foster, 2010) “define wellness in terms of life tasks that include self-regulation, work, friendship, spirituality, and love” (p. 8). In a parallel, but more detailed manner, Myers and colleagues (2000) explain wellness as a lifestyle aimed at living a more rewarding social life within nature. The optimal integrated state of mind, body, and spirit are a subjective construct centered around one’s self-directed spirituality (Myers et al., 2000). The model that coincides with their definition includes five life tasks: spirituality, self-regulation, work, friendship, and love (Myers et al., 2000). Renger and their team of researchers (2000) describe wellness as balance between emotional, spiritual, physical, social, intellectual, and environmental dimensions. Progress towards equilibrium is gained by striving for more knowledge and being mindful of one’s attitudes, perceptions, behaviors and skills in each of the dimensions and cumulatively (Reneger et al., 2000).
Wellness is not a definitive state. Jonas (2005) suggests if one chooses to focus on the process, wellness can be viewed as a lifelong experience. Jonas (2005) explains wellness as:

A way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social; a way of life designed to enable each of us to achieve, in each of the dimensions, our maximum potential that is realistically and rationally feasible for us at any given time in our lives. (p. 2)

This definition addresses the unique situations people encounter, acknowledging wellness, though self-directed, is often experienced in contextual situations, relative to their environment and state of being.

Similar to Jonas, the NWI (n.d.) acknowledges wellness as an active process of becoming aware of and making choices toward a more successful existence.

Expansions on the construct stem from Dunn’s original concepts of wellness (Miller, 2005), such as, wellness is dynamic and evolves over time (Stará & Charvát, 2015; Travia et al., 2019), has no end state (Miller, 2005; Roscoe, 2009), and emphasizes lifestyle choices and everyday practices (Strohecker, 2015; Swarbrick, 1997, 2006).

The WAI (2018) reinforces the notion that since wellness is for everyone, it can be considered both a right and privilege of all beings. Wellness is not reserved for those in power, those who are financially successful, or disease-free. Instead, wellness is a living process that people can choose to experience regardless of their current health status. Letting go of the interpretation that wellness is unattainable or has an end goal
allows people to accept themselves for who they are and where they are within their wellness journey. People are encouraged to take an active role in the self-directed process since it is an individualized preventative journey towards their definition of a more successful existence (NWI, n.d.; Strohecker, 2015). Nonetheless, it is important to recognize people cannot control everything. Health disparities (e.g., race or ethnicity, class, geographical location, gender) impact individuals’ abilities to focus on wellness (Travia et al., 2019), along with a myriad of other determinants.

Determinants of health and wellness (e.g., living and working conditions, healthcare, individual lifestyle choices, education) rely on and impact one another (McLeroy et al., 1988; Miller, 2005; Swarbrick, 1997, 2006). They can occur within nested levels, ranging from intrapersonal factors up through public policy, similar to Bronfenbrenner’s ecological systems theory (McLeroy et al., 1988; Mortimer & Shanahan, 2007). Interdependence among factors contribute to the complexity of wellness as a construct. In addition, wellness is holistic and multidimensional (Adams et al., 1997; Dunn, 1961; Kirkland, 2015; Roscoe, 2009; Travia et al., 2019). The wellness initiative modeled after Swarbrick’s wellness approach to behavioral health (Swarbrick, 1997, 2006) and promoted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA, 2016) includes eight interdependent dimensions: emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social. The National Wellness Institute (n.d.), co-founded by Hettler suggests social, emotional, physical, intellectual, spiritual, and occupational dimensions of wellness. Adams and their team (1997) also define wellness in terms of six domains; five of which overlap the
dimensions in Hettler’s model. Instead of occupational wellness, Adams and colleagues (1997) offer psychological wellness as a primary dimension. Roscoe (2009) presented a comparison of wellness models and expanded on the similarities and differences defined within each of the domains. The model proposed by Roscoe (2009) includes seven dimensions: social, emotional, physical, intellectual, spiritual, occupational, and environmental. Kiefer (2008) suggests each dimension of wellness can have a varying level of importance based on an individual’s values, situation, and needs. In sum, lifestyle choices, lived experiences, and uncontrollable events can impact singular dimensions of wellness and overall wellness.

Even with the evolution of the term wellness, several foundational tenets originating from ancient practices and theories offered by Albert Dunn have withstood time. In this section, the definition of wellness was explored in detail. Succinctly stated, wellness as described in the literature was defined as a subjective, multidimensional process that fluctuates based on interdependent factors that occur on varying levels of influence. It was explained as an ongoing and self-directed process that requires active attention, motivation, and a supportive environment (Dunn, 1961). For this study, wellness was defined as an individualized process of becoming aware of and making choices towards a more successful existence as determined by oneself (Dunn, 1961; Jonas, 2005; NWI, n.d.). The comprehension of the construct was critical to further investigate how participants made meaning of wellness and their wellness experiences during the COVID-19 pandemic.
Generations

A generation, as described by the dominant figure in generational research, is a cohort of people born within a few years of each other who experience socio-historical events at similarly developmental life stages (Mannheim, 1952). Membership in Generation Z was used as an inclusionary criterion for participation within this study. I used the sampling strategy intentionally to increase the likelihood of homogeneous wellness experiences during the pandemic. Although experiences based on generational membership was not a central focus of this research, an exploration of extant literature on generations occurred. This section offers a review of generational research and emerging literature describing college-aged members of Generation Z.

Generational Research

The concept of generations has been around for centuries (Jauregui et al., 2019; McGaha, 2018; National Academies of Sciences, Engineering, and Medicine (NASEM), 2020), especially considering one of the earliest and most simplistic interpretations of the notion can be reduced to the biological production of offspring (McGaha, 2018). While there is truth to that statement, generations are more often considered a cultural construct, not a biological event (Jauregui et al., 2019; McGaha, 2018; Sessa et al., 2007). Literature suggests members in a generation are born within a certain span of years and experience like socio-historical influences (Costanza et al., 2012; Mannheim, 1952; McGaha, 2018), which yield similar values that form based on the belief system learned from their elders and the principles that emerged through their shared experiences (Jauregui et al., 2019; NASEM, 2020; Trevino, 2018). Suggesting characteristics of a cohort are similar based on their temporal and physical
location contributes to the set of theories used to explain differences between
generations (Jauregui et al., 2019). Implications from generational research are often
used to guide older generations in ways to understand their differences.

In Karl Mannheim’s book, *The Problem of Generations* (1952), he described a
reciprocal relationship between individuals and society where individuals contribute to
the cultural changes that occur within the larger society, while the changes happening
within society simultaneously make impressions on individuals. Ryder (1985)
supported Mannheim’s theory by describing the reciprocity as a “demographic
metabolism” where newer generations use their differences from previous generations
to transform society. Mannheim acknowledged variables that contribute to an
individual’s membership within a generation, such as the cyclical nature of society and
an individual’s lifespan, birth year and location within a designated period, and an
awareness of that position from a larger perspective (Mannheim, 1952). To be a
member within a generation, an individual must experience and participate in the
events that mark a generation (Mannheim, 1952; NASEM, 2020). There are several
factors that contribute to the way an individual experiences and interprets an event
(e.g., geographic location, race, socioeconomic status (SES), life stage). Generational
theories of the late 20th century noted the significance of historical events, like the
COVID-19 pandemic, on a generation member’s values and perspectives when they
happen during traditional life stages that are characterized by growth and development
and during time periods that are culturally significant, such as attending college
(NASEM, 2020; Riley, 1973). Furthermore, the pandemic and similar significant
historical events are believed to influence an individual’s behavior and path to adulthood (Elder et al., 2003; Kowske et al., 2010; NASEM, 2020).

**Generation Labels**

The Strauss and Howe Generational Theory framework posits generations turnover naturally, approximately every 15-20 years, except for instances where there is an influence of major events (NASEM, 2020; Trevino, 2018). This duration allows enough time for the individuals within the cohort to progress to their next major life stage (Trevino, 2018). Attending college is considered a transitional time in life that traditionally occurs 18-20 years after birth (Arnett, 2000; Bruffaerts et al., 2018; Ge et al., 2019). Generational researchers assert four cyclical generational personalities that repeat every 80-90 years derived from patterns observed throughout history (McGaha, 2018; NASEM, 2020; Trevino, 2018). In their book, *Generations: The History of America’s Future: 1584-2069*, Strauss and Howe (1991) outlined generational cohorts, identified each cohort by a list of labels based on socio-cultural historic events, and characterized each generational group.

In academia and popular culture, generations are often identified by a label and range of birth years; currently, there is no consensus on generational terms, categories, or birth years (Bencsik et al., 2016; Campbell et al., 2015). The dissensus among researchers, marketers, and the general population are presumably attributed to the lack of an official process used to determine generational identifiers. Instead, labels are proposed in media, academia, or as a result of a historical event. Eventually, a label earns its status as the most dominant, socially accepted label, while the others are not eliminated, but often used less frequently (NASEM, 2020). Commonly accepted
labels and descriptions of generations broadly organized by period can be found in Table 2. Researchers that study generations offer recommendations for practitioners based on the common cohort descriptions that emerge from their findings, such as generation specific instructional approaches (Jauregui et al., 2019; Twenge, 2009), feedback schedules (Jauregui et al., 2019), and university recruitment strategies (Eckleberry-Hunt & Tucciarone, 2011; Jauregui et al., 2019).

Table 2

<table>
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<tr>
<th>Period</th>
<th>Accepted Generational Labels</th>
<th>Common Descriptions</th>
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<tbody>
<tr>
<td>1920s-1940s</td>
<td>Veterans, Silent Generation, Lost Generation</td>
<td>Traditionalists, influenced by the Great Depression, both World Wars, and the Korean War. Core values were dedication, sacrifice, conformity, respect for authority, and honor.</td>
</tr>
<tr>
<td>1940s-1960s</td>
<td>Baby Boomers, Woodstock Generation, War Babies</td>
<td>Influenced by Civil Rights movements, the Vietnam War, and JFK’s presidency. Value optimism, teamwork, health, and community involvement.</td>
</tr>
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Note: The labels and descriptions of generations from the 1900s are from McGaha (2018). The labels and descriptions of the generation from the early 2000s are from McGaha (2018) and Twenge (2017).

Although recommendations are offered based on the data collected, researchers anticipate some individuals in the generational cohort to have different interpretations, experiences, and values. In fact, it is expected to see variance amongst a generation,
especially when comparing the eldest members to the youngest members of the
generation. Individuals born close to the bookend years of a generation’s birth years
can be labeled cuspers (Seemiller & Grace, 2019). Cuspers may exhibit characteristics
of their own and the adjacent generation, as such, cross-generational influences may
impact cuspers worldviews and the ways they interpret their experiences (Seemiller &
Grace, 2019).

Critiques of Generational Research

Critics of generational research argue conclusions drawn from generational
studies are invalid, therefore, implications and recommendations may be
inappropriately generalized for the population (Jauregui et al., 2019; Kowske et al.,
2010; Rudolph et al., 2018). A long-standing complication when conducting
generational research is the linear relationship between age, period, and generation
(Kowske et al., 2010; Rudolph et al., 2018). Variations in groups based on
physiological maturation and naturally developmental stages are known as age effects,
while period effects are discrepancies amongst a cohort dependent on one’s
experiences due to a historical event within a given timeframe (Kowske et al., 2010;
Rudolph et al., 2018). Generational effects combine the two, demonstrating a variance
from the collective experiences of a phenomenon (historical event at a given time)
(Kowske et al., 2010; Rudolph et al., 2018). Considering the linear relationship
between the three effects, researchers struggle to isolate or control one variable; it is
not impossible but does require specific quantitative research designs (Kowske et al.,
2010; Rudolph et al., 2018). Critics of generational research advise investigators to be
wary of generational implications produced from studies that do not control for age
and period variables (Kowske et al., 2010; Rudolph et al., 2018). Mannheim (1952) acknowledged that generalizing in generational research is not faultless since cohorts could include distinct units within the generation and participants in the study may only represent a grouping within the larger society. Jauregui and colleagues (2019) note differences within generational cohorts, such as gender, race, and socio-economic status are larger than between group differences. Consequently, generational research combined with popular culture conceptions of generations inflate generation cohort characteristics, which may originate from methodologically invalid research (Jauregui et al., 2019; Purhonen, 2016). In summary, critics of generational research accuse generational theorists of ignoring the individuals within large groups and potentially falsely stereotyping generation members (Jauregui et al., 2019; Purhonen, 2016). I considered these claims, acknowledge the lack of quantitative analysis, and disclose my dissertation research consisted of a small sample size that may or may not be generalizable to other populations.

**Generation Z**

The operational conception of Generation Z in this study encompassed individuals born in the United States between 1995 and 2010 who experienced major socio-historical events (e.g., the inception of the internet, the terrorist attacks on September 11th, the creation of Homeland Security, and currently, the COVID-19 pandemic) during developmental life stages (e.g., before entering school, during adolescents, while in college) (Seemiller & Grace, 2019; Twenge, 2017). Although there is minimal research on Generation Z in fields that focus on wellness, there is no shortage of research including Generation Z in other fields (Attardi et al., 2021;
Eckleberry-Hunt et al., 2018; Seemiller & Grace, 2019; Twenge, 2017). Conclusions from the research suggest members of Generation Z are unique and unlike any generation preceding them (Attardi et al., 2021; Eckleberry-Hunt et al., 2018; Seemiller & Grace, 2019; Twenge, 2017). In the extant literature, the traits and characteristics of this population are often self-reported descriptions, perceptions of peers, or the researcher’s interpretation of the group (Seemiller & Grace, 2019; Twenge, 2017). Common themes that appeared in the literature were reports on Generation Z’s values, motivations, behaviors, and current trends (Seemiller & Grace, 2019; Twenge, 2017). Researching Generation Z (Gen Z) allows scholars to excavate the wellness experiences of those that have different worldviews while making space for conversation and deepening apperception across generations. By recognizing the socio-historical contexts that help shape Gen Z, scholars can gain an appreciation for individual values within the group.

Generational cohort cutoff years are arbitrary yet provide useful labels when talking about a specific population. Research on Generation Z suggested the opening birth year for this cohort to start somewhere between 1995-1997, with outliers suggesting the year 2000 (Seemiller & Grace, 2019; Twenge, 2017). In a similar dissensus, the ending birth year for the cohort is between 2010-2012 (Seemiller & Grace, 2019; Twenge, 2017). For this research, individuals born in the United States between 1995 and 2010 are considered Generation Z. The socio-historical events that occurred during these bookend years and everything in between happened during culturally identifiable life stages of the member generation. The earliest birth year for Generation Z coincides with the genesis of the Internet, making the eldest Gen Z’ers
middle school aged when smartphones were unveiled, and social networking sites allowed adolescents to create virtual social identities (Twenge, 2017). Another historical event that had a cultural ripple effect was the terrorist attacks of September 11th. The oldest members of Gen Z were only six years old in 2001, when September 11th occurred, meaning most of the cohort will have little to no memories of a world pre-September 11, 2001. Homeland Security and the war on terror predate most of the group as well. The day-to-day experiences of Generation Z are considerably different than those of previous generations as a result of technological advancements and historical events, like these.

The label Generation Z was decidedly chosen in this research to showcase the participants were the birth cohort following Generation Y, also known as Millennials. In addition, the name was one of the more recognized names used in literature and academia (McGaha, 2018; Seemiller & Grace, 2019; Trevino, 2018). Alternative names for this cohort could be Digital Natives, Post-Millenials, Plurals, and Founders (McGaha, 2018; Seemiller & Grace, 2019; Twenge, 2017). In the book iGen: Why Today’s Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy- and Completely Unprepared for Adulthood, Jean Twenge (2017) made the case Generation Z should be labeled iGen by stating generational titles should illustrate the cohort’s experiences and uniqueness. Twenge (2017) labeled the group iGen as an indication of the magnificent impact the Internet and smartphones made on this generation. Authors interested in generational research, like Neil Howe and William Strauss, used the creation of Homeland Security as an inspiration for their cohort label, the Homelanders (McGaha, 2018; NASEM, 2020; Twenge, 2017). Both
the increased presence of the internet and the development of one unifying department for national security were key happenings during this cohort’s lifetime. Singling them out by labeling the generation after one of them could be interpreted as minimizing the impact of the unnamed event. In recognizing this, Jean Twenge (2017) identified ten iTrends that shape the generation and support the iGen label. Based on her research, Twenge (2017) posited the “I” in iGen could represent (a) In No Hurry; (b) Internet; (c) In person no more; (d) Insecure; (e) Irreligious; (f) Insulated but not intrinsic; (g) Income insecurity; (h) Indefinite; (i) Inclusive; (j) Independent. Despite the descriptive list, Generation Z provides a neutral label recognizing the breadth of socio-historical events that occurred during Generation Z’s childhood and young adult lives.

Students born during the earlier years of the Generation Z birth cohort began entering college around 2013; by 2017 many of the undergraduate students in higher education were members of Gen Z. Having a birthdate during the birth cohort years of Generation Z was used as a participant qualifier for this research because these students may experience the pandemic and transition to emergency remote learning differently than undergraduate students born before 1995. The socio-historical experiences of Generation Z, especially those of the COVID-19 pandemic, continually influence their individual and cohort worldviews and values, daily living experiences, and their overall wellbeing.

Worldviews and Values

From the mid-1990s to the early-2010s there were several key socio-historical experiences and observable trends that may have impacted the worldviews and values of members within Generation Z. Changes in the racial profile in the United States, the
surge in conversations around gender and sexual orientation, the rise in technology and access to the internet, and the inconsistencies in the country’s economy may have contributed to this generation’s desire to recognize people as individuals, prioritize acceptance and inclusion, and maintain a sense of security (Seemiller & Grace, 2019; Twenge, 2017). This section explores how race, gender identity and sexual orientation, the internet, and the Great Recession potentially influenced the worldviews and values of members of Generation Z. It is important to note that worldviews and values expressed here are not generalizable for the entire generation and despite the advancements made toward equality, disparities prevail.

Generation Z is the most racially diverse cohort in generational history in the United States; in fact, the youngest Gen Z’ers are the first grouping to have a non-White majority (Parker & Igielnik, 2019; Selingo, 2018; Twenge, 2017). When comparing members of Generation Z to similarly aged members of other generations, they are more racially progressive in their philosophies, as demonstrated in the rise in general acceptance of interracial marriages compared to those in earlier generations (Selingo, 2018; Twenge, 2017). Members of Generation Z voiced their opinion on love regardless of race when interviewed by Jean Twenge during her research (Twenge, 2017). While many Gen Z’ers feel having interracial experiences are acceptable, studies show the cohort does not identify interracial situations as desirable (Twenge, 2017). In addition, members of this cohort are less receptive to freedom of speech especially when the conversation goes against their values (Selingo, 2018). Advocates for racial equality and inclusion hope to promote a celebration for racial diversity, not simply an acceptance of different races.
The hope for diversity and inclusion do not end there though, since many members of Generation Z embrace gender fluidity and refuse to accept traditional gender binaries as norms (Parker & Igielnik, 2019; Seemiller & Grace, 2019; Selingo, 2018). This generational cohort has the largest representation of non-heterosexual interest (Jones, 2021; Seemiller & Grace, 2019; Selingo, 2018), in fact 15.9% of Generation Z adults that participated in a 2020 Gallup survey self-identified as Lesbian, Gay, Bisexual, or Transgender (LBGT). Although the number of adults supporting same-sex marriage rose tremendously over the last 45 years, when generations are included in the analysis, a generational gap is evident (McCarthy, 2019; Twenge, 2017). Approximately twice as many Gen Z’ers and younger Millennials support same-sex marriage, when compared to the Silent generation born in the early 20th century (Twenge, 2017). The openness towards the LGBT community may stem from an increased acceptance of LGBT preferences, a willingness of members of Generation Z to identify as LGBT, or a true shift in sexual orientation within the younger generations in the United States (Jones, 2021). In demonstration of this generation’s appreciation of individualism, literature suggests some Generation Z members believe society should drop labels around sexual orientation altogether (Twenge, 2017). Individualistic philosophies of Generation Z promote people be who they are and love who they want to love. Not having a singular racial group (i.e., non-Hispanic White) in the majority, blurring gender labels, and supporting love between humans regardless of demographic identities could have significant effects on this generation’s worldview that include individualism, nonconformity, inclusion, and open-mindedness.
Another major influence on Gen Z worldviews and values explored in this review of literature is the internet. Members of this generation use smartphones and other devices to access the internet at virtually any point in time, which can influence their interpersonal relationships and the ways they communicate, navigate social scenes, and learn (Selingo, 2018). Despite the use of technology, members of Generation Z identified they greatly valued family time and personal relationships (Seemiller & Grace, 2019). In fact, anytime access to friends, family, and information reinforce an immediate gratification that influence this cohorts’ expectations and learning styles (Selingo, 2018). Furthermore, internet connection helps introduce members of Generation Z to the diversities and disparities present beyond their immediate environment on a macro-level that they may not have had access to without the internet. The exposure to social injustice encourages members of Generation Z to find or create jobs that allow them to capitalize on diversity to minimize disparities (Seemiller & Grace, 2019). In their research, Seemiller and Grace (2019) found that approximately one-quarter of Generation Z college students want to make a difference in their future careers and approximately four out of five students want to help those in need. Members of Generation Z that are soon to enter the workforce may not want their careers to overrun their lives, but they do want their work to be meaningful.

Members of this cohort are financially conscious, and Seemiller and Grace (2019) posit that college-aged students of Generation Z highly value financial stability. The Great Recession that started in 2008 played an influential role in the way members of Generation Z perceive income, decide their career path, and strive for work-life balance. The oldest Generation Z members in Seemiller and Grace’s study
were at the critical age of 13 years when the recession hit hard, indicating they watched family members lose jobs regardless of college degrees (2019). The financial vulnerability greatly impacted their views on money and work, to such an extent, some undergraduate students indicated their career goals were to find jobs that were not awful, offered a consistent paycheck that supported their needs, and allowed time for leisure activities (Seemiller & Grace, 2019; Twenge, 2017). In addition, this generational cohort shared they were looking for a job that allowed minimal face-to-face contact, was not overly challenging, and would not require an expensive college degree (Twenge, 2017). The Chronicle of Higher Education’s executive summary on Generation Z students contrasted those proposed career goals by indicating the Great Recession encouraged Gen Z’ers to pursue careers that require college degrees.

Whether the recession inspired college attendance or not, the financial insecurities of the time impacted the extent to which Generation Z members valued financial security. With all that said, it is important to note literature on Generation Z is still emerging and may continue to evolve, especially in the aftermath of the COVID-19 pandemic.

**Daily Living**

The daily activities of people regardless of generation have changed tremendously over the last two decades. The day-to-day experiences and interpretations of those experiences vary based on the generation’s unique worldview and characteristics. Some of the traits and characteristics of the Gen Z cohort that impact their daily choices, behaviors, and activities include the ubiquitous use of
technology and social media, the minimization of face-to-face interactions, the delayed onset of adulthood, and the evolution of learning.

The popularity of smartphones greatly impacted the way people spend their time and experience life. Daily activities, such as shopping, finding recipes, learning, and communicating with friends can all be done on a singular device, without leaving home. In just a few short years, cellular phones went from a luxurious accessory to a virtual necessity. Technological advancements, free global marketing through the internet and social media, and the threat of nationwide unemployment encourage members of Generation Z to pursue careers that fit their individual needs and desires while helping others. The copious amounts of change happening at a rapid pace can make it difficult for individuals to sustain wellness. At times, members of this cohort struggle to balance their virtual and physical lives; consequently, the distress is a leading factor in the rising physical inactivity levels and the mental health crises that characterize this group (Seemiller & Grace, 2019). It is important to note, that while these phenomena are not exclusively impacting Generation Z, the way this cohort is experiencing and interpreting their experiences is different than other generations.

As digital-natives, Generation Z will never remember a time without an accessible screen (i.e., smartphone, computer, tablet, or television). They are growing up in a world where any bit of information can be accessible at any time of day. In a 2018 study, the Pew Research Center found “95% of teens have access to a smartphone” and smartphone ownership is ubiquitous; there is no variance between gender, race, or socioeconomic background (Pew Research Center, 2018, para.2). The same study stated 45% of teens self-reported they are online almost constantly (Pew
The accessibility to smartphones and the internet greatly alters daily activities and lifestyle choices for anyone that owns one.

Prior to the COVID-19 outbreak, members of Generation Z spent nearly six hours of their leisure time on their phones (Twenge, 2017). Time that was formerly spent playing sports, reading, or with friends was replaced with texting, electronic gaming, surfing the internet, and video chatting (Twenge, 2017). Social media is so embedded in Generation Z culture it is truly impacting how people experience their worlds and develop a sense of identity. The rise in social media use is evident when looking at the data. In 2008, 86% of high school seniors used social media sites at least sometimes and race and class influenced a student’s participation in the virtual social scene (Twenge, 2017). By 2015, those differences waned as 97% of high school seniors reported using social media at least sometimes (Twenge, 2017). On occasion, members of Generation Z that use social media refer to their usage as addictive. They constantly seek approval or affirmation, have a fear of missing out, and often lose track of time spent online (Twenge, 2017). The fear of missing out or one’s dependence on technology to remain constantly connected to others via the internet for fear of going offline would result in missing something important is known as FOMO (Twenge, 2017). Furthermore, they admit that they would like to spend less time on social media, but feel they cannot stop (Twenge, 2017). A similar online addiction is video gaming; whether it is a game for one or a multiplayer game, video games are accessible and appealing to people of all ages. Generation Z has access to video games on consoles, computers, smartphones, and tablets. People use video games as a way to escape reality, interact with peers, and a source of entertainment; some even use it to
exercise. Only 10% of Generation Z teens admit to not playing video games in 2018 (Pew Research Center, 2018). Family time around the Monopoly or Scrabble gameboards has transitioned into virtual games like Words with Friends and Fortnite.

Social media and online gaming are appealing for many reasons, one of which is having the ability to create a virtual identity that may or may not reflect who the person is in reality. Generation Z is the first birth cohort to grow up in two places simultaneously (Seemiller & Grace, 2019; Twenge, 2017). They have their physical space with a real identity and their virtual space with numerous identities in the form of avatars, Bitmojis, game players, profile pictures, and more (Seemiller & Grace, 2019). Virtual spaces offer perceptual manipulation, in the sense that people can control their privacy settings, which allows them to determine who can see specific parts of their profile. While this can be viewed as a safety measure and privacy right, members of Generation Z are growing up with the ability to meticulously curate their identities by only sharing what they want to share. The power to mold their virtual identity influences how they perceive themselves in their physical reality (Seemiller & Grace, 2019) and in comparison, to virtual identities. Managing multiple identities can be both exhilarating and exhausting. Members of Generation Z admit to manipulating their virtual identities to make their lives seem happier and more successful (Seemiller & Grace, 2019). They also admit the process is stressful especially because they perceive their virtual reality as being filled with judgement all day every day (Seemiller & Grace, 2019). The people in this cohort spend hours of their week worrying. They worry about how others will perceive them and have a FOMO (Seemiller & Grace, 2019; Twenge, 2017). If they are not online, they feel they will
not know what others are saying about them, what is happening in their social group, or in society in general.

For some, their fears are a reality because technology allows almost any experience to be captured on video or documented in some way. With the press of a button, a private moment can go viral, which occurs when a video becomes popular through internet sharing on websites like YouTube or social media. The videos can be spread to millions of people within a short period of time. Once it gains in popularity, the viral video is often discussed on television shows, radio, and amongst friends. Going viral is a dream for those wishing for stardom, but a nightmare for those that are more private or at the center of ridicule. The threat that anything you do can be shared to millions of people can impact how people behave. Cyberbullying is a term used to describe bullying or harassment with the use of electronics or technology. People born of the non-digital eras had a greater chance of leaving their embarrassing moments behind. Today, bullies can harass victims without leaving the comfort of their homes, at all hours of the day, and on a much larger scale. Bullying is no longer limited to the dorms on campus, instead, there is potential for the ridiculed victim to be exposed and exploited to people outside of the institution. Cyberbullying is worrisome, has the potential to cause emotional harm, and the threat of it impacts how people act, dress, and speak around their peers. Research shows more than half of Generation Z members are concerned or very concerned about bullying (Seemiller & Grace, 2019) and approximately one third of Generation Z members are affected by cyberbullying (Twenge, 2017). To accentuate the concern, two-in-three Gen Z’ers being cyberbullied demonstrated at least one suicidal risk factor (Twenge, 2017). Suicide is an extreme
and real consequence of cyberbullying, but it is not the only outcome (Twenge, 2017). Short and long-term emotional health is at risk when members of Generation Z indicate cyberbullying can lead to unhappiness, depression, negative self-image, self-injury, and feelings of loneliness (Twenge, 2017). Cyberbullying is a form of social rejection and being socially rejected can influence peoples’ actions, like being more aggressive or making unhealthy food choices (Twenge, 2017) which contribute to a person’s overall wellness.

There are other ways technology influences daily living and wellness too. The increase in screen time decreases the amount of time Gen Z’ers spend with each other in person. When comparing college students that are members of Generation X to Generation Z, the younger of the two spend seven hours less per week on in-person social interaction (Twenge, 2017). It is only assumed that number is even greater as a result of the social restrictions in place to mitigate the spread of COVID-19. Less social interaction could lead to less time developing social skills and building relationships (Twenge, 2017). Navigating relationships online is different than navigating relationships in person. Members of Generation Z are less likely to go to malls, the movies, on dates, or to bars and clubs; instead, they use chatrooms, texting, and dating applications to interact (Twenge, 2017). Since there are less in-person parties and dates as teenagers, members of Generation Z report having sex and drinking later in life than previous generations (Twenge, 2017). Members of this generation are more open to non-heterogenous sexual relations but are choosing less sexual activities with fewer partners (Seemiller and Grace, 2019). The ACHA annually surveys college students through the National College Health Assessment.
(ACHA-NCHA) on their perceptions of their own health behaviors, academic performance, and more. In terms of alcohol consumption, the ACHA-NCHA from 2016-2019 indicate the number of undergraduate students that reported not drinking alcohol in the 30 days prior to them taking the survey rose annually within that three-year span (ACHA, 2016-2019b). This large-scale study also found fewer undergraduate students reported alcohol consumption negatively impacting their academic performance within the last 12 months of the survey in 2019 compared to 2017 and 2016 (ACHA, 2016-2019b). Combined, the statistics pertaining to alcohol consumption collected by the ACHA-NCHA imply Generation Z undergraduate students are drinking less alcohol than previous cohorts and when they do consume alcohol it is less disruptive to their academic performance compared to previous cohorts (ACHA, 2016-2019b). In addition to changes in social interactions, this birth cohort got their drivers licenses and first jobs later in life (Twenge, 2017). They spend less time on work, homework, reading, community service, and in-person activities, which leaves more time for them to spend online (Twenge, 2017). The internet is not solely used for social interactions and networking though.

Improvements in technology changed the way members of Generation Z learn. Accessibility to information is no longer a concern. Instead, students of all levels are tasked with sifting through information overload and misinformation (Seemiller & Grace, 2019). Members of Generation Z struggle with finding legitimate resources and deciphering opinion from fact (Seemiller & Grace, 2017). Research shows members of Generation Z in college prefer hands-on and experiential learning, independent learning opportunities that allow for progression at their own pace, and activities that
allow them to work near peers but don’t require them to work with peers (Seemiller & Grace, 2019). Generation Z perceives classroom interactions differently than previous generations. Since their virtual identities can be crafted to their liking, the unpredictability of classroom environments can cause social anxieties. Generation Z students fear the judgements of their peers so are not likely to risk raising their hand and voicing an incorrect answer (Seemiller & Grace, 2019). For this reason, members of this cohort prefer flipped classrooms and small group settings (Seemiller & Grace, 2019). With reading time on the decline and online streaming more common, members of Generation Z like watching others perform a skill before attempting it themselves (Seemiller & Grace, 2019). Video-based learning platforms like YouTube capture the attention of students and assist in learning in and out of school (Seemiller & Grace, 2019).

Other variables that impact Generation Z’s educational experiences include the value the country places on standardized curriculums and test results in public schools, the options for K-12 schools and the COVID-19 outbreak. Standardized testing and school accountability are not new concepts, however, a restructuring in the curriculum models of public schools did take place shortly after the No Child Left Behind Act (NCLB) in 2001. The inflated importance placed on test results based on NCLB intensified pressure on school districts, teachers, and students, therefore curriculums focused less on subjects that promoted holistic wellness (e.g., health, physical education, home economics, arts, and music) and more on classes the government deemed necessary (e.g., math, science, writing, and reading). Changes in the public education system were contributing factors in the rise of alternative school systems.
As a result, members of Generation Z enter college with a vast array of K-12 school experience. Their preparation for higher education could be rooted in public schools, magnet, charter, and college preparatory schools, online systems, and homeschooling (Seemiller & Grace, 2017). Added to the mix are remote and hybrid learning platforms forced upon schools in response to the COVID-19 outbreak. The customization of education is suitable for a generation that thrives on individualism and offers diverse experiences when available.

**Wellness for Generation Z Students**

As described earlier in this chapter, wellness is a process that encompasses education, decision making, and actions (Dunn, 1961; Jonas, 2005; NWI, n.d.). Exposing Gen Z’ers to wellness as a holistic construct could help them become more aware of their choices, actions, and personal wellness journeys (Jonas, 2005; Prochaska & DiClemente, 1983; Quartiroli & Maeda, 2016). The transtheoretical model of health behavior is just one behavior change theory that acknowledges a step in the process of changing one’s lifestyle is gaining awareness of their behaviors and alternative actions (Prochaska & DiClemente, 1983). Members of Generation Z could learn about wellness and healthy behaviors in their K-12 education experiences. On average, children and youth in the United States spend more than 13,000 hours of their lives in school (Seemiller & Grace, 2019). Health education is encouraged or required in all states within the United States, while 46 states require health education for all grade levels (Child Trends, 2019). During the 2017-2018 academic year, the most prevalent health education topics were personal health, violence prevention, and nutrition (Child Trends, 2019), which reinforces the 2012 analysis of school health
policies and practice conducted by Kann and their colleagues (2012). Generation Z undergraduate students that attended public schools in the United States most likely took health education classes in their K-12 education experiences, but they were not taught about wellness as a holistic construct.

College settings provide opportunity for researchers to fragment wellness by investigating the impact individual dimensions of wellness have on academic performance. Data collected by the ACHA-NCHA in 2019 indicated undergraduate students stated they had difficulty eating properly, meeting the recommended levels of physical activity, and attaining the recommended hours of sleep (ACHA, 2020b).

Regarding nutrition, Seemiller and Grace (2019) reported members in Generation Z paid attention to the ingredients and calories they consumed and expressed a desire to eat healthy foods. Seemiller and Grace (2019) indicated Gen Z’ers were aware of their food choices, while the ACHA-NCHA reported students’ actions were not what they considered healthy. In 2016, Yahia and colleagues reported college students’ weight ranges, body fat percentages, and dietary habits were satisfactory, however students reported low levels of physical activity and nutritional knowledge. Hartmann and Prichard (2018) acknowledged the importance of health behaviors on undergraduate academic success, including diet and exercise, but focus primarily on the significance of sleep. Their research corroborates the findings from the ACHA-NCHA and indicates sleep disturbances were a significant predictor of academic problems (Hartmann & Prichard, 2018). Students’ lifestyle choices and health behaviors go beyond the physical dimension of wellness by impacting their intellectual (i.e.,
academic performance) and emotional (i.e., mental health and psychological
wellbeing) dimensions of wellness (Hartmann & Prichard, 2018; Twenge, 2017).

The mental health of undergraduate student members of Generation Z was in a
critical state before the COVID-19 pandemic (ACHA, 2019b; ACHA, 2020b; Healthy
Minds Network & ACHA, 2020b; Seemiller & Grace, 2019; Selingo, 2018; Twenge,
2017). In 2019, students reported that anxiety, depression, internet use/computer
games, relationship difficulties, sleep difficulties, and stress adversely affected their
academic performance (ACHA, 2020b). These reports are consistent with research
that found students who experience mental health (which includes emotional and
social wellness) problems during their transitional years of college demonstrate a drop
in academic performance (Bruffaerts et al., 2018; Kovich & Simpson, 2019). In 2019,
more undergraduate students reported they felt lonely, overwhelmed with
responsibilities, and so depressed they had more difficulty functioning than in
previous years (ACHA, 2016, 2017, 2019b). Although members of this cohort highly
value health and happiness (Cass et al., 2021; Seemiller & Grace, 2019), they struggle
in actualizing their values consistently, as demonstrated in low levels of physical and
emotional dimensions of wellness. Experiences unique to Generation Z’s lifeworld in
comparison to previous generations that may impact their emotional wellness include
FOMO, the never-ending cycle of news and global trauma, pressure to succeed, and
other technology-related issues (Seemiller & Grace, 2019). Overall, Generation Z
undergraduates are more sedentary, sleep deprived, and mentally and emotionally
troubled than previous generations. Interviewing Generation Z students may help
researchers gain a better understanding of this cohorts' lived experiences with wellness.

Although the Generation Z literature discussed in this review theorized cohort characteristics, all the theorists recommended further research was required to gain a better understanding of Generation Z experiences and perspective. None of these studies utilized IPA, nor did they explore the population’s experiences during a pandemic.

Health Crises

The coming paragraphs are included to provide context and reference essential to conducting a deeper exploration of how COVID-19 potentially reshaped student wellness. To start, a rudimentary epidemiological explanation of disease level labels is followed by a truncated timeline of past global and national outbreaks. Next, there is a section describing COVID-19 and a synthesis of literature reporting on student wellness during health crises prior to COVID-19.

