



My Wellness Is: An Art-Based Collective Autoethnographic Illustration Of Doctoral Student Wellness In Online Distance Education Environments

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As online education proliferates, little attention has been given to understanding non-cognitive success factors, such as wellness, in online graduate student success. To begin to address this gap in understanding, this paper aims to explore the experiences of doctoral student wellness within the context of online distance education. Doctoral students, and their instructor, in an advanced qualitative research course sought to use collective autoethnography to address the following questions: How do the authors perceive the wellness as doctoral students engaged in distance education, and how do the authors understand the influence of the doctoral program cultures on the perceptions of the own wellness?

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My wellness is

An art-based collective autoethnographic illustration of doctoral student wellness in online distance education environments

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Abstract

Purpose – As online education proliferates, little attention has been given to understanding non-cognitive success factors, such as wellness, in online graduate student success. To begin to address this gap in understanding, this paper aims to explore the experiences of doctoral student wellness within the context of online distance education. Doctoral students, and their instructor, in an advanced qualitative research course sought to use collective autoethnography to address the following questions: How do the authors perceive the wellness as doctoral students engaged in distance education, and how do the authors understand the influence of the doctoral program cultures on the perceptions of the own wellness?

Design/methodology/approach – This paper emerged from a 12 week advanced qualitative research course where students opted to engage in a poetic arts-based collective autoethnography to reflect on and analyze their experience of wellness as doctoral students taking online courses. Data collection included the use of reflective journaling, creation of “My Wellness Is” poetry, and weekly group debriefing. Journals and poems were analyzed individually, then collectively. First and second cycle coding techniques were used, with the first cycle including process and descriptive coding and second round coding involving pattern coding.

Findings – Through first and second round coding, three primary themes emerged: positionality as an element of wellness, the role of community in maintaining wellness and awareness and action regarding wellness.

Research limitations/implications – Due to the inherent nature of qualitative research, and specifically autoethnographic methods, the findings of this study may be difficult to generalize to the broader online graduate student population. Future research on this topic may use the experiences explored in this study as a basis for the development of future quantitative studies to measure the extent of these findings in the broader population.

Practical implications – This paper includes implications for the development of interventions that may support wellness in graduate students in online environments including support interventions from faculty advisors, leveraging academic curriculum to promote wellness, and suggestions for building community among online graduate students.

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Social implications – As technology advances, online education is quickly becoming a leading mechanism for obtaining a graduate education. Scholarship in this discipline has primarily focused on academic outcomes of online students and has largely focused on undergraduate populations. This paper broadens the conversation about online education by illustrating a non-cognitive dimension of the student experience, i.e. wellness, through the perspective of graduate students.

Originality/value – This paper addresses a gap in the current understanding of online graduate student experiences and outcomes using methods that provide vivid illustrations of the nuanced experience of online doctoral students.

Keywords Qualitative research, Wellness, Autoethnography, Distance education, Doctoral students, Art-based research

Paper type Research paper

Introduction

Student wellness has long been a point of interest in higher education ([American Council on Education Studies, 1937](#)), but much of this focus has been on undergraduate student populations who comprise the majority of those seeking a college degree in the USA ([National Center for Education Statistics, 2019](#)). Yet, in recent years, there has been a growing interest in understanding and supporting the wellness needs of graduate student populations ([Benjamin et al., 2017](#)). In 2016 over 3 million students were enrolled in postbaccalaureate degree programs across the USA ([National Center for Education Statistics, 2018](#)), and recent reports projected that universities will award nearly 200,000 doctorates by the end of the 2018-2019 academic year ([National Center for Education Statistics, 2019](#)). These reports also reveal that over a quarter of postbaccalaureate students participated in some form of distance education. Although distance education programs have been shown to increase access and decrease time to degree for students who would otherwise be unable to complete their degree ([Bailey et al., 2018](#)), distance education students may not have the same level of access to campus resources and supports as their campus-based peers. One example of support services that may be out of reach or inconvenient for distance education students are services focused on student wellness. This is concerning, as issues of wellness have been directly linked to doctoral student success and persistence ([Okahana, 2018](#); [Schmidt and Hansson, 2018](#)). Additionally, few studies that investigate issues of student wellness focus on doctoral students, and more specifically doctoral students enrolled in distance education courses. To develop better support services, as well as a grounding for future scholarly exploration of this student population, it is prudent to understand the direct wellness experiences of these students.

