GENERAL INTEREST ARTICLES

"Like Grasping at Wisps of Smoke:" Interactional and Educational Challenges for College Students with Invisible Chronic Physical and Mental Conditions

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Abstract

Past research has explored the experiences of college students with chronic conditions from a variety of methodologies; however, student-driven, longer-term qualitative data is needed to explore how students with chronic conditions describe the challenges they face in attempting to manage their conditions and succeed in college. The current study gathered qualitative data in the form of daily journal entries over a 14-day period (pre-pandemic) from 23 college students who self-identified as having a chronic physical or mental condition. The themes were discussed through the lens of communication theory of resilience. We envision the management of student chronic illness as resiliency work with a focus on (re)triggering events and forward an additional resilience process to the five original processes in CTR—protective avoidance.

Approximately one in four college students reported having been diagnosed with a mental illness although the rate may be much higher as mental illness is often undiagnosed and untreated (Taniguchi-Dorios et al., 2023). The Centers for Disease Control and Prevention (2018) reported that chronic mental and physical conditions impact students in a variety of ways including daily functioning and ability. To that end, Carroll et al. (2016) found that undergraduate students with chronic illness have a 16% graduation rate versus a 50% graduation rate for students without chronic illness, while Serbic et al. (2021) suggested that students with chronic pain have lower psychological, social, and academic functioning than those who do not report chronic pain. First-year students with health issues are also at "more significant need for assistance in addressing social, physical, and emotional barriers; dealing with stress of self-managing health tasks and issues; and accessing disability services for appropriate accommodations" (Davis & Paro, 2020, pp. 15-16). Clearly, college students with chronic mental and physical conditions experience their educations differently and must negotiate their challenges in ways that healthier students do not.

Emerging adulthood is a unique development stage in which to understand chronic illness because it is a time where many young adults are in a liminal period, caught between adolescence and adulthood (Houman & Stapley, 2013). Adolescent individuals with chronic illness often have many educational aspects of their illness managed by caregivers throughout their K-12 years and are financially and/or emotionally dependent on a particular family member. In early adulthood, however, these individuals may shift emotional investment from family to friends or romantic partners, although dependence on family members for help with health issues may conflict with the goal of increasing independence (Arnett, 2010; Martire & Schultz, 2007). Communication with others is central to how college students with chronic conditions manage their conditions and their education (e.g., Smith & Applegate, 2018); however, health related stigma and disclosure further complicate the college transition and experience for those navigating chronic illness (Rohde et al., 2018).

Past research has explored the experiences of college students with chronic conditions from a variety of methods including interviews (Frost et al., 2019; Woodhead et al., 2021), online surveys (Hamilton et al., 2023; Woodhead et al, 2021), and email-based surveys at regular intervals (Ravert et al., 2017). However, student-driven, longer-term qualitative data is needed to explore how students with chronic conditions describe the challenges they face in attempting to manage their conditions and succeed in college.

Review of Literature

Students with Chronic Illness

Although the Centers for Disease Control and Prevention (2013) argued that the literature does not support a single uniform definition for chronic disease, recurrent themes include: non-self-limited nature, the association with persistent and recurring health problems, and a duration that is measured in months or years as opposed to days or weeks (Goodman et al., 2013). Woodhead et al. (2021) forwarded a definition of mental health conditions that is particularly applicable to a broader range of chronic conditions faced by college students, which is “any self-reported health concerns that had a significant impact on the student’s academics” (p. 734). Chronic conditions (mental and/or physical) as related to college students, therefore, are recurrent health problems that are persistent, long-term, and impact the student’s interactional and educational goals.

College students with a chronic condition are less likely than their peers without a chronic condition to graduate and while in college report a vastly different college experience. In research on first-year student health-related quality of life and loneliness, only 7% of first-year students with chronic illness reported knowing another student at the college with a chronic illness and 57% knew no other chronically ill students (Herts et al., 2014). Approximately half of the students in that study had told fewer than five friends about their own health condition. Woodhead et al. (2021) reported that students may have more difficulty disclosing their condition to faculty than to peers, but if college students disclosed their conditions to a faculty member, it tended to be for the purposes of securing accommodation rather than social support (Frost et al., 2019).