According to the Centers for Disease Control and Prevention (CDC, 2012), there are three basic levels of disease. An endemic is the first level of a disease or infectious agent in a population within a geographic area, whereas the second level indicates a disease that went above the expected level of prevalence; also known as an epidemic (CDC, 2012). Epidemics can be the result of infectious (e.g., influenza) and non-infectious (e.g., heart disease) diseases, and sometimes occur within a limited geographic area (i.e., an outbreak) (CDC, 2012). Finally, a pandemic is the third level of disease; but before an epidemic reaches pandemic level, it progresses through phases (WHO, 2009). Phases one and two occur when viruses are circulating among
animals, while phase three is characterized by sporadic cases of the disease in people, with no person-to-person transmission (WHO, 2009). In phase four there are community-level outbreaks with verified person-to-person transmission; until it spreads into at least two countries and encompasses widespread human infection, when it is labeled a phase five pandemic (WHO, 2009). The final phase is phase six, the global pandemic, which occurs when there are community level outbreaks in at least two WHO regions and there is widespread human infection (WHO, 2009).

Pandemics are epidemics that span multiple countries and usually affect a large quantity of people (CDC, 2012). The epidemic or pandemic classification of disease primarily pertains to the degree to which the disease is spreading, it does not necessarily indicate the severity of the disease (Britannica, 2020a; Madhav et al., 2017). Spikes and drops in prevalence is dependent on the transmission from the infected to the uninfected or susceptible population (Britannica, 2020a). To the general population, the definitions provided may seem vague and the number of cases may fluctuate. Researchers unfamiliar with epidemiological terms sometimes blur the lines when investigating and reporting outbreaks; thus, some literature refers to outbreaks like the severe acute respiratory syndrome (SARS) as a pandemic, while others state epidemic (CDC, 2016; Madhav et al., 2017; Main et al., 2011). Regardless of label, both epidemics and pandemics create social disruption and economic loss worthy of investigation (CDC, 2012).

Three of the most devastating pandemics throughout history were the Black Death, the Spanish Flu, and most recently the novel coronavirus disease, also known as COVID-19. According to the CDC (2019c), pandemics of the 20th century included
the H2N2 virus from 1957 to 1958, the H3N2 virus in 1968, and the H1N1 pandemic in 2009. Viruses are named according to their genetic structure and often have a name that differs from the disease they cause (WHO, 2021a). Influenza A and B viruses are labeled with H’s and N’s for haemagglutinin and neuraminidase, respectively (McKimm-Breschkin, 2013). Haemagglutinin, a viral protein, and neuraminidase, a viral enzyme aid in the infection process by attaching the virus to healthy cells and releasing the newly infected cells to proliferate transmission (McKimm-Breschkin, 2013). The number following the H’s and N’s refers to the type of haemagglutinin and neuraminidase present in the virus (McKimm-Breschkin, 2013). There are 17 types of haemagglutinin and nine types of neuraminidase (McKimm-Breschkin, 2013).

COVID-19 does not have H’s and N’s because the coronavirus disease is caused by SARS coronavirus 2 (WHO, 2021a). As previously mentioned, not all health crises are pandemics; for instance, over the last 100 years, there were a number of outbreaks that did not reach pandemic level. The outbreaks were disastrous for those involved, but the infection did not become a global threat. Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and Cholera were severe outbreaks during the 20th century and remain a concern for some. Ebola, SARS, the novel influenza A (H1N1) virus, also known as Swine Flu, and the Middle East Respiratory Syndrome (MERS) were all outbreaks from within the last 20 years (WHO, 2015). Despite the exposure to numerous outbreaks and pandemics over the last several centuries people of the world were unprepared for the COVID-19 pandemic (WHO, 2021c).
Past Pandemics

History shows pandemics are not short-term events; they are typically long-lived health crises with lasting effects. One of the worst outbreaks in history occurred during the 14th century. The Black Death was named after the buboes or blackened swollen lymph nodes that appear on the person infected with the disease (Britannica, 2020b; Samal, 2014). The plague originated in China in the early 1300s and spread via trade routes before it made its way to Europe in the mid- to late-1300s (Britannica, 2020b). Black Death outbreaks continued throughout the entire 14th century and into the 15th century, with the largest infection rates in China, Asia, and Europe (Britannica, 2020b). The Black Death was most likely a combination of the bubonic and pneumonic plague, the difference being the mode of transmission; rodent-to-person and person-to-person, respectively (Britannica, 2020b). On an individual basis, the bubonic plague causes common symptoms of illness (e.g., fever, fatigue, vomiting, and headaches) and buboes. The pneumonic plague has similar symptoms to pneumonia, such as fever, weakness, shortness of breath, and fluid in the lungs (Britannica, 2020b). Based on the literature, strategies recommended by the CDC (during 2020) to prevent the spread of COVID-19 mimicked the mitigation plan for the Black Death; both plans recommended isolating individuals thought to have the diseases and anyone that encountered them for 14 days (Britannica, 2020b). Technology, medicine, and record-keeping were primitive in comparison to the tools available today, therefore the total death toll for the Black Death ranged between 75 to 200 million (approximately 30-60% of Europe’s population) and the pandemic was estimated to have lasted over 40 years (Britannica, 2020b; Samal, 2014).
As a result of the Black Death, wars ceased, trade slowed, and the farming industry was largely impacted by the lack of laborers available to tend the land (Britannica, 2020b). There were also modifications to living arrangements, wages, the economy, and sanitation systems, and there is cultural evidence (e.g., paintings, poems, and journal entries, etc.) that suggest psychological effects and a drop in religious faith (Britannica, 2020b). To help put the COVID-19 pandemic into perspective, the Black Death spiked peaks and recurrences for approximately half a century and reduced Europe’s population by 30-60% (Britannica, 2020b). As of February 2021, COVID-19 was around for just over one year with a report of 2.4 million deaths (WHO, 2021b), when the world population was estimated to be 7.7 billion people (US Census Bureau, 2021). One year later, in February of 2022, there were an estimated 5.7 million deaths from COVID-19 (Johns Hopkins University & Medicine, 2022). As a society, two years into a pandemic, we are in no place to determine the long-term effects of COVID-19, therefore future research is needed to more accurately investigate how the current global health crisis has impacted the population, culture, food production, economy, and more.

Although there were several health crises between the 14th and 20th centuries, the next major pandemic of the past presented in this review was the Spanish Flu pandemic of 1918, which was a global outbreak that stemmed from an H1N1 virus, believed to have emerged as an avian-like disease (CDC, 2019c; Taubenberger & Morens, 2006). Going against current naming recommendations, the 1918 pandemic was called the Spanish Flu because the first reports of mass illness appeared in Spanish newspapers, indicating Spain as a hotspot for the virus (American Society for
Microbiology (ASM), 2021; CDC, 2019c). Epidemiologists believe the virus spread quickly because of World War I, specifically, from the close living quarters and intercontinental travel (CDC, 2019c). At the time, medical technologies were limited or nonexistent and doctors were unaware an influenza virus even existed, so there were no tests, plans, or vaccines (CDC, 2019c). Symptoms of the influenza virus from 1918 mirrored symptoms of the flu present in recent years: fever, aches, pneumonia, nausea, and diarrhea (CDC, 2019c). Unlike many outbreaks, the Spanish Flu was most prevalent in healthy people, 20-40 years old, and as such, approximately 25-50 million people died worldwide from the virus between 1918 and 1919 (Britannica, 2020c; CDC, 2019c). Without minimizing the loss and wreckage immediately following the pandemic, it is important to acknowledge the magnitude of the outbreak’s impact over time. The virus that caused the Spanish Flu is known as the “mother” of pandemics, and as such, the lasting impact is far greater than most of the general population realizes (Taubenberger & Morens, 2006). Omitting the H5N1 and H7N7 viruses, epidemiologists speculate all influenza A pandemics after 1918 are descendants of the Spanish Flu (Taubenberger & Morens, 2006). Furthermore, associating or naming a disease based on a location (i.e., geographical discovery, suspected place of origin, high risk areas, or locations of major outbreaks) has an even longer-lasting effect, considering members of the general population tend to develop a prejudice against the country falsely blamed for the outbreak (ASM, 2021). Inappropriately labeling a disease based on geography could encourage pejorative attitudes towards the country, the people in that country, or individuals from that country, even if they do not live there (ASM, 2021). Current guidelines suggested by the ASM and WHO oppose
location-based names and advocate for generic viral names based on descriptive terminology (ASM, 2021).

To summarize the pandemics of the past section, the Black Death and Spanish Flu were large scale pandemics that greatly impacted the world population, economy, and society of their time. The lessons learned from these pandemics and other outbreaks have helped with the advancements made towards a more proactive approach to community health. Since then, medical, science, and health professionals are better prepared to prevent, diagnose, monitor the spread of disease, and detect the appearance of pandemics (Jester et al., 2018).

21st Century Outbreaks

Even with the changes in lifestyle and medical advancements present in the 21st century, disease and illness still exist. Prior to the COVID-19 pandemic there were several outbreaks acknowledged by the WHO and CDC worthy of discussion. Two such occurrences were a viral outbreak that caused severe acute respiratory syndrome (SARS) and the first global flu pandemic in over 40 years, the H1N1 pandemic.

Severe Acute Respiratory Syndrome (SARS) first appeared in Southern China in November of 2002, as a viral respiratory illness that typically started with a high fever and general feeling of discomfort and spread through droplets (CDC, 2004). Some people experience mild respiratory systems like a dry, nonproductive cough, others developed pneumonia (CDC, 2004). SARS was recognized as a global threat for less than a year, and 8,908 people worldwide were reported to have SARS, 774 of which died (CDC, 2004). There were eight laboratory-confirmed cases of SARS and
zero SARS-related deaths in the United States during the global epidemic (CDC, 2004).

On April 15, 2009 the first H1N1 case was reported in California and 10 days later, the WHO declared a public health emergency of international concern (CDC, 2019a). On June 11, 2009, the WHO raised the pandemic alert level to a phase six, declaring it an official pandemic for 18-months (CDC, 2019a). The symptoms of H1N1 include fever, cough, sore throat, congestion, aches, and fatigue; some people may experience vomiting and diarrhea, and similar to SARS, H1N1 is spread via droplets (CDC, 2010). According to the CDC (2019b), within the first year, there were 60.8 million cases and 12,469 deaths in the United States, but the CDC (2019b) estimated 151,700 - 575,400 deaths related to H1N1 worldwide, with confirmed cases in over 214 countries (WHO, 2010). Although the SARS and H1N1 health crises were serious events that resulted in lives lost, neither compared to the global impact of the COVID-19 pandemic which erupted approximately 10 years after the H1N1 pandemic.

**COVID-19**

The coronavirus disease, or COVID-19 pandemic, is the most wide-spread and deadliest outbreak since the 1918 Spanish Flu pandemic. According to the WHO (2021a), it is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is related to, but different from the coronavirus that caused the 2003 SARS outbreak (WHO, 2021a). To show the distinction to the public population the WHO and other related organizations refer to the virus as the COVID-19 virus or the virus responsible for COVID-19; in this paper the health crisis is referred to as the
COVID-19 pandemic, COVID-19, or COVID (WHO, 2021a). The virus responsible for COVID-19 is spread through airborne particles and droplets, especially in indoor spaces with poor ventilation, if one spends extended time with others, during activities that yield a greater amount of spittle, and if one is present in crowded spaces (U.S. Environmental Protection Agency, n.d.).

The United States Department of Defense (DOD, 2020) reported the first person to test positive for COVID-19 was in Wuhan, China, on December 8, 2019. By the end of February, COVID-19 was detected in every continent except Antarctica (DOD, 2020) and on March 11, 2020, the WHO declared COVID-19 a pandemic, then on March 13, 2020, the United States announced a national emergency (CDC, 2020a). In the early spring of 2020 states in the northeast region and throughout the United States enforced travel restrictions, non-essential businesses were shut down, all schools were forced into emergency remote learning, citizens were advised to wear face coverings in public, states issued stay-at-home orders, and the entire country went into an emergency response mode. By late spring of 2020, all 50 states began to partially lift stay-at-home and travel restrictions (DOD, 2020).

States, countries, and global reports of cases are updated online daily, reported in the news, and plastered all over social media. According to the WHO (2020b), globally, there were 12,964,809 confirmed cases and 570,288 confirmed deaths in a total of 216 countries as of July 13, 2020. The next day, there were 3,355,457 total confirmed cases globally, and 135,235 deaths in the United States. (CDC, 2020b). As of February 3, 2022, there were 387,568,543 confirmed cases worldwide, 5,710,285 global deaths, 75,961,961 confirmed cases in the United States, and 896,557 United
States deaths from COVID-19 (Johns Hopkins University & Medicine, 2022). The information surrounding COVID-19 is still developing. In the fall of 2020, leading health organizations report a wide range of symptoms that appear two to fourteen days after exposure to the virus and some infected people may be asymptomatic. Symptoms could include fever, cough, shortness of breath, fatigue, aches, loss of taste or smell, sore throat, congestion, nausea, vomiting, or diarrhea (CDC, 2020c). The most recent reports indicate COVID-19 is spread through droplets (EPA, n.d.). During the data collection and data analysis periods (approximately August, 2020 through September, 2021) the CDC (2020d) offered the following guidelines of prevention for spreading or contracting COVID-19 for individuals include:

• staying abreast of the most recent updates;
• washing hands frequently;
• avoiding close contact with people who are sick and maintaining a distance of six feet away others (social and physical distancing);
• wearing cloth face covers or masks over mouth and nose while others are nearby (there are specific limitations and recommendations depending on age, activity, and occupation);
• covering coughs and sneezes with a tissue and immediately washing hands;
• cleaning and disinfecting frequently touched surfaces daily;
• monitoring health daily.

In the United States individual states continue to implement and enforce COVID-19 response plans.
At the start of this study there were no vaccinations or cures available in the United States. During 2020 numerous companies worked on a COVID-19 vaccination and by the end of the year two vaccinations were approved by the United States Food and Drug Administration (FDA), the Pfizer-BioNTech and the Moderna vaccines (FDA, 2020). Prior to FDA approval, clinical trials test vaccinations to determine if they are safe for people to take and if they work against the virus (Nebraska Medicine, 2021). Both vaccinations are messenger ribonucleic acid (mRNA) vaccines. They contain innocuous protein from the severe acute respiratory syndrome coronavirus 2, the virus that causes COVID-19 (National Center for Immunization and Respiratory Diseases (NCRID), 2021a). Once injected it instructs our body on how to replicate the protein that is exclusive to COVID-19 (NCRID, 2021a). Our body recognizes the protein as foreign and makes T-lymphocytes and antibodies that will remember how to fight the virus if future infections occur (NCRID, 2021a). Since the vaccine contains harmless proteins from the virus, vaccine recipients cannot contract COVID-19 from the injection (NCRID, 2021a). The COVID-19 vaccines were designed to protect people against severe disease or hospitalization, not necessarily from contracting the virus (Nebraska Medicine, 2021). Public health experts use the term efficacy to communicate how well vaccines fulfill that intention. Efficacy indicates the degree of likelihood that vaccinated individuals were protected from the virus in clinical trials (Nebraska Medicine, 2021).

Pfizer-BioNTech offered a two-dose messenger ribonucleic acid (mRNA) vaccine BNT162b2 (Polack et al., 2020). Polack and colleagues (2020) reported a vaccine efficacy of 52.4% after the first dose and 94.8% after the second dose. The
BNT162b2 vaccine includes two shots, 21 days apart and administered into the muscle of the upper arm (NCRID, 2021b). At the time of data analysis, it was recommended for people ages 16 years and older and was rolled out in the United States in different patterns based on geographic location (NCRID, 2021b). Currently, the vaccination is recommended for anyone in the United States over five years of age (NCRID, 2021b). The most common side effects included pain, swelling, and redness in the arm where the shot was administered and a headache, with chills and tiredness throughout the body (NCRID, 2021b).

The second vaccine approved by the FDA was the Moderna mRNA-1273 vaccine, which reported a vaccine efficacy of 94.1% (NCRID, 2021c). The Moderna vaccine includes two shots, 28 days apart into the muscle of the upper arm NCRID, 2021c). It was recommended for people ages 18 years and older and like the Pfizer-BioNTech vaccine, it was rolled out in the United States in different patterns based on geographic location (NCRID, 2021c). The common side effects matched those of the first vaccine approved by the FDA (NCRID, 2021c).

Knowing basic epidemiological terminology and investigating health crises from the past provided a frame of reference in terms of pandemic frequency and severity. In addition, further examination of the COVID-19 outbreaks and first vaccinations approved by the FDA allowed the researcher to better understand the current health climate.

**Student Wellness During Health Crises**

The long-term impact of the COVID-19 pandemic on student wellness is undetermined at as of October 2020 (Galea et al., 2020; Holmes et al., 2020; Lee,
The absence of a common definition and universal assessment tool for wellness result in similar but different reports on student wellness, without considering the added variable of a pandemic. Nevertheless, the literature on Generation Z student wellness during times of epidemics and pandemics is scarce. There are, however, reports on wellness in adult populations following large scale disasters (e.g., mass shootings, oil spills, hurricanes). According to Goldmann and Galea (2014), disasters lack a singular definition in research, but usually include three main characteristics, they: (a) threaten to harm or cause the death of a large group of people, (b) they upset social processes, including altered social services and resources, and (c) generate secondary consequences (e.g., mental/emotional and physical wellness). Mental health consequences (e.g., posttraumatic stress disorder (PTSD) and depression) can occur within a month following the disaster (Galea et al., 2020; Lee et al., 2007; Neria et al., 2008; Tracy et al., 2011) and can last for an unforeseeable duration of time (Lee et al., 2007). For example, Lee and colleagues (2007) found elevated levels of stress associated with the SARS epidemic immediately following the outbreak and one year later.

Predictors of mental health concerns vary between health crises. Bergeron and Sanchez (2005) found predictors of anxiety during the SARS outbreak to be gender and place of residence in relation to the virus epicenter. In fact, proximity to outbreak locations appears to be a concern regardless of virus (Wilson & Huttlinger, 2010; Tang et al., 2020). Early reports from the COVID-19 pandemic indicate students with housing insecurities, students who moved during the pandemic, and students forced to move back home reported higher levels of anxiety (Odriozola- González et al., 2020;
Zhai & Du, 2020). In a survey fielded across 21 United States higher education institutions between mid-April and mid-May 2020, Blankstein and colleagues (2020) found one in three students were concerned with food and housing insecurities. For students able to move home during the school closure period, students reported increased levels of anxiety if parental income was of concern (Zhai & Du, 2020). In addition, higher levels of anxiety were present if the student knew someone diagnosed with COVID-19 (Cao et al., 2020; Odrioza- González et al., 2020) or lived away from their family (Cao et al., 2020).

Galea and colleagues (2020) predict the COVID-19 pandemic will result in substantial increases in mental health disorders and illness, loneliness, and substance abuse. Holmes and their research team (2020) agree and extend the prediction by stating, the preventative strategies recommended (i.e., quarantine and social and physical distancing) in response to COVID-19 are risk factors for mental health concerns without considering the effects of the actual pandemic. In addition to the already stated risks, Holmes and their research team (2020) suggest increases in social isolation could amplify self-harm and suicide attempts. Another variable that could impact mental health is the socioeconomic impact of COVID-19 on society and individuals. Increased unemployment, financial insecurity, and poverty can all affect one’s mental health (Frasquilho et al., 2015; Holmes et al., 2020). Available literature suggests quarantine and social and physical distancing may have a disproportionate effect on vulnerable populations (Holmes et al., 2020; Wang et al., 2020). Vulnerable populations relevant to this research could include, but are not limited to students

- of color or who identify as LGBTQ+;
• exposed to identity-based harassment, especially Asian American and Pacific Islander students;
• affected by school closures;
• changes in employment;
• with pre-existing mental health issues, especially those who have lost access to school-based services;
• with learning difficulties or those that struggle with changes in routines;
• that are homeless or had to relocate during or as a result of COVID-19;
• with financial and food insecurities;
• who are facing hardships and have poor access to the internet and technology
• who are caregivers (Office for Civil Rights, 2021).

Initial research indicates the pandemic has already had negative consequences on student wellness (Cao et al., 2020; Zhai & Du, 2020); mental health (Redden, 2020; Zhai & Du, 2020), substance abuse (Lechner et al., 2020; Zhai & Du, 2020), difficulty sleeping (Tang et al., 2020; Zhai & Du, 2020, and stress eating are just some of the initial concerns (Zhai & Du, 2020). Although mental health was a pre-existing concern on college campuses (ACHA, 2019b; Agnew et al., 2019; Seemiller & Grace, 2019), students reported relatively low levels of anxiety during the SARS and H1N1 health crises (Bergeron & Sanchez, 2005; Van et al., 2010), and even during the early phases of COVID-19 (Blankstein et al., 2020; Cao et al., 2020). Those statistics, however, appear to contradict the most recent reports published in Inside Higher Education
In a study conducted between March and May of 2020, across 14 campuses in the United States, Redden (2020) stated an increase in reports of depression and stress. In the same report, 30.5% of the students stated their mental health negatively affected their academic performance on at least six days during the prior four weeks, which was an increase from 21.9% in the previous semester (Redden, 2020).

Lifestyle changes and disruptions in academic routines as a result of the pandemic were all associated with higher levels of anxiety (Agnew et al., 2019, Van Bortel et al., 2016; Zhai & Du, 2020). After school closures and stay-at-home orders were enforced, some students reported feelings of loneliness and isolation, frustration, and betrayal from the institution, (Zhai & Du, 2020). Some students reported a lack of sense of belonging with the institution, but appreciated the remote connections made with faculty while school was in session (Blankstein et al., 2020).

Lastly, students showed little concern for contracting COVID-19 (Redden, 2020). They were concerned, however, that they may be asymptomatic and pass the virus to a friend or family member (Redden, 2020; Zhai & Du, 2020). Researchers in China initiated the investigation into student wellness; but there is a need for further studies (Odriozola- González et al., 2020) to elucidate the lived experience of the students during and in the wake of the pandemic as this historical moment takes shape.

**Chapter Summary**

This chapter offered a review of the literature relevant to this study: (a) wellness, (b) generations, and (c) health crises, all of which could be described as ambiguous subjects. Wellness can be described as an interdisciplinary construct and a
lifelong journey that encompasses a vast number of variables and its application permeates all aspects of living. Both wellness and generations are considered muddy concepts that can be celebrated for and disregarded because of the dissensus between experts and theorists in the relevant fields. Lastly, information available on past health crises is clear, however, research on the on-going pandemic is inconclusive.

An exploration of the literature revealed gaps in all areas individually, however, I aimed to study the intersection of the three topics within the context of higher education. More specifically, this research contributes to the literature by interpreting individual’s perceptions of their wellness journeys of each undergraduate student participant during the first year of the COVID-19 pandemic, while also uncovering their collective wellness experiences, as members of the same generation who were forced to adapt their lives in response to COVID-19. Previous research indicates wellness theories are often holistic by nature, but the experiences are split for investigations because the construct can get convoluted and misinterpreted (Cooke et al., 2016; Roscoe, 2009; Travia et al., 2019). In addition, wellness measures are frequently determined using quantitative surveys that confine wellness to predetermined answers (Cooke et al., 2016; Roscoe, 2009; Travia et al., 2019), as opposed to listening to student interpretations of wellness experiences and the nuances of wellness understood as a dynamic process. This study attempted to embrace the blurred wellness definitions by qualitatively allowing undergraduate students to describe their apperceptions of wellness and then explore the recollections of their experiences during the pandemic in search of connections to their understanding and actualization of wellness. While the extant literature offers pieces of student’s
wellness experiences, there is little literature available on Generation Z undergraduate student wellness experiences during a pandemic. Emerging literature on student wellness during the pandemic appears to maintain the status quo by highlighting specific areas of wellness like mental health (Redden, 2020) and sleep (Tang et al., 2020), which would be considered a health behavior within the physical dimension of wellness.

Understanding students’ wellness experiences using their own narratives was important because it offered a sense of connection outside of their academic classrooms during emergency remote learning. The next chapter outlines the methodology of the study, including frameworks, participant information, and study design.
CHAPTER 3

METHODOLOGY

This chapter starts with a wide lens connecting my research questions to a qualitative research approach. The scope of this chapter narrows as it progresses from phenomenology as a methodology to the theoretical underpinnings of interpretative phenomenological analysis (IPA) and then to my role as a researcher. From there I detail the research design by walking the reader through my experiences conducting qualitative research during the COVID-19 pandemic. This section of the chapter describes the recruitment process, data collection, and analysis, all within IPA parameters. The conclusion of this chapter addresses trustworthiness and credibility as well as the study’s limitations.

Qualitative approaches to research are used for many purposes, some of which include: to illuminate meanings, evaluate programs and processes, capture people’s stories and experiences, explore the context of people and organizations, interpret phenomena, identify unanticipated consequences of change processes, and discover emergent themes across diverse experiences (Patton, 2015). An asset of qualitative research overall is the use of comprehensive narratives to examine how people experience issues being researched (Snook & Oliver, 2015). Qualitative researchers collect data in natural settings, are sensitive to the people, places, and phenomena of interest, and use inductive and deductive strategies for analysis (Creswell & Poth, 2018). The questions I aimed to answer in this dissertation were: (a) How do students
who identify as Generation Z make meaning of and describe their wellness experience? (b) How do students who identify as Generation Z perceive wellness prior to, during and/or following a pandemic? A qualitative approach, specifically, phenomenology, was ideal to investigate the rich and complex lived experiences of wellness, particularly in the unprecedented times of a pandemic. I used IPA as an approach to this research to delve deeper in the phenomenon identified as Generation Z students wellness during the COVID-19 pandemic. Specifically, I investigated the student experiences as they strove for balance and worked towards their unique interpretation of a more successful existence when their lifeworld was disrupted by the pandemic. As an IPA researcher, I explored, described, interpreted, and situated how the participants made sense of their wellness during the pandemic. Using an IPA approach was most appropriate for this research because the methodology encourages researchers to understand each participant’s unique lived experiences by investigating the participants relatedness to or involvement in their own wellness journeys (Smith et al., 2009).

**Phenomenology**

Phenomenological research aims to describe what people experience and how it is that they experience it (Patton, 2015). Phenomenology is rooted in philosophy and was first implemented as a research method by Edmund Husserl (Patton, 2015; Smith et al., 2009; van Manen, 2014). Over time the method fragmented into an array of methods, strands, and traditions that can be categorized by assumption, theoretical approach, profession, and more (van Manen, 2014). Max van Manen, an author, researcher, and expert in phenomenological theory and methods, especially in human
sciences and education poetically described phenomenology as a “loving project of bringing all the living of life to meaningful expression” (p. 18). Exploring the origins of phenomenology provided context and fostered an appreciation for the philosophical assumptions that serve as a foundation to phenomenology. This section offers a glimpse of the qualitative approach that has inspired so many to investigate phenomena.

Husserl conceived phenomenology as a bridge between the empirical positivist and the qualitative constructivist approaches to research (McGaha, 2018). The significance of conventional experimental research is undeniable; however, Husserl feared the approaches failed to address the meaning of experiences, how knowledge comes to be, and the assumptions that serve as a foundation for all human apperceptions (Husserl, 2001; van Manen, 2014). He intended phenomenology to be a critical and rigorous philosophical pursuit of a ubiquitous essence that can only be illuminated by objectively examining how individuals become aware of and feel about their experiences (Husserl, 2001; McGaha, 2018; Patton, 2015; Quest, 2014). Furthermore, Husserl felt much could be learned about the essence of an experience if the researcher and person comprehensively explored how an individual changed throughout the experience (Husserl, 2001; McGaha, 2018; Patton, 2015).

Experiences occur on a spectrum of consciousness and in a hierarchical progression that range from everyday happenings to life changing moments (Dilthey, 1976; Smith et al., 2009). Evolution of a subconcious occurrence to conscious moment transforms one’s experience to “an experience,” indicating an evaluative significance exclusive to the individual (Smith, 2019; Smith et al., 2009). Husserl
described this process as the movement from a natural attitude, where people engage in the moment and focus on objects, to a phenomenological attitude, where people inwardly reflect on the experience to deepen their perceptions of the significance of the phenomenon (Smith et al., 2009; van Manen, 1990). Lifeworld is the term used to describe the state people are in when they have a natural attitude, it is the taken-for-granted world in which people live, where consciousness is directed externally and attention is absorbed in the moment (Smith et al., 2009; van Manen, 1990). It is impossible to have an experience and reflect on it simultaneously, therefore, reflection is considered a retrospective act (Patton, 2015; van Manen, 1990). Despite attempts at multi-tasking, people can only truly focus on one task at a time; as a result, the instant a person acknowledges and attends to an experience, they are no longer living in the moment (Patton, 2015; van Manen, 1990; Young et al., 2000). Phenomenological researchers engage participants in dialogue to pull their consciousness back to their experiences in an act of intentionality (Husserl, 2001; Smith et al., 2009; van Manen, 2014).

This qualitative method focuses on an exploration of the lifeworld and guides researchers to investigate what it is like to experience the world as a human being (Charlick et al., 2016; Smith et al., 2009; van Manen, 1990). Researchers following a descriptive phenomenological approach start by disengaging from their personal experiences and acknowledging their own lifeworld, in a process Husserl called bracketing (Husserl, 2001; Patton, 2015; Peoples, 2021; Smith et al., 2009; van Manen, 2014). To further the separation, Husserlian researchers practice phenomenological reduction, which requires intentionally bracketing their
understandings and temporarily suspending their judgements to focus on the phenomenon of interest (Patton, 2015; Peoples, 2021; Smith et al., 2009). Bracketing combined with phenomenological reduction helps maintain the objective rigor of scientific research and allows inquirers to excavate the true eidos of an experience by sifting through the subjective interpretations to find deep-rooted invariant features that distinctly characterize the phenomenon (Husserl, 2001; Patton, 2015; Smith et al., 2009). Husserl’s intentions and ambitions for this method of scientific research may be considered the root of phenomenology, but they are in no way the only approach to phenomenological inquiry as will be explained in the next section (Patton, 2015; van Manen, 1990, 2014).

Regardless of adaptations in method, all phenomenologists aspire to find meaning in and bring life back to the lived experiences of their participants (Patton, 2015; van Manen, 1990, 2014). Stated clearly, Max van Manen wrote that phenomenologists seek “the very nature of a phenomenon, for that which makes a some- ‘thing’ what it is—and without which it could not be what it is” (1990, p. 10). The phenomenon of interest in this research was the wellness journey of Generation Z students’ during the COVID-19 pandemic.

The COVID-19 pandemic was a life changing occurrence for a number of people worldwide; navigating unprecedented times, altering daily routines, and breaking lifelong traditions were part of the experience. The uniquely interpreted significance placed upon individual experiences determine where on the spectrum of consciousness the experiences occur for each person. Sometimes this analysis is natural; as humans, we innately search for meaning in our experiences by interpreting
our engagement with the world, awarding significance to each moment, and attempting to make sense of it all (Smith, 2019). Other times the analysis is superficial, and we fail to comprehend the significance until we attempt to put our reflections into words (Heidegger, 1962/2001; Moran, 2000). This study utilized in-depth interviews as a strategy to investigate how Generation Z students made meaning of wellness. In the interviews Generation Z students stepped away from their natural attitude as they talked through their definitions and interpretations of wellness. Students also analyzed their lifeworld as they intentionally articulated their wellness journeys prior to and during the COVID-19 pandemic. The intent to thoroughly explore Generation Z student wellness experiences directly aligns with the core tenets of phenomenology, especially IPA.

Other qualitative methods were considered prior to selecting this phenomenological approach to analysis. The first approach explored was constructivist grounded theory. The objective of this approach is to construct a theory, grounded in data that could be used as a foundation for targeted, effective instruction or intervention (Creswell & Creswell, 2018). A concern in using this approach would be to create a theory that could not transfer to students in a post-pandemic world; for this reason, the approach was rejected. Ethnography is used by researchers to discover shared patterns of a cultural group in their natural setting for an extended period using primarily observations and interviews as data (Creswell & Creswell, 2018). Although culture is an element within generational research, it is not the focus of this study and the societal restrictions related to the pandemic limited opportunities for observation. All methods considered; interpretative phenomenological analysis was deemed most
appropriate. Smith and their associates (2009) state the IPA approaches “focus on personal meaning and sense-making in a particular context, for people who share a particular experience” (p. 45). This description clearly aligns to the inquires, population, and unique situation at hand.

**Interpretative Phenomenological Analysis**

Interpretative phenomenological analysis (IPA) is a contemporary strand of phenomenology launched by Jonathan Smith, that concentrates on how people assign meaning to their experiences and interactions with their environment (Biggerstaff & Thompson, 2018; Smith et al., 2009). Ironically, the relatively new approach was conceived in the mid-1990s, which coincides with start of the birth cohort for Generation Z. The theoretical underpinning of this qualitative approach is supported by three pillars: phenomenology, hermeneutics, and idiography (Charlick et al., 2016; Pietkiewicz & Smith, 2012; Smith et al., 2009). The next sections of the chapter address the core properties of each theoretical contribution and clearly identify how the theoretical framework informed my research design. Figure 3 at the conclusion of this section summarizes the contributions of each theoretical frame.

**Phenomenology: A Pillar of IPA**

Two strands of phenomenology comprise the phenomenological pillar of IPA research; descriptive phenomenology, spearheaded by Husserl, and interpretive phenomenology, influenced by Heidegger, Merleau-Ponty, and Sartre (Charlick et al., 2016; Smith et al., 2009). Descriptive phenomenology pioneered by Husserl is an eidetic method of analysis that aims to fully describe an experience by uncovering the essence of a phenomenon through phenomenological or eidetic reduction (Charlick et
al., 2016; Pietkiewicz & Smith, 2012; Smith et al., 2009). Unlike IPA, the purpose of descriptive phenomenology is to extract the essence of a phenomenon and describe the lived experience purely without meaning or researcher interpretation (Charlick et al., 2016; Pietkiewicz & Smith, 2012; Smith et al., 2009). Two principles assimilated from descriptive phenomenology into IPA are treating the phenomenon as an object of analysis and bracketing (Charlick et al., 2016; Smith et al., 2009). Researchers conducting IPA draw upon Husserl’s attentive and systematic methods of analysis when guiding themselves and others through a reflective process navigating the flow of consciousness that occurs within and following an experience and retrospectively deconstructing the lived experience itself (Charlick et al., 2016; Smith et al., 2009).

Secondly, the process of bracketing is used not for the purpose of disregarding the researcher’s lifeworld as it would be in descriptive phenomenology, but instead, to maintain the idiographic nature of IPA (Charlick et al., 2016; Smith et al., 2009). During the data analysis phase of IPA, researchers analyze the experiences of one person at a time, ergo, they bracket their interpretations of each person’s experience prior to looking for themes across cases (Charlick et al., 2016; Smith et al., 2009). While IPA does not subscribe to all the traditional values of descriptive phenomenology, elements that are applicable uphold the approach to the rigor expected from a phenomenological methodology. The theoretical core of descriptive phenomenology applied to this study because I sought to explore the wellness experiences of Generation Z students during the COVID-19 pandemic. During the data analysis phase I analyzed each person’s recollections individually and bracketed their experiences before moving on to the next case.
Another element of the phenomenological pillar of IPA is interpretive phenomenology; it aims to go beyond the description of a lived experience to explore complex relationships people have with each other and the world around them (Smith et al., 2009). Things are not always as they appear and objects can have different meanings depending on the context of the situation, therefore, a mere description of a phenomenon is not enough (Moran, 2000). This strand of research acknowledges the language people use to describe and make meaning of their experience provides context, significance, and can be viewed as an interpretation of their lived world (Moran, 2000; Smith et al., 2009). Heidegger, Merleau-Ponty, and Sartre were three researchers engaged in interpretive phenomenology that influenced the genesis of IPA and all began their philosophical pursuits around the early- to mid-twentieth century (van Manen, 2014). As a student of Husserl, Heidegger is credited as one of the original philosophers of the phenomenological movement (van Manen, 2014).

Merleau-Ponty and Sartre both entered the philosophical scene shortly after Husserl and Heidegger, their contributions to phenomenology were substantial (van Manen, 2014). With experience and time, Heidegger, Merleau-Ponty, and Sartre developed different philosophical tracks (van Manen, 2009, 2014). Even so, they all had an epistemological stance that knowledge is non-existent in the absence of interpretation, which is at the core of IPA, and this research design (Charlick et al., 2016).

Heidegger’s influence on this specific research project was more significant than other philosophers, therefore, his philosophies were given more attention throughout this chapter. In general, Heidegger was a leader in ontological phenomenology and hermeneutics (Pietkiewicz & Smith et al., 2012; van Manen,
He often questioned existence, the uniqueness of being human, and the interrelatedness of our existence with the world around us (Heidegger, 1962/2001, 2002; Smith et al., 2009; van Manen, 2014). The term Heidegger used in his writings to describe these thoughts was Dasein and it involved an understanding that humans are individuals and constantly find themselves in distinctive situations (Heidegger, 1962/2001; Peoples, 2021; Smith et al., 2009; Taylor & Francis Books, 2019). In terms of qualitative research, Dasein can be an understanding of humanity, it can be defined as being, and a frame used to view participants as people, rather than nameless, lifeless test subjects (Horrigan-Kelley et al., 2016; Moran, 2000; Taylor & Francis Books, 2019). Dasein reminds researchers that their participants are worldly people with human experiences; they live within a society, view themselves in a particular way, they have feelings and emotions, and their lives are not guaranteed (Heidegger, 1962/2001; Smith et al., 2009; Taylor & Francis Books, 2019).