We are eight students and one instructor, who comprised a synchronous online course in an education-based doctoral program representing two different universities in Virginia. We are a diverse group of individuals representing different stages in our careers and lives, battling many stressors while in pursuit of higher education. Motivated and intrigued by our similarities and differences, we embarked on a journey to give voice to our wellness experiences and describe the role doctoral study cultures play in these experiences. Given our position as pre-dissertation doctoral students enrolled in an online distance education course, we chose to use an autoethnographic method undergirded by a poetic arts-based research approach to explore the following questions: How do we perceive our wellness as doctoral students engaged in distance education, and how do we understand the influence of the culture of doctoral study on our perceptions of our own wellness?

Grounding in the literature

A singular definition for wellness has not been adopted among scholars ([Schmidt and Hansson, 2018](#)), but for the purposes of this study, wellness has been defined as “An active

process through which people become aware of, and make choices toward, a more successful existence” (National Wellness Institute, 2019). Additionally, within this study wellness may be thought to include eight dimensions: emotional, environmental, financial, intellectual, occupational, physical, social and spiritual (National Wellness Institute, 2019).

Wellness and doctoral students

Graduate students face high levels of stress within their programs (Hunter and Devine, 2016; Kernan *et al.*, 2011). Attention to wellness, including emotional, mental and physical aspects, has been demonstrated to play a critical role managing these stressors (Benson-Tilsen and Cheskis-Gold, 2017). Much of the literature has concentrated on undergraduate student wellness, but in recent years, there has been growing emphasis on graduate student wellness (Schmidt and Hansson, 2018). This attention is timely, as evidence suggests that graduate students are six times more likely to suffer from wellness issues such as anxiety and depression compared to the general populations (Evans *et al.*, 2018).

Through recent empirical investigations, researchers have identified several key factors that impact the personal wellness of doctoral students that fall into three main areas, namely, social, academics and personality. Within the social domain, social support and general atmosphere of the student’s academic environment weigh heavily in their ability to maintain wellness (Carver and Connor-Smith, 2010; Martinez *et al.*, 2013; Schmidt and Hansson, 2018). Issues such as social isolation, lack of supervisory support or discontent with departmental atmosphere lead to such consequences as decreased psychological wellness, exhaustion, loss of meaningfulness, insecurity and burnout (Cornér *et al.*, 2017; Stubb *et al.*, 2012). Additionally, academics and research have been found to impact doctoral student wellness. For example, low self-efficacy (Bandura, 2007) in regard to a student’s perception that they can produce meaningful research or perceive that they are not completing their program efficiently or successfully greatly impacts their self-worth and persistence within the program (Juniper *et al.*, 2012). Finally, particular personality characteristics may also play a significant role in doctoral student wellness. Traits such as extroversion (Pychyl and Little, 1998) and self-awareness (Kumar and Cavallaro, 2018) have been associated with the ability to consistently maintain a positive sense of wellness. This association also holds true for students who are able to consistently maintain an intentional regimen of self-care (Zahniser, *et al.*, 2017; Kumar and Cavallaro, 2018).

While social, academic and personal characteristics factors are central to doctoral student wellness, other factors have also emerged that can create barriers in their ability to maintain a healthy sense of wellness. Graduate students must continually balance precarious social roles within academic departments, including roles of authority in relation to undergraduate students, roles of subordinate and student to faculty and supervisors, and roles of caregivers or other family dynamics (Grady *et al.*, 2014; Pychyl and Little, 1998). They may also be called to navigate complex social systems through the lens of their social identities including race, gender and socio-economic status (Haynes *et al.*, 2012). In addition to these stressors, graduate students are increasingly concerned about issues of finance and job security as education costs increase and funding decreases (The Graduate Assembly, 2014).