While some conditions exhibit physical manifestations, peers are often unaware of another's chronic illness due to it being invisible. The invisibility of chronic conditions for some college students contributes to the college experience being even more challenging than it already is for the typical student (de Beer et al., 2022; Sowinska & Pezoa; Tudela, 2023). As their condition is not necessarily noticeable to outsiders, students with invisible chronic conditions must make decisions regarding if and when they will share their health information, to whom, under what circumstances, and for what purposes (Kline & Davidson, 2022).

Communication with relevant others (e.g., peers and professors) becomes yet another aspect of their chronic condition that students must manage (Woodhead et al., 2021). Choosing to keep silent about the chronic illness may be a coping mechanism (Christian & D'Auria, 1997) or students may hope that college is a fresh start where they can leave any stigma associated with their atypical experience behind them (Houman & Stapley, 2013). Herts (2014) found that only 17% of first-year students registered with their college's disability support service program, which is consistent with findings reported by Houman and Stapley (2013) that many students with chronic illness were unaware of available accommodations. Furthermore, many who are aware of the services did not register for them until they were experiencing academic difficulty (Preece et al., 2007).

The current research addresses the calls for more investigation on the challenges faced by students with invisible chronic conditions and the communicative management of those conditions by the students (Rudick & Dannels, 2018; Smith & Applegate, 2018). The communication theory of resilience (Buzzanell, 2010; 2017; 2019) is used to reframe the experiences of the students and to explain the challenges they described.

Communication Theory of Resilience

Communication theory of resilience (CTR) defines resilience as a fundamentally communicative and constitutive process “through which people reintegrate and actively construct their new normal through language, interaction, networks, and attention to their identities and identifications” (Buzzanell, 2019, p. 68). Resilience is activated when a trigger event creates upheaval, a sense of disruption, loss, or chaos, in a person’s life. Trigger events can be impermanent (e.g., a short-term, acute illness) or permanent (e.g., chronic illness) and can be a single event or a series of events that provoke both uncertainty and negative emotions (Wilson et al., 2021). While Buzzanell (2017) described the process activated by trigger events as an ongoing “dynamic activated when humans experience distress and disaster” (p. 103), similar to Golden and Jorgen’s (2023) research on precarity, we envision the management of chronic illness as resiliency work with a focus primarily on distress rather than disaster.

Unlike previous models that locate resilience as an individual characteristic or deficiency models, CTR focuses on the ways individuals create resilience through interaction and relationships (Buzzanell, 2017). Once a trigger event occurs, people create resilience through one of five processes: crafting normalcy, affirming identity anchors, maintain and using communication networks, constructing alternative logics, and foregrounding productive action while backgrounding negative feelings (Wilson et al., 2021). Individuals might craft normalcy by behaving or interacting in ways to get back to their routine or create a new routine in the face of the disruption. People affirm identity anchors by performing identities that, while threatened by the triggering event, also provide meaning and guide action in the face of the event (e.g., student, employee, friend). Constructing alternative logics is a strategy for thinking about and reacting to disruptions in an alternative manner, such as looking for positives (e.g., the silver lining) or using humor, while maintaining and using communication networks involves reaching out to both strong and weak ties in a person’s social network (e.g., going to the disability resources on campus). Finally, individuals may try to foreground what they view to be productive actions while they may background what they deem as negative thoughts. These strategies are not mutually exclusive and are intertwined in complex ways as individuals work to integrate a new normal into their daily lives, which in turn recursively shapes the interactions and resources available to them (Buzzanell 2010; 2017).