Dasein also applied to researchers’ particular experiences and lifeworld (Heidegger, 2001; Horrigan-Kelley et al., 2016). Heidegger felt bracketing preconceived knowledge was an unnecessary step for researchers considering people can never truly leave their interpretations aside (Charlick et al., 2016; Peoples, 2021; Smith et al., 2009). His philosophies emphasized the importance of interpretation when examining the meaning of experiences, as well as the refining of our worldly understandings with every examination of experience; therefore, human insight is contextual and fluid (Peoples, 2021; Smith et al., 2009; van Manen, 2014). He grounded this postulation in the Greek origins of the terms phenomenon and logos, then applied those terms to his research methods (Heidegger, 1962/2001; Moran,
Revisiting a superficial explanation of the methodology of interest, phenomenology can be defined as the study of a phenomenon or the science of phenomena (Heidegger, 1962/2001; van Manen, 2014). A phenomenon can be defined as a manifestation or a showing of itself (whatever it is) in a manner that is revealing (Heidegger, 1962/2001; Moran, 2000). Phenomena may not be outwardly observable or recognizable; rather, they may only come to vision once experiences are consciously conceptualized, reflected on, deconstructed, and synthesized (Heidegger, 1962/2001; van Manen, 2014). The notion that there is interpretation and conceptualization involved in the process directly aligns with Heidegger’s translation of the second part of the word phenomenology, logos (Moran, 2000; Smith, 2019; Smith et al., 2009; van Manen, 2014). Traditionally, logos was defined as a word or a thought; Heidegger, however, went beyond the conventional meaning and posited logos can be translated as discourse and that spoken language can divulge truths about the phenomenon (Moran, 2000). Van Manen (1990) merged the etymological definitions to say phenomenology is the application of logos to a phenomenon, in other words, it is the application of language and thoughtfulness to an aspect of lived experience (p. 33). In that case, the proper method for research, when searching for meaning or truth is to analyze the interpretation of the language used to describe the experience (Moran, 2000). Heidegger’s belief that a hermeneutic lens is appropriate for phenomenological inquiry will be further explored in the next section.

This study acknowledged that people are individuals within their own social world, they are beings that are relative and experience a contextual existence. Chapter four demonstrates a respect for the Heideggerian concept of Dasein by illustrating
each student’s wellness journey during the first year of the COVID-19 pandemic and illuminating the convergences of those experiences as members of the same generation forced to adapt their lives in response to the global health crises. Heidegger’s notions that people are beings thrown into a contextual world aligns to the Strauss and Howe’s description of generational theory. Strauss and Howe (1991) suggest people are members of a cohort not only based on the year of their birth, but also as a result of the socio-cultural historic events they experience. While people have a choice in their daily living, there are elements of their lives that occur outside of their control; the COVID-19 pandemic was one of them. During the data collection and data analysis phases I kept a journal to document my assumptions, the evolution of my interpretations, modifications made based on growth from research experience, and adaptations made in response to the pandemic.

Merleau-Ponty’s philosophy overlapped with Husserl and Heidegger’s in the sense that he also concentrated on experience and being in the world (Smith et al., 2009). His views on the embodied nature of our experiences, the use of our body as a form of communication with our environment, and the impact our body has on the subjective interpretations of our experiences are where his theories diverged from other philosophers (McGaha, 2018; Smith et al., 2009; van Manen, 2014). One of Merleau-Ponty’s contributions to philosophical analysis is the notion that people may feel empathetic towards others, however, they can never fully share an experience, because each of us has our own embodied positions in the world that form as the basis for our interpretations (Merleau-Ponty, 1945/2002; Smith et al., 2009). Researchers using IPA must be mindful of this notion; the experiences people relay during their
interviews are interpretations of the phenomenon based on their uniquely embodied position. Furthermore, researchers’ interpretations of their interviews come from the researcher’s singular perspective. Merleau-Ponty’s theory is most relevant in the data analysis portion of this research. Journal entries were used to document initial interpretations for each participant and then for the whole group.

Sartre furthered the existential phenomenological methods that emphasized the dynamic engagement involved in both daily living and the act of research (Moran, 2000; Sartre, 1948; Smith et al., 2009; van Manen, 2014). Sartre’s philosophies asserted human existence as an ongoing process in which we are always becoming ourselves and explored various conceptions of consciousness whereupon the self is viewed as an object of an experience or consciousness (Moran, 2000; Sartre, 1948; Smith et al., 2009; van Manen, 2014). When conducting multiple interviews with people, researchers should consider Sartre’s theory that a person’s conscious self is in a continuous state of evolution; therefore, the person interviewed for a second time is no longer the person that was previously interviewed. In likeness, the researcher is on a quest of enlightenment and must recognize their growth between interviews, as well as the realizations that manifest during data analysis. IPA attempts to address the transformation by encouraging researchers to journal after interviews and throughout the data analysis stages of research (Peoples, 2001; Smith et al., 2009). Again, I followed this recommendation by keeping a journal throughout the research.

The phenomenological pillar of IPA is grounded in the philosophies of Husserl, Heidegger, Merleau-Ponty, and Sartre. Applicable theories posited by these seminal researchers influenced my ontology, epistemology, understandings of a
phenomenon, my role within the research, and the methods I implemented throughout
the research process. The phenomenological pillar of IPA aligned with my quest to
better understand how Generation Z undergraduate students made meaning of
wellness and interpreted their wellness journeys during the COVID-19 pandemic. My
philosophical understandings of the world influenced my approach to the study and
my analysis. More specifically, reflecting on my conceptions of reality and the nature
of human existence (i.e., ontology) and my apperceptions of knowledge and how
people know what they know (i.e., epistemology) before starting my research centered
my thoughts (Creswell & Creswell, 2018). Ontologically, I believe we all have our
own lifeworld situated in a dynamic contextual setting partially characterized by our
socio-historical experiences, which can be loosely described as our membership within
a generational cohort. While shared experiences are communal especially within a
generation, the significance of the phenomenon is idiographic by nature.
Epistemologically, Dasein and interpretation are unavoidable and necessary parts of
knowledge generation which cannot be removed from the research process. Conscious
reflection of lifeworld and the evolution of researcher interpretations are important as
they are always changing. Documenting changes along the journey aid analysis and
help ground findings in data. Researchers are expected to move through multiple
stages of analysis to excavate the phenomenon while paying attention to the way in
which the essence of the phenomenon manifests. The researcher’s role is to use
discourse to help the participants identify the significance of an experience and give
them a voice while keeping the focus of their attention on the phenomenon of interest.
Hermeneutics: A Pillar of IPA

IPA is a qualitative approach to research centered around interpretation; it is both a theoretical principle and method. Hermeneutics, though originally implemented to improve the transparency in the interpretations of biblical and historical texts, is the art of or theory of interpretation and can be applied to philosophical inquiry (Moran, 2000; Smith et al., 2009). Three main philosophers that influenced hermeneutics were Friedrich Schleiermacher, Martin Heidegger, and Hans-Georg Gadamer, all of whom contributed to the establishment of the hermeneutic principles used within IPA (Charlick et al., 2016; Smith et al., 2009).

The hermeneutical influence on IPA encompasses epistemology and research design, including the researcher’s role within the study (Smith et al., 2009). Furthermore, hermeneutics is iterative and cyclical at its theoretical core and in application; it explicitly exemplifies the evolution of ideas and values the whole, the part, and the interdependent relationship between the two (Smith et al., 2009). In IPA, the researcher aims to go beyond a description of the phenomenon by listening to the language used by the participants to interpret the significance the experience held for each person. Hermeneutical data analysis starts with a strict interpretation of the literal meaning of the text (Schleiermacher, 1998; Smith et al., 2009) and then moves into a psychological interpretation of the data, taking context and the speaker’s perspective into consideration (Schleiermacher, 1998; Smith et al., 2009).

People, including researchers bring with them pre-conceived ideas, or foreconceptions grounded in their socio-cultural experiences and perspectives and influenced by their lifeworld and generational membership. Their experiences exist on
varying levels of consciousness; the participant may be able to describe a phenomenon but may fail to comprehend the significance of the experience at the time of the interview. As such, the magnitude of the incident may have a delayed manifestation for the person being interviewed. Their understandings of their experiences may deepen when they direct their consciousness inward for reflection and analysis, which may not happen until they are inspired by the researchers’ questions. Moran (2000) stressed the value hermeneutic analysis brings to research, especially since the essence of the phenomenon may not be visible at first glance; exploring how experiences appear and the ways in which they are initially covered must be considered. In IPA’s multi-level analysis, the researcher distinguishes what is unique to a person’s perspective of the phenomenon and where their experiences cross over to a shared communal experience (Smith et al., 2009). In this effort it is clear to see how the essence of a phenomenon is distinctly particular to human beings and how being human is unifying. Participants lived worlds may appear to be diverse, but when the superficial details are stripped away, their deepest levels of experience may be universal (Schleiermacher, 1998; Smith et al., 2009). In this study, Schleiermacher’s systematic methods for interpretation were utilized in the first stage of data analysis. During my initial coding round, I conducted line-by-line coding that noted exactly what the person was saying and then I interpreted what was meant by their discourse based on the context of the conversation.

Heidegger’s marks on the phenomenological pillar of IPA, viewable in Figure 3, crossover to the hermeneutic pillar as his writings in Being and Time address both content areas and the inability to separate the two. During phenomenological inquiry
researchers cannot remove themselves from the process which is why it is recommended they reflect on their preconceptions throughout the study (Smith et al., 2009). The previous knowledge, prior experiences, and assumptions people bring to every interaction and experience are labeled as their fore-sight or fore-conception (Peoples, 2021; Smith et al., 2009). Descriptive phenomenologists view bracketing fore-conceptions as imperative and appropriate since the main goal in that type of phenomenology is to describe the phenomenon without interpretation. The interpretations people, including researchers, compose are rooted in their own perspectives, which are continuously evolving, and inseparable from the knowledge they create (Heidegger, 1962/2001; Merleau-Ponty, 1945/2002; Sartre, 1948). During analysis, researchers may be unable to predict how their fore-structures will be relevant to the data at hand (Gadamer, 1975/2013; Heidegger, 1962/2001; Smith et al., 2009). To account for that, they use reflexive journaling, to cyclically document their fore-conceptions along with emerging concepts, while consciously updating their perspective and always reprioritizing the phenomenon of interest (Smith et al., 2009). The fluctuation between fore-thought and revised conception is an example of how hermeneutic researchers focus on a part of the study (i.e., one participant’s interpretations of the study) and then redirect their thoughts to the whole study (i.e., the researcher’s ongoing, evolving interpretation of the phenomenon as a whole), before circling back to another part of the study (i.e., a new participant). Journaling proves to be of utmost importance as it provides documentation of this evolution and a narrative of the researchers’ journey towards their refined understanding of the
phenomenon. In this study journaling was used to record my conceptions of the phenomenon before interviewing students and throughout the data collection period.

Gadamer echoed Heidegger’s suggested delay in bracketing when conducting hermeneutic research, reiterating the researcher may only realize their preconceptions when the interpretative process is already in motion (Charlick et al., 2016; Gadamer, 1975/2013; Heidegger, 1962/2001). Approaching the research with an open mind and an awareness of one’s own bias will help the researcher interpret the data distinctly from their fore-conceptions (Gadamer, 1975/2013; Smith et al., 2009; van Manen, 2014). All the while remembering, even the distinct interpretations are seen through the lens of the researcher’s interpretations of the phenomenon as seen through the participant’s lens, which is labeled as double hermeneutics (Smith et al., 2009). It is also important to reiterate the evolution of the researcher’s interpretation of the phenomenon in terms of the hermeneutic circle. As the researcher engages with the data, the data changes the researcher, which will then influence how the researcher interprets the next round of data (Charlick et al., 2016; Gadamer, 1975/2013; Smith et al., 2009).

In sum, the hermeneutic pillar of IPA highlights the elements of hermeneutics that play a key role in the theoretical and methodological foundations of this approach to qualitative inquiry. The main points summarized all center around the dominant idea that knowledge is generated through interpretations. Hermeneutics offers interpretations are influenced by the socio-historical context in which they are made. In this research, the socio-historical context was limited to those that fit the inclusion criteria of being a member of Generation Z and enrolled in an institution of higher
education. Other socio-historical contexts to consider were the pandemic and the researcher’s lived world. A second concept applied on several levels during IPA is the hermeneutic circle. This research emphasized the relationship between the whole and the part as evidenced in the rigorous levels of data analysis and in the iterative evolution of interpretation. The final contributing element was double hermeneutics; all findings presented in this study were my interpretation of the participant’s interpretation of the phenomenon. My conclusions upheld the principles of phenomenology, by illuminating the essence of the phenomenon as interpreted by the participants, nested within my perspective.

**Idiography: A Pillar of IPA**

The third theoretical pillar of IPA is idiography, which distinctly differentiates this approach from traditional nomothetic research. Often academic and scientific inquiry aim to yield generalizable results or theoretical postulations. IPA researchers are primarily concerned with understanding a specific phenomenon experienced by an identified population within a particular context. In addition, the depth of analysis expected in IPA requires researchers to attend to particular details from beginning to end. Emphasis on the particular aligns with phenomenological methodology and influences research design. In fact, Biggerstaff and Thompson (2008) summarize IPA as an approach to research that includes a “rigorous exploration of idiographic subjective experiences” (p. 4).

A misconception of idiography originating from the attention given to individuals is that the focus of the research be on the person (Smith et al., 2009). Instead, researchers spend a great deal of time analyzing individual perspectives of the
phenomenon, keeping the exploration of the phenomenon at the center of inquiry (Smith et al., 2009). Each participant’s engagement with a phenomenon is unique (Merleau-Ponty, 1945/2002) making their narratives a solid data set to analyze using an idiographic approach. Sifting through participant’s narratives enables researchers to truly interpret the essence of the phenomenon for each person. Their analytical efforts yield deconstructed themes representing participant’s accounts of a shared experience (Smith et al., 2009). In IPA researchers analyze and interpret each case individually before looking for patterns across cases (Smith et al., 2009). As themes emerge, the researchers’ interpretations evolve (Heidegger, 1962/2001; Merleau-Ponty, 1945/2002; Sartre, 1948). Individual cases can be used to challenge researchers’ interpretations and trouble their assumptions until the most detailed essences are illuminated (Smith et al., 2009).

Since IPA is rooted in idiography, researchers are encouraged to limit the number of participants in their study, leaving them ample time to thoroughly analyze the data. Researchers using an idiographic approach identify the specifics of each participant’s recollection (the part), while also making connections to what is shared and communal (the whole) (Smith et al., 2009). By centering on the particular, researchers divest unnecessary details of experiences illuminating the essence of the phenomenon, which in actuality is highlighting the humanness of the experience and showing the commonalities people possess despite their outward appearances (Schleiermacher, 1998; Smith et al., 2009).
Figure 3

Theoretical Pillars of Interpretative Phenomenological Analysis

Note. Interpretative Phenomenological Analysis is supported by theories derived from Phenomenology, Hermeneutics, and Idiography.
In conclusion, phenomenology, hermeneutics, and idiography are the pillars on which IPA stands. Figure 3 summarizes the theoretical underpinning of the approach and provides connections between theory and research design. The philosophies and methods of great thinkers’ merge to provide a holistic approach to qualitative research that gives voice to individual interpretations of experiences while bringing to light the human experiences of the essence of the phenomenon. Foundational concepts made concrete by Heidegger suggest our "being-in-the-world is always perspectival, always temporal, and always 'in-relation-to' something - and consequently, that the interpretation of people's meaning-making activities is central" to IPA (Smith et al., 2009, p. 18). These thoughts are applicable to the questions at hand and align to a constructivist worldview; as such, IPA will be used for this research.

### Role of the Researcher

In qualitative research, specifically IPA, the researcher is instrumental in the data collection and analysis stages, as they create the protocol used during interviews and interpret the data (Creswell & Creswell, 2018). In interpretative phenomenology and hermeneutics, it is accepted that each of us has our own embodied positions in the world that form as the basis for our interpretations and the root of our perspectives (Heidegger, 1962/2001; Merleau-Ponty, 1945/2002; Smith et al., 2009). In general, as a researcher and active participant in the research process, it is important to reflect on my values, biases and assumptions, personal background and relevant experiences, and my identities as they may impact my interpretations (Creswell & Creswell, 2018). Reflecting on and disclosing pertinent information demonstrates my attempt to approach the interviews and data authentically and increase they study’s
trustworthiness. In Smith, Flowers, and Larkin’s book, *The Interpretative Phenomenological Analysis: Theory, Methods, and Research*, the authors go beyond researcher reflexivity by explicitly stating the researcher’s role in IPA in terms of the double hermeneutic approach. They share:

The researcher is making sense of the participant, who is making sense of x.

And this usefully illustrates the dual role of the researcher as both like and unlike the participant. In one sense, the researcher is like the participant, is a human being drawing on everyday human resources in order to make sense of the world. On the other hand, the researcher is not the participant, she/he only has access to the participant’s experience through what the participant reports about it, and is also seeing this through the researcher’s own, experientially-informed lens (Smith et al., 2009, p. 35-36).

In addition to describing the role of the researcher during data analysis, Smith and their colleagues (2009) offer eight underlying qualities that are required of the IPA researcher: “open-mindedness; flexibility, patience; empathy; determination; persistence; curiosity; and willingness to enter into, and respond to, the participant’s world” (p. 55).

As a member of a community, I recognize that I am a working part of a dynamic society. People are active, contributing members of their own journeys and their actions impact others. Interpretations of interactions and experiences define the reality for that person for that instant in time, which is relevant to both the researcher and the participant. Brian Bourke (2014) reflected on this concept and stated it eloquently in his reflection on research. He shared, “the research in which I engage is
shaped by who I am, and as long as I remain reflective throughout the process, I will be shaped by it, and by those with whom I interact” (p. 7). The results of this research will be my interpretation of each participant’s reality and their collective reality, and in turn, those experiences will shape my new reality. Social structures are created through people’s actions. I am interested in hearing Generation Z students’ perspectives on wellness. I realize that my language and participants’ language provide a deeper insight to situations and opportunities to challenge and further pre-existing thoughts of wellness. My language is impacted by life experiences, which have been influenced by my social class, race, and gender, amongst other factors. I identify as a middle class, White woman and bring that perspective into my research.

It is also important to acknowledge that I can be viewed as an insider and outsider in this research (Bourke, 2014). As a doctoral student, my responsibilities include reading, writing, research, and presentations; this allows me to relate to students on some level. In addition, the recent COVID-19 outbreak has touched nearly all humans on a global perspective. I acknowledge the rapid changes in my lifestyle influenced by the pandemic and the consequences on my own wellness. On the other hand, my lived experiences may not be congruent to Generation Z students based on generational differences, life responsibilities, and social identities. This juxtaposition will be acknowledged during data collection and analysis.

My interest in wellness started long before my work as a doctoral student. As an undergraduate my initial passions were for education and healthy lifestyle choices; unsurprisingly, I earned a Bachelor of Science degree in education, double majoring in health and physical education. Although wellness intrigued me, I did not view it as an
opportunity for research until recently. Over the last ten years of teaching undergraduate courses in physical education, wellness, and exercise science, I have seen first-hand how students struggle to maintain health enhancing practices that are congruent to their values. As a researcher, I must be honest with myself and my participants regarding the motivations behind my research. I am truly interested in learning about the ways Generation Z students make meaning of and actualize wellness so I can better understand how they construe their perspectives and realities. Gaining knowledge on the process of meaning making will give me an opportunity to reflect on my teaching strategies, wellness promotion efforts, and communication platforms to better to connect with students and help them along their wellness journey. In the larger community, this research will allow teachers, health promotion specialists, and counselors to identify resemblances and discrepancies between student conceptualizations and lived experiences. The findings of this research could imply recommendations for policy and practice for administrators and practitioners. This research also gives students a voice, a place to share their ideas, and an opportunity to challenge pre-existing notions of wellness as loosely defined by the profession and our society.

**Research Design**

Research is an endeavor inspired by curiosity and initiated by the overarching research questions. The questions posed partially determine the approach to the research, which help guide the methods used within a research design. This study is focused on participants’ understandings and experiences of wellness during the pandemic. IPA is a suitable approach since it is focused on a populations’ specific
experience within a particular context (Smith et al., 2009). An assumption of this approach is that data collected can tell us something about the Generation Z students’ involvement in and orientation towards the world, as well as how they make sense of their wellness. Using the guidelines suggested by previous IPA researchers, I intentionally selected a particular setting and group of participants and followed the recommended practices for data collection and analysis. Each of these methods are detailed below, in addition to statements explaining my actions to secure trustworthiness and credibility. Limitations of the research are addressed in the final section of this chapter.

Setting

This research occurred in the northeast region of the United States. Whilst there was an absence of queries for political affiliation throughout the study, the data collection period ranged from the summer of 2020 through the winter of 2021. During that time campaigns for the United States presidential election and other national, state, and local offices transpired into the election, which resulted in a change in political leadership for the country. The transition in presidency produced a tumultuous climate nationwide. Although the conversation of the election was not a main focal point of the interviews, the political environment may have influenced participants’ experiences during COVID. The northeast region of the United States is comprised of primarily “blue” states and has been since the electoral map color scheme was widely accepted during the 2000 presidential election. States labeled blue show greater support for the Democratic Party in presidential and senatorial elections.
The participants in this study attended school in a blue state during the data collection period.

Participants for this research were selected from a mid-sized, four-year institution on the northeast coast of the United States. This was a public institution with a primarily commuter population before the COVID-19 outbreak. Enrollment facts at the institution of interest were obtained from the institution's website and are from the 2019-2020 academic year. At the time, there were approximately 9,000 students, 7,518 of which were undergraduates. Thirty-five percent of the student body self-identified as being of color. During the COVID-19 pandemic the institution transitioned to a primarily emergency remote learning environment and remained in that state during the data collection period. Many buildings and offices were closed, there were a limited number of spots available for residential housing, and face-to-face campus interactions were kept to a minimum.

Considering the extenuating circumstances and to uphold COVID-19 mitigation restrictions, all data was collected through online surveys and via Zoom video calls. For both the survey and Zoom sessions I requested participants select locations where they could be alone, were comfortable, had access to technology, and were connected to the internet.

Recruitment

Prior to recruitment efforts, the college’s Institutional Review Board (IRB) approved all research methods and activities. Purposeful homogenous sampling was identified as the strategy most consistent with the IPA approach. Selecting a large sample of participants through probability methods would have been inappropriate for
two primary reasons: participants in an IPA study are selected to represent a perspective, not necessarily a population and the detailed analysis required in IPA research would not be feasible with a large group size (Smith et al., 2009). Instead, a group of 10 participants were intentionally selected based on their interest and ability to share a perspective on the phenomena. Purposeful homogenous sampling gave me the opportunity to provide a rich, contextual description of each participant which added to the study’s trustworthiness and aids the reader in evaluating transferability (Smith et al., 2009). Trustworthiness, or the degree of confidence in the data is addressed in greater detail in this chapter. Whereas transferability refers to the degree to which a reader can connect with or apply the findings of this research to other contexts; this concept will be further explored later in this chapter (Smith et al., 2009).

Referrals are a common recruitment strategy when utilizing purposeful sampling; my referrals came from institution faculty and staff. Inclusion criteria shared with potential recommenders and stated on the recruitment flyer were: 1) individuals born between 1995-2010 (Generation Z); 2) college attendance as an undergraduate student for at least one year prior to the study; and 3) current enrollment in an undergraduate program of study. These criteria were upheld to increase the likelihood that the essence of the experiences investigated embodied the wellness experiences of Generation Z students attending college prior to and during the pandemic. Initially I contacted faculty, student activities directors, and student support staff via email, which included information about myself, an introduction to the research, and an email template they could send to potential recruits. The email template included a similar introduction to the study, a link to the recruitment flyer,
and a link to the online eligibility survey. Follow up emails were sent half-way through the fall semester and again to select faculty over winter recess. Recruitment documentation found in Appendix A includes the initial email, follow up email, recruitment flyer, and eligibility survey. Fifty-five students completed the eligibility survey on Qualtrics over the span of seven months (Qualtrics, Provo, UT, 2022). Twenty-three of the students were ineligible, therefore, I sent an email informing them of their status and thanking them for their interest. I sent the remaining 32 eligible students an email containing an invitation to participate in the research and a consent form as a fillable PDF. If consent forms were not received within six days, I sent a consent reminder email. Copies of the invitation and consent reminder are viewable in Appendix B and the IRB approved consent form is in Appendix C. A total of 10 students committed to the study; all of which were accepted as participants and fulfilled their commitment. Participants were given a $25 compensation at the completion of data collection. Once consent forms were signed and returned, I sent participants emails including their pseudonym, access to their initial survey, and a request to schedule their first interview (see Appendix D Communication with Participants). The initial survey is described in greater detail in the upcoming data collection section.

Participants

There were 10 participants included in this study with birth years ranging from 1996-2001. All participants were undergraduate students enrolled in courses during the semester of data collection, with at least one year of college experience prior to the start of the study. Attending college shapes a person’s perspective, offers shared
experiences, and can be viewed as a privilege when comparing the sample cohort to non-student members of the same generation. In this study, access to higher education and its resources (e.g., healthcare, support services, technology) influenced students’ perspectives of their wellness experiences even if some of the resources were limited during the pandemic.

Two participants were forced to change living situations as a result of the pandemic, and all participants noted they had a smartphone and access to the internet. Participants were asked to write in their race/ethnicity as well as their gender on their initial survey. The participants self-identified as Hispanic and White, Hispanic, Asian, or White and self-identified as female, male, or agender. None of the participants identified as veteran or member of the armed forces and eight participants were employed when they completed the survey. The participants represented a range of majors and thirty percent of the students stated they were first-generation students. Additional information about the characteristics of participants is detailed in Table 3. All participants were given a pseudonym to support the identity confidentiality.

This study used the tenets of interpretative phenomenological analysis to guide the research design, analysis, and report of findings. The COVID-19 pandemic was not an exclusive experience to the participants in this study, it affected humanity worldwide. Although part of a larger population, the participants in this study were viewed as individuals within their own social world whose experiences were distinctly human. Their narratives illuminated a complex, contextual existence within the phenomenon of a global pandemic (Smith et al., 2009). In the interviews, participants articulated intentional actions they performed to help propel themselves toward a more
Table 3

Participant Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Ashley</th>
<th>Bianca</th>
<th>Chris</th>
<th>Emily</th>
<th>Hannah</th>
<th>Kayla</th>
<th>Natalie</th>
<th>Ryan</th>
<th>Samantha</th>
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<td><strong>Race/Ethnicity</strong></td>
<td>Hispanic and White</td>
<td>Asian</td>
<td>White</td>
<td>Hispanic</td>
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<td>White</td>
<td>White, Hispanic/Latino</td>
<td>Hispanic</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Agender</td>
</tr>
<tr>
<td><strong>Pre-COVID Living On (ON) or Off Campus (OC)</strong></td>
<td>OC with boyfriend and family</td>
<td>OC with family</td>
<td>ON</td>
<td>ON with roommate</td>
<td>ON with 8 girls</td>
<td>OC with mom, brother, and uncle</td>
<td>OC with teammates</td>
<td>OC with 5 student peers</td>
<td>OC with mom and brother</td>
<td>OC with partner near family</td>
</tr>
<tr>
<td><strong>During COVID Living On (ON) or Off Campus (OC)</strong></td>
<td>OC with boyfriend and his family</td>
<td>OC with family</td>
<td>OC with mom and sister</td>
<td>OC with mom and brother</td>
<td>OC with family</td>
<td>OC with mom, brother, uncle, and significant other</td>
<td>OC with teammates</td>
<td>OC with 5 student peers</td>
<td>OC with mom and brother</td>
<td>OC with partner near family</td>
</tr>
<tr>
<td><strong>Work at Time of Interview</strong></td>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<td><strong>Own a Smart Phone</strong></td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td><strong>Consistent Internet Access</strong></td>
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<td>Yes</td>
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<tr>
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<td>4</td>
<td>4</td>
<td>1</td>
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<td><strong>1st Generation Student</strong></td>
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<td>No</td>
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<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td><strong>Years in College</strong></td>
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<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
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</table>
successful existence in terms of their own wellness during the first year of the pandemic. They deepened the meaning of their processes when they connected their daily lifestyle choices to their wellness and worldviews.

**Data Collection**

The primary method of data collection was semi-structured intensive interviews, with secondary methods including a survey and researcher journaling. In choosing IPA as an approach to my research I committed to understanding the participants’ perspectives. Semi-structured, in-depth, one-on-one interviews are a preferred method for creating authentic dialogue around participant’s lived experiences (Ravitch & Carl, 2016; Smith et al., 2009). This section includes detailed descriptions of each data collection method.

**Survey**

Surveys I created specifically for this study were sent to the participants electronically, using Qualtrics prior to the first interview. They included demographic questions, as well as questions designed to gain the students initial understandings of wellness. The demographic data collected helped provide context after the first round of data analysis and gave a more holistic and idiographic understanding of the participant as a person. Participants responses to the wellness questions were used as conversation starters in the initial interviews. The survey questions can be found in Appendix E. All survey responses were stored in Qualtrics and then downloaded. The initial survey responses analyzed for this paper were generated using Qualtrics software, Version 2020-2021of Qualtrics. Once they survey results were downloaded,
they were encrypted and kept on a password-protected computer, with a back-up copy on a password-protected external hard drive.

**Semi-structured Intensive Interviews**

Semi-structured intensive interviews were interactive and provided a space for the participant and researcher to go beyond surface ideas to dig deep into the phenomenon. Charmaz (2014) stated, “participant’s views arise through the conversation and may not precede it” (p. 82). To clarify, participants do not merely recall facts and circumstances, they make meaning of the conversation in the moment. To aid in meaning making, the researcher and participant took part in a purposeful conversational dialogue that utilized open ended questions and left time for the participant to think and talk, a process supported by Smith and their team (2009). In-depth interviews empower participants by allowing them to express their views and stories in their own language and to gain a new perspective on past events (Charmaz, 2014; Smith et al., 2009). Throughout the interviews participants were viewed as the experts and I viewed myself as a naïve inquirer intended on learning more about their lifeworld.

The semi-structured nature of the interviews allowed flexibility so the participant could lead the conversation and I could follow the data. Interview protocols aligned with the schedule and recommendations provided by Smith and their colleagues (2009) and took the unpredictable nature of interviews into consideration. The interview protocols I created (see Appendix F) guided but did not dictate the interview process. Questions in the initial interview were intentionally designed to develop rapport, explore meaning making, and gain a better understanding of the
participant's perception of wellness by eliciting responses about wellness prior to and during the pandemic. Following recommendations for IPA protocol, questions were progressive in nature, starting with prompts that elicited descriptive responses followed up by more interpretive questions (Smith et al., 2009). Initial and follow up interview protocol were reviewed by two experts in the field: one experienced in using the IPA approach, the other a mental health counselor and psychology instructor. The benefits of the appraisal were two-fold; reviewers confirmed questions were appropriate for a phenomenological inquiry exploring wellness and increased the dependability of the study. As predicted by Smith and their team (2009) participants responses from initial interviews served as a prompt for more elaborate discussion and clarification during the follow-up interviews. I created a template for follow-up interview protocols and then modified based on the conversations in the initial interview.

Traditionally, in-depth, or intensive interviews would have been conducted in person. To follow institutional COVID-19 mitigation protocol, all interviews were conducted virtually, by use of the Zoom online video platform. All participants completed the consent form and received a pseudonym prior to the interview, avoiding the use of real names helped maintain anonymity. Each person participated in two interviews, the initial interviews lasted an average of 60-minutes and the follow up interviews took an average of 30-minutes. During the initial interview I built trust by sharing information about the study and asking questions that stemmed from the participant’s survey responses. Throughout the conversation I was an active listener and attended to participants non-verbal responses.
All interviews took place between August of 2020 and March of 2021; they were recorded in Zoom with the participants permission and then transcribed. The list of participant pseudonyms and actual names were saved in a separate file. Following both rounds of interviews, transcripts were emailed to participants with a request to check for accuracy. Participants electronically submitted feedback and added any other information they felt relevant that may have surfaced following the interview. All recordings, transcripts, participant responses sent electronically, and the pseudonym file were encrypted and kept on a password-protected computer, with a back-up copy on a password-protected external hard drive.

**Journaling**

A secondary form of data collection useful during data analysis is that of journaling (Creswell & Poth, 2018; Peoples, 2021). In addition to interacting with the participants, I kept a researcher journal to reflect on the process and track my interpretations along the way. After each interview, I spent time journaling observations on experiences, interactions, nonverbal expressions, student actions, reflections on the research process, and other valuable notes that helped me recall what happened during the data collection period. I wrote about my biases, pre-understandings of the phenomenon as recommended by Peoples (2021) in both the data collection and data analysis phases of the study. The journal entries were used as a reference point throughout analysis. To carry the hermeneutic theory into practice (Peoples, 2021) I also used the entries as a form of documentation, detailing my thought process throughout the entire data collection and analysis. Journaling helped me step away from the data and codes to process my ideas and analyze emerging
patterns or themes and then go back to retrace my thoughts if needed. Revisiting and reflecting on entries allowed me to identify incomplete patterns and possible gaps in my analysis. Journaling also served as a form of reflexivity, allowing me to reflect on the research process as a focus of inquiry and it brought my own preconceptions into awareness. The interaction between researcher, data, and the research process was qualitative in nature and supported the use of a qualitative approach to this study.

**Data Analysis**

In IPA there is a six-step process of data analysis that is iterative and inductive (Smith et al., 2009). The six steps are: (1) reading and re-reading; (2) initial noting; (3) developing emergent themes; (4) searching for connections across emergent themes; (5) moving to the next case; and (6) looking for patterns across cases. Following the recommendations of IPA researchers (e.g., Smith et al., 2009). I completed steps one through three for all twenty interviews before moving on to step four. In the first step I read the transcripts multiple times; listening, reading, and revisiting transcriptions helped me interact with data in different ways. In step two, I created initial notes using line-by-line coding. This heuristic system allowed me to analyze each line of data and it helped me to actively engage with the data as opposed to passively reading the commentary (Saldaña, 2016). It was important for me to keep an open mind when noting language used, content described, and concepts emerging from the participant's words. When initially analyzing each transcription, I first noted the language used and interpreted the data literally. Next, I considered the context surrounding the data and interpreted what the participant meant. Finally, I tried to identify ways in which the participant felt towards the matter at hand. In summary, my initial codes aimed to
identify what mattered to the participant, their experiential claims, and their perceptions of the phenomenon.

I upheld the idiographic principles of IPA research and followed the recommended progression for analysis when I analyzed each participant’s interviews and survey as a singular case for emergent themes. During analysis, parallel emergent themes were clustered together and analyzed for patterns. Abstraction (putting like emergent theme clusters together, resulting in a new name, or subordinate theme) and subsumption (clustering emergent themes by pattern, then using one of the emergent themes as a subordinate theme) were two strategies implemented in the analysis process. Subordinate themes were identified within each case before cross-case analysis occurred, demonstrating how I completed steps three, four, and five of IPA data analysis. During cross-case analysis, or step six, subordinate themes were further interpreted and clustered using abstraction and subsumption, to create superordinate themes. Superordinate themes were classified as recurrent if they were present in multiple cases. Smith and colleagues (2009) posited measuring recurrence across cases as instrumental in validating the findings of larger sized IPA studies. They suggested themes could be deemed as recurrent if they were present in at least a third, or half of the cases, but emphasized, the decision as to what counts as recurrence is determined by the researcher (Smith et al., 2009). For this study, superordinate themes were identified as recurrent if they were present in 80% of the cases.
Trustworthiness and Credibility

Patton (2015) suggested four constructivist criteria (e.g., credibility, transferability, dependability, and confirmability) be used in place of the traditional quantitative categories used to address trustworthiness and credibility (e.g., internal validity, external validity, reliability, and objectivity). To address credibility, I utilized member checking, by giving participants the opportunity to review their transcriptions and then provide feedback. Transcripts were shared electronically via email with the participants after both rounds of interviews. Participants responded via email with feedback and further information. Prior to both rounds of interviews, all questions were peer reviewed as an attempt to address dependability. A researcher experienced in IPA inquiries and a mental health counselor and professor of psychology reviewed questions to confirm the interview protocol asked students to reflect on their wellness experiences in alignment with the interpretative phenomenological approach. Dependability was also addressed during initial interviews, by asking each participant the same set of base questions. To establish confirmability, I kept an audit trail of all steps described in the data collection and analysis sections. In addition, I grounded all findings in the data by using direct quotes from participants as supportive evidence. Lastly, I continued to reflect on my own biases and interpretations in my journal entries throughout the research process in an effort to demonstrate reflexivity.

Limitations

This study aimed to contribute to existing literature by sharing the essence of how Generation Z students' experience wellness prior to and during a pandemic. Although I did my best to construct a trustworthy, credible product, there were still
limitations. Transferability is a common limitation in qualitative research and applied to this study as well. Purposeful sampling and demographic data were collected and used to provide a detailed description of the sample. It is difficult for the researcher to determine if the findings are transferable to students from other institutions. I did my best to provide detailed documentation of the protocol and procedures to encourage others to study their own sample using similar methodology. Since the research is a representation of the sample interviewed, it is the reader’s responsibility to determine similarities and feasibility of replicating the logic in their own research.

Since the final report of findings contains my interpretations of the students' responses, researcher bias is a natural limitation. Triangulation of data was implemented to minimize misrepresentation of information. Original words and phrases were embedded throughout the final report to support my claims and illuminate student experiences. Direct quotes were used to minimize the risk of reader misinterpretation and loss of participants' intended meaning. Member checking also helped mitigate researcher bias.