Wellness and distance learners

Graduate and undergraduate demand for online degree programs has drastically increased within the past decade (Barr, 2014; National Center for Education Statistics, 2019); yet, compared to their brick-and-mortar counterparts, little is known about the non-academic needs of online students. Of the existing literature centering online education support

services, online students do not differ from campus-based students in their satisfaction of services, but they do report a greater desire for additional off-campus services involving mental health and physical wellness (Chantal *et al.*, 2017; Dare *et al.*, 2005). In particular, students have reported a greater need for emotional and psychological support services even when compared to physical health needs (Scheer and Lockee, 2003).

Furthermore, within existing studies of online student wellness, most center the experiences of undergraduate students. Few empirical studies exist that center the wellness of online graduate students. However, to date, the scant literature that focuses on online graduate students provided evidence that overall mental-health had the biggest impact on students' perceived wellness (Merryman *et al.*, 2015). Unfortunately, this single study only focused on online graduate students within a counselor preparation program, and therefore, their results may not generalize to the greater population.

Although earning a doctorate degree is considered a notable achievement, the process of completing a doctoral education can be isolating, with significant negative impacts to doctoral student wellness (Grady *et al.*, 2014; Schmidt and Hansson, 2018). Given the rapid advancement of educational technology, more colleges and universities are expanding access to a doctoral degree through the use of online distance education formats (Barr, 2014; National Center for Education Statistics, 2019). However, pursuing an online doctorate degree can have the potential to further exacerbate issues of isolation and negative impacts on wellness as students do not have access to the same level of student support services as a traditional program. Despite this potential area of concern, the literature reflects little discussion on this topic. This investigation aimed to address this gap in the literature through a thick autoethnographic description of wellness by a collective of doctoral students enrolled in an online course. In providing such a description, scholars and practitioners may use these narratives as a base for developing further research and practical interventions to bolster student wellness and ultimately student success in the doctoral journey.

Methodological grounding

To systematically explore our own stories of wellness within the context of the questions posed in this study, we used the use of collective autoethnography undergirded by an art-based research approach. Autoethnography is a qualitative approach to research that allows an individual researcher to recount their story and use ethnographic analysis to place their story in a cultural context (Hays and Singh, 2012). It was developed to address issues of power and privilege between the researcher and the researched and center the voices of individuals who possess identities and experiences that may be traditionally marginalized. Ethnography allows the researcher to remain outside the community being researched, whereas autoethnography places the researcher as an insider. The researcher recounts experiences of a community they are intimately familiar with and lightens the ethical considerations of misrepresentation of other's experiences. It is often used to explore communities whose voices have not been heard in the traditional research literature (Lapadat, 2017).

An extension of autoethnography is collaborative autoethnography. Collaborative autoethnography has developed concurrently with autoethnographic methodology. It was based on memory work and has been called collective biography and collaborative autobiography (Lapadat, 2017). Collaborative autoethnography alternates between working individually and with a group to find meaning in a shared social phenomenon. It offers "a scholarly space to hold up mirrors to each other in communal self-interrogation and to explore our subjectivity in the company of one another" (Chang *et al.*, 2013). The use of a team of researchers in the autoethnographic process allows for a more rigorous

methodological process because the data comes from multiple perspectives and the analysis and writing are enhanced through multidimensional perspectives (Lapadat, 2017). Several examples of collective autoethnography may be found within the literature including Cortes Santiago *et al.* (2017), Cann and Demeulenaere (2012) and Young and McKibban (2013). We chose a collective autoethnographic approach for this study because it would allow each of us to share and interpret our own unique perspectives while comparing and contrasting these experiences in a shared safe space to find commonalities and differences in our experiences as doctoral students engaging in distance education.