Research Question

With a significant percentage of college students attempting to manage invisible chronic mental and physical conditions while pursuing their education (Carroll, 2016; Herts et al., 2021; Serbic et al., 2021; Taniguchi-Dorios et al., Woodhead et al., 2021), it is necessary to gain a deep understanding of the challenges they face. To that end, the following research question was posed:

> *RQ: How do students with chronic conditions describe the challenges they face in attempting to manage their conditions and succeed in college?*

Method

The current study gathered qualitative data in the form of daily journal entries (digital audio or written) over a 14-day period during an academic semester (pre-pandemic) from 23 college students around the U.S. and Canada who self-identified as having a chronic physical or mental condition. The authors used a combination of personal networks, snowball sampling, and administrator-approved postings to chronic illness Facebook pages to recruit participants. The diary method was chosen to afford maximum control of the reporting process to the student and to allow them to speak in their own voice without the pressure of responding directly to a researcher.

To be eligible as a participant, three criteria had to be met: they had to be 18 years or older, be currently attending college part- or full-time, and identify as having a mental or physical chronic condition. Thirty-six people responded who met the criteria, and 23 of them completed the study. Nine percent of those 23 participants identified as male (*n* = 2), and 91% identified as female (*n* = 21). The participants were from various years in school, pursuing 13 different majors, were from colleges in 10 states in the U.S. and one province in Canada. All participants reported more than one chronic condition. All participants were assured confidentiality, and all research procedures were approved by the appropriate institutional review board.

Data Collection

When a possible participant expressed interest via email to one of the researchers, they were sent an email response asking them to sign the informed consent form and provide demographic information. The potential participant could choose to do a written diary or an audio diary. In the case of an audio diary, a small digital audio recorder was mailed to the participant with operating instructions and a return envelope for sending the recorder back to the researchers. Three of the 23 final participants chose to use the audio diary method, while the remaining 20 participants wrote journals and emailed them back to the researchers.

Participants were asked to take approximately 10 minutes at the end of each school day for two weeks to respond to the prompt: "how did your education and your chronic condition intersected that day, focusing particularly on any interactions you had with professors or peers." Audio diaries were transcribed by the authors into Microsoft Word and those files were combined with the written diary files to yield 130 pages of data.

Data Analysis

The data were analyzed using thematic analysis (Braun & Clarke, 2006). The researchers read each diary entry several times and then made notes in the margins regarding coherent ideas that addressed the research question. A coding system based on those initial notes was created, which resulted in the data being reduced to 171 coded units. Similar coding units were grouped together until the data could no longer be reduced. The remaining groups formed five themes, which served as answers to the research question posed.

Results

The five themes that emerged from the data were: *chronic conditions as impediments to education*, *difficulties with peers*, *missing education-related obligations*, *complications with professors*, and *accommodation and testing concerns*. To set the stage for the detailed description of results, we offer the following quotation from Sally, a 25-year-old graduate student with three chronic physical conditions:

> I had to learn with chronic illness and academics—not every test is going to land on a good health day, actually most won't, so as long as I do the very best I could for THAT DAY that's all I can do. Does it always reflect what I am capable of? No, but it was the best I could do despite the limitations and symptoms of that given day … Sometimes you need to concede a battle to win the war.

Chronic Conditions as Impediments to Education

The theme of *chronic conditions as impediments to education* (n=66 codes) represents cognitive, physical, and emotional challenges to academic success that the students experienced internally. First, students described how they faced cognitive challenges that they felt limited their ability to be successful in college. Phrases such as "impossible to think straight," "difficult to focus," and "distracting me and stopping me from being at my 100% potential" illustrate how students' chronic conditions made it hard for them to perform at the levels they knew they could. As Sally explained, "I know the material and on my good days I can rattle off the information without trying but today it was like grasping at wisps of smoke." This was a common realization for the students---knowing how successful they *could* be, but the realities of their conditions did not allow them to be. These cognitive challenges associated with the students' chronic conditions significantly impacted their ability to perform academically.

Second, students articulated physical challenges they felt impeded their progress in college. While different chronic conditions manifested differently for the students, they articulated the common point that physical symptoms were going to affect them negatively and that this was something about which they were always painfully aware. Arlene, a 19-year-old student with multiple physical chronic conditions, summarized this well when she said, "Since pain is something I deal with on a daily basis, it's something that I am always thinking about, either consciously or maybe less consciously whenever I'm in pain because that's just the nature of pain."