Considering the data collected during this study concentrated on the lived experiences of a small group of Generation Z students it cannot be used to analyze comparisons between generations. Longitudinal quantitative studies that utilize large samples with a data collection period that extend over multiple years would yield results that could be generalizable to a generational cohort when comparing multiple generations (Twenge, 2017). With that being said, qualitative and mixed method approaches are more accepted in generational research than ever before; in fact, some researchers share an appreciation for the rich narrative phenomenological research can
offer (McGaha, 2018). Embree (2003) stated the importance of exploring how students within a specific generation make meaning and interpret their experiences.
CHAPTER 4

FINDINGS

The aim of this study was to explore undergraduate Generation Z students’ understandings and lived experiences of wellness during the first year of a pandemic. In this study, I incorporated membership in Generation Z as a sampling strategy. Current trends of Generation Z undergraduate students are still developing; therefore, these findings are not compared to theorized generational characteristics. The findings in this study solely represent the cohort interviewed. While experiences described may parallel those of other Generation Z undergraduate students, transferability was not intentional by research design. The theoretical underpinnings (i.e., phenomenology, hermeneutics, and idiography) of interpretative phenomenological analysis (IPA) served as a framework to gaining an understanding that offered answers to the following research questions: 

(RQ1) How do Generation Z students make meaning of and describe their wellness experience? 
(RQ2) How do Generation Z students perceive wellness prior to, during and/or following the COVID-19 pandemic?

To explore student experiences during the pandemic and answer these questions, I conducted two semi-structured intensive interviews and implemented a survey with each of the 10 participants and journaled throughout the data collection and analysis phases. Aligning with the tenets of phenomenological research, which included an in-depth exploration of people’s experiences and the meanings to which they give them, this chapter addresses the commonalities of participants’ wellness
experiences during the first year of the COVID-19 pandemic and identifies distinctions amongst their interpretations (Patton, 2015; van Manen, 2014). Three superordinate themes that emerged from the data include: (1) students exhibited varied levels of awareness for understanding and actualizing wellness, (2) students’ core values persevered, and growth occurred through the pandemic, and (3) students conveyed micro and macro interpretations of their wellness experiences. These three themes were classified as recurrent, and deemed superordinate, as they were drawn from the data and were present in at least 80% of the participant cases. Smith and colleagues (2009) suggest recurrency as a potential indicator of significance and deem the researcher as the authority in determining what percentage of cases constitutes recurrency. Table 4 illustrates the establishment of recurrency by identifying in which cases the themes were present.

The remainder of this section incorporates a description of the phenomenon of interest, an elucidation of the participant group’s collective interpretation of wellness prior to interviews, and a composite summary of the findings. The second portion of the chapter upholds the idiographic quality of interpretative phenomenological research by illuminating the meaning making identified with the three superordinate themes and conveying the unique wellness experiences of each participant in a vignette. Finally, this chapter culminates with a summary of the findings.
### Table 4

**Identification of Recurrent Themes**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Varied Levels of Awareness for Understanding and Actualizing Wellness</th>
<th>Core Values Persevered and Growth Occurred Through the Pandemic</th>
<th>Micro and Macro Interpretations of Wellness Experiences</th>
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<tr>
<td>Ashley</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bianca</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chris</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emily</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
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<td>Hannah</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>Ryan</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Samantha</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Victoria</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Present in 80% of cases | Yes | Yes | Yes |

*Note.* Recurrent themes were present in at least eight cases and identified as a superordinate theme.

**Generation Z Student Wellness Experiences During the COVID-19 Pandemic**

In this study, I defined wellness as an individualized process of becoming aware of and making choices towards a more successful existence as determined by oneself (Dunn, 1961; Jonas, 2005; NWI, n.d.). Further, wellness was understood as a subjective, multidimensional and dynamic process that fluctuated based on the interdependent factors that occurred on varying levels of influence (Guha, 2016; Jonas, 2005; NWI, n.d.), reminiscent of Bronfenbrenner’s Ecological Systems Theory.
(McLeroy et al., 1988; Mortimer & Shanahan, 2007). Although there were several wellness models available, the multidimensional model referenced in this study was the eight-dimension model recognized by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and behavioral health specialist Margaret Swarbrick (SAMHSA, 2016; Swarbrick, 1997, 2006). This wellness model includes eight interdependent dimensions: emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social. Wellness was also described as an ongoing, holistic, self-directed approach to life that required active attention, motivation, and a supportive environment (Guha, 2016; Jonas, 2005; NWI, n.d.).

The phenomenon of interest was the series of events students experienced as they strove for balance and worked towards their unique interpretation of a more successful existence when their lifeworld was completely disrupted by the COVID-19 pandemic. Lifeworld was the term used to describe the state the undergraduate students were in when they had a natural attitude, when their consciousness was directed outwardly (Smith et al., 2009; van Manen, 1990). Prior to the pandemic, people lived in a world that was consistent for so long, many students took the lifestyle for granted (i.e., attending school in person, going to the gym for exercise, and socializing with large groups of people). Students maintained a natural attitude because they did not reflect on their daily taken-for-granted experiences. When the pandemic struck, however, the country went into lockdown and the world as people knew it was disrupted. This major health crisis inspired authentic reflection that assisted the transition between a natural attitude and a phenomenological attitude.
where the students instinctually reflected on what they had versus what was available (van Manen, 1990). The interviews in this study encouraged Generation Z undergraduate students to conceptualize wellness and reflect on their own involvement in their wellness experiences during the first year of the pandemic.

**Collective Interpretation of Wellness Pre-Interviews**

To help gain familiarity of the participants’ understanding of wellness as a notion, I began the research process with a survey. The data collected from the survey before the interviews included demographic information that justified each participant’s eligibility in the research, as well as their initial apperceptions of wellness. The evolution of their comprehension of the construct and interpretation of their wellness experiences are written as the researcher’s interpretation grounded in excerpts pulled from the data upholding the researcher’s commitment to hermeneutics. The word cloud in Figure 4 illustrates the group’s antecedent knowledge of wellness. The size of the text within the figure indicates the frequency of the word used, ergo, words used most often are represented with the larger text.

The terms most frequently used to describe wellness during the initial survey were healthy and health; when analyzed as a singular concept, they were used by nine out of the 10 participants. Associating wellness and health indicated students saw the connection between the two concepts but were unable to recognize the distinction between them. Experts in the field acknowledged wellness as a highly used, yet ill-defined term, therefore, it is unsurprising the students struggled in differentiating the two constructs (Cooke et al., 2016; Roscoe, 2009; Travia et al., 2019). While there are similarities between health and wellness, Jonas (2005) clearly differentiates the
concepts by defining health as a state of being and wellness as a process occurring over time.

**Figure 4**

*Collective Antecedent Wellness Apperceptions*

*Note.* Words used most often are represented with the larger text.

The next most frequently used terms were happy, physical, emotional, mental, and positivity; all of which were mentioned at least five times on the initial survey. During the earliest analysis of the data collected from the survey, I did not realize the predictive nature of these associations. Physical and emotional wellness were two
dimensions of wellness that resurfaced in at least one interview for 100% of the participants. Furthermore, those two dimensions were understandably used to help describe wellness when considering wellness was not a common content topic in the United States public school curriculum. In 2012, the CDC released a report analyzing public school health education instruction between 2000 and 2012. Two areas of national concern during that time were the obesity epidemic and an increase in violence across the country. In response to these trends, school districts funded professional development and changed their focus to content emphasizing physical fitness and mental/emotional health (Kann et al., 2012). In summary, undergraduate Generation Z students used wellness and health almost synonymously and were most aware of physical wellness and emotional wellness, which included happiness, mental health, and positivity.

**Composite Summary of Findings**

The survey offered an initial impression of the participant’s apperceptions of wellness, but the discussions that ensued illuminated a more complex and in depth understanding of the construct and phenomenon. Collectively, the sample of undergraduate Generation Z students expressed wellness as a life-long, individualized journey that was self-initiated, goal-oriented, and evolved over time. Wellness was described as an active process that required discipline, fluctuated on a continuum, was considered self-directed, and utilized reflection and self-evaluation. In an interview, Chris clearly communicated an awareness of his approach to wellness during the pandemic that demonstrated reflection, self-direction, and the need for initiative. His use of laundry as analogous to wellness indicated wellness was a continuous part of
life that required attention and regulation. He described his wellness journey using this analogy:

It's like that big basket of laundry that's sitting in your room that you still got to fold. It's like I see it, I know it's there; I know I got to get to it. I think about it. I think about doing it and then I don't do it. And you know, maybe one day, you know I'll fold some, like I'll match up some socks and I'll put a shirt or two away... Like it's there, it's in my mind, it's a thought that I have. When I can get to it, I'll get to it, but it's just the act of getting to it.

Although difficult at times, students felt wellness should be a top priority that benefited from an optimistic attitude and included self-care and healthy behaviors. Participants viewed wellness as multidimensional, where the dimensions were interdependent. The most common wellness dimensions discussed were emotional, physical, social, intellectual, occupational, financial, and environmental. Ryan addressed the life-long, multidimensional, interdependent nature of wellness, specifically the emotional, physical, and intellectual dimensions when he talked about his experiences with wellness as a college student:

It's a big change physically from high school…to college, and then mentally too. You're getting all the classwork and all the homework and everything you have to do. Stuff [is] piling up on one another, you might forget about eating well, or forget about doing that, spending time for yourself in order to better your wellness. And just, just the balance, the constant balance of having to juggle both [school and wellness]. I think there's a huge overlap in general. And they affect one another too. So, it's not really like you're balancing two
separate things completely. It's kind of like, you're, they're hopping from, like one hand to the other. And you're like, you're juggling them almost.

This excerpt also addressed the notions of active engagement, self-reflection, discipline, and self-directed actions. The visualization of juggling brought to life the fragility of participants wellness journeys, thus showcasing how wellness can bounce between calm and chaotic. Students in this study identified a structured routine and organized schedule helped them manage their wellness. Chris, Ryan, and the other participants were striving towards or thriving within their own paths of wellness before the COVID-19 outbreak. Using the established analogies to describe the students’ wellness during the first year of the pandemic, one could say that the pandemic added laundry to the pile and asked the person juggling to balance on a ball while juggling.

The analogies presented above offer relatable visual representations of the students’ conscious actions towards wellness. To expand on the construct and offer a deeper understanding of the phenomenon, next I will reintroduce the three superordinate themes that emerged from the data: (1) students exhibited varied levels of awareness for understanding and actualizing wellness, (2) student’s core values persevered, and growth occurred through the pandemic, and (3) students conveyed micro and macro interpretations of their wellness experiences. I use few quotes in the presentation of the superordinate themes, for the structure is intended to concisely summarize the recurrent concepts for readers. The main section of this chapter presents an experiential depiction for each participant. The vignettes are organized around distinct superordinate themes to illuminate the commonality of the shared
phenomenological experience with wellness. They also explicate variation in the phenomenon by highlighting the unique experiences and significances offered by each participant.

**Superordinate Theme 1: Varied Levels of Awareness for Understanding and Actualizing Wellness**

The first superordinate theme that emerged from the data suggested students demonstrated varying levels of awareness for wellness as a construct and in the way they actualized their ideas. Students in this study demonstrated they understood wellness as a multidimensional construct by describing their experiences within specific dimensions of wellness and at times, referred to the dimension by name. Nine out of 10 participants explicitly identified and talked about their wellness experiences in the physical dimension by sharing how their diet, level of physical activity, or sleep patterns changed during the pandemic. Similarly, 90% of the students interviewed talked about the impact the pandemic had on their academic experiences transitioning from a traditional semester in college to emergency remote learning. A primary difference in conversations about these two dimensions was the students’ ability to name the dimension of interest. Of the nine participants that spoke of their academic experiences, one identified intellectual wellness as a distinct dimension, and only mentioned the label in general terms of education. None of the participants made a conscious connection between their phenomenological experiences of wellness and their own intellectual wellness. In addition, students may or may not have acknowledged the interdependent nature of wellness dimensions. At times, students offered ways in which a singular experience influenced multiple dimensions of
wellness. In the conversations, the overlap in dimensions was mentioned but primarily on a superficial level. Very rarely did students acknowledge the reciprocity or interdependent nature of wellness dimensions.

The participants’ wellness awareness was not limited to understanding, in fact, the ways in which they actualized their version of the construct was comprised of intentional and unintentional actions. Students in this study actualized wellness on a conscious level by actively adjusting their actions and being mindful of their reactions to situations that may or may not be within their control. As an example, every participant in the study acknowledged an increased awareness of emotional wellness since the start of the pandemic and as a result made intentional lifestyle choices. Victoria passionately communicated a concern for and a connection between the pandemic, people’s basic needs, and their overall wellness:

[The pandemic] makes it harder for you to meet your needs, in general, when you are so isolated. And you are living in a time of crisis, where everyone is in heightened levels of distress where their needs are not met.

Participants strove to fulfill their basic needs during the lockdown phase of the pandemic and attempted to care for those they loved from a distance. They also expressed an increased concern for contracting or spreading the virus, Ryan stated, “I've had several scares, like, of people I've been in contact with, or like roommates getting [COVID] or something like that. So that's always a big stressor. Because like, Oh my god, am I gonna get it?” Later in the interview, he reiterated by saying “[The pandemic] has taken a huge mental toll on a lot of people. Not even just being cooped up in your house, like plus the anxiety of the deadly disease spreading around the
world.” Ryan and Victoria feared contracting the disease and infecting others. To curb fears and uphold personal responsibilities, some students in the study voluntarily participated in asymptomatic testing multiple times per week, followed CDC recommendations, as well as the guidelines provided by the institution.

Beyond the stress stemming from the threat of a contagious virus, participants voiced added concerns and frustrations resulting from the transition to emergency remote learning. In one of the interviews, Ashley said, “because everything got switched to virtual, like virtual life can be very hard and like hard on people's wellness.” Chris described emergency remote learning like:

   driving a stationary bike, you're pedaling and you’re pedaling… and you’re getting nowhere. I feel like I have made some improvements with some things, in terms of my classwork, but not as efficient as it would have been if we were in person.

Chris’s frustrations with his academic progress influenced his academic and personal life. His lack of motivation to complete what was required in the moment, expanded into a concern for his future and the professional preparedness for other students as well. He later shared, “I’m terrified to have … unqualified nurses or unqualified teachers … because it was impossible to do what you were supposed to do.” Some participants felt their academic performances during the pandemic were inefficient, they had low motivation, and felt unprepared for the next phase of their academic journey.

Kayla and others in the study, acknowledged feelings of detachment from limited face-to-face interactions with her faculty and student peers. In the interview,
she commented, “I love having a conversation like face-to-face, like I want to see the person I'm talking to and have that conversation with them. So, I think, definitely in person classes were a lot better.” The undergraduate Generation Z students in this study were cognizant of the psychological distress they experienced that mirrored general population anxieties that arose from the COVID-19 pandemic. Their narrative revealed reciprocal influences of their experiences in the intellectual, social, and emotional dimensions of wellness, even if the participants were not fully aware of the relations. Not all participants felt the same way about their emergency remote experiences; many admitted they liked not having to drive to campus and used their freed-up schedule to apply to independent internships and learn non-academic subjects. Students in this study learned new recipes and worked towards bettering themselves, some picked up extra shifts at work, multitasked, and participated in personal activities, while others slept more. The time they saved by staying home was not wasted.

To manage the changes to their lifeworld and the subsequent feelings that surfaced, students in the study purposefully intensified certain health-related behaviors; they emphasized their cleaning habits, prioritized self-care, and utilized video chat to interact with family and friends. Addressing each respectively, Emily identified as a health-conscious person, whose “[COVID-19 experiences] elevated how clean we’re trying to be now.” Although students had no control over the progression of the pandemic or the restrictions enforced, they did have control over their own actions and reactions. Cleanliness is only one form of self-care the Generation Z students actualized. Participants talked about and exhibited self-direction
and self-efficacy in terms of their own individualized wellness journeys. At times, students made intentional decisions to act in a manner that supported their wellness without considering the impact those choices made on their overall wellness. Samantha, for example, started hiking with friends, and she said, “I've never gone hiking before. And it was definitely, fun. I liked it. Yeah, I want to go again.” In context, Samantha was simply offering an activity she did with her friends when indoor gatherings were not recommended to help prevent the spread of the virus. She made no connection to the impact the activity had on her wellness. Samantha’s intentional act to go hiking, like other participants time spent outdoors, had a positive influence on social, physical, emotional, and intellectual dimensions, and overall wellness. Students did not even realize the value of their actions at the time they happened or in our conversations.

**Superordinate Theme 2: Core Values Persevered and Growth Occurred Through the Pandemic**

In March of 2020 institutions of higher education nationwide responded to the COVID-19 pandemic by transitioning all their in-person courses to an emergency remote learning platform. Students’ lifeworld changed in ways they would have never imagined. In the first weeks of the transition, students showed little concern because they anticipated returning to campus and finishing the semester as intended. Once the realization of the situation sunk in, students were forced to navigate a new world of unknowns. Natalie relayed those feelings when she said, “You don't know how lucky you are until something crazy happens. No one expected this…But before, I think a lot of people took it [their lifeworld] for granted. And now they're kicking themselves for
what life was like before.” Despite the challenges of unprecedented times, students held strong to their core values; two that were directly related to their wellness were health and happiness. Both values were mentioned more frequently than other terms in the participants’ initial surveys and then reinforced in the data extracted from participant interviews. In conversations, students spoke freely and comfortably about activities they participated in to stay healthy and strategies they employed to pursue happiness. Two specific strategies that emerged from the data were how participants approached life and wellness with optimism and a growth mindset. When talking about her approach to wellness, Hannah admitted:

I will probably always be working on it. [Wellness] is a constant journey. It's never just one goal. And that's it. It's always going to evolve into something new, you know, whether I'm here, whether I'm somewhere else, it'll always change. I'll always be growing.

With so many unknowns present, the participants naturally searched for meaning in their experiences; it was easy for them to identify elements of their pre-COVID lives that they took for granted and assumed a constant. The participants tried to unpack the value of their pre-COVID experiences by processing what they were missing in real time (Smith et al., 2009). Through that process of analysis, they were able to reinforce their core values and expose new principles or privileges that they previously did not deem worthy to designate attention to within their conscious mind.

The Generation Z students in this study primarily reflected on pre-COVID experiences in their social, physical, intellectual, and emotional wellness dimensions to interpret the situations they were experiencing before and at the time of our
interviews. The activities used to describe their wellness experiences fell within the dimensions they valued most or were most familiar with due to their education, family upbringing, and wellness exposure on social media. For example, in our conversations, students emphasized the importance of social wellness; they specifically missed physical contact and the essence of in-person interactions. Natalie attempted to verbally express the emotional void formed by the lapse in social connection but struggled to find the words. She eventually described it as:

Not being in the same room, in the same presence as the other person, I just think the feeling is a lot different. Whereas virtually, you just don't feel that same presence as, the same as, the person that you're in the same room.

Other participants admitted to missing social interactions and exhibited similar difficulties describing the essence of in-person conversations. Their struggle was evident when they stumbled over their words and paused midsentence as they truly tried to figure out what made in-person interactions more significant than virtual connections on platforms like FaceTime and Zoom.

Not only were the virtual interactions insufficient replacements for interpersonal relationships, but they also contributed to the number of hours students spent in front of a screen. The lack of daily physical activities replaced by sedentary lifestyles sitting in front of a screen impacted more than their physical wellness. At one point, Bianca declared, “I'm tired of watching TV in my house and tired of doing schoolwork.” She and the other students in this study talked about screen fatigue, physiological changes, emotional stressors, and frustrations with emergency remote learning. Learning asynchronously or synchronously were incomparable to the in-
person classes they were familiar with. Although students admitted they took for
granted the experiential learning that occurred in labs, practicums, and upper-level
courses pre-pandemic, the transformation in learning format did not diminish the
amount of work students put into their studies. Participants demonstrated they valued
their education and work ethic in the content of their stories and the ways they
compared their pre-COVID and COVID academic experiences.

The participants openly talked about the pressing need for self-care and
increased mental health concerns within their emotional wellness. Ashley voiced
concerns for her own emotional wellness “at one point [during the spring of 2020], I
was like no, this is too much. I need to take care of myself.” Finally, participants
searched for leisure activities they deemed untraditional, such as painting and hiking.
In the times before COVID, watching Netflix and gaming were a fun way to interact
and destress. Chris recalled, “Ninety percent of the time, my reprieve was, playing
video games or watching tv, or doing whatever like that was alright…And now it's
like I don't want to do that because I've been on my computer all day.” During the
semesters of emergency remote learning, those activities were less inviting because
students were already spending hours on the screen attending class and completing
assignments.

Superordinate Theme 3: Micro and Macro Interpretations of Generation Z

Student Wellness Experiences

Participants’ interpretations of their wellness experiences during the first year
of the COVID-19 pandemic were seen through a tinted lens. Their vocalized
interpretations acknowledged the changes to their lived world and indicated the state
of flux that they were still experiencing, while they simultaneously recognized the larger concerns of society and across the globe that transpired from the pandemic. In my research journal, I originally interpreted the students’ experiences as temporarily interrupted, but relatively unchanged. At first glance, students appeared to minimize the changes they made, such as exercising from home or attending college classes online. Their experiences were overshadowed by the sincere gratitude they expressed for their health and the health of their loved ones. Emily exhibited her feelings by saying

[I’m] grateful for being able to go to the store, even though I'm trying to be as healthy as I can. I know that it's more safer for me to go to get my groceries than someone else who has that condition [considered high risk for contracting COVID-19] and can't go out at all.

In conversations like the one I had with Emily, the participants showed concern for others that were less fortunate both in their immediate social circle and for members of the community at large. Victoria was troubled for their sister and said, “I have a little sister who's 12 [years old] who is isolated from all our peers because she can't go into school, because my dad has a high-risk job.” They also expressed concern for close friend when they said:

[Their friend] lives alone and has not had anyone touch her since March of 2020. She has a disability…she knows that her body is…not strong …[and] struggling already to begin with, and that any challenge to that would be detrimental…And now with COVID, it's like bam, in your face all the time.
And that's, it's really difficult and hard. And it ends up being this really heavy burden on individuals, again, to meet their own needs.

Reflections of students in this study acknowledged their fortunes, such as maintaining employment throughout the pandemic and living in a home with multiple people so they could relish in physical contact when much of the world turned to virtual interactions. Samantha exhibited an attitude of gratitude when she was talking about her occupational wellness during the pandemic. She said, “a lot of people lost their jobs. And that’s something that people don't think about, like, I didn't really think about because it wasn’t happening to me.” This is a powerful statement because it established Samantha’s awareness of the societal impact of the pandemic and indicated that she, like many others were primarily focused on matters within their own control. Unemployment rates were out of Samantha’s control and not directly related to her daily living, so she focused her attention elsewhere. The macro- and micro-level considerations students in the study divulged became more evident as my investigation of the phenomenon progressed.

Deeper analysis of the transcripts and my journal entries unveiled students’ adaptations and ability to persevere through the collective trauma of the COVID-19 pandemic. Students’ resiliency was due, in part, to their intentional search for the positives in life (Gómez-Molinero et al., 2018), mindful actions (Matiz et al., 2020; Vos et al., 2021), and understanding that their experiences were part of a bigger picture. Kayla articulated her optimism when she said, “[I] just think of the positives rather than the negatives; that has also brought to me to look at different things in a different way.” Similarly, Chris explained how mindfulness was a strategy he
implemented daily on his lifelong wellness journey that influenced his wellness experiences during the pandemic. He conveyed:

People have this mindset of like, I need to go to the gym for an hour or…have a wellness night …finding ways to plug [wellness activities] into this five-minute slot or …[when] I'm driving home from work, [thinking] what can I do in this moment that will help me out …focusing on those smaller times and implementing it in that way. And not just because it doesn't need to be an event. And I know that it doesn't need to be an event, but it's just, what, how to not make it an event, I guess how to make it a thing.

Vos and colleagues (2021) recently posited personality traits, such as optimism, mindfulness, and resiliency serve as protective factors against depressive, anxiety, and stress symptoms associated with the fear of COVID-19. Participants micro interpretations were primarily concerned with their personal journeys towards wellness during the pandemic. Their macro interpretations connected their wellness experiences to societal constructs of wellness, recognition that their actions could impact other’s wellbeing, and offered a hope that the country learns from the pandemic. Victoria ardently expressed her opinions on mainstream wellness concepts within the United States, especially during the pandemic:

The lack of balance that we have in the society that we have established that has day in, day out, like, we're not supposed to necessarily operate the way we're operating. So of course, people are feeling uncomfortable. …It feels [like] within the systems that we're in, in the situations right [now], especially with COVID, [wellness is] unattainable and these [basic] needs are still very
much there and relevant. And instead of systems of power working to meet them, I'm getting it advertised all these ways to utilize and do self-care by shopping at the sale at Nordstrom. And I'm thinking to myself, no, we need community, we need connection, we need, food security, we need connecting back with nature and our environment, and not to be so divorced from the feelings of others. Because right now everyone's stressed.

In this excerpt Victoria identified differences between her understanding of wellness and how she felt wellness is interpreted by society. She named macro-level hindrances to individual and community wellness and then offered suggestions as to peoples’ needs that should be addressed to improve their wellness, especially during the pandemic. She suggested personal connection and a sense of community as specific needs, indicating individuals influence one another’s wellness. While Victoria did not directly express an optimistic future in this quote, Chris did when he explicitly stated, “I hope that we [the United States] learn from all of this [the pandemic].” Throughout the research, several students exhibited positive psychological attributes that influenced their daily actions and interpretations of the phenomenon. They interpreted changes to their wellness that transpired from the pandemic as impactful but recognized that this moment is just a leg of their lifelong wellness journey.

Furthermore, students in this study, made meaning of their experiences by expanding their viewpoint to include wellness on as a societal construct.

Although students’ interpretations of the phenomenon varied, there were commonalities throughout that yielded three superordinate themes: (1) students exhibited varied levels of awareness for understanding and actualizing wellness, (2)
student’s core values persevered, and growth occurred through the pandemic, and (3) students conveyed micro and macro interpretations of their wellness experiences. This section was a cumulative presentation of the ways in which students in the study made meaning of their wellness experiences during the pandemic within the framework of the superordinate themes. Most of the participants had similar understandings of wellness as a construct, they applied a growth mindset to the experiences they had during the first year of the pandemic and interpreted their experiences on a personal and community level. Depictions of individual participant’s understandings of wellness and interpretations of their experiences during COVID-19 are derived from direct quotes and the context presented within each case. The vignettes presented in the participant analysis section align with the three superordinate themes posited in this study while simultaneously illuminating the distinctness of each student’s experience and meaning making process.

**Participant Analysis**

**Ashley**

Ashley was born in 1996; she identified as a Hispanic and White woman. On the survey, she noted she was a first-generation student that was in her sixth year of college. Her passion for working with children and advocating for those who may struggle to advocate for themselves are the main reasons she is pursuing a degree in teaching. The initial survey also revealed Ashley had four years of health classes in high school. When describing wellness on the initial survey she used content-related terminology, “[wellness is] a combination of physical, mental, emotional, cognitive, and spiritual health.” Later, she confirmed her definition stemmed from her K-12
education, “wellness, is like a good thing, but it hasn't really been mentioned in any of my, like, classes growing up or anything, it's always been just health.” Since health was the term Ashley was taught in school, at times she used health and wellness interchangeably, but recognized that there was a difference between the two notions. In her mind, wellness had a positive connotation and health was a neutral term.

During the first interview Ashley shared she had not thought about the term wellness until participating in this study. Her preliminary conception of the notion was influenced by her education and family but was self-constructed. As we spoke, her understanding of wellness continued to evolve. Here, the language Ashley used showcases how ideas would manifest as she was speaking “Honestly, with this whole wellness thing, I don’t think I might have mentioned it, but sleep. I feel like sleep is very important with wellness too.” Through our conversations, Ashley made meaning of the term and phenomenon by comparing her wellness experiences during the pandemic to her ideal wellness. “Wellness is going to be different for everyone. But for me, personally, I would like to be in a place where I can, I’d like to be very organized…probably exercising a few times a week.” She continued to explain how she would consume a healthy diet, paint, spend time outdoors, and have a balanced life. Ashley then referred to her wellness during the pandemic, “[my wellness] is on pause in the moment…I’m not doing what I need to do to take care of myself.”

Although Ashley claimed she was not actively working towards wellness, she identified numerous strategies for stress management and strove for balance during unpredictable times. Even though Ashley was reflecting on recent past experiences, she was still ‘in the moment.’ Our conversations happened during the first year of the
pandemic; she had not thought about her wellness prior to our meeting, so she was still in a natural attitude.

Superordinate Theme 1: Varied Levels of Awareness

Ashley’s positioning within a natural attitude allowed some room for reflection but she was still living through the pandemic and processing her situation. As such, her interpretation of the phenomenon was expressed on a spectrum of consciousness. Outwardly, Ashley started the conversation by identifying five wellness dimensions (i.e., physical, mental, emotional, cognitive, and spiritual health). Later, she made several references to the physical, emotional, and cognitive (also known as intellectual) dimensions. Beneath her spoken apperceptions, however, Ashley’s wellness appeared to revolve around control. Ashley assumed control of her wellness by saying she was her own barrier “I feel like what was just stopping me was, honestly, myself.” She rarely took ownership of the ways in which she was actualizing wellness, because she felt as though she was struggling to meet her self-set expectations. Instead, she compared her current situation to times when she had more control over her daily actions:

When I lost that weight, the first time, I was living at home, so I didn't have to pay rent, so I didn't have to worry about working as much … there were no bills… I also didn't shop for my own food.

At the time of the interviews Ashley was working three jobs and going to school full-time, she had bills to pay and groceries to buy. Adding the pandemic into the equation increased her stress levels, which impacted her motivation. When talking about hindrances to her wellness during the pandemic she said, “It's mostly time, and then
also motivation. So, I'm a lot more stressed out because of a lot of those factors. And because I'm stressed out, I lack motivation. And I get like into this, it's like a cycle.” In addition to time and motivation, Ashley felt her wellness journey would be more easily attained if she had more money. If she had more money, she could work less, and designate time to work towards her wellness. Shadowed by her self-judgement, Ashley paid little attention to the actions she took towards her wellness. For instance, she talked about times when she wanted to exercise, but had no energy left, so opted to watch a show. Watching television can provide an escape from reality for a short time, which may be what her mind and body needed (Flayelle et al., 2019). In our interview she said, “I feel like I overwork myself a lot. And I don't give myself that ‘me’ time that I need. And it's sometimes, it's hard for me to be like, alright, stop, like this is your, like your time.” Ashley’s conscious reflections on her experiences reiterated her perceived inability to reach her desired level of wellness, so much so, that she was unaware of the ways in which she was actualizing wellness consistently.

Furthermore, Ashley highlighted the emotional, physical, and cognitive dimensions in her personal version of wellness throughout the interviews, but they were not the only dimensions she described and valued. When further explaining the activities, she used to ground herself during the pandemic she talked about being in nature and how her environment influences her mind and mood. “I enjoy being like in the woods, or like, this past weekend, I went camping, and I feel like that was like a restart button for me.” This statement illuminates her value of the environmental dimension of wellness and the interdependent nature of the dimensions, even if she did not acknowledge the environmental dimension specifically or relationship between it
and emotional wellness intentionally. In contrast, Ashley clearly acknowledged a relationship between environmental, emotional, and physical wellness when she said:

Getting fresh air and being outside is very important to our health, mental and physical. Because being cooped up in the house, like your allergies, you get all stuffy, you feel groggy, you're always tired. And you're not getting sunlight, you're not getting like that vitamin D. So, like, I feel like that's something that's changed because I wasn't going outside as much before. Like my exercise was always inside, always at a gym. And since COVID hit I was like always outside, like I was just like, I cannot be in this house anymore. Like I need to get out.

Having a restricted number of options for physical exercise and the requisites to be indoors on the computer more frequently for school helped Ashley become more aware of the benefits of spending time in nature. This concept was drawn out of our conversations but had not fully entered her stream of consciousness. At the time of our interviews environmental wellness had not situated itself in Ashley’s apperceptions of wellness but were meaningful enough to be mentioned when she was asked to reflect on her experiences. Ashley constructed her experiences around physical and emotional wellness, but truly showed concern for her lack of control and was unaware of the impact her environment had on her wellness experiences during the first year of the pandemic.

*Superordinate Theme 2: Values and Growth*
Ashley was admittedly too overwhelmed with work, school, and life experiences that she could not pursue activities that were intentionally designed to improve her wellness. When asked if she thought about wellness daily, she replied:

I don't think it's on a daily basis, I'd probably put it on a weekly basis, if I were to put a timeline to it. Just because there are moments throughout the week where I like, I kind of just feel so drained where I'm like, well, like I'm not taking any time for myself. And honestly, if I wasn't feeling that drained feeling, I probably wouldn't think about it.

She did, however, practice giving herself grace and when possible, tried to relax during the little free time she had available. Although wellness was not an intentional priority for Ashley during the first year of the pandemic, she did have consistent values. Throughout the interview she consistently referenced getting enough sleep, exercising, eating properly, taking stock of her emotions, and self-care as vital strategies for pursuing wellness.

During the summer of 2020 Ashley had the opportunity to participate in a virtual summer program as a future middle school educator. The program’s values were belonging, investment, collaboration, growth, and excellence. Ashley felt the program upheld their principles and encouraged her to think about emotional health more than ever before. “[The program was] very inclusive, very welcoming, very supportive. And everyone like, the main topic, really, even though everything was academic, the main topic was like, I wouldn't say wellness, but taking care of yourself.” Later she shared she was happy to take the professional development course during the pandemic because she felt it may have had a different focus if it were in
person and she was grateful for the growth she experienced at the training. “The program that I was in definitely changed me because I don't think all of those aspects of like, you know, taking care of yourself, and all of that would have been as prominent if it was in person.” Ashley’s summer experience in combination with the stressors of transitioning to emergency remote learning and working extra jobs during the health crisis necessitated her to think about her emotional wellness.

Given her situation, she was not in a place where she could make major lifestyle changes, but the experiences taught her to think about her own wellness more. Ashley’s recollections suggest she may have moved from the precontemplation to the contemplation stage (Prochaska & DiClemente, 1983). Towards the end of the second interview, Ashley shared she used to see a therapist, and expressed an interest to return to sessions. She also identified the services that her college used to offer and the ways in which they changed in response to the pandemic. “I was telling my friend and my boyfriend this past couple of days that I want to go back to therapy. But I don't want to do anything over the computer.” This statement along with the conversation that followed, indicated Ashley is contemplating if and how she could make lifestyle changes to support her own mental health and overall wellness. Throughout our conversations, Ashley emphasized her values for the physical, emotional, and cognitive wellness dimensions. The experiences Ashley had during the first year of the pandemic afforded her the opportunity to learn more about and become more aware of her emotional wellness.

Superordinate Theme 3: Micro and Macro Interpretations
Ashley vaguely addressed wellness from a macro viewpoint when asked if she considered wellness a privilege. She mused:

If you don't have access to the things that you need, like health care, and stuff like that, it could take a toll on your wellness. So, in that case, wellness is a privilege. But I know that there are people in third world countries that if you go and talk to them, they'll say they're so happy and they love like where they are, and they wouldn't change it and like, because they have their family or they have whatever they need, you know.

Here, Ashley referred to health inequities such as health care; afterwards she also identified access to healthy food and resources like money and time. Although her reference was brief, she acknowledged that certain resources on a societal level influence an individual’s wellness.

Ashley did not necessarily situate herself within a global context of the phenomenon. Her stories, recollections, and interpretations concentrated on her own comprehension of wellness and personal experiences, emphasizing interpretation on a micro-level. Ashley made meaning of the phenomenon by comparing her wellness during the pandemic to her self-constructed ideal sense of wellness. From her perspective, she was continually falling short of optimal wellness because she did not have the resources, she needed to prioritize wellness or actualize it consistently. In our conversations, she identified a strong support system, an enjoyment for learning, a conscious attempt to drink more water, spending more time in nature, and thinking about self-care as strategies to work towards her wellness. While she talked about
these areas, she did not always associate what she was talking about to specific dimensions of wellness.

**Bianca**

Bianca was born in 2000; she identified as an Asian woman who attended college for one year prior to our conversations. Bianca’s living arrangements did not change throughout the pandemic; she lived with her parents, sister, and grandparents. At the time of the interviews, Bianca was a biology major who aspired to attend medical school like both of her parents.

Due to scheduling conflicts, there was a four-month gap between Bianca’s initial and follow-up interviews. Early in our conversations Bianca referred to herself as a teenager who relied heavily on her family for support, guidance, and resources. By the conclusion of our last interview, it was evident Bianca had begun to establish her own attitudes, values, and independence which influenced her actions and lifestyle choices. Bianca viewed herself as more knowledgeable in wellness than her peers and as a person that liked to share her story in hopes it may motivate others to lead healthier lives. She openly admitted she still had lots to learn and is highly motivated by others’ success stories. Bianca and her family talked about wellness often and made lifestyle choices accordingly.

**Superordinate Theme 1: Varied Levels of Awareness**

Bianca understood wellness as an active process that required awareness and discipline. She felt wellness journeys were unique to individuals, they required reflection, self-evaluation, and flexibility. She viewed wellness as a lifelong experience that was goal oriented and consisted of good days and bad. Her
interpretation of wellness centered around the interdependent relationships between
the emotional, physical, intellectual, and social dimensions. Bianca’s interpretations of
wellness were highly influenced by her family’s values, attitudes, beliefs, and actions.
She also conducted research online and via utilized social media platforms for
inspiration and motivation. During the COVID-19 pandemic Bianca revised her
understanding of wellness as she attempted to discover her own values apart from, but
congruent with her parents. The upset in routine and drastic changes to her lifeworld
caused her to reevaluate what was important and forced her to find new ways to
actualize her apperceptions of wellness. Through this process she gained confidence,
developed initiative, and established new routines that worked for her. Bianca’s
reflections during the pandemic helped her to realize how important self-care was and
that when she prioritized the activities that she valued she felt less stressed, more
fulfilled, and more productive.