To provide a deeper level of self-reflection, as well as a vehicle to more meaningfully express our experiences of wellness, we coupled the collective autoethnographic approach with art-based research (ABR) methods. ABR has been recognized as a developing form of qualitative research allowing for the blend of the creative with traditional research (McNiff, 2008; Rolling, 2013). Creative methods, including ABR, have also been used to explore the topic of doctoral student wellness, including Benjamin *et al.*'s (2017) study using photo elicitation. Previous studies have blended autoethnographic approaches with art-based research to capture the experiences that may be difficult to fully verbalize. One example includes Iida's (2018) poetic narrative autoethnography to explore cultural trauma that was experienced during the Great East Japan Earthquake of 2011. In this study, we specifically use poetry as the form of art to communicate how we define and experience our own wellness as doctoral students. Poetry has long been used as a mechanism to express human emotion and experience that traditional prose or day-to-day verbal communication may lack (Willis, 2008).

Our process

This study emerged from a group project for a doctoral-level advanced qualitative research course, which took place in a synchronous online environment during the summer semester of 2018. The 12-week course was comprised of eight students from two universities in Virginia. We met as a group once per week for approximately three to four hours using Adobe Connect web-conferencing software. Students were given the choice to participate in the group research project or propose an independent qualitative research project to complete on their own. All students chose to participate in the group project. The instructor served as a methodological advisor, facilitator of group processing and facilitator for the data analysis process. The instructor did not complete his own autoethnography to add to the collective work, but instead acted as a soundboard as students engaged in several self-reflection exercises and created the environment for students to discuss methodological decisions including how data was to be collected and analyzed. Additionally, the instructor contributed to the writing process by synthesizing each students' written contribution into the final manuscript.

Data collection

Data collection occurred in five parts. First, we explored our own understanding and relationship to the idea of wellness by completing a reflective journal where we responded to the following prompt: "How do you define wellness? What is your experience managing your own wellness as an adult learner who has taken, or is taking, online coursework?" This allowed us to better understand what we consider to be wellness and what aspects of wellness were important to us as individuals. We then grounded ourselves in a deep reflection through the artistic medium of poetry. We adapted the structure of the "I Am From" poem by Georgia Ella Lyon to create a common format for our own poems that allowed for the exploration of wellness in different contexts. Through use of a standardized

format, we were better able to compare and contrast different responses to common elements of the poem. It should be noted that one of our group chose to use a more organic structure for their poem. The poem format is illustrated below:

My Wellness Is

My wellness is [a specific ordinary item]

It is [adjective] and [adjective]

My wellness comes from [a memory associated with a positive experience of wellness].

[adjective], [adjective], [sensory detail]

My wellness is [something from nature]

It is [a guilty pleasure] and [a healthy/good personal habit]

My wellness comes from [action verb] and [action verb]

It is [a story of a time when you discovered your wellness needs] and [the outcome]

My wellness is [a wish you have about your wellness]

Today my wellness [your thoughts or feelings regarding your wellness in this moment]

Next, we completed a second journal reflection where we recounted stories of our perception of how our experiences as doctoral students intersected with our experience of wellness by answering the prompt: “How have your doctoral experiences impacted your wellness?” Having explored our personal definitions of wellness, as well as explored our view of wellness through a creative lens, this journal activity allowed us to further contextualize our wellness within our doctoral experiences.

After reviewing our journals and poems, we were assigned to a peer-partner to verbally debrief our experiences generating the data, as well as our initial reactions to emerging findings. We were asked to record a brief memo of the meeting that included any self-discoveries that we made through verbal processing, as well as emerging similarities that may have arisen between partner dyads. Finally, after we individually coded our own data, we completed a composite narrative which discussed our coding process, emergent themes within our own data, how our experience addressed the research questions, and potential practical and theoretical implications of our individual experiences. These composite narratives were shared as a final presentation for the course. Each of the data points described in this section were used in our collective data analysis process, described below.