Concentrating on and succeeding in academics can be more complicated for students with chronic conditions. The never-ending process of attempting to manage the physical challenges of chronic conditions resulted in many of the students just trying to get by. Leslie encapsulated this point perfectly when she stated, "I am reaching a point in the week … when I just cannot do any more than the bare minimum."

Finally, while college can be a stressful time for any student, students with chronic conditions described how the emotional challenges were particularly problematic. Philip, a 25-year-old with narcolepsy, ADHD, borderline personality disorder, and major depression, described the debilitation when he could not find his classroom:

> I was going to be on time for class, but I forgot which room it is in since it isn't on my schedule, and I forgot to write it in. I thought I could find it in my email as I walked to the third floor, but it was nowhere to be found. At this point, I am starting to get sweaty, tense, and very frustrated. I know the syllabus is buried in my backpack and this may have the room number on it. For some reason, in my anxious state I thought it would be quicker to go to the department office to ask. I ran into the chair of the department…I politely ask if she could assist me in figuring out where my class is located. She said, "you've been in the class before, haven't you?"

The anxiety of not remembering where his classroom was led Philip to be involved in an interaction with the department chair that resulted in a face-threatening situation for him. He was unable to recover from this set of circumstances, missed class, and became more emotionally upset than he was earlier.

Though enumerated separately here, the cognitive, physical, and emotional challenges are interrelated for college students with chronic conditions. The sum can create additional challenges or the need to alter educational plans altogether. For Haley, the challenges became too much, and she had to change from her traditional college to one that she could complete online from her family's home. "Although it was a really difficult decision, in retrospect, I see that there is no way that I would have been able to take care of myself at school given my current condition and circumstances."

Difficulties with Peers

Students with chronic mental and physical conditions articulated that *difficulties with peers* was an interactional challenge they faced (n=41 codes). One difficulty involved the complexities regarding the conscious choice not to discuss their conditions with peers. The students felt they could manage perceptions and be perceived as a peer rather than a peer with a chronic condition. For example, Samantha, a 21-year-old with generalized anxiety disorder and Arnold Chiari malformation said,

> I used to not want to talk about it and for a while would refuse to talk about it. I think it was easier for me to deal with it that way because I could pretend that I was healthy and that I didn’t have something “wrong” with me…I just wanted to be normal and my fear of standing out I think is what I really struggled with.

At times, not talking about their conditions with peers was rooted in the fear that no one would want to interact with them once they learned of their health situation. Arlene, a 19-year-old with postural orthostatic tachycardia syndrome (POTS) and medium-chain acyl-coenzyme A dehydrogenase deficiency (MCAD), described it this way, “If I were to actually vocalize my thought processes with my peers and talk about it, nobody would really want to talk to me anymore, right?” Regardless of the reason for not talking with peers about their conditions, the unintended consequence of this choice for some was that they experienced dissonance between the self they performed and the self they knew they were.

A second type of difficulty with peers involved the student feeling they had to explain their chronic condition despite their desire not to do so. In some instances, the explanation was needed to account for an accommodation about which the peers asked. Mindy, a 22-year-old with dysautonomia, endometriosis, and diverticulosis, provided an example of such a situation:

> I brought my lunch to the lab (because I didn’t have time to bring it anywhere else) and everyone was commenting on it or asking where I got it from, to which I replied that I got it from the cafeteria. The cafeteria, however, does not give out to-go boxes (which everyone on campus knows), so I then answered the follow-up question of how I was

> able to get it by explaining how I have food allergies. People often respond with jealousy that I get specially prepared foods and can take it to-go and/or with a follow-up sense of pity that I have so many food restrictions.

In other situations, the explanation was necessary to account for behaviors they needed to engage in that their peers did not understand. Samantha described this when she said, “Since the weather was nice today, one of my peers wanted to work on our class project outside. I had to discuss with them why I couldn’t spend extended periods of time in the sun/heat due to my illnesses.” Finally, descriptions of chronic conditions were necessary for the students to account for the presence of symptoms they were experiencing. Caroline, a 20-year-old with dysautonomia and POTS, wrote:

> I did physics homework with three close friends although my brain wasn’t working well. When I have a lot of brain fog and cognitive issues, I say that “my brain isn’t working” and my friends are understanding of this and that I might need to work a little more slowly.