Superordinate Theme 2: Values and Growth

During both interviews Bianca shared stories of experiences that embodied
Albert Bandura’s social learning theory (Mortimer & Shanahan, 2007). Whether she
was talking about science experiments, fitness routines, or study habits, she learned
through observation, by imitating role models, and by receiving positive reinforcement
and assurance. The social interactions helped her retain the information and develop
the confidence, self-efficacy, and motivation she needed on her self-directed journey.
Bianca was fully aware that she made sense of the world through social engagements.
In fact, making connections with others was a recurring pattern in all the wellness
dimensions she talked about. Two dimensions that provided the most examples were
the intellectual and physical dimensions. During our first interview Bianca described how difficult it was for her to take a science class remotely, in part because the delay in instructor reassurance during lab activities, which led to feelings of doubt and an increased level of stress. Her reminiscing utilized descriptive language and intensifiers indicating an emotional recollection:

I was really stressed out about it because I was like, I was going to have to do everything outside. Super, super hot. I was like, I have to sacrifice…and I was like, I can't figure this out. … And you know how you need like a professor next to you. That's the type of person I am. I needed like reassurance to make sure I'm doing good. … I'm so lost and confused …he's gonna, like literally kill me. So, I had to sit down with the professor over Zoom. …I was like, I'm gonna drop this class. Like, I can't do it. And then …I did really well in the end.

Other overlaps between the social and intellectual dimensions were observable when she shared her admiration for her parents’ academic journeys and her appreciation for the organizational strategies she learned from them and her peers. Here she talked about pre-COVID experiences, acknowledged some changes she made, and how others are inspirational:

…When I was going to school (pre-COVID) I did not work out at all … But it was hard for me to like make time to exercise because I would always be studying all the time…I think I just didn't know how to incorporate it into my schedule… I obviously didn't know how to maintain and manage my time and use my time wisely. And now I do…I've learned time management from my
parents… I've also learned from other people like how they manage their time. … I look up to some people like that and that makes me like, makes me drive more, like more focused and I and I want to do something like that too. All these examples provided opportunities for Bianca to watch, experience, and adopt new behaviors when she had more time, while attending school remotely.

Bianca’s academic, or intellectual wellness journey, like many students, was completely muddled at the start of the COVID-19 pandemic. As an undergraduate she felt pressure from family, school, and herself that resulted in a stressful pre-COVID college experience. The class she took over the summer only added to her frustrations and anxiety. Over the pandemic she engaged with her parents and peers to learn more organizational skills and time management strategies, in addition to incorporating more physical activity and consistent meditation. The modifications she made were inspired by a supportive social network, which positively influenced her intellectual, physical, and emotional wellness. Over the course of the pandemic, Bianca’s initial stress-ridden experiences evolved into a new regimen that provided her structure, stability, and control in a time when daily experiences lacked all those securities.

Part of Bianca’s revised routine included a consistent and increased level of physical activity outdoors. Before the pandemic Bianca recognized the importance of physical activity but did not prioritize movement. When the outbreak was declared a pandemic by the WHO in March of 2020, the country entered a shut-down phase, where states advised work-from-home policies and issued stay-at-home advisories. When colleges and universities transitioned to emergency remote learning Bianca’s entire world halted. She quickly tired of staying in her home but could not partake in
her traditional activities of shopping and socializing; consequently, her family began
spending time outside biking and walking together. She shared her interpretations and
experiences:

…In the United States [it] is like crazy because a lot of people are like stressed
about the situation (the COVID-19 pandemic). Like they don't know what's
going on. …Wellness is really important, especially in this time (during the
pandemic), so I said like state of mind because, like going outside, like for one
thing, I never was bike riding before. I was just kind of like exercising in my
house because I have a gym in my house, like a little gym. But like, I have
some equipment that I use and everything. So, I wasn't really like going out for
bike rides or walking like lots of miles … during this time, I think like going
outside has made me feel much better and I took some summer classes … I did
so much better, like just by making myself like go outside and like be less
stressed about my classes. And I took some hard classes this semester too and I
ended up doing really well.

When her family embarked on outdoor adventure the exercise and interactions with
each other offered reprieve from boredom, plus a change of scenery. Initially, Bianca
was unaware that the changes she made would lead to lasting habits, new
relationships, and a stronger sense of self. She shared the realization with what seemed
to be a sense of pride:

It's so weird it’s like coming from a workout thing… we're all hanging out,
going to parties together. Like not really partying, but we're like hanging out
each other's houses and like having fun. ... we're like this like little active, like fitness group type of thing.

Bianca’s wellness journey began with her as a member of her family unit, following along with their routines and subscribing to their value system. Throughout the pandemic, Bianca spent time trying new routines and reflecting on her values and experiences. This process enabled Bianca to set her own value system and establish her own routine. She progressed even further by organizing a friend group to join her in the experience. Inviting friends into her experience showed that she was knowledgeable, motivated, and determined to maintain her regimen. In addition, it showcased her new organizational skills. The time outdoors, with friends, and being active, helped her lower her stress, manage her time more efficiently, and improved her academic performance. Bianca used the pandemic as a time for reflection and transformation.

It is important to acknowledge some of the supports Bianca used that assisted her wellness journey during the COVID-19 pandemic. As previously mentioned, Bianca had the support of family and friends. She also had financial stability which meant she did not have to work, balance a work schedule, or worry about losing her job because of the pandemic. In addition, both of her parents worked in the medical field, so they were not concerned of losing income either. Considering their essential worker status, Bianca never showed concern for her parents’ health or fear for them contracting the coronavirus. Bianca had access to healthy food options, a small in-home gym, smart watch that could track her fitness, and access to apps that guided exercise and meditation. When exercising she had the clothing and equipment she
needed to be outdoors regardless of the weather. During the pandemic she traveled with her family and attended her annually scheduled physical. Lastly, she had her own bedroom and workspace within it to complete homework. In our conversations Bianca superficially acknowledged health disparities and talked about her assets but made no mention of the significance her advantages afforded her throughout her wellness experiences.

In essence, Bianca is an extrovert that thrived on social engagement. She entered the pandemic with high levels of stress centered around school and her life world was incapsulated within her family culture. The unexpected upset in her daily living combined with her social supports and financial security allowed her the opportunity to reflect on her values and establish herself as the owner of her wellness journey. The COVID-19 pandemic was the catalyst for Bianca’s transformation. While she recognized the changes in her routine, she has yet to realize the personal growth that coevolved over the pandemic. Bianca’s experiences exemplified the interdependent nature of wellness. She devised a system that utilized her strengths and supported her values so that she can continue to prioritize and socialize in a post-pandemic world. Bianca made meaning of wellness through social interactions and a developmental evaluation of priorities and establishment of self.

**Chris**

Chris was born in 2000, he self-identified as a White man, who completed two and a half years of college prior to participating in this research. Chris was a first-generation college student, pursuing a degree in education who was extremely involved in extracurricular campus activities before the COVID-19 outbreak.
Extracurricular campus activities can be described as voluntary activities in academic and nonacademic settings, usually performed outside of the classroom and not associated to the major curriculum (Civitci, 2015). Bartkus and colleagues (2012) listed participation and leadership roles in college clubs, involvement in communities and associations (i.e., fraternities, intramural sports, and professional societies), and presence in cultural and athletic programs (i.e., art, music, and sports) as examples of extracurricular activities. In addition to Chris’s involvement in multiple extracurricular campus activities, he was also employed by the college as a student worker. Even though Chris’s level of involvement changed due to campus closures, he remained engaged as much as possible. Chris referred to the importance of his involvement on campus in relation to his wellness both before the pandemic and during.

**Superordinate Theme 1: Varied Levels of Awareness**

Chris viewed himself as an older member of Generation Z who grew up playing outdoors until the streetlights came on and did not have the privilege of owning a cellphone in middle school. Chris was cognizant of his own wellness course and felt some of the value he placed on wellness-oriented living originated from his upbringing, involvement in extracurricular activities, and middle school health education classes. Beyond the external influences, Chris proclaimed self-initiated research, life experience, and personal reflection were just as valuable, if not more meaningful to his wellness. Within the first minute of the interview, Chris described wellness as:

> This lifelong, like kind of journey … a mindset, it's more of just kind of this, this overall being … everything that you're doing to get there is the wellness of
it all. Like, you can start off being unwell. And then every day you make progress, that's a, that's a step towards wellness. And that's, that's a step in the process. So, you know, being happy being healthy, being you know, okay, and having that mindset is all kind of reminiscent of when someone says wellness.

From our discussion, it was clear that Chris understood wellness as an on-going, unending, self-initiated experience. He appeared to have a clear idea of the term in his head but struggled to verbalize the thoughts in coherent sentences. The process he went through to define the term reinforced how individualized and personal the concept was for him. When asked about wellness, he did not recall and repeat a textbook definition; instead, he attempted to put into words, how he internalized the construct. Chris’s initial attempt at defining wellness narrowed the experience to primarily the emotional and physical dimensions by identifying contentment, worldview, and physical health. Chris, like other participants, understood wellness on varying levels of awareness. Our conversations helped him make meaning of the construct and connect it more deeply to his experiences. Later in the interview, he expanded his definition to include social and spiritual wellness. Chris explained how participating in extracurricular activities benefited his physical, social, and emotional wellness. Then he acknowledged how the absence of a routine due to the restrictions in place from the COVID-19 pandemic helped him realize the value of self-reflection and self-care. He recalled:

Going to [sport] practice five days a week, you're getting your exercise and you know, that you're taking that journey towards being physically well and being surrounded by people and classmates and athletes and stuff, you know,
that’s promoting good social wellness. And taking the time to do things that you love and do things that you want to do is catering to that emotional wellness. You know, but also know something that I've been, I've been big on within myself over the past three months is taking that time for self-reflection and, and self-discovery, because it's not something that I've never done before.

The excerpt offered above shows the variance in Chris’s understanding of wellness. On the survey and throughout the interviews, Chris often addressed the physical and emotional dimensions of wellness. These two dimensions of wellness were in his conscious awareness from the start and throughout the interviews. As our conversations progressed, he also named and talked comfortably about spiritual and social wellness, indicating an initial subconcious awareness of the dimensions, that moved into conscious awareness when they were remembered. Furthermore, Chris talked about school, work, and financial obligations as he described his wellness experiences during the pandemic, but he did not connect the conversations to the intellectual, occupational, or financial dimensions of wellness, respectively. A presence of the institutions and obligations within the conversation indicated Chris saw a link between those portions of his life experience and his wellness, however, an absence of identification marked his unawareness of the terminology associated with the construct.

**Superordinate Theme 2: Values and Growth**

Chris’s core values persevered through the pandemic and new values emerged as growth from experiences during the health crisis. Chris shared he knew the importance of life balance when striving for wellness in what he called the “before
times” or the years in college before the COVID-19 outbreak. Part of his life balance was achieved by decompressing in front of a screen; a habit which he chose to modify during emergency remote learning in the first year of the pandemic. In addition, Chris acknowledges he was unaware of the value of his level of physical activity until he was required to be inactive for emergency remote learning. As a result, he began exercising at a gym. He shared some of his experiences when he said:

You know 99% of my day is staring into my nice webcam into all of the nice faces on Zoom. I'm not walking to class and then the dining center and then back to class and then to my room and then back like I would [in the before times]. We would all walk upwards of like eight miles a day, just walking around campus and that's something that I didn't realize I would be missing out on. You know until we swapped over to [emergency remote learning] … I've started going to the gym a lot more now… [In the before times] it would just be integrated in my day-to-day life and when it stopped being integrated into my day-to-day life that's when I started to notice it… I didn't realize how much just having to be on the computer just drained me. And like [in the before times] 90% of the time my reprieve was playing video games or watching tv or doing whatever like that was alright. You just got back from in person class all day, let's throw on Netflix or let’s play whatever. And now it's like I don't want to do that because I've been on my computer all day. So, it's trying to find other things to do and other ways to occupy my time which is not much, but I paint sometimes, I play cards sometimes with some of my friends. So just whatever I can do to not stare at a screen for 14 hours a day.
In addition to reinforcing his value for balance and helping him realize the importance of physical activity and non-screen leisure activities, the first year of the pandemic helped Chris realize how important self-care was and the impact it had on his overall wellness. In conversation, he acknowledged:

I 100% think that without COVID I would not be as introspective as I [am now]. I would not be … so self-appreciative without it. You know, [in the before times] because I was going, going, going, going constantly…There would be weeks where I would not have a second alone … I've spent more time alone over the past year than I ever have. And I hate it some days, and I love it some days … [In the before times there were] days where I [asked myself] did I eat today? Did I brush my teeth when I woke up? Did I make the bed … because I'm just going, going, going and now I take the time to do those things for myself because it is important. … I've never done before. And the result of the past year has taught me that I need to do it more.

**Superordinate Theme 3: Micro and Macro Interpretations**

In Chris’s opinion the COVID-19 pandemic posed challenges and offered lessons to learn. On top of the challenges and lessons already presented, Chris shared his hopes for our country. The third superordinate theme that emerged from the data was the notion that students interpreted their experiences contextually and globally, meaning they viewed their experiences on micro and macro levels. Chris disclosed with guarded optimism:

I hope that we [the United States] learn from all of this because there's definitely some stuff in the past that like … America just has this blanket
expression of, ‘if it ain't broke, don't fix it.’ … And I think that we all kind of need to have this mentality moving forward of like, don't wait until it breaks…

My biggest fear is that we're [the United States is] gonna go back to exactly the way that everything was before and people are gonna stop caring about … nurses and educators and taking time for ourselves and being well … and then we're going to get back to the nine to five, and everyone's gonna be like, I'll just throw it out the window and get shit done.

In listening to Chris’s comments and analyzing his words, I believe Chris viewed the COVID-19 pandemic as a catalyst for change. He shared his personal growths and in turn, hoped society would also take advantage of the opportunity for reflection and change.

Through interpretation, I feel Chris understood wellness as a self-initiated, active process where individuals have the intrinsic motivation to reflect on and work towards an ever present and dynamic wellness experience. He recognized his journey involved interdependent dimensions, some of which he was cognizant (i.e., emotional, social, physical, and spiritual) and others that were impactful, but he could not name (i.e., intellectual, occupational, and financial). Chris valued authenticity, self-reflection, and self-care; he acted in ways that reinforced his values and practiced mindfulness, which included having a growth mindset and being optimistic. Chris made meaning of his experiences through reflection and his roles as a student and on campus. The pandemic turned Chris’s lifeworld, like so many others’, upside down.

He used the opportunity for self-improvement, which was expressed when he admitted our first interview helped him focalize wellness by saying: “I'm trying to make
[wellness] a focus…I'm definitely thinking about it more and trying to implement it more in my day to day.” This was just one example of how Chris floated between a natural attitude and phenomenological attitude with ease (Smith et al., 2009; van Manen, 1990). Chris revealed evidence of self-initiated reflection:

You know, but also know something that I've been big on within myself over the past three months is, taking that time for self-reflection and, self-discovery, because it's not something that I've ever done before, and it terrifies me, which is why I want to do it even more. You know, so, [pre-COVID] being so structured, and being, surrounded by people all the time and surrounded by things to do… took away from kind of that introspective time. It took away from that self-growth, that self-learning.

Transitioning from an over-packed schedule, where traditions, routines, and institutions were assumed a given, to a world of unknowns could be daunting to some. Instead, Chris used the time to reflect, grow, and continue to improve himself and his overall wellness.

Emily

Emily was a Hispanic woman, born in 2001, who attended college for one year prior to our conversations. Preceding the pandemic Emily lived on campus, then moved home to live with her mother and brother when the institution transitioned to emergency remote learning. During our interviews Emily referenced lessons learned from her parents, life experiences, and health education classes in high school that helped shape her thoughts of wellness. Based on our conversations, most of her content-related knowledge was self-initiated and self-taught through research
conducted online and by watching documentaries. Emily’s interest in health and wellness originated in middle school and only increased since then. She viewed herself as more knowledgeable in wellness than her peers and claimed to lead a healthy lifestyle with wellness as a common consideration that influenced her daily choices.

**Superordinate Theme 1: Varied Levels of Awareness**

When comparing Emily’s survey and interview responses, it was clear her initial explanations of wellness truly represented her conscious interpretations of wellness in general and during the COVID-19 pandemic. On the initial survey Emily said, “[Wellness] looks like a healthy and nutritious diet with exercise, which leads to happy mindsets.” These preliminary claims were firmly fixed in the data collected. During the interviews Emily shared several ways she actualized her wellness apperceptions, some of which included cleaning, eating properly, exercising, and socializing. Although analyzing frequency of codes appeared quantitative in nature and should not be used as the sole justification of importance, it can indicate relative importance to the participant (Smith et al., 2009). Numeration of codes revealed diet and exercise were Emily’s top wellness-related actions considering she mentioned them each 14 times within the two interviews. Cleaning and socializing were only mentioned four and five times respectively. Going beyond the dimensions of wellness expressed here, I interpreted Emily’s understanding of wellness to be more complex and comprehensive than she realized.

Initially, Emily admitted she struggled to distinctly define wellness and acknowledged an overlap in her understanding of related terminology when she attempted to distinguish health from wellness. Eventually, she concluded health was
not the same as wellness, however wellness included making healthy choices. Through conversations, Emily described wellness as an active process that required attention and discipline. Although she identified goals, she recognized wellness as a lifelong endeavor individual to each person’s needs and aspirations. Emily indicated wellness included preventative activities that could be learned in school, from others, experientially, or using self-initiated strategies. Whilst she never used the terms reflective or self-determined, she described instances where she reflected on her wellbeing, determined what she needed most, and acted accordingly. Here, Emily shared one of her most recent reflections and her plan for learning healthier eating habits:

I think I have a good relationship with wellness, because I'm always interested in learning more about it and different ways, I can improve myself with it. Because, I mean, a couple months ago, I was just like, hmm, I want to start eating more whole foods. And I haven't gotten there yet, but I know I'm going to one day. This semester has been difficult, so I was like, I get out [of school for the semester] in like, two weeks, I'll start like watching videos on it.

In this excerpt and throughout our conversation it was evident Emily perceived wellness as a self-directed process that individuals had some control over within the larger infrastructures established by society.

Emily depicted wellness as multidimensional but lacked the formal education on the subject matter to align her thoughts with specific theories. She identified some dimensions by name (e.g., physical and mental/emotional) and talked about others without direct labels (e.g., environmental and occupational). Emily superficially
described the interdependent nature of wellness dimensions by stating connections between at least two areas. In the second interview I asked Emily to share ways she actualized wellness. One of her responses was “I would have to say still working out, I, every time I do it, it makes me feel good.” This quote showed an understanding that there is an overlap between physical and emotional wellness, however, lacks an exploration of the intricacies of their interdependence.

**Superordinate Theme 2: Values and Growth**

I posit Emily was never able to fully transition from the natural attitude to the phenomenological attitude (van Manen, 1990). Though reflective in her responses, she only superficially examined her experiences. Explanations for this postulation could include (1) her evaluation of changes she was forced to make because of the pandemic to be of lesser impact than changes others experienced, (2) the lapse in time between the state’s shutdown as a mitigation strategy and the study interviews, and (3) her value for wellness did not change over the course of the pandemic. Emily indicated the lack of time spent on analyzing the effects of the pandemic by stating:

I guess [how I actualized wellness during the pandemic] hasn't changed much for me. I've been lucky. Um, so I got, I go to the gym often. I have, I didn't like the five months that Corona was like, had locked everything down. Now the gyms have opened up again and I've been taking my precautions.

Starting the sentence with *I guess* and skipping over the five months she could not go to the gym even when asked to expand on those times indicated a cursory examination of the experience. Her statement did, however, indicate gratitude, a continued value for exercise, and respect for the protocols established to minimize the spread of the
virus. Emily’s simplified statement did not represent her complete understanding of wellness or her lived experiences.

**Superordinate Theme 3: Micro and Macro Interpretations**

Through our conversations, Emily spoke confidently about areas she felt knowledgeable and often used the terms health and wellness interchangeably. When asked to explore concepts beyond generalizations, she spoke more tentatively. Emily shared personal stories and reflections to explicate her personal experiences and apperceptions. When she talked about her general understanding of wellness, to which she had no direct experiences, she would disassociate herself from the conversation by using pronouns such as *they* instead of *we*. In this abbreviated excerpt Emily shared her experience sandwiched between examples that she does not relate:

I know there's different like techniques to how they're raised how they deal with their own sicknesses and how they choose to maintain their health. Because I know like for the Hispanic community we like to when someone's sick make soup we think that'll make someone healthier… And then there's other cultures who like never done that and then there's other people who are into essential oils to heal someone and cultures have different stuff of healing and to stay healthy.

Emily bounced between the pronouns when comparing the Hispanic community’s approaches to wellness and those most used by her non-Hispanic peers within the United States. One way Emily made meaning of wellness was by exploring her cultural identity and the Columbian traditions instilled in her from her family, in combination with the Americanized wellness models that she found independently
online. Emily went beyond the two cultures that she is most familiar by watching documentaries that highlighted the diverse lifestyles of a global population. By exploring wellness within a larger context, she was able to define her priorities and goals more accurately. Emily consistently focused her attention on the physical, social, and environmental dimensions of wellness.

According to Emily, her interests and actions during the COVID-19 pandemic mirrored her wellness journey pre-pandemic with only minor modifications. When asked to reflect on the influence the pandemic had on her wellness, she echoed an appreciation for her situation in comparison to others:

[The pandemic] helped my wellness because I'm all, although it hasn't, like changed it at all, my mindset is a lot more grateful for the things I do have. So that just improves my mental health. Because I know there's people right now who have like, underlying health issues, so they haven't been out in eight months.

In addition to being able to go out in public, Emily reflected on her family’s financial security, physical wellness, and optimistic perspective during the pandemic. Later, Emily told me she felt the consistency in her lifestyle and her positive mindset added stability to her wellness during the pandemic. Emily interpreted her wellness as unchanged during the COVID-19 pandemic as she minimized any changes that she experienced. With that said, part of Emily’s interpretation of her wellness experience stemmed from her locus of control and self-efficacy. Emily demonstrated a balanced locus of control when she said, “I try to do my best I can, but I also don't beat myself up about it.” Emily maintained realistic expectations and a positive perspective when
she shared her own experiences and her interpretations of wellness within her community.

**Hannah**

Hannah was born in 1999, identified as a White woman, and attended college for three years at the time of the interviews. She was a psychology major interested in learning more about why and how people think, as well as their worldview. Prior to March 2020, Hannah was a resident on campus, living in a suite with a group of girls, looking at apartments to rent. When the institution transitioned to emergency remote learning, Hannah was forced to leave campus. Unprepared to move into an apartment alone and unsure of what the pandemic would bring, she decided to move home with her parents and siblings.

On the initial survey, she was asked what words she thought of when she heard the term wellness. Hannah responded with “healthy, clean, fresh, strength, tough, and veggies.” She also said someone who is well can “go about [their] everyday activities without any health concerns.” To her, wellness looked like “someone who eats clean and is able to do basic exercises without heavy breathing or tiredness.” Although Hannah’s preliminary conceptions from the initial survey emphasized the physical dimension of wellness, she demonstrated a deeper comprehension of wellness during the interviews.

**Superordinate Theme 1: Varied Levels of Awareness**

Hannah did not reveal how much she knew about wellness when she first started to participate in the study; in fact, I do not believe Hannah was aware of the breadth of her knowledge. Through our conversations, I deduced Hannah understood
wellness as an individualized, self-initiated, self-directed process. She said, “Everyone's journey is different.” Hanna started to intentionally focus on her own wellness about a year before our interview. She recalled, “I decided to start seeking the help for myself because I knew no one else was going to do it for me because that's [your wellness] just something you yourself need to do.” In the time just before the COVID-19 outbreak and during the pandemic, Hannah utilized self-evaluation, reflection, and education to adjust her course as needed to maintain a state of growth and homeostasis. In what appeared to be a centered sense of self, Hannah shared:

I have a pretty good relationship with wellness just because like, I know what I need for my own body and what works for me. And I feel like knowing that knowledge has been really helpful because I understand what I need to do to get better… [Wellness] is a trial and error, just because like, you know, you're growing. So, things are changing in your body and, you know, being able to figure out what works for you, and what doesn't work for you is gonna constantly be changing.

Over the year, Hannah explored new ways of thinking and different fitness activities, she changed her diet and her social group. She also recognized her wellness was evolutionary and required self-discipline to see change over a period. In fact, a fun, light-hearted activity Hannah started as a freshman in high school evolved into a long-term written record of her life experiences. About five or six years ago Hannah began writing small notes to herself, now they are full length letters. At the beginning she read the note a month later, but over time she started to wait a full year. This is an excerpt from her recollection:
I write letters to myself, and then I sign them to be opened up a year later. I recently just opened one of those letters yesterday. And to me, I didn't think I was making that big of a leap in my mental health recovery. But after reading the letter, and seeing where I was a year ago, really showed that it's kind of like a compound effect, you don't really realize it in the moment until you're looking back on where you were previously. So, for me, I feel like maybe you might not notice it right away. But if you check, maybe in a year, two years, three years, you're gonna see a difference, a big difference, because all it takes is just a time, you know, not everything happens right away.

In this story Hannah acknowledged she did not realize the growth that occurred over the last year. In other stories shared, she noted the impact exercise, environment, and social group had on her mental health, but before reading her letter, she was unaware of her own growth. Granted, Hannah’s reflections included time outside of the temporal limits of the pandemic; she transitioned from a natural attitude to a phenomenological one when she capped her experience at the one-year mark. Within that year, she was absorbed by her experiences and lived in the moment. When she read her letter, it inspired her to reflect on her journey that inadvertently centered around wellness. In my opinion, reading the letter mentally prepared her for our conversations and fueled her responses to include detailed stories.

Hannah’s descriptions of wellness included holistic experiences that incorporated multiple interdependent dimensions where she strove for balance uniting her mind, body, and soul. She recognized the interdependent nature of the physical and emotional dimensions when she said, “I've definitely had better mental health by
exercising and eating better.” Hannah is not alone in her feelings; the results of her informal self-evaluation corroborate research suggesting consistent physical activity can yield improvements in mental health management, therefore emotional wellness. Later in the interview, Hannah identified the impact the environment on her physical wellness by saying “I definitely know that when it's crappy outside, my wellness is usually not the best.” Current literature parallels her assessment that she, like others feel less motivated to exercise or fuel her body properly (Turrisi, 2021). Hannah’s introspection of factors that influence her wellness experiences did not end there though.

Hannah’s version of wellness also included self-acceptance, a sense of belonging, and a supportive social group. Before Hannah could move forward in her wellness journey, she had to be comfortable with the unknown, recognize that she didn’t have control over certain situations, and that it was acceptable to be an individual. She credited some of her growth to a popular self-help guru and made meaning of wellness as she intentionally worked through the self-help programs. Over the last year, she read their books, joined their groups on social media, and applied their philosophies to her own life. Joining the virtual support groups gave her confidence to join extracurricular activities on campus prior to the pandemic. Both the online and campus membership helped Hannah feel a sense of belonging, to which she connected to her health and wellness:

Because not only can you eat right, you know, read the right books, you know, do the right exercises, but if you don't truly feel like you fit in, or if you truly
don't feel like you're where you need to be that in itself can really destroy your health.

The on-campus groups amplified the support Hannah received from the virtual support system and her family. Hannah mentioned more than once, the importance of surrounding herself with people that elevated her as a person. For example, she said, “You are who you hang out with. Um, now, I surround myself with people who not only want to better themselves, but also want to help me better myself.” Moving home during the pandemic lessened time spent with peers, but offered an otherwise, unimaginable opportunity to spend more time with her family. When home, Hannah’s family encouraged her to establish a routine that included more sleep, healthy meals, and regular exercise; they were also supportive of her mental health journey and pursuit of wellness. Hannah’s wellness journey started before the pandemic, she was extremely conscious of her actions and had a clear understanding of wellness.

*Superordinate Theme 2: Values and Growth*

Hannah’s value for wellness stemmed from her family but did not fully come to fruition until recently. The catalyst for her focus on wellness was ending a toxic relationship just before the pandemic. Her mannerisms and language indicated she spent time processing her emotions and reflected on her experiences when she said:

It just was something that the worst time of my life, it was, rock bottom for me… It was just like, the worst experience and it was then that I realized, like, I can't do this to myself… It was that moment that I realized, like, health and wellness are really important. And it is who you surround yourself with, that makes all the difference. Once I started hanging out with other people, I started
meeting new people and I started joining clubs, and I started going out and running is when I realized like, I can still have a really good life without being codependent on anyone else. And also choosing the right people is what really makes a difference as well.

This moment of realization secured Hannah’s desire to change and commitment to wellness. During the pandemic, Hannah continued to learn and grow. She acknowledged that her wellness journey may have goals, but it is a lifelong experience, therefore the pandemic is a chapter in her wellness life story. Hannah explained:

It's always a never-ending journey to better yourself. And you could always go one step further. There's no real end in sight when it comes to bettering yourself because humans are in here, inherently not perfect. So, you'll never be a perfect human. So that journey to better yourself will continue going until you are no longer on this earth. So, I like to think that you know, wellness is the exact same you know, your body changes as you get older, there's always going to be a new homeostasis, a new place that you know is healthy for your age, and you know where you are in life. So, your wellness journey will change as you change also. So, it's never just one thing… I do believe that wellness is a constant journey and constant growth and constantly changing.

Hannah approached the pandemic with grace. She was not overjoyed by the lifestyle changes required during the pandemic, like emergency remote learning and moving home; but exhibited a growth mindset and had enough self-efficacy to continue her
path of self-help and wellness. Living with her family allowed her to re-evaluate the changes she had made thus far and continue to make better choices:

I feel like as far as health-wise, I'm a lot better now [living at home because of the pandemic]. Just because like I'm getting actual sleep now and I'm not going out and partying or studying till three or four in the morning and then getting up at like 10 o'clock.

Her self-discipline and adaptability demonstrated her perseverance and dedication towards her wellness. Early in our first interview, she talked about actualizing wellness by saying: “making sure, like, your thoughts and your actions are, you know, coinciding with what you think your wellness is, and what you think your homeostasis is.” Hannah’s initial definition of wellness was vague and limited, however, the conversations that ensued, presented a thorough understanding of the concept and evidence of lifestyle choices and strategies that brought to life her vision of wellness.

**Superordinate Theme 3: Micro and Macro Interpretations**

Hannah struggled during the first few months of the pandemic. She experienced major lifestyle changes, got caught in a slump, then acknowledged where she was at in life and moved on:

I lost a job because of COVID. I was trying to get an apartment but couldn't get an apartment because I lost my job during COVID. That destroyed me.

Um, it was difficult because I really wanted to get out of the dorm room. And I wanted to be an adult and I wanted to be able to have bills and you know, a place for me, just for me.
The tone in Hannah’s voice indicated sincerity and disappointment. Through our conversations, she sounded like she still has these goals for after the pandemic:

And the pandemic, unfortunately, caused a little bit of a kink in the road. And that was really hard for the beginning of quarantine. I really struggled with where I was at, um, but, you know, I worked on it, I got over it, you know, that's something I'll just have to move to a later date, which is fine.

As Hannah continued talking, I could see the emotions in her face, expressing frustration, but acceptance of her modified living arrangements. It was also evident the unpredictability of the pandemic and threat of COVID-19 had caused stress, despite her approach to take life one day at a time and enjoy the experiences of her life journey. Hannah shared:

Um, but I also feel like it was especially hard, because a lot of people I knew were getting sick, and nobody knew what was going on. And that was just scary in and of itself. So, it just felt like a lot of stressors.

It was at this point in the conversation that Hannah transitioned from a micro-level interpretation of her experiences during the pandemic to a macro-level; acknowledging that her situation was not unique. In fact, moving home with her family was a better scenario than some alternative experiences. She said with compassion:

And you know, fortunately I had a place to go. But I can only imagine what other people are feeling, especially if they had nowhere to go and a lot of people lost their jobs. I just feel like COVID was just, it is, still is. It's a hard thing. It's very difficult.
Hannah committed to a healthy lifestyle, but that did not equate to immunity from the pandemic. She experienced hardships, took the time to process the situation, expressed gratitude for the opportunities she was afforded, tried to make the best of the situation, and then let what was out of her control go. Hannah used the pandemic to focus on what variables were in her control and make the best of her situation.

**Kayla**

Kayla identified as a White woman born in 1999. She had four years of college experience when we met and was an education major. Prior to and during the early stages of the pandemic she lived at home with her family. After the survey, but before the second interview, Kayla’s partner moved in with her and her family.

On the initial survey Kayla showed an awareness of wellness by identifying specific dimensions by name and indicating there were more than the physical, emotional, and spiritual dimensions, but not listing them. She, like some of the other participants, aligned wellness with being healthy and included a level of happiness as well. Kayla credited her awareness of wellness to the content-related courses she took in college, her family and friends, her own exploration of the construct, and noted social media had a minor influence.

**Superordinate Theme 1: Varied Levels of Awareness**

Prior to college, Kayla viewed wellness as the maintenance of physical and emotional health. In our interviews she recollected the class she first learned of the holistic nature of wellness when she said:

It was a lightbulb [moment] for me, I think, learning about the different dimensions and like, what does go into one is, I was like, Huh? I didn't know
there were so many. Like, I thought it was just, you know, are you physically active? Are you mentally okay? Like, I just thought that was it.

Through her college classes she learned wellness included at least five more interdependent dimensions and that it is an individualized, life-long process that evolves with the person. In this excerpt Kayla started her response by referring to her physical and emotional wellness and then predicted how priorities within her wellness journey may change with time, “As I grow older, and as I experience more in life, those other dimensions will start making their way in. And I'll start reflecting on them more and like working on them more too.” Since she was admittedly hyper-focused on the physical and emotional dimensions in her current phase of life, she perceived herself as being unaware of other dimensions. She was, however, quite perceptive. In fact, I believe she was unaware of the value she communicated on her academic pursuits (i.e., intellectual wellness) and support she received from her friends, family, coworkers, and college professors, especially during the pandemic. From Kayla’s perspective:

The two biggest ones for me is physical and emotional. You know, I want to feel good about myself. I want to feel good. mentally, physically, I want to be able to do things that are driven like motivation driven. I usually when I think about my health, I just stick with those two categories, those two dimensions, I never really think about my spiritual. I never think about, like my intellectual or my vocational, like, I never dive into those. So yeah, I just think, for me personally, physical and emotional health, that's kind of where I strive for. And then the other ones are just like, in the back of my mind.
In actuality, Kayla talked about her college experiences and interpersonal relationships frequently. I posit Kayla made meaning of wellness through her academic learning and the establishment of routines that moved her toward self-actualization. She expressed how her experiences at school positively influenced her wellness before and during the pandemic. Pre-pandemic Kayla took advantage of moments between classes to catch up with peers, use the recreation center, or get homework done. Instead of identifying the individual wellness dimensions most associated with those activities, she insinuated her overall wellness was positively influenced when on campus. This showed a general awareness of the interdependent nature of the dimensions. When I considered how often Kayla indicated she attended college activities and used the school as a central meeting spot for nights out, it was clear how much she lost when the campus transitioned to emergency remote learning.

Kayla viewed herself as an extrovert that enjoyed interacting with others at home, on campus, at events, and at work. When talking about her social interactions, she often linked the experience to her physical or emotional wellness. Here, Kayla provided one example of how she felt her mother influenced her physical wellness:

My mom loves hiking a lot. So, she'll drag me and my brothers out and we'll go to a trail. And we'll go to like an Audubon Society and try to look for birds.

So definitely, I think they [her family] do have a major part of my physical wellness.

This excerpt went beyond the dimensions mentioned and offered an example of the relationship between social, physical, emotional, and environmental wellness, even if the dimensions were not mentioned specifically. The numerous family memories
Kayla shared demonstrated how highly she appraised them and their company. She demonstrated an appreciation for the ways in which her family helped shape her concepts of wellness through childhood experiences and supported her during the pandemic. “Emotionally, the people who have impacted that wellness has to be my parents. They're so understanding and supportive, I couldn't be more grateful for them. And then my partner, and my older sister, too.” Intentionally mentioned or not, Kayla’s wellness pivoted when the campus shut down, fortunately, she had a well-established support system to help her through the pandemic.

**Superordinate Theme 2: Values and Growth**

Kayla felt as though she valued wellness greatly and considered her wellness a priority when making important decisions. When she remembered her considerations in determining which college to attend and major to select, she said, “I definitely do consider wellness when making these big life choices.” Kayla’s value for wellness remained constant throughout the pandemic. She felt routine and intrinsic motivation were two staples in working towards her wellness and communicated that here:

> I definitely do think routine has a big play in wellness. I think it helps people manage time better. And I also think it helps people feel better. Because I know personally, not trying to speak for everyone. But personally, when I have a routine, I feel better, I feel like I'm getting things done. I feel productive, I feel motivated that I could just take on the world when I have a routine.

Prior to the COVID-19 outbreak, Kayla’s lifeworld involved a consistent routine that helped her actualize wellness. It was not until her taken-for-granted college experience was disrupted that she realized how important the experiences were to her wellness.
Kayla shared the difficulties she had maintaining a consistent routine attending school online, especially when so many people in her home were participating in emergency remote learning simultaneously. The only space she had to complete her schoolwork at home was in her bedroom, where she easily got distracted or fell asleep while logged into classes. The inability to go to campus and interact with faculty and peers negatively impacted her motivation and bolstered her procrastination to complete assignments.