Data analysis

Data analysis took place in two phases. Phase 1 required each of us to engage in first-cycle coding with our own self-generated data. During this phase we used both descriptive and process coding techniques. Process coding involves identifying action within the data and using gerund codes ending in “-ing” (Saldana, 2012). Descriptive coding simply summarizes the basic topic of a passage of data as a short word or phrase (Saldana, 2012). Each of us were expected to keep a codebook and memos of our coding process. From these codes we individually constructed initial themes for each of our data sets. Phase 2 of coding involved comparing codes and themes across each of our data sets. We entered into this process using a second-cycle coding technique called pattern coding. This technique groups codes into a small number of sets, themes or constructs (Saldana, 2012). Emergent themes across data

sets were then constructed based on the pattern codes that were found to be salient through each of our data sets.

Ethical considerations and trustworthiness

The use of collective autoethnographic methods brings a unique set of ethical challenges. Although we center our own stories and experiences in this study, we recognize that our experiences encompass individuals and organizations within our personal and professional communities. To protect the identities and privacy of our collective communities, we have chosen to present our findings using pseudonyms so that findings may not be linked with a single individual within our study. Additionally, due to the subjectivity of autoethnographic and art-based research, we gave particular attention to the trustworthiness of data collection, analysis and presentation. In doing so, we triangulated data through collection of journal reflections, production of wellness poems, analytic memos and creation of composite narratives. Also, we engaged in individual and group coding processes to triangulate themes that emerged across our experiences. Finally, we kept detailed records of our processes, procedures and data as an audit trail for our findings.

Co-Author description

To balance the need to contextualize our positionality with the personal nature of our project, we have provided a brief summary description of various aspects of our identities. The instructor identifies as a gay, white, cis-gendered male, in his early thirties, with a professional and scholarly background in higher education. The group of student co-authors included one White male, three Black women and four White women. As a whole, ages ranged from late twenties to over 50 years of age. Several members of the research community identified as parents and spouses, which heavily influenced how we spoke of positionality and wellness. All student co-authors were pre-dissertation and enrolled full-time in doctoral programs within the discipline of education.

Our wellness is. . .

Through individual and collective coding of our wellness poems, reflection journals, debriefing memos and individual composite narratives, we were able to identify three key themes that emerged within and across each of our experiences of wellness as doctoral students participating in distance education. In the subsections below, we discuss these themes at greater length using excerpts from our data set to illustrate each theme. Each subsection begins with brief passages from each of our “My Wellness Is” poems.

Positional

My wellness comes from sitting in the sun with a sundress and my afro ~Tina

My well-being comes from four years as a D1 college soccer player ~Frances

The first, and perhaps, most salient, theme to emerge across our experiences was the notion of *positionality as a driver of our wellness*. We were fortunate to have a rich diversity of social identities and life experiences within our group. We found that the combination of these different identities greatly impacted how we reflected, discussed and interpreted the state of our wellness and our wellness needs. Our in-class conversations frequently came back to how our wellness needs were derived from who we were as people, who our communities were, and specific experiences from our past. Specific reflections involved identities such as race, spiritual affiliations, age, geography, parenthood, marital status, family dynamics and

disability. In the following passage, Tina shared how race and her occupation were important to consider as she reflected on her wellness experiences:

It is important to note positionality when thinking about the nature of my writing. Not only am I one of few black women in the doctoral program at Old Dominion University, I am also a minority in the independent-school environment. There are challenges to my work experience that affect my wellness. It is important to consider that while my wellness may look differently today, after a vacation to Mexico, wellness looks differently during the school year.

Several of us identified as parents and spouses, which greatly impacted our experience of wellness as a doctoral student. While often a source of joy and solace, these roles also led to feelings of stress, guilt and struggle. Candice spoke to the complicated intersection of her identities:

I have learned I have a love hate relationship with my roles as mother, wife, doctorate student, and worker. I want to be able to do everything and I want be all things at once. However, it is not possible. One thing I have learned is I need to slow down, and I have come to the realization that I need to say no and learn to pace myself better.