As with Samantha and Caroline, several of the students said they often oversimplified the explanations to peers. This satisfied the need to account for the behavior or accommodation while making the students feel they had done what they could to protect their privacy and mitigate negative relational implications.

Third, the peers did not understand the chronic conditions or the extent of them, despite the students’ best efforts to explain. This lack of understanding often led to deepened feelings of frustration and hopelessness for the students with chronic conditions. Jane, a 19-year-old with anxiety, depression, ADD, and insomnia, described how a class-based project group she worked with critiqued her for how anxious she “got about nothing” even though she explained her conditions to them. She summed it up as “another battle lost.”

Missing Education-Related Obligations

The third theme, *missing education-related obligations* (n=28 codes), is related to the first theme (*chronic conditions as impediments to education*) but involves specific disruptions of daily college life rather than a more general concern with academic progress. Missing class due to symptoms or effects of chronic conditions was a challenge for several students. The students often found themselves having to be late for class, leaving class early, or missing class. Hatty wrote:

> I didn’t sleep again … I skipped both classes. I didn’t email either professor to let them know … I always feel guilty when I don’t attend class … It’s days like today where I really reflect on how my anxiety can control my life. I know that when I don’t sleep, my anxiety is extra severe, and I wouldn’t get anything out of class by attending. I should consider telling my professors why I’m skipping class, so they know it isn’t out of laziness.

Hatty’s story illustrates the experiences of many students regarding how chronic conditions do not just lead to missing class, but begin a cycle where anxiety builds about the missed class, which prompts increased symptoms.

In addition to missing part or all of classes, students with chronic conditions found themselves missing other activities related to their college experience, such as group meetings, meetings with professors, or student events. Hannah, a 23-year-old with generalized anxiety disorder and bipolar, missed group project meetings because of her “anxiety and depressive episodes,” while Leslie unintentionally missed meeting with her professor. She wrote, “I was intending to go to my teacher’s office hours after work, but again felt like I may pass out at any moment … My memory and concentration were so bad that I completely forgot my intention to go.”

Complications with Professors

Students discussed *complications with professors* (n=25 codes) as a challenge. Complications were perceptual, based on fears or anxieties they had regarding the professor, or relational, based on prior interactions with the professor. In both cases, the complications served to further motivate many of them not to interact with the professor.

Perceptual complications sometimes took the form of students feeling awkward or uncomfortable about potential interactions. For example, Mindy, a 22-year-old with dysautonomia, endometriosis, and diverticulitis, was uncomfortable with the thought of having to communicate with her professor about her chronic condition:

> In Chapel today, I had the same difficulty with standing-up during the entire hour … I feel that it would be beneficial to ask the instructor if I may sit due to my dysautonomia, but I feel embarrassed about asking her. I would rather be uncomfortable standing than be uncomfortable explaining my entire medical history with her.

For students with chronic conditions, the perceptions they had about interactions with professors led them to try to avoid those interactions as much possible.

Students voiced concerns about interacting with professors out of fear professors would develop negative perceptions of them. Coral, a 24-year-old with post-concussive disorder, stated, “If I tell them all the different things that my disability limits me from doing … you worry that they’ll think less of you as a clinician.”

Relational complications were often rooted in prior negative interactions with the professor. These negative experiences exacerbated an already stressful situation. Sally wrote, “I already had some difficulty with this professor last semester for being 1-2 minutes late to the 8 am lab … I got locked out a few times since on bad pain mornings I tend to move a bit slower.” The negative interactions students reported were often based in the students’ perceptions that the professors do not understand or do not care to understand their conditions. Interactions surrounding absences and lateness policies were touchpoints for these perceptions. This is summed up well by Laura, a 25-year-old with POTS, fibromyalgia, depression, and anxiety, who said, “I don’t think the instructors are very understanding of different kinds of people.”