Part of Kayla’s pre-COVID routine included exercising at the recreation center on campus. Her realizations illuminated how much exercise impacted her overall wellness and how greatly she valued the opportunity to exercise consistently:

Looking back, I'm definitely thankful for that [being able to exercise on campus]. I never even thought about it prior to COVID, it never crossed my mind. I was just like, oh, time to go to the gym, let's go, you know, and then work out, and come home. I never took the time to be like, you know, I'm happy that I can do this. I'm happy that I can go work out, but now seeing everything, and everything locked down, and it's just, I built an appreciation for it.

When Kayla reflected on her unawareness of her lifeworld prior to the pandemic she showcased her ability to pass from a natural attitude to a phenomenological attitude. Kayla valued her time spent on campus, exercising, interacting with people, and learning. During the first year of the pandemic, those values remained constant; in fact, Kayla’s awareness of her appreciation for those experiences and opportunities deepened when they were made unavailable. Kayla’s wellness experiences during the
pandemic reinforced her values and exhibited growth in her realization that life should not be taken for granted.

**Superordinate Theme 3: Micro and Macro Interpretations**

Kayla focused primarily on her own lived experiences with little mention of other’s wellness experiences that resulted from the COVID-19 pandemic. Her micro-level analysis exposed raw emotions that illuminated the impact the pandemic had on her wellness:

Before COVID I've never experienced anxiety. I've never been anxious, other than like the times, like if I had to present in front of a crowd and I kind of get nervous, you know? But during quarantine, it's just, I would have these random moments of just like my heart rate… because I did not know what it was, that caused me to freak out even more… During COVID I became more inactive than I wanted to… I lost my groove. I was kind of being lazy. If you want to, say I had no motivation do anything other than just to pass my classes. Kayla’s inability to utilize her normal strategies for stress management and the abrupt change in her routine, compounded with the general trauma of a global health crisis negatively impacted her mental health and emotional wellness. Galea and colleagues (2020) predicted the pandemic would result in a significant elevation of mental health disorders. Research conducted before the pandemic indicated lifestyle changes and disruptions in academic routines were associated with higher levels of anxiety (Agnew et al., 2019) without adding on the stressors associated with the COVID-19 outbreak. Kayla’s experiences not only echoed the literature, but they were also like other students who participated in the study.
In contrast, Kayla was one of the few participants that talked about the relationship between macro-level events that occurred during the first year of the pandemic and her own micro-level wellness. It was surprising to me how few people mentioned the 2020 United States Presidential campaign in connection to the pandemic or their wellness. Kayla said:

I think, with everything going on right now, like during COVID, during the pandemic has definitely created some different perspectives and opinions. Some that can be that may clash together. Like with the election and everything and like picking one side or the other. Even during this election right now. While the votes were being counted, I experienced, you know, backlash of like, oh, you're voting for this person. That's awful. Like, why are you doing that? It's just like, oh, you're voting for this person.

For Kayla, the societal division that resulted from the pandemic and presidential election of 2020 was disheartening. It was overwhelming for her to be bombarded with conflicting information on social media. She said strayed away from using platforms like Facebook to minimize the negativity of the election and uncertainty of the health crisis. Amid a pandemic, when her lifeworld was interrupted, and the leadership of our country was in flux, Kayla’s emotional wellness took a hit. Her language conveyed hope and purpose, but it was laced with concern when she said:

I'm striving towards just feeling good about myself feeling better physically and mentally. Because since this pandemic, and like quarantine, I've seen my health kind of shift a little bit. And I just want to get back to where I was before everything happened.
Kayla managed the anxiety with the help of her social supports and eventually began to establish a new routine that lessened her mental anguish.

Kayla’s interpretation of the wellness experiences she had during the first year of the pandemic demonstrated growth from a natural attitude to a phenomenological attitude. Through reflection and a comparison of pre- and post-COVID experiences she made meaning of wellness as a construct, expressed her values in ways she was not fully aware, vocalized a newfound appreciation for her pre-pandemic lifeworld, and explored wellness from micro and macro lenses.

**Natalie**

Natalie was born in 2000, she identified as a White woman and was in her third year of college when she was interviewed. Natalie was a student athlete who lived on-campus before the outbreak but moved to an off-campus apartment with her teammates when the institution transitioned to emergency remote learning. In the initial survey Natalie said her wellness journey included exercise, she strove to maintain happiness and stay positive, and worked to establish good a relationship with herself and others.

**Superordinate Theme 1: Varied Levels of Awareness**

Natalie understood and actualized wellness on varying levels of awareness. Her initial description of wellness indicated she understood it as a multidimensional process that was unique to each person, required active attention, self-discipline, and goal-setting. The main dimensions she acknowledged were physical, emotional, social, and financial wellness:
I think you have your personal and emotions all like in check: mentally stable, emotionally stable, financially, you don't have too much stress on you, but just enough to keep you on your toes. Always like goal setting and stuff, I think is big too, in terms of being well. And just being healthy, in terms of like nutrition and stuff like that. Having a good relationship with your friends and family, coworkers.

Later in conversation, she described wellness as an experience that changed over time. She described her own wellness as being structured within a routine, where she designated time to write in a gratitude journal, reflect on her values and responsibilities to prioritize her tasks accordingly, and track her progress towards her goals. Natalie’s actions demonstrated wellness as a self-initiated process where individuals have the autonomy to reflect on their progress towards their goals, balance their responsibilities, and make changes when needed.

Natalie was clearly aware of wellness and actively strove to improve, however, there were some elements of the construct that she mentioned but was unaware of in the moment of the interview. For example, even though Natalie did not identify the environmental dimension by name, it did appear in conversation about her exercise routine. Here, Natalie was explaining how going to the gym to workout was an important part of her wellness routine because it targeted her physical, emotional, and intellectual wellness. Exercising helped her maintain her fitness level and helped lower anxieties from life and school. After the state reopened gyms, she said her anxiety levels increased when she went to exercise:
[Going to the gym is] not as destressing because you always worry about your own health… there's still those people that will lower their masks or like, they go with their friends and they're not socially distanced and stuff like that. They don't wipe down their own equipment. And it's like, you don't know if people are wiping down stuff after you go out there. Like I could go at one o'clock, but someone from like, 10am could use the same equipment and have COVID and I would never know.

Natalie was unaware of the connection she made between environmental awareness and the other dimensions, but she clearly identified how the discomfort and uncertainty in her immediate environment influenced her emotional wellness and altered her wellness routine. Natalie, like many others, deemed comfort and safety a priority at their gym (Ong et al., 2021).

Exercising was just one of the many ways Natalie consciously actualized wellness. Prior to and during the first year of the pandemic, Natalie prioritized lifestyle choices that enhanced individual dimensions of wellness, and therefore, her overall wellness. Reflection, goal-setting, organization, and consistency in routine were strategies she described that helped prioritize wellness and balance responsibilities. Below, Natalie explained how she dedicated approximately two hours every morning to self-care and mental preparation. This routine was established before COVID and maintained throughout:

I just started writing things I was grateful for. And I think that helps a lot. Because it just keeps you grounded, keeps you leveled, and it kind of boosts your mood. So, I do that like first thing in the morning. And then after that, I
will go like straight to working out. And I think that helps me reducing stress throughout the day, if I just get it done with the morning. And then I feel a lot less stressed. And I can get my schoolwork done, go to practice and hang out with friends.

Natalie’s intrinsic drive to live her best life, inspired her goals, which in turn, gave her self-efficacy to complete the goals, and fulfilled her sense of autonomy (Ryan & Deci, 2001). Goals aligned with one’s values and designed to fulfill one’s basic needs, such as autonomy, are associated with greater wellbeing (Ryan & Deci, 2001; Schippers & Ziegler, 2019). The entire process enhanced her wellbeing and since the goals are wellness related, pushed her along on her wellness journey. Natalie made meaning of wellness through her journaling, an intrinsic drive to be the best version of herself, and her journey towards self-actualization.

Superordinate Theme 2: Values and Growth

Natalie talked about two key defining moments that helped establish her values and a lifestyle that supported those values. Natalie’s values for movement and healthy living were rooted in experiences from her childhood, specifically from her parents’ activity levels and support for her involvement in sports. She felt her true core values formed after her junior year of high school when she experienced typical teenage angst and burnout from athletics. As she approached senior year of high school, she was motivated by the prospect of attending college and moving on to the next phase of life. Natalie’s autonomy and self-efficacy grew exponentially in her first year of college and continued to flourish over the years. In the first interview Natalie said, “[I was] more independent living on my own. It was like, obviously my first time living, not at
home. So being a lot more independent helped me create my own values and become my own self.” In terms of wellness, Natalie’s values for the physical, emotional, and social dimensions remained strong, the growth occurred most in her approach thriving despite the change in her lifeworld. When reflecting on her growth during the pandemic she said, “I think scheduling and prioritizing will stay the same, because that's something that I've had to learn, and that I've been meaning to do.” During the pandemic, Natalie utilized self-discipline to maintain a consistent routine that included exercise, a healthy diet, sufficient sleep, goal setting, an attitude of gratitude, involvement in a school sport, and socializing with friends and teammates that were in her immediate circle.

While her routines may have changed, Natalie’s values persevered. She admitted her wellness had a momentary dip at the start of the pandemic and fluctuated throughout. She struggled with school closures, an abrupt ending to her competitive sport season, gyms closing and not being able to see her family out-of-state. Her feelings mimicked those expressed in a recent study that examined the psychological impact of COVID-19 on college students that engaged in campus activities and athletics. Shared sentiments between Natalie and the participants included disappointment, feeling upset, and sadness (Garver et al., 2021). Natalie shared some insight on her experience:

The pandemic has taken a mental toll on a lot of people. …At times it gets really stressful. But I think mentally, for sure has been the biggest thing for me this year, and it never really has before. So that was new with the whole pandemic.
Living with her teammates greatly helped her get through the difficult times. She was grateful when they could resume sport practice, despite the changes enforced in response to COVID. This singular example reinforced Natalie’s ability to adapt in a time of crisis and maintain her focus on social, emotional, and physical wellness and the interdependence of the dimensions.

**Superordinate Theme 3: Micro and Macro Interpretations**

Participants viewed their experiences as unique to themselves but intertwined with those around them. Natalie consciously worked towards her wellness prior to the pandemic but talked about an increase in self-awareness and self-care that evolved from the COVID-19 recommended guidelines and an earnest concern for the wellbeing of herself and others. Natalie demonstrated an awareness of the connection between her own wellness and beyond by utilizing her gratitude journal daily. Natalie took time to reflect on her own means and experiences which demonstrated micro-interpretations of the phenomenon. As she did this, she was able to expand her thought process to macro-level interpretations of the impact COVID-19 had on others wellness by comparing her fortunes to what others may not have. Although she did not expand on specific journal entries or the lessons learned from her reflection process, she did emphasize this strategy for self-care and remained dedicated to the routine.

In our conversations, Natalie found it difficult to clearly express the connection she felt between self-care and the care for others during the pandemic. Moral Foundations Theory (MFT) suggests Natalie may have upheld the guidelines proposed by the CDC out of her moral foundations of care and loyalty (Chan, 2021; Graham et al., 2011). She felt as though people, herself included, struggled to care for others
because they had to prioritize their own wellbeing. Even though Natalie felt the actions were selfish, they truly were being done with a dual intention: to keep oneself safe and for the health of the community (Chan, 2021). The dual intention represents Natalie’s dyadic interpretation of wellness on micro and macro levels. Natalie’s increased stress-levels gave precedence to her own mental health. She labeled wellness as a more self-centered process during the pandemic; where people could not provide the level of support that they used. Natalie talked about the disconnect she felt with virtual interactions compared to face-to-face contact. As a result, she and her support system had to discover new ways to support each other as the strategies from previous years were not possible with travel restrictions and COVID-19 mitigation recommendations. Instead, people cared for others, by staying home, maintaining social distance, wearing masks, and sanitizing their spaces.

Natalie exhibited self-directed self-care and care for others when she said, “You can’t really control what other people are going to do, but you can control what you’re going to do.” Her statement here, indicates fairness as a moral foundation to her behavioral compliance with recommendations offered by the CDC to help mitigate the spread of the coronavirus. Not only did Natalie follow the guidelines because she cares for others and felt a sense of loyalty to her community, but she also believed people should be helping one another by taking care of themselves.

**Ryan**

Ryan was a student-athlete, in his last year of college, earning his degree in business management. He chose that major because it offered a wide range of applications and had potential for future profits. Ryan was born in 1999 and identified
as a White, Hispanic/Latino man. Ryan lived with five peers that were also student-athletes from the same institution. His role as a student-athlete and living situation influenced his physical, social, and emotional wellness during the first year of the pandemic.

When asked on the initial survey what came to mind when hearing the term wellness, Ryan responded, “healthy and body” and then said to be well means “to be in stable mental and physical condition.” He said wellness “looks like someone with a smile on their face.” Ryan’s apperceptions of wellness centered around the physical and emotional dimensions. He made meaning of his experiences during the pandemic by exploring his wellness within different roles based on the context of the conversation (i.e., athlete, employee, roommate, student) and the strategies he implemented to actualize his values. Ryan strove to be the best version of himself within each role; he set high standards for himself. To stay organized and prioritize his obligations, he created lists and maintained a structured routine.

**Superordinate Themes 1 and 2: Awareness, Values, and Growth**

Two recurrent topics Ryan addressed throughout the interviews were the experiences he had as a student-athlete and the wellness modeled by his mother throughout his entire life. Ryan felt his participation in sports helped shape his values, personality, and approach to life and wellness. As a student-athlete Ryan learned how to prioritize fitness and diet and manage stressful situations. In addition, skills and strategies, such as goal setting and communication, that he learned in sports, easily transferred into his life-long pursuit of wellness:
[Participating in sports] made me the person I am today. And it's, it's helped with my time management. It's helped us my work ethic, it's helped with my social life. Just like being a part of a team, having goals and wanting to accomplish goals, and learning different ways to accomplish your goals. A lot of that stuff came from sports for me…Knowing that I always have to schedule a time around practices, and workouts, and team meetings, and all this stuff…Having all those things to juggle made it, not made it easier, almost…I need to be able to manage them right so that I'm not overextending myself or spreading myself too thin.

Ryan talked about his efforts to balance school, work, diet, exercise, a social life, and personal time. He acknowledged the physical and emotional dimensions frequently and the social aspects of wellness occasionally. In our conversations he did not identify the intellectual or occupational dimensions by name, even though he shared stories about his wellness experiences at school and work during the first year of the pandemic.

The COVID-19 outbreak dawned three quarters of the way through Ryan’s third year of college. Transitioning to emergency remote learning was difficult at the start. The lack of control and unpredictable nature of the pandemic challenged Ryan’s lifeworld, which was typically well-organized and consistent. As a student, Ryan felt classes would have been more meaningful and easier if they were in person. Learning primarily asynchronously during his senior year posed unfamiliar academic struggles and required Ryan to grow as a student. Ryan admitted, “for me, it was a lot of like trial and error and like, establishing new routines.” In our interviews Ryan recalled
experiences with emergency remote learning during the first twelve months of the pandemic:

[Emergency remote learning] made it more difficult to get clarification and get help on little things and get the resources you need to be a success, be successful in the class…It's harder to stay on the same page as your professor and stay up to date on all these assignments…You have to be much more on the ball, you have to be looking at the syllabus, you have to be checking Blackboard. So that was definitely stressful for me to, at first, to get a feel of how these professors do these asynchronous classes. Because it's not just like, oh, it's asynchronous. It's not really like a class, [yet] it's still is very much so a class; you still very much have to be on top of it. And that was definitely, that was a bumpy transition at first, but I've definitely, I've definitely adjusted to it now.

Ryan took ownership of the lessons he had to learn, like learning more independently by taking initiative and staying abreast of the course calendar, including assignment due dates. He also felt comfortable assigning some ownership to faculty. The shared responsibility indicated Ryan had a balanced locus of control. When talking about faculty during the pandemic he suggested:

I think [faculty] could have communicated, some of them could have communicated a little better; as in, what they expected from everyone, when, these, when they made these classes asynchronous. But at the same time, it was just kind of finding out where to look for things and, and get on a schedule of doing these things and doing these assignments without being in the class
without having to go to the class…If there's no Professor telling you, you have to do work, you almost just like go, oh, there's no work. Then you go and you check it. It's like, oh, I have all these assignments I have to do, where did these come from?

Ryan’s ability to reflect on his experiences, pull lessons from them, and adapt his study habits highlighted his ability to bounce between a natural to a phenomenological attitude during the pandemic. His growth as a student indicated a strong level of intellectual wellness. He was somewhat aware of the interdependence between the intellectual dimension and the emotional and social dimensions, but only mentioned the reciprocity between dimensions vaguely.

In his opinion, he learned a lot about wellness from his mother, especially ways to actualize the physical dimension. Ryan was highly aware of his physical fitness, held his mother in high esteem, and noted his amazement for her ability to maintain the level of wellness she did throughout his lifetime. The self-discipline Ryan’s mother modeled emphasized the value she placed on wellness. Ryan acknowledged, “I learned, I like to think I learned my work ethic from her. I learned a lot of things from her. I think the idea of wellness is definitely one of them.” Ryan shared how his mom kept a strict schedule, prioritized early morning runs, and unlike him, ate a vegan diet. He also felt like the intrinsic motivation to excel, drive to be well, and his work ethic that he learned from his mom contributed to his feelings of fulfillment and wellness. One of the strategies he learned from his mom that he consistently implemented was utilizing daily checklists that helped him stay organized and manage his time efficiently. Ryan said his lists helped him accomplish more and
he liked feeling productive. He had a long list of responsibilities because he worked multiple jobs, had schoolwork, sports practice, household duties, and daily chores. He stated:

I think the biggest and most impactful thing I do is I have a to do list for every single day…When the list is empty. I'm done. Like alright, I did it. I have this planned out at least a week in advance usually… It just allows me to have more flexibility for all areas of my life…work life, school, sports, all that, and it helps me get a sense of accomplishment. It helps me keep everything on the same page. It just helps me.

Ryan was aware that he strove for balance. The structure and organization helped him visualize his schedule so he could designate downtime as a preventative measure against stress and an opportunity to recharge.

I'm a student, I do, I work a couple jobs. So, I, I am, I don't know, I get stressed out, I have a lot of stuff to do sometimes. So at least mentally, to get wellness, I like to, like have scheduled blocks in my schedule where I relax; just unwind not really do anything. Just take time to myself.

The conversations we had clearly demonstrated Ryan’s value for stability between the physical and emotional dimensions of wellness. This focus, may in part, be due to the pandemic itself. Ryan suggested, “the anxiety of the deadly disease spreading around the world …put a lot of emphasis on everyone's mental health in the past year or so. So that it kind of makes me more aware of it.” Taken into consideration, the restrictions placed on exercise facilities, the adaptations that were made to sport seasons, and the elevated levels of stress from numerous variables, which included the
virus itself, it was logical that physical and emotional wellness were central in our discussion.

When Ryan mentioned work in his responses, it indicated he was somewhat aware of occupational wellness even if the comprehension was abstract when talking through his work experiences during the pandemic. Early in the interview Ryan said, “I am definitely constantly thinking about my wellness on a daily basis.” It is my interpretation that Ryan’s comprehension of the construct evolved over the span of our interviews, even in the time between the two meetings.

I believe Ryan would have continued to grow and make even more connections between the infrequently mentioned wellness dimensions because he demonstrated an increased awareness of wellness in the short time we spent together. At the beginning of our second meeting Ryan started by saying, “I've thought about wellness a little bit more, I think, honestly, since our last interview, I've just, thought about it in everyday life. I'm just thinking now, I don't know. It's just something that's on my mind a little more.” Ryan’s processing of the breadth of wellness as a construct infiltrated his mind, on both conscious and subconscious levels. The last comment he volunteered during our second interview was in relation to his employment search following graduation:

I found myself thinking a little bit about, like, obviously, this is a long-term decision, hopefully, somewhere, you want to spend a lot of your time for the rest, for not, maybe not the rest of your life, but for a good, a good chunk. And I found myself thinking, well, how will my wellness be in these places? And how will I, how will I feel? How will I, how will I find time for myself at this
place to work on myself? And how will I, how I'll be able to, how will these places make me feel like and stuff like that?

Prior to this excerpt, Ryan suggested these thoughts entered his state of consciousness because of his participation in this study. Ryan began the study identifying wellness as a balance between physical and mental health. By the end of the study, his awareness of the construct expanded to include social, intellectual, and occupational elements. Ryan’s values for fitness, diet, structure, and personal time, along with his passion for sports, and ambitions to be efficient and productive persevered during the first year of the pandemic. To uphold these principles, Ryan had to accept the changes in place from the COVID-19 outbreak, evaluate his approaches to wellness, and adapt his lifestyle accordingly. The growth he exhibited over that period, illuminated his determination to be the best version of himself.

**Superordinate Theme 3: Micro and Macro Interpretations**

Ryan interpreted wellness, in general, and his wellness experiences during the first year of the pandemic on micro- and macro-levels. From a personal perspective, Ryan said it felt like “the rug was ripped out from under me, in like, a couple of days” when the pandemic first hit his part of the country. After the initial shock and comprehension that the virus was more than an extended spring break, reality sunk in. Ryan reflected on some of the cause for elevated stress levels:

- I've had several scares, like, of people I've been in contact with, or like roommates getting it or something like that. So that's always a big stressor.
- Because like, Oh my god, am I gonna get it? Do I have to quarantine this? Do I have to not go to work? Am I gonna have money and stuff like that.
Ryan’s fears of catching the virus were not an isolated occurrence, the feelings were corroborated by peers within the cohort group. Beyond the fears of the global pandemic, Ryan experienced added stress from his role as a student:

And also, an online class is a big stressor. After you get confused, and you get frustrated when you're not in the classroom with the teacher right there to help, you are not with classmates right next to you, that are doing the same thing as you. So that's been a big stressor.

In Ryan’s senior year, when the institution he attended was fully remote, he kept an optimistic attitude, but struggled with the changes he was forced to make to complete his degree requirements. He shared his frustrations:

Working with my advisor too, has been a lot harder. Because we got to schedule Zoom times, we got to email back and forth. I can't just go into his office and get stuff done. And it's, it's been a lot of hurdles to overcome, but should be alright, in the end.

The hope Ryan portrayed extended beyond his concerns pertaining to school. Ryan was able to move beyond his own experiences and reflect on his interpretations of the phenomenon from a macro-level. His big picture interpretations questioned the ways in which the media in the United States presents wellness and the barriers individuals or groups of individuals may face when striving for wellness. Lastly, Ryan compared his experiences during the pandemic to others and demonstrated an attitude of gratitude.

Ryan interpreted wellness as an individualized life-long journey, that is goal-oriented. He felt wellness required self-discipline and a desire to better oneself. An
analysis of the construct was benefited by an understanding of locus of control. There were some elements of the construct that were within an individual’s control and other determinants that were not. Ryan felt the media falsely depicted commercialized wellness:

They portray it as like an attainable goal, like a place you can reach. And in reality, it's not exactly like that, like most of it is done with advertising. I think like if you buy this product and use this product, then you will be at this place and you will be well. But when in reality, that's not the case. In reality, like, I said, you may know that life is kind of a constant pursuit of that wellness. So, it's like, you're not going to be well just because you bought this workout plan that they're showing on the, on the TV. If you don't use it, and if you don't make your, if you're not happy with it, in yourself, then that it's not helping you at all, right? I think that's the big, The big difference in how they portray it and how it actually is, is that they portray it as a, as a state that can be achieved and maintained when it's kind of something you're constantly striving for.

Beyond the media’s misrepresentation, Ryan perceived barriers to wellness as individual and societal. He said:

I think they're definitely significant barriers for some people that other people don't have. It's definitely a lot easier for some people to achieve [wellness] than it is for others. I think it's physically possible for almost everyone to achieve it. But there are also people with severe mental disorders to that may never achieve a real peace of mind or healthy state of mind. But yeah, for the most
part, I think everyone can achieve it. But there, it's definitely worth noting that there are a lot of, some people have an easier path than others.

When asked to expand on his response, he finished by suggesting “poverty, disabilities. Like I said, mental conditions, unfortunate life circumstances” as potential barriers to his interpretation of wellness. Ryan indicated wellness was a self-directed process, but capped by the societal determinants of wellness, such as access to resources, socioeconomic status, and (dis)ability.

Lastly, Ryan explored wellness using a macro-lens by comparing his experiences during the first year of the pandemic to others. In this excerpt he reflected on the frustrations during the time of the COVID closures, then stepped back to widen his perspective:

I think it's been it's been tough. Because a lot of the times, I'm seeing the same people every day. As close as you are with those same people, sometimes seeing them every day can, can get frustrating. [It] can make the little things get on your nerves and stuff like that. So that that's not something that's fun… Sometimes you want to do more than just sit in your room and watch TV or play a video game…It leaves a lot to be desired, I guess, in the social aspect.

But at the same time, you feel, you feel guilty, sometimes for wanting that, like because it's like, oh, there are all these people that are dying. It's like, it's like, I can't suck up sitting in my room for an hour. So, but it's also like, it's not something to feel bad about. But it can make you feel bad, same time. A lot of weird social changes.
Here, Ryan did not acknowledge the positive influence the available social interactions had on his wellness or the escape from the health crises playing video games may offer. He did, however, identify mixed emotions and a discomfort in knowing he was luckier than some and the changes to his lifestyle were small in comparison to others. Shortly after, Ryan talked about the annual and family traditions that were missed during the COVID closures. He interpreted the experience in this manner:

[Missing the traditions] didn't feel good. But it also wasn't the end of the world. Okay, I recognized that. I was, I felt bad. But I, I was grateful at the same time that I was safe and healthy, and that everyone I knew was safe and healthy as well.

Acknowledging gratitude helped Ryan keep his experiences in perspective. When he was forced to make changes to his daily living or miss traditions, he was able to step back to recognize that the adaptations were relatively small sacrifices when compared to experiences of those who were directly touched by COVID-19. Ryan approached the pandemic with a realistic worldview. He admitted to elevated levels of stress and frustration but was able to uphold his values by modifying the ways in which he actualized his interpretation of wellness. Through the adaptations and reflections, he conducted, Ryan demonstrated resilience and growth in his understanding of the construct.

**Samantha**

Samantha was born in 1998, she identified as a Hispanic woman who was in college for four years before our interview. Samantha was a first-generation college
student that worked multiple jobs and lived with her family before the pandemic. During the first year of the pandemic her living situation was constant, but she only retained one job so she could also pursue an internship in her field of interest. Samantha talked about her religion, culture, and family as influential forces in terms of her worldview and wellness experience.

**Superordinate Theme 1: Varied Levels of Awareness**

The first superordinate theme to discuss is Samantha’s levels of awareness in her understanding and actualization of wellness. In our conversations, Samantha only identified wellness dimensions by name when prompted. Once mentioned, she spoke knowledgably and confidently about the physical, emotional, and social wellness dimensions, which indicated she was subconsciously aware of the terminology. She did not make the connections between the individual dimensions and wellness as a holistic concept, instead she talked about each separately. Samantha mentioned and actualized the spiritual, intellectual, occupational, financial and environmental dimensions of wellness, but did not identify them by name. She understood the spiritual dimension in connection with the emotional dimension. She felt her religious beliefs guided her actions and served as a solid foundation for her worldview. Prior to and throughout COVID, Samantha turned to prayer as a source of motivation and comfort. When talking of her faith, Samantha said, “I have a lot of faith in God …I'll honestly close my eyes and pray…a lot of people don't believe in religion, but it … holds so much weight in my life and … my way of being.”

Two areas that Samantha thrived in were what the literature (NWI, n.d.; Swarbrick, 1997, 2006) describes as intellectual and occupational wellness. During the
interview Samantha talked of academic struggles in the past, but happily shared her experiences during emergency remote learning as positive. She enjoyed the flexibility and freedom of emergency remote learning and used the extra time to learn outside of the classroom, formally at an internship and informally in the kitchen with new recipes. Like her learning, Samantha’s employment changed because of COVID, but not so much that it threw her wellness off-track. Samantha made the conscious choice to only return to one of her two jobs once the state reopened. She was financially stable enough to keep one job, enjoyed the emotional balance, and used the extra time for her internship.

When schools transitioned to emergency remote learning and stay at home orders were enforced as a preventative measure for the spread of COVID, Samantha used time that was previously occupied with work, travel, and school to exercise. To assist in her wellness journey, Samantha downloaded an application on her phone that gave her ideas, motivation, and helped track her movement. Inspired and encouraged by a friend, Samantha also tried hiking for the first time and found she enjoyed being active outdoors with a friend. Without realizing it, this singular activity contributed to her physical, social, emotional, and environmental wellness. Samantha demonstrated an awareness of certain dimensions of wellness through her words and recollection of actions.

*Superordinate Theme 2: Values and Growth*

Adding in new exercise routines demonstrates one area that Samantha improved on over the pandemic. This action in conjunction with learning new recipes in the kitchen, staying committed to her education, and securing an internship
placement all highlight Samantha’s value for life-long learning. Other values of hers that persevered through the pandemic were the importance she placed on social supports, maintaining an optimistic attitude, and the self-efficacy she applies to life. During the pandemic Samantha maintained her social connections through drive by visits, social distancing outdoors while wearing masks, using FaceTime, and interacting with family and a few close friends. Samantha relied on her social group, faith, and optimism to get through long days and enjoy the moments that she could. The self-efficacy Samantha displayed was relatively new. She shared her struggles being a first-generation college student, taking longer than four years to graduate, and only being able to take a few classes per semester because she also had to work. Just before the pandemic hit, she started to gain more control over her situation, which helped her build confidence, and eventually developed into a self-efficacy that transferred into academics, work, and life in general.

Samantha was reflective and already aware of and on her personal wellness journey. She felt like the pandemic helped her move along this journey at a faster pace. At the end of the first interview Samantha said, “I don't think [my wellness] changed because of the pandemic. I definitely think the pandemic helped me. I was already changing, but the pandemic helped speed up that process.” Having an attitude of gratitude, consciously looking for positives, and acknowledging her privileges were three of Samantha’s focal points. She believed people should work for their money and though her financial experiences have not been easy, she believed there were lessons in her struggles. Working for your earnings yields pride, ownerships, a sense of accomplishment, compassion, and empathy.
Superordinate Theme 3: Micro and Macro Interpretations

Finally, the third superordinate theme was evident in Samantha’s worldviews and how they originated from her sense of identity (Yelich Biniecki & Conceição, 2014). She viewed herself as different from her peers because she felt like an old soul, she followed advice from her elders, and tried to align her actions to her values. Samantha’s parents moved to the United States from Central and South America; therefore, her upbringing included cultural experiences that inspired her love of travel. Her global excursions to visit her family and to Europe cultivated her appreciations for the luxuries she had, offered opportunities to reflect on concepts of privilege, and allowed her to interpret wellness from a global perspective. In the first interview, Samantha explained someone who she considered was well, was happy, healthy, in a good mental state, and financially stable. While financial stability factored into her understanding, she emphasized that wellness was more of a mental state when she said, “My wellbeing is not a privilege it’s just a mindset that I choose.” She connected that to her travels by disassociating wellness from material items common in the United States. She explained:

People [in Central America]… they live off the streets, you know that it's a poor country, but people are so happy there. And then you step back, and you're like, Why? Why are you so happy, you don't have shoes, and you don't have clothes? And they're just so happy and grateful for everything. And that's something that I also feel like embedded [in my perspectives], be positive, be happy. Like, you know, things could always be worse, but it's not. And it's like they go through such a struggle. And I figured other people too, they all go
through struggles, but it's what they do, is that they don't let that just kill them. They flip it. That's the switch, you know, you flip it, you're like no, today's gonna be a good day. It's gonna be great. I'm gonna be happy... It's when I've traveled there, and it's like, wow, I love it.

Samantha’s focus on wellness as a conscious approach to life helped her keep it as such during the pandemic. Since her wellness was not dependent on access to a physical space or support from outside people, Samantha maintained her wellness and easily adapted her routines to accommodate the restrictions and recommendations set to help reduce the spread of the coronavirus. Samantha made meaning of wellness by traveling the world and her multicultural identity.

After reflecting on my experience with Samantha, one of the most impactful moments of our conversations came after the second interview, right before we departed. Samantha summarized a conversation she recently had with a friend:

We were talking about [wellness] and … I asked her, did you think wellness is a privilege? And she's like, yes, it's a privilege. And I was like, oh, really? Why? And she's like, you know, like our surroundings, some of us grow up harder, with harder lives than others, and I was like, wow, that's so different. Cuz I thought I felt like I thought this different. I was like, I don't know. And it was it was great to see that because then it was a conversation started for us. And we got into a really deep conversation afterwards. And I was like, wow, you've been my friend for how many years? And I've never known this part of you. So it was great…Thanks.
Hearing that the conversations from our first interview sparked outside conversations that led to a deeper analysis of the wellness as a construct was rewarding and unexpected. The action reinforced Samantha’s genuine interest in wellness, constant pursuit for knowledge, and ability to openly accept and consider other people’s ideas. To go one step further, she finished with an attitude of gratitude: actualizing her virtue and showing a sincere value in our conversations.

**Victoria**

Victoria viewed the world with a transformative lens magnified by their life experiences and studies in social work; all of which, informed their understanding of wellness, values, actions, and interpretations of the phenomenon. Victoria qualified as a participant for this research based on their birth year, which was 1998 and enrollment in an undergraduate program prior to and during the first year of the COVID-19 pandemic. Victoria identified as a White agender student who commuted to campus pre-pandemic and remained in their home throughout our interviews.

On the initial survey Victoria explained wellness from two perspectives, their own and their interpretation of a societal perspective of wellness from within the United States Victoria correlated the terms “wholeness, peace, and calm” with wellness and defined it as “self-actualization.” Their personal definition of wellness represented their values and growth goals. Contraditorily, they felt the general public associated wellness with “Whitewashed indigenous practices, expensive, unobtainable, disconnected from its true meaning because of exploitive capitalism, band-aid initiatives proposed for individuals to practice solving issues which in actuality are caused by systematic harm.” Their understanding of the public
perceptions of wellness exuded social justice concerns that Victoria reiterated during the interviews.

In general, Victoria’s public perspective problematized wellness by illuminating health disparities, stolen practices capitalized by corporate America, and an inefficient and ineffective system of public support. They felt the country lacked the public education, policies, and access to resources required to meet basic needs, which directly influenced individual and community wellness. Both their personal and public apperceptions of wellness stemmed from the satisfaction of basic needs; a concept Ryan and Deci (2001) explored in their review of research on Hedonic and Eudaimonic wellbeing. In fact, Victoria’s overall interpretation of wellness resembled paradigms typically associated with psychological wellbeing (Ryan & Deci, 2001). Eudaimonic wellbeing includes an individual’s sense of contentment that originates from their ability to self-realize their life meaning and actualize their values (Ryan & Deci, 2001). Victoria spoke of wellness as mindful self-acceptance, self-love, and actualization. Early in the interview they said, “wellness is all about balance and self-actualization.” Then, they furthered their definition when they stated “[Wellness] is that state of contentment and in love and joy for oneself in being, despite the chaos of the world.” This definition spurred from a description of a close friend and how that person actualized values Victoria held in high regard. Noting the origination of the idea is important, because it conveys how Victoria made meaning of wellness by analyzing the wellness of several close friends. Their close friends offered models of wellness that were individualized to their own lifestyles but in tune with Victoria’s virtues. It is also important to highlight Victoria’s use of language. They said wellness
was a *state* as opposed to a *process*. Although there are distinctions between wellbeing and wellness, which are described as a state and process respectively, there are also commonalities. Both wellbeing and wellness are centered around the “positive dimensions of human experience and functioning” (Cooke et al., 2016). Referring to the construct as a state indicated Victoria’s greater familiarity with wellbeing.

Professional acknowledgment of the blurred definitions of wellness and wellbeing (Cooke et al., 2016; Roscoe, 2009) help explain why Victoria used the terms wellness and wellbeing interchangeably throughout the interviews.

**Superordinate Theme 1: Varied Levels of Awareness**

Wellness was not a term frequently used in Victoria’s conversations, but the elements that comprised the large-scale concept permeated Victoria’s thoughts consistently. Victoria’s awareness of wellness was strongly influenced by their memories and the meanings they gave to their experiences. They told detailed stories that demonstrated previous reflection about their life journey and the impact their experiences had on their development and lifestyle choices. Victoria’s personal and social battles formed during their early school years and continued through high school. The incidents had significant ramifications on their life when they occurred and made lasting impressions that shaped Victoria’s worldview and life. When talking about their experiences during high school, they divulged:

> I would, did not have any sort of social support network in high school. I really didn't have friends; I really didn't have people who understood me. I was kind of always an outsider. I was going through incredible amounts of trauma; I was incredibly smart. But I was, again, not getting the support I needed.
Victoria continued to share how they were bullied, the ways they tried to conform to societal expectations, and how they switched college majors to appease parental expectations. As a result of these experiences and others, Victoria indicated they felt wounded, isolated, and unsupported. At different points in life, Victoria’s self-image darkened, the lack of connection was periodically overwhelming, and their needs were not met. Before they found a fitness program called Joyful Movement, they dreaded exercise. They recalled, “exercise and movement felt so uncomfortable and so rooted in self-hatred that it felt really hard to move my body in any way without triggering that thought cycle.” Their process of healing, combined with the content learned in their academic major, helped them explore wellness on a personal level, practice self-regulation, search for their purpose, and adopt a growth mindset. Through our conversations, Victoria demonstrated a knowledge of content-related theories, an ability to observe and analyze their own life as well as the lives of others, and a desire to work towards their own version of wellness. Victoria showed an awareness of self and consistently understood wellness in terms psychological wellbeing.