Brittany continued to exemplify this theme as she described the logistical frustrations of her position as a wife, mother and student:

I remember feeling stressed and overwhelmed because I was finding it harder to complete my work at home. My son was five months old at the time of this writing and had “woken up” on a developmental level. I was struggling with caring for him while accomplishing school work and my husband and I had placed a great deal of energy into finding a nanny. My husband had taken our son for the day, yet it was still hard for me to finish work at home because it was hard for me to concentrate on my studies when I could hear my husband getting frustrated with our crying baby [. . .].

Although Candice and Brittany provide perspective on how parenthood and marriage influenced how they navigated their wellness as a doctoral student, Kim points to how her personal history also played a similar role. Her passage also connects to another theme within this study, community and connection:

Sometimes, I think being an only child made me comfortable with being alone; I spent a lot of time with myself; therefore, I found comfort in isolation. I found that being a doctoral student can be a breeding ground for “isolation.” I realized that one cannot or should not try to do a doctoral program alone, so I have tried to be intentional about reaching out to others for fellowship and accountability.

As highlighted in the previous excerpts, rich examples of positionality could be found consistently throughout our reflections and poetry. Positionality creates the lens in which we view wellness, how we attend to our wellness, and the resources we have to manage our wellness. In the next section, the theme of community and connection is layered with the theme of positionality to demonstrate how our position in our spheres of influence, particularly as doctoral students, impacts our perception of wellness.

Community and connection

My well-being comes from afternoon walks through the woods with my father

Emotionally connected, full of imagining, the smell of Coffee County soil ~Brittany

i belong to none

i want more but taken a back seat to life

always questioning

always wondering

are you out there ~Candice

Scholars have repeatedly highlighted the isolating nature of doctoral education. Our experiences are in alignment with these findings and underscore how important having community and relational connections are to our own wellness. However, our findings demonstrate the various ways we define community and connection. For instance, in the following passage Candice reflects on the role of family as her source of community and connection:

Support system was one of the major themes coming from my data. I do not have many people I can call friends and friends were never mentioned in my data, but I have a very supportive husband. His support with school and with my son has allowed me to go to school to get my doctorate. Without him, I would not be able to achieve my schooling and work goals. This is highlighted in my poem, “lost without his support/never ending, forever true/gifted with compassion beyond any measure/my rock, my safe place”.

Frances provides another example of family as a primary source of community and connection. At the beginning of the course, she lost her grandmother and inadvertently found that the reflections associated with this study unveiled her hidden need for close community and connection:

Relationships, for me, were a theme I never expected to appear. As my family’s resident “ice princess” and one that doesn’t tend to show affection in typical ways, I never imagined that I would mention relationships both overtly and subtly in my writings on wellness [. . .] In my writings I also mentioned making time for loved ones in my life and being a suitable mate for my spouse as part of my wellness. In analyzing my data, I realized I put more emphasis on relationships than I even realize I do in daily life. Having a support system and time for ones I love are aspects of my wellness that even as a doctoral student I am unwilling to give up and are clearly necessary for my wellness.

Although we all spoke to the role of our family as a source of community and connection at some point in our reflections, many of us also emphasized the role of our faculty and doctoral peers. J.T. stated, “If it were not for my advisor and peers encouraging me and supporting my ideas and struggles then [my doctoral experience] would’ve had negative associations.” Gypsy, whose program is completely online, goes into greater detail about the role of his faculty and classmates:

Having accessible, caring instructors and welcoming classmates was a recurring theme in my narratives [. . .] Although I do not identify with the majority of my classmates in terms of their career paths and research interests, I have made some good friends through small-group discussions and projects. I can now freely send an email at two in the morning to vent frustration or ask about assignment instructions I foolishly ignored. Connecting with others is absolutely essential to me in continuing and excelling in my program.