Accommodation and Testing Concerns

The final theme is *accommodations and testing concerns* (n=9). Though consisting of fewer codes than other themes (in most part due to the wording of the journal prompt), the data were powerful, consistent with other themes, and represented an institutional-level challenge students faced. Students indicated, despite having accommodations, they often did not use them for a variety of reasons, such as problems with the office facilitating accommodations, problems concerning exams, or not wanting to expose their conditions. A vibrant example of students not using accommodations was relayed by Sally:

> I hate it so much that it’s the main reason I don’t use my disability accommodations even though I have them. It’s such a hassle, the online booking rarely works, there are forms you have to fill out and take to your professors EVERY assignment and test, the lines are long, and I get sick standing for more than a few minutes, and the people that work there are extremely condescending.

As indicated by students, concerns with the institutional office designed to facilitate accommodations often resulted in students not using their accommodations.

When students did take advantage of the accommodations, they reported that they sometimes felt disadvantaged in doing so, especially with exams. At times, the professor would forget to send the exam to the center and no one at the center was able to ensure ahead of time the exam had been sent. In other instances, students indicated that they felt they were disadvantaged when they needed to take an exam in a separate, quiet location because no one was there to help them if they had a problem. As Kyra said, "if you are taking a test and you have a disability and you have no one to ask questions to while you are in the middle of the test that's a bit unfair."

Finally, students found the processes involved in using their accommodations outed them as having a chronic condition, and this was not something with which they were comfortable even though academically they knew it was in their best interest. As Cali, a student with Ehlers-Danlos syndrome, eosinophilic esophagitis, and complex regional pain syndrome wrote:

> While I do have accommodations through my university, I don't use them. While they would probably benefit me in the long run, I don't like to be different or expose my illnesses to those who don't absolutely have to know.

As with other challenges, using accommodations rightly afforded them conflicted with their desire to control their health information and the perceptions of others.

Discussion

This study explored how students with chronic conditions described the challenges they faced as they attempted to navigate their college careers. In many ways, the results of the study support existing research. For example, the student diary data reinforced the findings of

Woodhead et al. (2021) that students may have more difficulty disclosing to faculty than to peers. Extending that research, the diary data indicated that the students often have complex reasons for not disclosing or for not disclosing fully to peers, faculty, or the institution. Their reasons were often related to privacy boundaries (Petronio, 1991) and their desire to control their information and therefore the perceptions of the relevant other, which is in line with the findings of Hamilton et al. (2023).

While the results of this study in many ways support past research, the application of communication theory of resistance affords a different perspective. CTR posits the need for resilience is enacted by the occurrence of a trigger event, whether that be a temporary or permanent event (Buzzanell, 2017; Wilson et al., 2021). In this study, although the permanent trigger event (i.e., chronic condition) typically occurred before the student entered college, the combination of uncertainty around the mental and/or physical condition when coupled with the novelty of college demands created a dynamic environment that required ongoing resilience (Buzzanell, 2010; 2017; 2019). This reality poses an interesting amendment to CTR since the triggering event should not necessarily be considered a single event that calls into play resilience processes; instead, the data point to a more long-lasting impetus for resilience processes. Perhaps the label “permanent triggering event” is more accurately described as a “(re)triggering event” because the chronic illness is not a one-time event and it does not set-off resilience processes in response to the singular event. Instead, considering chronic illness to be a (re)triggering event acknowledges the long-term, recurring need for resilience processes, both currently and anticipated in the future.

While this research offered support for several of the five resilience processes outlined in CTR, including crafting normalcy and affirming identity anchors (Buzzanell, 2017), we forward a new resilience process, protective avoidance. Students used the process of crafting normalcy to create resilience throughout the theme of *chronic conditions as impediments to education*. Students had limitations as to how much they could handle either in a day or the course of their weekly schedule. When they hit that limit, they knew for their health that they had to accept those limitations. Leslie signaled this when she said, “I’m reaching a point in the week.” Sally summarized the process of re-envisioning normalcy to mean doing what you can and accepting that as your new normal when she said, “conceded a battle to win a war.” CTR processes are not mutually exclusive, and Sally’s reference to winning the war is also a nod to foregrounding productive action while backgrounding negative feelings. This was also true for students such as Haley who ultimately left her traditional program in favor of an online program; while she mentioned that it was a difficult decision, she focused on the ways she was better able to complete the online program from her family home.