Although Victoria never mentioned Eudaimonism by name, they voiced their value for self-actualization and clearly associated the notion with wellness. Connection and authenticity were two key components of self-actualization they emphasized, partially in connection to the experiences they shared from childhood. When describing their family dynamic and social support system, they recalled a conversation they had with their cousins. They said, “We were talking about like the importance of really connecting and communicating authentically and not performing.” Victoria felt being true to oneself and letting others see that person was
intimidating and generated a sense of vulnerability. They were cognizant these qualities were evident in the friends they modeled wellness after and strove to cultivate authentic, supportive relationships with their cousin group. When Victoria delivered stories, they wove in theoretical knowledge and self-assessment in a manner that demonstrated an awareness of the construct and a consciousness of their own being.

**Superordinate Theme 2: Values and Growth**

Victoria truly valued connection; connection with other people, with themself, and with nature. Quantifying words is not common practice in qualitative research, furthermore, it does not indicate the participant conducted a thorough analysis of their experiences (Smith et al., 2009). Regardless, after reviewing my notes and seeing a pattern in their language I was curious as to the number of times they mentioned the concept. In our two interviews, Victoria used the base word connect (extensions included connecting, connected, and connection) 57 times. It was apparent they cherished the sincere connections they had, believed connections were a key contributor to one’s wellness, and an essential part of community.

In their conversation, they talked about the need for connection in social settings and as a requisite for wellness. They posited peers within their same generation had less verbal and physical communication skills than previous generations, potentially from the rise in available technology that offered alternative strategies for connection. Victoria compared the communication skills of a friend from an older generation to themselves and their peer group:
She is like generation-wise, like her social skills are superb and I like saw that too. When I went over to like a friend's house… you could see all the younger, like my generation, like they came in, in couples would only talk about personal things with the couples, and then just try and relate to each other and like not do a good job. And I you know, no judgment, I don't have the best social skills either… But I just like noticing these gaps, like this lack of connection, these blocks of network, like these networks of support, and then when COVID arrived, it just, it was obliterated. We [their generation] didn't know how to show up for one another and I'm thankful that I have my friend.

Victoria felt interpersonal communication was strained before the COVID-19 outbreak and their interactions with peers were insincere. During the first year of the pandemic traditional communication strategies were impossible and a sense of community was lost and difficult to regain. Victoria was disappointed with their own attempts at connecting through communication and that of their peers. They indicated their concern for the lack of community and its relation to wellness when they said:

   Everyone is isolated, and we don't have the capabilities of connecting… it makes it harder for you to meet your needs, in general, when you are so isolated. And you are living in a time of crisis, where everyone is in heightened levels of distress where their needs are not met.

As previously mentioned, Victoria perceived fulfilled needs as the base for a person’s wellness and wellness at the community level.

   In opposition to the disruption of interpersonal connections, the pandemic, for Victoria offered an opportunity to reconnect with themself. Their process of
reconnection began a few years ago, before they switched majors. They recalled the experience and shared:

Those years as I was an art student, it was incredibly difficult and raw, because it meant connecting back with myself through all the discomfort of years and years and years of conformity and depression and dealing with a reality that was countered to so many of my unique needs. For me, wellness includes connecting back with that, and that is something I'm going to be partially working on.

It was my understanding that Victoria used art as a vehicle to previously navigate their reconnection process, only, over the years, they lost their way. Victoria described how they were redirected and expressed a desire to find themself again:

I've learned how to navigate small talk and answer emails. Instead of being so genuine and connected and grounded in the moment, I've learned to perform and be productive, in order to survive in a society that doesn't value the very things that have defined me. So, connecting back with that sense of full presentness and joy and wonder has been really important to me.

The changes in Victoria’s routine during the first year of the pandemic presented the time they needed to reestablish their connection to themself. As part of their personal reconnection, they were also able to revive their love for nature. They talked about using the time outside to reflect on experiences, meditate, and appreciate the beauty the planet provides. When talking of the wonder of nature, Victoria remarked, “What, what a miracle! It (nature) is beautiful, and it is something that I have distanced myself from; that, I have been told, I don't have the time for and is not
valued.” Victoria used the pandemic to spend time outdoors and as a chance to reflect on who they were as a person. Their introspection involved analyzing their daily actions to determine if they harmonized with their values and if their lifestyle supported their intentional journey of who they wanted to become. Victoria vocalized their value for connection and desire for growth when they shared, “I like, feel this innate need to ground myself in my body again… and that is something that I'm trying to find a way to manage in a healthy way.” It was obvious that Victoria’s intentions were well-established prior to our conversations; they were already in the habit of reflecting on their experiences to create growth goals that helped them progress toward self-actualization and their version of being well.

Superordinate Theme 3: Micro and Macro Interpretations

Victoria explored the meaning of wellness on micro- and macro-levels. At the onset of our conversation, they offered interpreted associations with the construct from an individual perspective and societal position. Their transformative worldview took into consideration their own wellness, community wellness, and the culture of wellness within the United States. Moreover, Victoria’s contemplation of wellness as a construct, included the societal events that momentarily overshadowed the pandemic, such as the United States Presidential Election of 2020 and the Black Lives Matter movement.

I posit Victoria’s personal wellness fluctuated throughout the first year of the pandemic. Initially, they overloaded themself with work, decided that was unhealthy, and then practiced self-regulation by limiting their workload. Through reflection, Victoria recognized they overloaded their schedule to escape the collective trauma that
was completely out of their control. Transitioning to emergency remote learning, fearing the virus, adapting to dynamic guidelines, and experiencing a myriad of unknowns was overwhelming and uncomfortable for Victoria. The unfathomable changes forced them into a mental state that they labeled ‘survival mode.’ They described that state as follows:

It feels like everything is going so fast and is dragged out, is really difficult. And I don't know if you've like, interacted with friends, but there is this feeling with time during COVID, where people say that the day is so long, but the months are incredibly fast. That is something I can relate to. And because I've taken on so many tasks, the ability to pause and recognize that I've switched into survival mode doesn't come naturally. Because I am constantly looking at my to do list or shutting down and binge watching a show to rest and ignore my to do list. And it feels inescapable these responsibilities and having that moment to shut off and enjoy the moment feels so difficult.

The last line of that excerpt hints at the growth they experienced as a result of pressure they experienced. Through the mental anguish of it all, Victoria was able to apply a growth mindset. One of the lessons Victoria learned was to incorporate mindfulness into their routine, they eloquently voiced their wisdom when they said:

I feel as though that [the first year of the pandemic] has been a huge lesson in distress tolerance, and the importance of building moments of peace, within perpetually long distress, because there will be stressful moments that are long lasting throughout my life.
Not only did Victoria take the time to reflect, but they also perceived the pandemic as an opportunity for growth. Victoria directed energy toward their wellness, focused on reconnecting with themself, incorporated new habits into their routine, and applied the wisdom gained to future life experiences.

Victoria recognized their situation was not unlike others; using their language, they described the pandemic as a collective trauma that impacted community wellness. They felt strongly that the systems in place did not fulfill the needs for or support the wellness of individuals or the population in the United States, especially during a global health crisis. With passion, Victoria stated:

Needs are still very much there and relevant. And instead of systems of power, working to meet them, I'm getting it [wellness] advertised all these ways; to utilize and do self-care, by shopping at the sale at Nordstrom. And I'm thinking to myself, no, we need community. We need connection. We need, we need food security. We need connecting back with nature, and our environment, and not to be so divorced from the feelings of others. Because right now everyone's stressed.

Victoria revisited the lack of institutional support for community wellness when they admitted they felt they had to compromise their morals to get their basic needs met. They shared their frustrations:

With COVID, it's like bam, in your face all the time! And that's, it's really difficult and hard. And it ends up being this really heavy burden on individuals, again, to meet their own needs. The people who are most vulnerable are suffering. And we're just all scrambling to survive without any
collective guidance or leadership that has our wellbeing in mind.

Beyond the health disparities present in the United States and the lack of governmental aid, Victoria also felt the public controversies that erupted across the nation amidst the pandemic divided its people and impeded wellness for most. In our conversations, they referred to the events that preceded and followed the 2020 United States Presidential election and the Black Lives Matter movement. Regarding raids on Washington D.C. in January of 2021, Victoria said:

I have to step back and understand like the people who raided the Capital, they were in pain, like they are really suffering. They feel scared, they're terrified. They have no sense of control with what is going on, and they are just desperately fighting to meet their needs. Even if their actions in my opinion, are misguided. Their pain is real. Their needs that are not being met are real.

With compassion and empathy, Victoria processed the controversial event by attempting to answer, ‘why these people raided the capital?’ They searched for meaning beyond unacceptance of the new President and concluded those people felt their needs were not being met. This conversation circled back to Victoria’s interpretation of wellness. They felt self-actualization was the end goal, but fulfilled needs was a cornerstone. When needs were not met, people struggled to maintain their wellness, which expanded into a community-level, and then a national concern.

Victoria’s transformative worldview opened their eyes to macro-level interpretations of wellness as a construct and phenomenon during the first year of the pandemic. They focused their conversation on matters of social justice and personal reflection. Victoria frequently expressed frustration on the lack of resources available
to help individuals strive for wellness by fulfilling their needs and self-actualization.

On a micro-level, Victoria’s wellness dipped with anxiety and isolation and rose with nature and the reconnection they made with themself.

**Chapter Summary**

This study explored the wellness experience of undergraduate students who were members of Generation Z during the first year of the pandemic. As a group, the students understood wellness as:

- A self-directed process
- A balancing act
- Goal-oriented
- Healthy and good
- An individualized, lifelong journey
- Multidimensional
- Self-initiated
- A top priority

The students also viewed wellness as a dynamic process that:

- Evolved with time
- Fluctuated on a continuum
- Benefited from a positive mindset and an organized schedule
- Included interdependent dimensions
- Incorporated self-care
- Required active attention and self-discipline
- Utilized reflection and self-evaluation
The participants in the study each had their own way of making meaning of wellness as a construct and interpreting their experiences throughout the first year of the pandemic. Table 5 offers a summary of strategies students implemented during the interviews to make meaning of their wellness and experiences.

**Table 5**

*Summary of Meaning Making Strategies*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Meaning Making Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley</td>
<td>Compared pre-pandemic wellness to ideal wellness</td>
</tr>
<tr>
<td>Bianca</td>
<td>Evaluated priorities</td>
</tr>
<tr>
<td>Chris</td>
<td>Through the interview and reflected on roles as a student and on campus</td>
</tr>
<tr>
<td>Emily</td>
<td>Explored multicultural identity</td>
</tr>
<tr>
<td>Hannah</td>
<td>Worked through self-help programs</td>
</tr>
<tr>
<td>Kayla</td>
<td>Reflected on education and established routines aimed at self-actualization</td>
</tr>
<tr>
<td>Natalie</td>
<td>Journaled, intrinsic goal-setting, established routines aimed at self-actualization</td>
</tr>
<tr>
<td>Ryan</td>
<td>Reflected on roles based on context of conversation</td>
</tr>
<tr>
<td>Samantha</td>
<td>Analyzed world travel experiences and explored multicultural identity</td>
</tr>
<tr>
<td>Victoria</td>
<td>Emphasized concerns of social justice and analyzed wellness of friends</td>
</tr>
</tbody>
</table>

Most of the participants described their wellness experiences during the first year of the pandemic as unlike anything they had ever experienced before. They acknowledged that their lifeworld had been disrupted and replaced with new experiences and uncertainty. Many had a newfound appreciation for the world and routine that had previously taken for granted. Virtually all the students in the study identified an increased awareness of mental health and emotional awareness. Several of the participants used the first year of the pandemic as a chance to reflect, learn, and
grow. They were forced to re-evaluate their priorities and adjust their lifestyles to both fit their needs and follow the COVID-19 guidelines and protocols.

The participants interpretations of how severely the pandemic influenced their wellness were expressed on a spectrum that ranged from minimal to extreme. Since the pandemic was a global health crisis, some participants felt their lives were relatively unchanged when they compared their experiences to what was reported globally in the news and media. Others acknowledged the changes they were forced to make but felt they could adjust their routines to uphold their values and maintain their priorities. Others yet, struggled to find balance.

Through interpretative phenomenological analysis three superordinate themes emerged from the data. I determined participants had varying levels of awareness concerning their understanding of wellness. Some students in the study fluently spoke of the construct, while others admitted to assigning little attention to wellness as a holistic notion until their participation in the research. Regardless of their apperceptions of wellness, I felt students core values persevered through the trying times they experienced. The participants demonstrated fortitude, made adaptations to their lives with grace, and exhibited growth. Many students identified they did the best they could with the resources they had available and showed a sincere appreciation for their unique situations. Students in the study analyzed their own wellness experiences and acknowledged the COVID-19 pandemic affected people’s wellness all over the globe.
CHAPTER 5

CONCLUSION

The purpose of this study was to illustrate 10 participants’ wellness journeys during the first year of the COVID-19 pandemic while also illuminating the convergences of those experiences, as members of the same generation were forced to adapt their lives in response to a global health crisis. This chapter discusses the findings presented in chapter four and their implications for future research and practice in higher education. It also includes a researcher reflection. The conclusions of this research help fill a gap in literature by offering insights into the wellness experiences of undergraduate Generation Z students in the unprecedented times of a pandemic. I embraced the dichotomousness of interpretative phenomenological analysis (IPA) by harmonizing idiography, which encourages a thorough analysis and representation of individual perspectives of the phenomenon (Smith et al., 2009), with the collective interpretation of a common experience, a primary tenet of phenomenology (van Manen, 2014). This study aimed to explore two primary questions; the first was: How do Generation Z students make meaning of and describe their wellness experience? The second question centered around the students’ interpretations of their experiences: How do Generation Z students perceive wellness prior to, during, and/or following the COVID-19 pandemic?
Introduction

This section discusses the findings of the study and aligns them to the research questions while placing them in the context of larger bodies of interdisciplinary literature. This portion of the chapter starts by summarizing the findings of the study then discusses the ways participants made meaning of their wellness experiences. It then progresses to a description of the participants’ wellness experiences prior to and during the first year of the pandemic and the interpreted meanings participants assigned to the phenomenon. Considering that as of this writing, the pandemic is still underway, the last part of the second research question that asked how Generation Z students perceived wellness following the COVID-19 pandemic is not addressed in this chapter.

Summary of Findings

As a cohort, the participants described their wellness experiences during the COVID-19 pandemic as a phase within their personalized, life-long wellness journey. The strategies participants used to make meaning of their experiences varied as much as their interpretations of wellness. They indicated their wellness experiences were self-directed, goal-oriented, and changed with time and life stage. As such, the Generation Z students in this study felt wellness required attention, consistency, and discipline. Participants described situations when they utilized reflection and self-evaluation to make choices that influenced their wellness experiences. Pandemic or not, students believed wellness should be a top priority. The findings of this study indicated students valued health and happiness, which included a positive attitude, self-care, healthy behaviors (i.e., eating well, getting enough sleep, and exercising).
Participants viewed their wellness experiences as complex and multidimensional, where changes in one dimension influenced other dimensions. The students in this study primarily discussed their experiences with emotional, physical, social, intellectual, occupational, financial, and environmental wellness. Participants either shared how they struggled to balance their responsibilities and leisure activities or the strategies they implemented to maintain their desired level of homeostasis. Regardless of their interpretations of the effectiveness of their balancing act, the students in this study recognized an organized, set schedule benefited anyone intentionally striving towards a better existence.

Three superordinate themes emerged from the data provided by the 10 Generation Z students that participated in this study: (1) students exhibited varied levels of awareness for understanding and actualizing wellness, (2) student’s core values persevered, and growth occurred through the pandemic, and (3) students conveyed micro and macro interpretations of their wellness experiences. Participants core values and apperceptions of wellness informed their decisions, which translated into their actions, and influenced how they perceived their wellness experiences. Findings from this study indicated some participants were more cognizant of wellness than their peers, therefore, they made more intentional lifestyle choices towards wellness. Findings also indicated students were more aware of certain wellness dimensions than others which influenced the wellness experiences they shared during the interviews. All students in this study used a micro-lens when they described the personal lessons they learned through their experiences during the first year of the pandemic. Descriptions of their wellness experiences and health behaviors prior to and
during the pandemic implied their core values persevered despite the abrupt changes to daily living. Finally, the findings indicated participants also used a macro-lens when reflecting on the phenomenon. The members of this cohort situated their experiences within a regional and temporal context by comparing their wellness experiences during the pandemic to others’ experiences.

**How Participants Made Meaning of Their Wellness Experiences**

Meaning making is an intrinsic processing of content and experiences that people inherently apply to connect with and interact with a construct or phenomenon (Krauss, 2005). Participants’ life experiences, social groups, cultures, education and values influenced the strategies they used to make meaning of wellness and the meanings they gave to their experiences. Even though participants made meaning in unique ways, there were similarities in the strategies they employed. Overarching strategies and their interpretations included comparing their pre-COVID and COVID experiences, evaluating personal values, reflecting on their roles within society, and through interview conversations.

**Comparing Pre-COVID and COVID Wellness Experiences**

Participants made meaning of wellness by comparing their pre-pandemic routines to their daily actions during the semester we met for interviews. Findings suggested participants’ pre-pandemic routines supported their values for physical activity, social engagements, and interests in intellectual development. The structure and interpersonal relationships that wove through their day offered an emotional stability that was interrupted during the pandemic. Participants used examples of their routines to explain their perceptions of wellness and exemplify the changes that they
made in response to the pandemic. Adaptations to their routines fell within the parameters of the COVID-19 protocol and upheld their values. The adjustments they made and described contributed to the second super-ordinate theme that emerged from the data.

_Evaluating Personal Values_

Participants in this study gained a greater comprehension of wellness over the first year of the pandemic by using the changes to their daily living to evaluate their values and prioritize health behaviors. Findings that connected values to health behaviors corroborated previous research (Cass et al., 2021). The findings of this study paralleled extant literature that suggested undergraduate students ranked health and happiness as two of their most important values (Cass et al., 2021), and actively pursued them when they exercised and consciously chose a positive mindset. Most students in this study that exhibited these values and behaviors identified their importance both prior to and during the pandemic. New values that arose from the pandemic centered around the transition to emergency remote learning, restrictions on social interactions, and the changes to their lived world. Evaluating personal values as a meaning making strategy directly contributed to the evolution of the first and second superordinate themes that emerged from the data, which were (1) students exhibited varied levels of awareness for understanding and actualizing wellness and (2) students core values persevered, and growth occurred through the pandemic, respectively.

_Reflecting on Roles Within Society and Civic Duty_

Participants made meaning of their wellness experiences when they reflected on their roles in a variety of social contexts, including their civic duty to follow
protocol to help limit the spread of the COVID-19 virus. Findings from this study revealed most participants were involved in extracurricular activities such as college clubs, chorus, and sports before and during the pandemic. Students in this study indicated their membership within organized social groups helped shape and reinforce their values, approach to wellness, and worldviews. Research suggests college students who participate in extracurricular campus activities have a higher sense of school belonging, which can be correlated to an increase in life satisfaction (Civitci, 2015). In turn, increased life satisfaction can improve emotional, physical, social, and academic wellness (Chow, 2005; Civitci, 2015). Although implications are relevant, I did not ask enough questions about sense of belonging or life satisfaction to infer if the participants’ perspectives would support or contradict the existing literature. Analyzing the available data did, however, indicate participants’ awareness of wellness in their daily lives and core values before and during the pandemic, which contributed to the establishment of the first and second superordinate themes.

Being a member within social organizations also gave students a sense of social responsibility to follow protocol recommended to help prevent the spread of COVID-19. At the time of the interviews, COVID-19 vaccinations were unavailable to participants, therefore, mitigation measures included, but were not limited to wearing masks and maintaining social distance. The students in this study echoed research conducted in Canada that indicated participants declared a moral obligation to follow COVID-19 mitigation guidelines for the greater good of the community (French Bourgeois et al., 2020). Similarly, the Generation Z participants in my research expressed a sense of civic duty to protect themselves, so they would not be responsible
for spreading the virus to others (Brooks et al., 2020; Cava et al., 2005; Jeong et al., 2016). Students viewed themselves as members of a larger society experiencing a collective trauma. This perspective and their acknowledgment that they adhered to public health guidelines to protect others showcased macro-level interpretations of their wellness experiences, which contributed to the establishment of the third superordinate theme.

**Through Conversations During Study Interviews**

Half of the Generation Z students that participated in this research verbally shared conversations had during our interviews broadened their understanding of and raised their awareness of wellness. Their acknowledgement reinforced the notion that increased exposure to wellness content could influence the level of awareness students had and subsequently, their lifestyle choices (Jonas, 2005; Prochaska & DiClemente, 1983; Quartiroli & Maeda, 2016). In this study, wellness was defined as an individualized process of becoming aware of and making choices towards a more successful existence as determined by oneself (Dunn, 1961; Jonas, 2005; NWI, n.d.). Findings from this research showed students understood and actualized wellness on a variety of levels, which emerged as the first superordinate theme. The participants’ awareness of wellness and strategies for living well influenced their lifestyle choices and health behaviors. On top of that, findings from this study indicated students’ level of wellness awareness influenced how they described and perceived their wellness experiences. From a philosophical vantage point, a participant’s conscious self continually grows and adapts to new stimuli (Sartre, 1948, as cited in Smith et al., 2009). I noted in my journal entries, when participants arrived for their second
interview, they were physically the same people, but their conscious beings had evolved. As such, they way some students described and perceived their wellness experiences differed between interviews.

Participants’ Descriptions and Perceptions of Wellness Experiences Prior to and During the Pandemic

Developing an understanding of participants’ comprehension of wellness as a construct was a critical process in the exploration of how undergraduate students made meaning of their wellness experiences during the first year of the COVID-19 pandemic. Participants’ apperceptions of wellness prior to the pandemic influenced their wellness experiences and the meaning they assigned to the phenomenon. Students that participated in this study used language that mirrored what is present in the literature. They used the terms health, wellbeing, and wellness interchangeably (Travia et al., 2019) and some included elements of psychological wellbeing in their definitions (Adams et al., 1997; Ryan & Deci, 2001; WAI, 2018). The inconsistency in terminology was unsurprising since wellness is an interdisciplinary construct that is interpreted in unique ways dependent on the context and application (Roscoe, 2009; Travia et al., 2019). The next section of this chapter presents an interpretation of the phenomenon highlighting elements of IPA, specifically the exploration of language and hermeneutics. It also discusses findings that indicated participants restructured their lifestyles during the pandemic, while narrowing in on students’ transition to emergency remote learning.
Interpreting Wellness Through Language and Description of Experiences

During the data analysis process, I inferred participants’ perceptions of wellness by analyzing how they described wellness, the implied meanings expressed through their use of language (Pleyer & Hartmann, 2014), and lifestyle choices and actions they described when talking about their daily experiences. The findings presented in chapter four showed a disconnect between students’ conscious understanding of wellness and their actualization of the construct. The participants’ definitions of wellness relied heavily on content they learned in school, self-initiated research, and values instilled by their families and culture. Findings revealed, when participants were asked to describe their wellness experiences, the actions and moments expanded on often aligned to key elements expressed in their initial apperceptions of wellness on the initial survey. When the conversations transitioned to an exploration of their daily lives, students unconsciously disclosed a plethora of activities they performed that unknowingly contributed towards their overall wellness. These findings contributed to the first superordinate theme that emerged from the data, which indicated students in this study understood and actualized wellness with varying levels of awareness. For years, behavioralists and cognitive psychologists explored brain-body connections (Rejeski & Fanning, 2019). Deliberation on the role the brain plays in a person’s health or wellness behavior supports the notion that students could understand wellness, and therefore, actualize wellness, on both conscious and subconscious levels.

Students in this study perceived wellness experiences as a self-directed (Jonas, 2005; Myers et al., 2000), life-long process (Jonas, 2005; Rosco, 2009) that required
active attention (Jonas, 2005; NWI, n.d.; WAI, 2018) and self-discipline. Findings indicated students described wellness as a process that was often self-initiated, utilized reflection, and relied on self-evaluation since it centered around individualized goals (Ryan & Deci, 2000). Furthermore, listening to descriptions of participants’ wellness experiences before and during the pandemic indicated their wellness fluctuated and evolved over time (Jonas, 2005; Travia et al., 2019, NWI, n.d.). Findings from this study, suggested self-care, an organized schedule, and a positive mindset were vital components of wellness experiences (Ryan & Deci, 2000; Ryff, 2014). Cross-case analysis of participant experiences highlighted common perceptions and experiences that contributed to all three superordinate themes.

I posit participants perceived wellness as a multidimensional construct, that when explored in depth illuminated the interdimensional relationships (Myers et al., 2000; Reneger, 2000; Roscoe, 2009) they often took for granted before the pandemic. As evidenced in the data, members of this study connected experiences within a variety of dimensions to emotional wellness. The findings also indicated students strove to balance health behaviors conducive to the wellness dimensions they determined were a top priority, such as emotional and physical wellness. I deduced students felt a sense of accomplishment when they were able to actualize their values within those dimensions. Incorporating my journal entries into the analysis, allowed me to realize where and when I could relate to participant experiences. When participants indicated a sense of accomplishment and talked about their wellness experiences as an embedded element in life and a constant balancing act, I could
relate. I teach about wellness in higher education, I strive to model behaviors to strengthen my wellness, and I still, at times struggle to maintain stability.

Analyzing language used during interviews allowed me to conceptualize the meanings students assigned to their abstract experiences (Pleyer & Hartmann, 2014) especially when talking about their transition to emergency remote learning. Some students used vivid analogies when they described their wellness experiences as arduous tasks that yielded minimal rewards. The analogies they chose helped me to visualize the effort they put into their schoolwork, the frustrations they felt when the school transitioned to emergency remote learning, and the disappointment of their most recent academic experiences. Students’ descriptions of the physical spaces they worked in, (in)consistent internet access, and course mode of delivery (synchronous, asynchronous, blended) varied, which influenced how they perceived their wellness experiences during the pandemic. Unlike the literature, the findings of this study suggested students that enrolled in asynchronous courses were unsatisfied with the experience and felt they learned less than they would have if classes were on campus (Ghazi-Saidi, 2020).

Restructuring Lifestyles to Prioritize Wellness

The COVID-19 pandemic gave participants opportunity to restructure their daily living. When their familiar lifestyle choices were unavailable, they made conscious choices to try new activities, such as different approaches to exercise or untraditional forms of communication to maintain social connections. Although participants were conscious of the choices they made, their narratives indicated the choices were not always intentionally made to improve their wellness. As an example,
participants mentioned ways in which they spent time outdoors during the first year of the pandemic. Even though participants consciously went for hikes, camping, or just spent time in nature, they made few connections between the outdoor activity and their wellness. Unrealized to them, hiking yields positive effects on overall wellness and multiple dimensions, especially physical wellness (Wolf & Wohlfart, 2014). Hiking in nature can improve memory and attention, which aids intellectual wellness, increases positive moods, and lowers stress as part of emotional wellness (Bratman et al., 2015). The findings exhibited participants’ intentional acts to be outdoors positively influenced their environmental, social, physical, emotional, and intellectual dimensions, as well as their overall wellness and they did not even realize it at the time or in our conversations. In fact, very few participants identified environmental wellness as a dimension or why they valued being outdoors beyond a change of scenery or for fresh air. The absence of conversation could imply a lack of environmental wellness awareness and contributed to the establishment of the first superordinate theme. Participants that spent time outdoors with friends also appeared to be unaware of the connection between their environment and their social wellness. Students’ wellness experiences included time in nature, but they only talked about those times when describing their daily lived experiences.

The next subsection of this chapter highlights a common experience students identified when talking about their lived experiences during the first year of the pandemic. I deemed this experience significant to students’ wellness based on the language students chose to describe their experiences, the tone of their voice, and the redundancy in conversations. Transitioning to emergency remote learning was a
significant lifestyle adjustments students made in response to the COVID-19 outbreak. Exploration of experiences represented students micro-level interpretations of their experiences by accentuating differences between their pre-COVID living and COVID living. Students were fully aware of their lifestyle changes and assigned feelings to each, however, may or may not have made obvious connections to individual dimensions of their wellness. Conversations around these experienced transformations revealed core values that students were unwilling to drop and illuminated their realizations that arose out of the pandemic. Based on the data, I postulate, the students in this study would not have made these lifestyle changes or realized the significance of their experiences if the COVID-19 pandemic had not abruptly forced alterations on their daily living. The second theme that I inferred from the data when students were talking about their wellness experiences was how participants’ core values persevered and how they exhibited growth throughout the first year of the pandemic.

*Transitioning to Emergency Remote Learning*

One of the greatest lifestyle changes participants collectively experienced was taking courses in an emergency remote learning environment. While some students elect to take college courses online, the members in this study selected in person courses at the start of the spring 2020 semester. The participants and their academic peers were forced to transition to an online format from March of 2020 for the remainder of the semester due to the pandemic. Findings indicated some members in this study had experiences akin to the research; the unpredictability of the situation and abrupt changes to academic and personal lives intensified anxiety levels (Cao et al., 2020; Ghazi-Saidi et al., 2020), so much so that it affected their academic
performance (Healthy Minds Network & ACHA, 2020b). This worry was an added burden, unique to the population of interest when comparing their student cohort to the non-student peers of the same generation.

The institution the participants of this study attended selected to prolong their emergency remote learning for the 2020-2021 academic school year. Sartre (1948, as cited in Smith et al., 2009) described people as individuals who may not have control of their situations, but always have control of their reactions. The interviews were a perfect location to explore students’ reactions to another semester of emergency remote learning and the connections they made to their experiences with wellness. Students could have taken a gap year or transferred to a different institution; however, all participants chose to reenroll in the same school.

Most participants interviewed for this study identified a preference for in person classes that was echoed in the research, where students explicitly reported they felt a lack of connection and missed the typical interactive activities that were absent in online instruction (Ghazi-Saidi et al., 2020). Findings indicated transitioning to emergency remote learning reinforced participants’ value for experiential learning, especially during practicum courses. The absence of hands-on activities in the field, left students feeling ill-prepared for future courses and their profession. Further findings indicated students attending college during emergency remote learning missed opportunities for help and academic conversation with faculty and peers outside of class meetings. When exploring a phenomenon, it is just as important to explore absences in addition to things the essences that are present for the participants (Sartre, 1948, as cited in Smith et al., 2009). The impact of emergency remote learning
expanded beyond the intellectual dimension of wellness. Being away from campus
helped students recognize the spaces they valued on campus to complete schoolwork,
socialize, exercise, and receive support. Students in this study made the connection
between their experiences during emergency remote learning, but only superficially
connected their experiences to their wellness. The conversations around the
connections, contributed to the development of the first superordinate theme.
Members in this study recognized faculty and staff did the best they could, given the
short time to prepare. Findings revealed few faculty members offered support beyond
scheduled class meetings. Not all findings favored traditional schooling though.
Members of this study expressed an appreciation for the extra time not driving to
campus afforded them during emergency remote learning. Students reported using the
extra time for sleep, they picked up extra shifts at work, multitasked, and partook in
personal activities that they otherwise would not have had time to complete.

Transitioning to emergency remote learning was unexpected and was the
impetus for reflection on their lived worlds prior to the COVID-19 outbreak. Students
in this study gained an appreciation for what they had when attending college during a
traditional semester. Participants admitted they would not have reflected on their
experiences in the same manner, had they not been forced to attend school from home.
Connecting students’ experiences to the second superordinate theme, transitioning to
emergency remote learning illuminated how much students valued experiential
learning and social interactions on campus, plus reinforced participants values for
education and work ethic.
**Hermeneutics: My Interpretation of Participants’ Interpretations**

The final part of this section offers my take on students’ interpretations of their wellness experiences during the pandemic, specifically situating the participants within the context of a larger society during a global health-crisis. Participants saw themselves in a particular way, exhibited feelings and emotions through dialogue and demeanor, and recognized through their recent experiences that their lives were not guaranteed (Heidegger, 1962/2001; Smith et al., 2009). The meanings students assigned to their wellness experiences were influenced by their socio-historical factors, such as age, life stage, and location (Sartre, 1948, as cited in Smith et al., 2009; Seemiller & Grace, 2019). When students were asked to talk about their experiences during the pandemic, they often shared their individual circumstances and then situated themselves within a larger context. The upcoming section summarizes participants’ interpretations of their wellness experiences from micro- and macro-levels, which was the third superordinate theme that emerged from the data. Finally, the Hermeneutics section concludes with subsections highlighting the participant’s increased emotional wellness awareness and strategies implicated in the findings, for overcoming the challenges experienced during the first year of the pandemic.

**Experiences Compared to Others**

Participants’ presence in the world is contextual and their perspectives are time-bound, therefore, their interpretations and assigned meanings are often relative to something outside of the phenomenon (Smith et al., 2009). In the act of describing their wellness experiences during the pandemic, students, at times, minimized the severity of their experiences by comparing them to stories of others struggling to
survive. The vagueness of the comparisons implied their sources of origin may be television news or posts from social media. Participants did not refer to national or professional organizations or give reference to news stations when making comparative statements. By contrasting their situations to others, they demonstrated an understanding of the world and the scope of the pandemic. Members in this study appreciated their health, resources, and access to services. The meaning they ascribed to their experiences, when compared to others was one of gratitude and optimism. Anchoring their experiences within a larger context signified the participants ability to make macro-level interpretations of their wellness experiences.

**Reflections on Worldwide Wellness**

Students also demonstrated a macro-level exploration of wellness as a construct when they contemplated if wellness was a privilege. At least 70% of participants shared their impressions of societal and cultural interpretations of wellness. I posit members in this study that reflected on worldwide wellness partially made meaning of their wellness experiences by relating to the context they offered. Findings of this study indicated students with family living outside the United States emphasized psychological aspects of wellness more than dimensional wellness. Their worldview appeared to be rooted in their cultural upbringing and world travels. One participant stood out from the rest and explored wellness from a transformative lens. They viewed wellness as an experience greatly influenced by health disparities and public resources. While multiple participants addressed accessibility, this individual student demonstrated a deeper understanding of cultural and societal influences on wellness understanding and experiences. The findings of this study revealed
participants’ personal wellness experiences were influenced by their contextual lived experiences and global understanding of wellness.

**Increased Awareness of Emotional Wellness**

Emotional wellness amongst college students was a rising concern before the outbreak of COVID-19 (ACHA, 2019b; The Healthy Minds Network & ACHA, 2020b). Additional COVID-related stressors exacerbated the issue even more (Cao et al., 2020). Findings indicated the participants interpreted their wellness experiences during the first year of the pandemic as stressful. A few members of this study disclosed mental health conditions on their initial survey, however, they were not the only students to recognize a change in their mental health status during the pandemic. Participants offered explanations for the increased awareness, such as social isolation, pandemic-related fears, and difficulties adapting to their new lifestyles paralleled those found in health crisis literature (Jeong et al., 2016; VOS et al., 2021). In addition, findings from this study indicated some students demonstrated their transition from a natural attitude to a phenomenological attitude prior to our interviews. Those participants explained their experiences using past tense language when they walked me through strategies they implemented during difficult times. For these reasons, I suggest students did more than talk about their mental health, they demonstrated a higher level of awareness that connected their emotional state to experiences within multiple wellness dimensions.

**Survival Strategies**

The literature indicated the COVID-19 pandemic impacted individuals at global proportions; the members of this study were no exception. Through our
conversations students shared their perspectives as strategies that helped them survive the first year of the pandemic. All the participants offered evidence in at least one of these approaches. Students in this study identified a positive worldview, growth mindset, attitude of gratitude, and general acknowledgment that they were doing the best they could with what they had available, helped them continue their wellness journeys despite the unprecedented times and immeasurable number of unknown variables. Students recalled experiences that corroborated their claims and demonstrated how they actualized their values. The manner the students communicated these four core beliefs contributed to my interpretation of their understanding of wellness. The consistency in language within singular interviews and during cross-case analysis reinforced my postulation that these core beliefs helped students make sense of their wellness experiences during the first year of the pandemic.

Implications for Research

Although the findings of this study contribute to the literature, they also serve as a catalyst for future research. The interviews in this study all occurred within one year of the COVID-19 outbreak in the United States, therefore, the findings presented depict student wellness experiences during that phase of the pandemic. Considering the ongoing status of the COVID-19 pandemic and the temporal location of the interviews within the pandemic timeline, an extension of this research in the form of follow up interviews could reveal a truer representation of Generation Z student wellness experiences during a longer duration of the COVID-19 pandemic. Research conducted during the H1N1 pandemic in 2009 indicated changes in data based on the
phase of the outbreak (Van et al., 2010). I posit students’ wellness experiences also changed with the progression of the COVID-19 pandemic. Follow up interviews with current participants could be used to gain a deeper understanding of students’ interpretations of their wellness experiences.

Reflecting on the extant literature, my research questions, conversations during interviews, and the findings of this study, I have a greater understanding of the challenge in researching wellness. Since wellness was loosely defined in the literature and interpreted as a personalized construct and journey, there were times participants struggled to put their thoughts and feelings about their wellness experiences into words. Journey mapping or pictorial narrative mapping could be utilized as alternative qualitative methods that start as nontextual representations of the participants wellness experiences during the pandemic. Participants could draw a map of their wellness journey from the onset of the pandemic to their current temporal location within the pandemic timeline. If using journey mapping, participants could use geographical features to represent significant moments within their wellness journeys. After maps were constructed, the researcher could ask questions about the participants’ maps, specifically what images represented and how participants felt as they were navigating through their experiences.

Additionally, participants identified an increased awareness in mental health concerns during the first year of the pandemic. Further research on students’ mental health experiences during their period of emergency remote learning could help practitioners better understand students’ situations during this specific event. Researchers could explore how students perceived their mental health status, students’
evaluation of the strategies they used to cope with the pandemic, information on mental health services they utilized, experiences students concerning mental health during emergency remote learning, and strategies they adopted specifically in response to attending school off-campus. A qualitative approach, using interviews for data collection, and thematic narrative analysis for data analysis could be used for the research. Students could voice their individual narratives which could be used by the researchers to piece together the larger story of student mental health experiences while learning in an emergency remote education setting during the pandemic.