Overwhelmingly, we understood community and connection to be a vital aspect to positively support our wellness as doctoral students. Yet, it is important to highlight that not all experiences of community and connection proved to be positive influences on our experiences of wellness. Brittany speaks to the negative impact her community of mentors had on her perception of doctoral education, despite their good intentions:

I can recall feeling the stress of not knowing what the doctoral program would be like prior to starting my first semester. In this narrative, I describe messages that I received from mentors about the nature of the doctoral program:

I heard from mentors in my master’s program that I should “be kind” to myself, to learn to determine which critical feedback was legitimate (since I would likely receive criticisms and “hazing” from the doctoral community), and to remember that in many ways doctoral programs are often constructed to test one’s tenacity – “stay strong” was the overall message I remember receiving.

Messages such as these contributed to my belief in the hardship of being a doctoral student and exacerbated my perspective that no doctoral student could be well in the program.

Brittany went on to describe her actual experience in her doctoral program, her struggle with integrating into a new community, and instances of sexism embedded within the community:

Most (if not all) of the students in my cohort received their master's degrees from research institutions that did not value placing an extended amount of energy into class preparation. Instead, these students were primarily concerned with fulfilling research obligations and held the attitude that class time was a chore. Since my previous educational experiences occurred in teaching institutions where classroom performance was celebrated [...] I struggled to conform to the classroom norms of the doctoral program. In consequence, other students in my cohort perceived that I was too verbal and competitive in the classroom, which impeded my ability to form collegial bonds with them. Having no other connections in Virginia, this experience led to an overall decline in my social wellness.

As the excerpts from our reflections and poems help to illustrate, our wellness is deeply grounded in our ability to connect with our various communities. Our communities allow us to step outside of the day-to-day of our doctoral student experiences, as well as keep a broader perspective of our educational experience. However, we also recognized that we must be cautious of what our communities may take from us in regard to added levels of stress, emotional labor or other intentional or unintentional outcomes.

Awareness and action

Today my well-being is neglected and not a priority, but if I don't take action the time spent celebrating my achievements may be cut short. ~J.T.

My well-being is focusing and not procrastinating

Today my well-being is doing well, but it should probably be doing work. ~Gypsy

Today my well-being is like an elevator (up and down) ~Kim

My well-being is like a bouncing ball

It is always ascending and descending ~Jane

Throughout this study we began to understand that we were very aware of, and able to articulate, the state of our wellness at any given time. Unfortunately, this awareness was not always accompanied with the empowerment to take action when our wellness was lacking. Jane poignantly summarized this sentiment stating:

In this journey towards success, there are often things that I overlook when it comes to the everyday need for developing and maintaining healthy wellness habits. Whether I am not getting enough sleep or eating poorly on the go, I realize that there is always something essential being sacrificed at this point in my life.

Frances also acutely expresses the duality of awareness and action regarding wellness as a doctoral student:

As adult doctoral students we may be aware of the many stressors in our lives constantly because we have some life experiences, all very different, and we have varied current living, relationship, educational, and professional situations that influence our lives, but we all have the experience of dealing with those while trying to accomplish at a very high level academically. This makes us very aware of what is going on wellness-wise in our lives, making it ever-present but also sometimes pushed to the wayside.

Interestingly, the experience of participating in this self-study provided us with a more nuanced inventory of our own wellness. Reflecting on the eight dimensions of wellness, as

described in the literature review, Gypsy describes his experience engaging in deep reflection:

In fact, after coding and analysis of my narratives, it was just as enlightening to see which dimensions were not represented in my narrative as it was to see those that were. Yet with the ability to “read between the lines” of my own work, I can detect each of the eight dimensions represented. This process has given me a more holistic view with which I can act upon, and take responsibility for, my own wellness [. . .] Another consideration is the wellness autoethnography project itself. Through this process I discovered that there were several aspects of my own wellness that I had not considered, even after reflecting on the eight dimensions of the wellness framework.