The theme *difficulties with peers* posed myriad challenges for students. Many students utilized the resilience process of affirming identity anchors (Buzzanell, 2017) to create or salvage identities they felt were threatened by their chronic conditions during interactions. This was particularly relevant when students felt they had no choice but to explain their condition (e.g., in the instance of Mindy who received boxed lunches when they were not widely available to other students) or when they needed to engage in behaviors that their peers did not understand (e.g., Samantha who could not work outside in the sun with her peers). Oversimplification (Buzzanell, 2017) was one way students created boundaries and felt as if they were maintaining control over their health identities in the situation. This is also an example of maintaining communication networks (Buzzanell, 2017) since students recognized the relational value of the conversation to occur.

A new resilience process emerged from the data as students were faced with the need to interact with others—protective avoidance. Students engaged in this process with peers, professors, and accommodation/testing centers on campus. When students did not want to be "the sick kid" or did not feel as if the interaction was going to be beneficial or positive for them, they actively engaged in protective avoidance processes. These protective avoidance processes were active ways individuals worked to create a new normal in their daily lives, which shaped future interactions and resources available to them. In this way, protective avoidance processes were a duality (Giddens, 1979) in that they provided a resource for students to employ in their current situation and, which in turn, could mediate and constrain similar interactional situations that could occur later. Protective avoidance processes are relevant when triggering events are reframed as (re)triggering events, thereby incorporating a longer-term, recursive perspective on resilience for college students with chronic conditions.

Sometimes students used protective avoidance processes by intentionally not sharing any information about their condition with their peers. Samantha did this when she indicated she wanted to pretend that she was healthy, as did Arlene who feared her peers would view her differently if she disclosed her conditions. The concerns also prevented several students from communicating with professors either because it would have been uncomfortable to share medical information or because they were worried about negative perceptions. Similarly, although many of the students had accommodations, they reported not utilizing them. While some of their concerns were logistical in nature, more of the concerns were with how the accommodations or disability staff made the students feel. Not using these services became a protective avoidance process for students to create resilience.

The protective avoidance process did create unintended consequences (Giddens, 1979) for some students. As students were attempting to create a new normal, they inadvertently created a structure with additional stressors for themselves. Frequently missing class was a norm for many of the students due to their chronic conditions, but students also noted that they did not email professors to let them know about the absence. Their journals frequently noted anxiety about missing notes and class, as well as an indication that they should contact their professors, but never that they actually contacted them. Anxiety over missing class increased anxiety symptoms and the previous lack of communication (use of protective avoidance) did not create communication networks that students were comfortable using. Many of the students did not have a comfortable communication network within their accommodation or disability services center so they did not have that to rely on either. Students who were already struggling with many aspects of college life were left without the typical rules and resources provided by universities, such as professors and university services. Research has called on higher education institutions to create a culture of wellness (e.g., Amaya et al., 2019), while well-intentioned, would benefit from recognizing that students' protective avoidance processes could serve as a barrier to them taking advantage of the available resources.

Limitations & Future Directions

The process and results of this study revealed limitations and accompanying directions for future research. First, while 23 participants yielded a significant amount of rich qualitative data, more participants could have provided a broader and deeper understanding of the challenges college students with chronic illness face. From a demographic perspective, only two participants identified as male and none as non-binary, and very little other demographic information was secured so future studies should ensure a representative participant pool that can provide comparative groups. Second, data were collected pre-pandemic, and it is possible the pre-pandemic challenges have morphed or changed in some way. Future studies should replicate the prompt-driven diary method in the current post-pandemic environment. Finally, the diary method proved to yield excellent data across the 23 participants; however, the cumbersome reality of keeping track of a hand-held digital recorder that had to be sent back to the researchers could have limited the use of that diary method. Future studies should consider asking student participants to use their existing digital recording devices (e.g., smartphones, tablets, computers) and post their files daily to a secure cloud storage site to provide the researchers access to the audio diaries.

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