Few students in this study elected to enroll in undergraduate wellness-related courses, yet they expressed an interest in the topic as a content area for first year seminars. Conducting research on the inclusion of wellness content in first year courses could help practitioners determine if an increased awareness of wellness concepts transferred to lifestyle behaviors that support student wellness. To bring this study to fruition, researchers would have to include wellness content, such as foundational concepts and strategies for behavior modification in first year seminar courses. Participants could answer questions on a behavioral risk survey pre- and post-intervention (i.e., enrollment and participation in first year seminar courses that include wellness-related content). Researchers could conduct a comparative analysis to determine the influence of the course on healthy behaviors among first year college students.

Additionally, one participant in this study viewed wellness from a transformative perspective and a few participants made connections between health inequities and their own wellness experiences. Further research could explore how
health disparities influenced student wellness experiences during the pandemic. For this to happen, investigations could include and look beyond individual wellness experiences with discriminations. Researchers could assess structural level discrimination within the institution of higher education, at the community level, and on a national scale. Then they could examine how experiences with discrimination based on socioeconomic status, disability and ability, geographic location, race, gender, and sexual orientation impacted student wellness experiences. The result would be a multi-level examination of how health disparities impacted student wellness during the pandemic.

**Implications for Policy and Practice in Higher Education**

Inspired by the findings of this study, I offer the following recommendations to policy makers, health and wellness practitioners, and faculty in higher education. The findings of this study imply institutions should prioritize wellness for undergraduate students. Student perspectives of wellness should inform policies and programs designed on improving student wellness; the findings of this study offer such information. The findings from this study implied students made attempts, but struggled to balance wellness during the pandemic, which aligned to extant literature that indicated students were struggling to maintain wellness before the pandemic struck (ACHA 2019b, 2020; Twenge, 2017). As such, institutions would benefit from cultivating a culture of wellness on their campuses and in virtual spaces during emergency remote learning and traditional semesters. This section offers practical strategies for institutions to initiate the transition to a campus climate that nurtures students holistically and supports their efforts to thrive in school and life. The first
recommendation is for institutions to acknowledge the difficulties students’ experience when striving for wellness. Considering wellness is holistic and interdisciplinary, I recommend campuses establish wellness committees comprised of students, practitioners, faculty, staff, and administrators to help bring the initiative into fruition. The committees could start the transformation by creating a wellness webpage that would act as a central hub for content, resources, activities, and events that promote wellness for individuals and the campus community. The final recommendation offered in this section is an increase in wellness education, specifically for first year students. The wellness committees could help instructors include wellness content and skill development in first year seminar and introduction to college courses.

Cultivating a Culture of Wellness on College Campuses and in Virtual Spaces

During Emergency Remote Learning

In chapter two, I quote Dr. Halbert Dunn (1961, p. 2) “Your body should be eager for activity. Your mind should sparkle with interest. For maximum wellness, the environment should be such as to encourage you to live life to the very full.” Students in this study showed an interest in wellness and a desire to learn more about the construct and strategies to help them progress towards wellness. Students already viewed their higher education institution as a hub for learning lessons, life skills, and professional preparation. It is logical for wellness to be included as a content area and environmental focus for the entire college community.

It is my recommendation that institutions of higher education establish a culture of wellness on their campuses and in virtual spaces during emergency remote learning to address participants’ common experience of prioritizing self-care as a
practice that supported their wellness during the pandemic. Though this initiative would benefit college students during pandemics and times of academic disruption, it might also present a humanistic approach to education that could assist students during traditional semesters.

**Acknowledging Students Struggle to Maintain Wellness**

To initiate the adoption of a wellness culture, institutions of higher education should acknowledge that students were struggling to maintain wellness before transitioning to emergency remote learning; a challenge that persisted through the first year of the pandemic. The recommendations offered here, stem from data collected during a pandemic, however, students are exposed to traumas outside of the current global health crisis. Common traumatic events that students experience in traditional semesters include but are not limited to the death of a loved one, lifetime exposure to family violence, unwanted sexual attention, and sexual assault (Frazier et al., 2009).

Attending college is a pivotal developmental stage of life, where students are learning the content, skills, and values they need to inform their lifestyle choices in the moment and habits they develop for the rest of their lives. Adding common traumatic events or the pandemic to their already challenging experiences puts even more strain on student wellness. The suggestions that follow can help students become more aware of and make choices towards a more successful existence (Dunn, 1961; Jonas, 2005; NWI, n.d.). Participants shared how their values and daily actions impacted their wellness experiences. Through the findings of this study, stakeholders should consider wellness as an on-going holistic experience that requires an awareness of potential and the skills to actively strive towards betterment.
Establishing Campus Wellness Committees

Wellness is an interdisciplinary construct, a process that incorporates multiple dimensions, and an experience that is influenced by several factors; as such, cultivating a culture of wellness should not be undertaken by a singular individual or department within the institution (Redden, 2020). Fostering a culture of wellness should include the creation of campus committees that support the wellness of the stakeholders involved in its inception and the entire campus community. Although these recommendations originate from student data and target student wellness, the benefits of an increased level of wellness awareness amongst faculty, staff, and administrators could extend beyond the target population to improve the overall wellness of virtually every member on campus. Committees invested in fostering wellness on campus and in virtual spaces should consult the most current Healthy Campus Framework provided by the American College Health Association (ACHA, 2019a) that assists committee members in evaluating the institution’s current policies and systems and then identifying specific campus needs. The Healthy Campus Framework (2020a) offers the tools, connections, and resources to stakeholders interested in facilitating the establishment of and maintaining a healthy campus community.

Creating a Wellness Webpage

The findings of this study revealed some participants knew the college offered services and programs for students, but they were unsure where or how to access the information, especially during emergency remote learning. Other participants indicated they were unaware of ways the college could assist them in their wellness
pursuits. Given the unpredictability of the ongoing pandemic, wellness committees should aim to cultivate wellness in virtual and on campus spaces by having a wellness webpage that centralizes all wellness policies, procedures, service, initiatives, and resources in one location. Once established, the wellness webpage should be accessible and widely shared with all members of the campus community. To ensure its promotion, the institution could create a policy that requires faculty members to include a syllabus statement that acknowledges the value of student wellness and basic needs. Gaining faculty support is a crucial step in establishing a wellness culture; they are the face of institutions via online synchronous sessions during emergency remote learning and the primary connecting thread between the school and the student. In addition, faculty members support student wellness during classes, (virtual) office hours, and by recognizing when students need referrals to campus resources (Kalkbrenner et al., 2019). The wellness committee could assist faculty by writing a universal sample statement that includes a link to the wellness webpage. Findings from this study indicated an inconsistent level of wellness awareness amongst participants. Adding a syllabus statements is an effective, efficient, inexpensive ways to raise awareness (Goldrick-Rab, 2019) for wellness. By recognizing students as people, syllabus statements can create inclusive and supportive environments (Wilkes, 2017) conducive to learning (Goldrick-Rab, 2019). Syllabus statements can provide resources for students to turn to in times of need (Goldrick-Rab, 2019) especially when on campus services are unavailable during emergency remote learning.
**Wellness Education**

Elevating wellness awareness is one strategy institutions can assist students in their progress on their wellness journeys. To take the students to the next level, the wellness committee should create opportunities for education and skill development. Research supports the notion that one’s ability to execute health related behaviors relies on conscious and unconscious processes that occur within our minds (Rejeski & Fanning, 2019). Findings of this study implied participants’ intentional lifestyle choices and actions towards wellness varied greatly, which influenced how they experienced wellness during the pandemic. I recommend wellness content and skill development be included in first year seminar and introduction to college courses. The wellness committee could assist course instructors by creating lesson templates, organization materials, and gathering resources. Including such materials and experiences can help students make more informed decisions and develop habits that improve individual dimensions of wellness (Cass et al., 2021; Hager et al., 2012; Plotnikoff et al., 2015). Mental health and strategies for maintaining or improving emotional wellness should be a top priority. Findings from this study corroborate research conducted both before and during the early stages of the pandemic that found mental health and emotional wellness a concern for college students (ACHA, 2019b; Agnew et al., 2019, Galea et al., 2020; Eisenberg et al., 2016). This initiative could target any incoming students and establish a culture of wellness from their first year forward. In addition, this initiative could remain as is, regardless of the institution’s remote or on campus status.
Cultivating a culture of wellness in higher education should be a priority for policy makers and practitioners (National Intramural and Recreational Sports Association: Leaders in Collegiate Recreation, 2019). The findings from this study imply students would benefit from a cultural shift towards wellness. Centering student experiences around wellness, especially mental health, could result in positive outcomes for institutions of higher education, including retention rates and degree completion (Eisenberg et al., 2016; Kalkbrenner et al., 2019). It is my hope that the findings from this research offer policy makers, health and wellness practitioners, and faculty in higher education rich information on students’ wellness experiences during the first year of the pandemic and suggestions for strategies to initiate a cultural shift towards wellness on campus and in emergency remote learning environments.

**Researcher Reflection**

Undergraduate student wellness intrigued me long before the COVID-19 outbreak. As an educator I take a holistic, humanistic approach to education that hinges on the creation of an accepting and supportive learning environment. Student wellness is an underlying thread in all my courses regardless of class topic, ergo, I intended on exploring undergraduate student wellness. When the pandemic struck the United States, I was weeks before defending my dissertation proposal. Recognizing the health crises offered an unexpected opportunity to explore student wellness experiences during a pandemic, I made a quick shift and included the pandemic into my research. At the time I had no idea how long the pandemic would last. As I write this section, we are approaching the two-year anniversary of the virus outbreak in the United States. Reflecting on the current status of the pandemic and knowledge gained
through data analysis and personal experiences, I would revise my second research question by changing the temporal indicator. Van and colleagues (2010) used their research during the H1N1 pandemic to suggest the inclusion of temporal indicators throughout research to offer readers context. As the question stands, it asks: How do Generation Z students perceive wellness prior to, during, and/or following the COVID-19 pandemic? Considering COVID-19 is an on-going public health concern, I cannot answer the last part of the question. If possible, I would have changed my second research question to ask: How do Generation Z students perceive wellness prior to and during the first year of the COVID-19 pandemic?

This study had several strengths and limitations. The study qualitatively shed light on personal wellness encounters and collective wellness experiences, a methodological approach not often applied when investigating student wellness. In addition, prior to 2020, exploring student wellness during a pandemic was not an option, so this research is contextual and current.

The timing of the interviews and researcher experience level could be interpreted as limitations to this study. Asking students to reflect on their wellness experiences during the pandemic was challenging because the pandemic was happening concurrently with the interviews. Some students found it difficult to disconnect and reflect on their wellness as an experience.

The interviews conducted to answer my research questions gave rise to new interpretations of wellness as a construct and a deeper understanding of student wellness experiences during the pandemic. Acknowledging that “knowledge is context and time dependent” (Krauss, 2005, p. 2), this research expanded my understanding of
wellness to include tenets of psychological wellbeing. I broached this project with an open mind but had no idea the growth that would result. Beyond the findings that emerged from interviews and journaling, my own experiences as a student and member in a society living through a pandemic forever changed who I am and how I see the world. My experiences related to the pandemic over the last two years, including but not limited to computer fatigue, working from home, a more sedentary lifestyle, concerns associated with COVID, and burnout influenced how I progressed through the research process and my interpretation of the findings. These experiences not only impacted me in the moment but helped inform my future research endeavors.

One experience I wanted to disclose occurred during data analysis. While completing cross-case analysis I recognized participants discussed individual dimensions of wellness more than others. After thoroughly examining the transcripts, I concluded five of the students in this study addressed the social dimension of wellness by name only after I used the term in a follow up question. The interview protocol questions were intentionally written to let the students initiate the conversation in their own way. Without realizing it, during the interviews I responded to their answers with a leading question. Some of the participants were already engaged in conversation about their social wellness but had not identified it yet, while others had not broached the topic until I inquired about it. The next time I conduct an IPA study, I will be sure to (a) be mindful of my follow up questions; (b) ask questions that encourage participants to explore their feelings and interpretations of their experiences in greater depth; (c) use a template for coding that allows room for observations during the interview, direct quotes, notes on language used, meaning of language, and contextual
language; and (d) conduct cross-case analysis and journal my interpretations after analyzing each case.

A final thought: one of the phenomenological essences that emerged from the participant interviews and resonated with me was that of gratitude. As the originator of this research, my thoughts and perceptions shaped the design and process as a whole. Through reflection, I am thankful for the experience and feel I too have grown through the research and the engagement with the participants and the data.
APPENDICES

APPENDIX A: RECRUITMENT DOCUMENTATION

Emails to Campus Faculty and Staff

Initial Email:

Dear [NAME],

My name is Kristen Pepin. I am an Assistant Professor in the Department of Health and Physical Education at Rhode Island College and a doctoral student in the joint Ph.D. in Education program offered through the University of Rhode Island/ Rhode Island College. As part of my doctoral dissertation, I am conducting a research study to explore how Generation Z undergraduate students make meaning of and experienced wellness prior to and during a pandemic. This study is approved by the RIC Institutional Review Board and under the supervision of Dr. Paul LaCava, Associate Professor in the Department of Special Education at Rhode Island College. He can be reached via email at placava@ric.edu. Please consider forwarding the information below to students that you feel may be interested in participating in the research.

Dear Student,

My name is Kristen Pepin. I am an Assistant Professor in the Department of Health and Physical Education at Rhode Island College and a doctoral student in the University of Rhode Island/ Rhode Island College joint Ph.D. in Education program. I am conducting a research study to explore how Generation Z undergraduate students make meaning of and experienced wellness prior to and during a pandemic. This study is approved by the RIC Institutional Review Board.

Please click the Recruitment Flyer to see more information about the study. All participation is voluntary. Any information collected during the study will be held confidential.

To see if you qualify, please take a moment to complete the survey. You can also contact me via email at kpepin@ric.edu to determine eligibility or find out more about the research. I hope that you will consider participating, and I look forward to hearing about your experiences!

Thank you,

Kristen Pepin
Follow-Up E-Mail

Hello [NAME],

I am following up on the e-mail I sent on [DATE] regarding recruitment for my study about the wellness experiences of Generation Z students prior to, during, and/or following a pandemic. Thank you forwarding my recruitment email to your students. If you have not done so already, could you please forward the attached recruitment email to students you feel may be interested in participating in my research?

Please let me know if you have any questions about the study. I can be reached via email at kpepin@ric.edu

Thank you again,

Kristen Pepin
RESEARCH PARTICIPANTS WANTED
Has your wellness changed since the COVID-19 Outbreak?
Are you currently enrolled at xxx? If you are between 18-25 years old, this study may be for you.

Click Here to Determine Your Eligibility

Study for undergraduates interested in sharing their experiences with wellness

Looking for xxx undergraduates between 18-25 years old to explore how they make meaning of wellness and their experiences related to wellness before and during the COVID-19 pandemic.

Wellness experiences in college can influence lifestyle choices made later in life. This research aims to gain a deeper understanding of Generation Z's perceptions of wellness.

Participants will be asked to:
• Complete a survey
• Participate in 2 interviews (approx. 30-60 minutes each)
• Give feedback on transcripts twice
• Give feedback on findings twice

Research will be conducted remotely with a Digital Survey & Interviews via Zoom

Are you eligible?
• 18-25 years old
• At least 1 year college experience
• Current enrollment at xxx

Determine Eligibility by visiting: https://ric.co1.qualtrics.com/jfe/form/SV_3EJoG7cWeDDHUE

If you’re unsure if you meet the requirements, would like more information, or are interested in participating please email the researcher:

Kristen Pepin, M.Ed.
Kpepin@ric.edu

Participants can choose to receive:
Either a $25 Virtual Visa gift card or $25 via Venmo to be disbursed at the completion of the study
Eligibility Survey Questions

1. Enter your name

2. What is your XXX email?

3. What is your birthday? *(Please use this format: mm/dd/yyyy)*

4. How many years of college have you completed? *(Please note xxx, community college, and institutions other than xxx are included.)*

5. Check all that apply: Are you enrolled at xxx ___ not currently ___ SU20 ___ F20

Thank you for participating in the eligibility survey. The researcher will contact you within the next three days via email. If you have any questions before then, please contact the researcher (Kristen Pepin) via email at kpepin@ric.edu.
APPENDIX B: INVITATION AND CONSENT REMINDER

Invitation to Participate in Study

Dear [Student]

Thank you for your interest in the Exploring Undergraduate Student Wellness study. This study is approved by the RIC Institutional Review Board. All participation is voluntary and all personal information will be kept confidential.

After reviewing your eligibility survey, you are eligible to participate in the research. If you enroll in XXX during the Fall 2020 semester or withdraw from classes, you will no longer be eligible.

The first step of participation is to read the attached consent form. It shares basic information about the research. If you have questions, please email me. If you agree to the terms stated in the consent form, please sign, and return it via email within one week. Sometimes completing fillable PDFs can be difficult. Please do not hesitate to email me if you need further guidance.

As a reminder, only the participant should complete and sign the consent form. Please initial each page, select if you agree to be audio-taped or not, type your name and date, and add your signature. By signing the consent form, you are agreeing to all terms stated in the document.

Once I receive the signed consent form you will receive a confirmation email with the link to the survey and further information. Thank you for your interest and I look forward to talking with you soon!

If you are no longer interested in participating in this research or receiving emails about this study, please respond to the researcher, Kristen at kpepin@ric.edu. Thanks!

[Attach consent form]
Consent Reminder Email

Dear [Student]

Thank you for your interest in the Exploring Undergraduate Student Wellness study. This is a reminder email. If you are still interested in participating in the research, please complete and return the attached consent form.

For more information, see the email sent on [insert date] or feel free to email me at kpepin@ric.edu.

Sincerely,
Kristen

[Attach fillable pdf of consent form]
APPENDIX C: PARTICIPANT CONSENT FORM

CONSENT DOCUMENT
Rhode Island College

Exploring Generation Z Student Wellness

You are being asked to be in a research study about student wellness experiences before, during, and/or after a pandemic. Participation in this study is voluntary and it is anticipated that you would be involved for approximately four hours. You are being invited to participate because you were born between 1995-2010 (are a member of Generation Z), you were enrolled in an undergraduate degree program prior to the pandemic and are currently enrolled in an undergraduate degree program at XXX. Please read this form and ask any questions that you have before choosing whether to be in the study.

Kristen Pepin, a doctoral student researcher, is conducting this research in collaboration with her faculty advisor Paul LaCava, a professor at Rhode Island College.

Why this Study is Being Done?
We are doing this study to gather information about how students define wellness and to learn about their perceptions of wellness experiences prior to, during, and/or following the COVID-19 pandemic.

What You Will Have to Do?
If you choose to be in the study:

- First, you will be asked to complete a survey electronically using Qualtrics. The questions will ask you about yourself and your ideas about wellness. This may take up to thirty minutes.
- Next, we will have a conversation via Zoom. The interview will be scheduled at a time convenient for you. The interview will focus on how you define wellness and where your thoughts originate. There will also be questions about your wellness experiences before, during and/or after the COVID-19 pandemic. This will take about one hour and will be audio-taped using the researchers iPhone. After the interview, your transcripts will be sent to you electronically to review for accuracy. You will be asked to send any revisions and feedback to the researcher via email. This may take up to thirty minutes.
- Next, you will be asked to electronically review the preliminary themes to confirm your ideas are accurately interpreted. You will be asked to send any revisions and feedback to the researcher via email. This may take up to twenty minutes.
- Following that, we will have a second conversation via Zoom. The purpose of this interview is to further our conversations from the first round of interviews and discuss themes that resonated with you. This will take about thirty minutes and will be audio-taped. Again, after the interview, your transcripts will be sent to you electronically to review for accuracy. You will be asked to send any revisions and feedback to the researcher via email. This may take up to fifteen minutes.
- Finally, you will be asked to electronically review the themes to confirm your ideas are accurately interpreted and represented. This may take up to twenty minutes.

Risks or Discomforts
This research is considered minimal risk. We think it would be similar to the kinds of things you talk about with family and friends. You can skip any questions you don’t want to answer, and you can stop

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the interview at any time. All participants will receive a page of campus resources pertaining
towellness services and programs.

**Benefits of Being in the Study**
Being in this study will not benefit you directly.

**You Will Be Paid (Compensation)**
As a way to thank you for your time, at the completion of the study, you will receive either a
$25 virtual Visa gift card sent to your school email or the researchers will send you $25 via
Venmo. You will have the option to select your compensation method on the electronic survey
completed prior to the first interview.

**Deciding Whether to Be in the Study**
Being in the study is your choice to make. Nobody can force you to be in the study. You can
choose not to be in the study, and nobody will hold it against you. You can change your mind
and quit the study at any time, and you do not have to give a reason. If you decide to quit
later, nobody will hold it against you.

**How Your Information will be Protected**
Because this is a research study, results will be summarized across all participants and shared
in reports that we publish and presentations that we give. Your name will not be used in any
reports. We will take several steps to protect the information you give us so that you cannot be
identified. Instead of using your name, you will be provided with a pseudonym to use. The
information will be encrypted and kept on a password-protected computer, with a back-up
copy on a password-protected external hard drive seen only by the researchers. The only time
we would have to share information from the study is if it is subpoenaed by a court, or if you
are suspected of harming yourself or others, then we would have to report it to the appropriate
authorities. The information will be kept for a minimum of three years after the study is over,
after which it will be destroyed.

**Who to Contact**
You can ask any questions you have now. If you have any questions later, you can contact
Kristen Pepin at kpepin@ric.edu, or 401-456-8970 or Paul LaCava at placava@ric.edu, or
401-456-9703. If you think you were treated badly in this study, have complaints, or would
like to talk to someone other than the researcher about your rights or safety as a research
participant, please contact the IRB Chair at IRB@ric.edu.

You will be given a copy of this form to keep.
Statement of Consent
I have read and understand the information above. I am choosing to be in the study “Exploring Generation Z Student Wellness.” I can change my mind and quit at any time, and I don’t have to give a reason. I have been given answers to the questions I asked, or I will contact the researcher with any questions that come up later. I am at least 18 years of age.

I ____ agree ____ do not agree to be audio-taped for this study.

Print Name of Participant: __________________________________________________

Signature of Participant: ___________________________________ Date: ____________

Name of Researcher Obtaining Consent: ______________________________________
APPENDIX D: COMMUNICATION WITH PARTICIPANTS

Study Information Emailed to Participants

Dear [Student]

Thank you for completing and returning your consent form. Please remember to keep a copy of the consent form for your records. If at any point, you need a copy of the consent form or feel as though you cannot uphold the tasks stated in this form, please email me as soon as possible. If at any point, you feel I am not upholding my responsibilities as stated in this form, please email the supervising faculty member, Dr. Paul LaCava at placava@ric.edu.

The consent form states you will receive a pseudonym to use in the survey and for the remainder of the study. Using a pseudonym allows the researcher to maintain anonymity throughout the research process and report of findings. Your pseudonym for this study is [INSERT PSEUDONYM]. Please do not share this information with anyone.

Within the next few hours you will receive a link to complete the survey. To enter the survey, you will need a password. Please do not share your link or password with anyone. Your password to enter the survey is [insert password].

After you complete the survey, we can get started on our first round of interviews. In an attempt to plan ahead, I would like to schedule both interviews now. My schedule is flexible, I can accommodate your scheduling needs. Both interviews will be conducted over zoom. I will provide a few dates and times to choose from. If none of them work, please let me know and we will find a better time.

The first interview should take approximately 60 minutes. I would like to schedule 75 minutes to account for introductions and closing comments. Do any of these dates and times work for you?

- [Insert 3 dates and times]

The second interview should take approximately 30 minutes. I would like to schedule 45 minutes to account for questions and comments. Do any of these dates and times work for you?

- [Insert 3 dates and times]

Lastly, students who complete all tasks described in the consent form will be compensated. Your choice for compensation is a question on the survey, please indicate your preference there. All students will be compensated at the conclusion of the study.
Thank you for your time. I look forward to your response with possible interview dates.

Survey Email to Participant

Dear [STUDENT]

Thank you for committing to the study focused on exploring undergraduate student wellness. Below you will find the instructions for the survey followed by a link to access the survey. The survey should take less than 30 minutes to complete.

Instructions:
- Use the pseudonym provided by the researcher. (Please do not use your real name.)
- Complete the survey within one-week of receipt.
- Complete the survey in one sitting. You cannot re-enter the survey once you exit.
- All questions marked with an asterisk (*) are required. Any question not marked with an asterisk is optional.
- You will need the password provided to you by the researcher to enter the survey.
- Remember to keep your pseudonym, survey link, and password confidential.
- Only the participant addressed in this email should complete survey.
- If you have any questions or concerns, please do not hesitate to contact me via email.

If you have not replied with possible interview dates; please do so at your earliest convenience.

To access the Exploring Generation Z Undergraduate Student Wellness Survey, click the link:
[insert survey link]

In gratitude,

Kristen
APPENDIX E: PARTICIPANT SURVEY QUESTIONS

Welcome to the Exploring Generation Z Undergraduate Student Wellness Survey!

The purpose of this survey is to gather information about you and how you define wellness.

Thank you for your time and participation!

Instructions:
- Use the pseudonym provided by the researcher. (Please do not use your real name.)
- Complete the survey within one-week of receipt.
- All questions marked with an asterisk (*) are required. Any question not marked with an asterisk is optional.
- If you have any questions or concerns, please do not hesitate to contact the researcher via email: kpepin@ric.edu.

*What is your pseudonym provided by the researcher?
________________________________________

*Today’s Date: ______________

*What is your birth year?

*Are you an undergraduate student at [the institution]?

*A $25 compensation will be sent at the completion of the research. Circle the method of compensation you prefer:  Virtual Visa Gift Card  Venmo Transfer

Initial Wellness Questions

*What words do you think of when you hear the term wellness?
________________________________________

*What does it mean to be well?
________________________________________

*What does wellness look like for you?
________________________________________
Demographic Data

Write in the Races/Ethnicities to which you identify (i.e. Asian, Black, Hispanic, Native American, Pacific Islander, White, Other)

________________________________________

Write in the Gender to which you identify

________________________________________

Do you have any (dis)abilities you would like to disclose?

________________________________________

Answer the following questions about the Armed Forces:
Are you now serving in the Armed Forces? _____
Are you a veteran? _____
Have you ever served on active duty in the US Armed Forces? _____

*Select where you lived, while attending college, prior to COVID-19:
Commuter (lived off campus) Resident (lived on campus)

With whom did you live with from January 2020 to March 2020 (during the months immediately prior to the COVID-19 pandemic), if anyone at all?

________________________________________

With whom did you live with from March 2020 to July 2020 (during the COVID-19 pandemic), if anyone at all?

________________________________________

Do you work? Yes No If yes, where and how many hours/week?

________________________________________

Please indicate your entire household income in 2019 before taxes (how much total combined money did all members of your household earn last year)?
Circle a range: $0 - $9,999 $10,000 - $19,999
$20,000 - $39,999 $40,000 - $79,999 $80,000 - $119,999 $120,000 or more

Do you have a smartphone? Yes No

How often do you have access to internet?
Always Sometimes Never
Indicate which years you took a health class in high school, if at all. Freshman Sophomore Junior Senior

*Are you a first-generation student? (First-generation student means neither of your parents/guardians earned a four-year degree.) Yes No

*Indicate your time in college. - Years in College

*Indicate your time in college. - Years at your current school?

*What is your major? ____________________________________________

*Why did you select this as your major?

______________________________________________________________

Thank you for taking the time to complete this survey. We will use some of your responses to start our conversations when we meet for our interview. If you have any thoughts or questions that arise prior to our scheduled interview, please do not hesitate to contact the researcher via email.
APPENDIX F: INTERVIEW PROTOCOL

Initial Interview Protocol

Purpose:
The purpose of this interview is to gather information about how you make meaning of wellness and gain insight into your perceptions of your wellness experience prior to the COVID-19 outbreak and during and/or immediately following the pandemic.

Instructions:
• Check to make sure microphones and cameras are working properly. Gain verbal consent (written consent already received electronically).
• Thank the participant for participating in the research. Remind them participation is voluntary and they can decline participation at any time, without reason or penalty.
• Introduce myself and explain the purpose of the research.
• Review time commitment (By agreeing to the research, you agree to completing a survey via email and two interviews via Zoom; the first will take approximately 60-minutes, the second will take approximately 30 minutes. You also agree to review the transcripts and themes generated from the research electronically.)
• Review the interview protocol and confirm pseudonym: This session will be recorded, but only pseudonyms will be used. This is a discussion; therefore, there are no right or wrong answers, as everyone is entitled to their opinion. Please be detailed and honest about your experiences. I encourage you to ask questions and voice concerns throughout the research process.
• Only I will have access to the interview recording. I ask that you keep the information shared during the interview confidential.
• Explain incentives (As a token of appreciation, participants will receive a gift card following the electronic review of themes generated from the research.).

All questions have been developed by the researcher. Primary Questions are marked bolded and italicized; all other questions have been developed as additional questions intended to be used if a follow-up question is needed.

1. Background Information: Thank you for sharing some information about your life in the survey. Is there anything else you’d like to share before we get started?

2. In the survey I asked you to answer: “What words do you think of when you hear the term wellness?” Please explain to me why you chose these words.
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<td><strong>a)</strong></td>
<td>Have you heard these words used to describe wellness in the past?</td>
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<td><strong>b)</strong></td>
<td>How does [WORD] connect to wellness?</td>
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<tr>
<td><strong>c)</strong></td>
<td>How, if at all, has the COVID-19 pandemic influenced the words you selected?</td>
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**Preface:** At this point in time, it is impossible to ignore the COVID-19 pandemic. Today we are going to talk about wellness in general, during the pandemic and in our current state. To start, I'd like you to think about wellness in general.

3. *In the survey I asked you what it means to be well? Please share what factors you feel impact wellness.*

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<td><strong>a)</strong></td>
<td>Is wellness the same for everyone? Why or why not?</td>
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<td><strong>b)</strong></td>
<td>Please share what elements of wellness are constant, regardless of individual differences.</td>
</tr>
<tr>
<td><strong>c)</strong></td>
<td>Please share how you feel wellness changes based on the individual.</td>
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<tr>
<td><strong>d)</strong></td>
<td>What experiences have you had that impact these ideas? How have those experiences had an impact?</td>
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4. *In the survey you shared what wellness means FOR YOU. Can you expand on those ideas?*

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<td><strong>a)</strong></td>
<td>What would ideal wellness look like for you?</td>
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<td><strong>b)</strong></td>
<td>Do you strive towards the ideal? Are you content with your current wellness? Why or why not?</td>
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<tr>
<td><strong>c)</strong></td>
<td>What does a lack of wellness look like?</td>
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<tr>
<td><strong>d)</strong></td>
<td>Can you explain any parts of the mainstream ideas of wellness that you feel don't apply to you?</td>
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5. *Where do your thoughts on wellness originate?*

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<td><strong>a)</strong></td>
<td>How, if at all, was wellness taught in school (K-12 or higher education)? Share with me a story or memory about learning wellness in high school.</td>
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<tr>
<td><strong>b)</strong></td>
<td>What did wellness look like growing up?</td>
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<tr>
<td><strong>c)</strong></td>
<td>What aspects of wellness does your culture cultivate?</td>
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**6. Please tell me about the role wellness plays in your life.**

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<td><strong>a)</strong></td>
<td>Please share to what extent wellness, or your focus on wellness impacts your day-to-day life, if at all.</td>
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<tr>
<td><strong>b)</strong></td>
<td>Back up: Do you think about wellness? Do your thoughts on wellness impact the choices you make?</td>
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<tr>
<td><strong>c)</strong></td>
<td>What contributes to your sense of wellness?</td>
</tr>
<tr>
<td><strong>d)</strong></td>
<td>How, if at all, do you manage your wellness?</td>
</tr>
<tr>
<td><strong>e)</strong></td>
<td>What actions, if any, do you take to be well?</td>
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<tr>
<td><strong>f)</strong></td>
<td>Please describe any parts of wellness that are more or less valuable to you.</td>
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<tr>
<td><strong>g)</strong></td>
<td>How, if at all, has the value you place on wellness changed over the years?</td>
</tr>
<tr>
<td><strong>h)</strong></td>
<td>Can you explain how, if at all, do you think the value you place on wellness will change as you get older?</td>
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**7. Please share how attending college has impacted your wellness, if at all.**

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<td><strong>a)</strong></td>
<td>How do you feel the college aids or impedes your wellness?</td>
</tr>
<tr>
<td><strong>b)</strong></td>
<td>How do you feel your wellness has changed, if at all, since you started college?</td>
</tr>
<tr>
<td><strong>c)</strong></td>
<td>Please share why you feel the college should or should not require students to learn about wellness? (In a course, through programs, online)</td>
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**8. How, if at all, have your perspectives on wellness changed since the pandemic?**

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<td><strong>a)</strong></td>
<td>How, if at all, has the role of wellness in your life changed since the pandemic?</td>
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<tr>
<td><strong>b)</strong></td>
<td>Can you explain how changes in your daily routines may have an impact on your wellness?</td>
</tr>
<tr>
<td><strong>c)</strong></td>
<td>How, if at all, has your approach to wellness changed?</td>
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</table>
9. Please share how, if at all, you think your overall wellness has changed during the pandemic.

   a) Why do you think these changes have happened?
   
   b) What factors do you think have influenced your overall wellness during the pandemic?
   
   c) How long do you think these changes will last?

10. Please share with me who or what supports your wellness before and during the pandemic. Can you share a memory about this experience with me?

   a) How, if at all, do the people in your life support your wellness?
   
   b) How, if at all, do your physical and virtual communities support your wellness?
   
   c) Please share any systems, policies, or programs that you've taken part in that have supported your wellness.
   
   d) How, if at all does technology impact your wellness?

11. Please share with me who or what impedes your wellness before and during the pandemic. Can you share a story with me about this experience?

   a) What, if any, barriers have you faced in terms of wellness?
   
   b) Please share any experiences you may have that demonstrate how wellness can be difficult to manage at times. How do you balance school, work, and life?
   
   c) Which, if any, programs would you participate in if you could? Please share why those programs would interest you. What is preventing you from participating?
   
   d) What, if anything, would you need or want to feel more well?

12. Please share if you have gained or lost any supports or barriers for your wellness during the pandemic. Can you share a memory about this experience?

   a) Please share if you have gained or lost access to wellness-related programs or services.
   
   b) Please share if you have maintained or lost support for wellness from your family and friends.
13. Is there anything else you would like to add?

a) Do you have any questions for me?

Closure
- Show appreciation and share next steps (Thank you again for your participation. Once complete, I will email you the transcription to review for accuracy and to give you the opportunity to provide any further commentary. If anything related to our conversations come up between now and then, please feel free to email me.).
- Schedule next interview.
- Share long-term process (Just a reminder, once all of the interviews have been transcribed and analyzed, you will have the opportunity to review and comment on the preliminary findings.).

Follow Up Interview Protocol

Purpose:
The purpose of this interview is to further conversations about how you make meaning of wellness and gain a deeper insight into your perceptions of your wellness experience in relation to the COVID-19 pandemic.

Instructions:
- Check to make sure microphones and cameras are working properly. Gain verbal consent (written consent already received electronically).
- Thank the participant for participating in the research. Remind them participation is voluntary and they can decline participation at any time, without reason or penalty.
- Review commitment (By agreeing to the research, you agree to partake in this interview and to review the transcripts and themes generated from the research electronically. There is no foreseeable harm in this interview.).
- Review the interview protocol and confirm pseudonym: This session will be recorded, but only pseudonyms will be used. This is a discussion; therefore, there are no right or wrong answers, as everyone is entitled to their opinion. Please be detailed and honest about your experiences. I encourage you to ask questions and voice concerns throughout the research process.
- Only I will have access to the interview recording. I ask that you keep the information shared during the interview confidential.
All questions have been developed by the researcher.

1. **Before we begin with new questions, I asked you to review the transcripts and themes extracted from the first round of interviews. Were there any themes that stuck out to you that you want to review?**
   a) Are there any themes that you can provide specific examples to support?
   b) Were there any themes that you felt were completely opposite the experiences you have had?

2. **In the first interview I asked where you thought your ideas on wellness originated. You said [ENTER PARTICIPANT RESPONSE]. Why did you select that experience/person?**
   a) What impact did that experience/person have on the way you view wellness?
   b) How did that experience/person impact your approach to wellness?
   c) Where do you (or would you) go to get information on wellness (if you have a question, problem, or want to learn)?

3. **In the first interview we talked about wellness and being a student in college. How do you think those two experiences overlap?**
   a) Are you aware of (and do you utilize) services provided by the school?
   b) If you wanted to find out more about wellness services or initiatives offered by the school where would you look first?

4. **Last time we met, we talked about your views on wellness and how they have changed (if at all) since the pandemic. How have your views on wellness changed since the last time we met?**
   a) How, if at all, have your priorities changed recently?
   b) Why do you think your views/priorities have changed?
   c) What are you doing to maintain your wellness?

5. **Last time we met you said [INSERT SUPPORT] support your wellness. Can you provide more details about these supports and how they support you?**
   a) How do you balance school, work, and life?
6. Last time we met you shared [INSERT BARRIERS] made it difficult for you to focus on wellness. Are these still barriers for you? Can you elaborate on how they prevent you from being well with an example?

7. Is there anything else you would like to add?

**Closure**

- Show appreciation and share next steps (Thank you again for your participation. Once complete, I will email you the transcription to review for accuracy and to give you the opportunity to provide any further commentary. If anything related to our conversations come up between now and then, please feel free to email me.).
- Share long-term process (Just a reminder, once all of the interviews have been transcribed and analyzed, you will have the opportunity to review and comment on the preliminary findings.).


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