Overall our experiences reflected a need to take action regarding the management of our wellness. We consistently recognized what we needed to do to be well but lacked either motivation or a sense of permission to do so. While our connections and community sometimes allowed for us to hold up a mirror and really see the state of our wellness, the nature and structure of our doctoral programs rarely, if ever, proactively created space to manage our wellness.

Addressing our research questions

We entered this study with two questions: How do we perceive our wellness as doctoral students engaged in distance education, and how do we understand the influence of our doctoral program cultures on our perceptions of our own wellness? Couching the answers to these questions in the themes that emerged from our data collection and analysis, our perception of our wellness is layered. Much of how we perceive wellness was grounded in our specific identities and life experiences. Whether a parent, a former college athlete, a person possessing a traditionally marginalized identity or any combination of identities, each layer blended to create a unique perspective and experience of wellness. Yet, each of us expressed a struggle to make wellness a consistent practice, whatever that looked like for each of us. Wellness was considered something to be earned after a successful day or period of time, rather than something essential to being a successful, well-functioning human being. This proved problematic for the group because if wellness is perceived as a reward for success versus a necessary component of the doctoral experience, wellness can quickly become a non-priority.

The emergent themes from this study also help to understand the influence of our doctoral program cultures on our perceptions of our own wellness. Again, positionality played a large role, as specific programs impacted us in different ways. Interestingly, those in completely distance education courses reflected on positive experiences such as creating more structure, as well as feeling a connection with their peers and faculty despite the online format. Conversely, students in primarily face-to-face or mixed online programs often spoke of the isolation and lack of community and connection discussed in other studies. Additionally, we found that the intersection of positionality and community was an important part of how we perceived our doctoral program’s impact on wellness. For one of us, the community within her program was toxic and led her to second guess herself, but, as was the case with everyone in this group, her family was a source of positive connection and community.

Translating our experiences to practice and scholarship

This collective autoethnography was used to explore two central questions: How do we perceive our wellness as doctoral students engaged in distance education, and how do we

understand the influence of our doctoral program cultures on our perceptions of our own wellness? While each of our experiences yielded specific outcomes and themes, we were able to identify three overarching themes that were woven between and within each of our narratives: positionality, community and connection, and awareness and action. Our findings were consistent with existing literature that has explored the nature of wellness within doctoral student populations, specifically mirroring outcomes from [Schmidt and Hansson \(2018\)](#) and [Grady *et al.* \(2014\)](#).

Practical implications

Care was taken to provide a thick description of our process and findings to enhance the transferability this work. We believe that the emergent themes from this study may provide grounding for a number of practical implications as they apply to doctoral curriculum development, co-curricular intervention and graduate student support. First, our findings indicated that as doctoral students, we are well aware of our wellness needs, but often do not feel empowered to manage these needs. We encourage faculty advisors and course instructors to imbue opportunities for action within curricular and co-curricular development. For instance, advisors may assist advisees in developing a wellness contract that is revisited during advising meetings. The contract may include actionable items such as 10 minutes of mindfulness practice per day, acknowledgement of available campus resources, and open lines of communication about how the program may be impacting student wellness. Instructors may use the course described in this paper as a model for infusing wellness into the class, including active reflections or projects that connect to course material. Additionally, given the ebb and flow nature of wellness, these interventions should not be a one-time occurrence. Instead, they should take place at regular intervals throughout the doctoral student-cycle, particularly pre-dissertation phase.

Furthermore, our findings indicated the importance of community and connection as a driver or inhibitor of wellness. This finding is consistent with a number of studies that examine the socio-psychological wellness needs of doctoral students ([Benjamin *et al.*, 2017](#); [Grady *et al.*, 2014](#); [Schmidt and Hansson, 2018](#)). This may be particularly true for students participating in distance education courses. To that end, program coordinators and student services professionals are encouraged to create structured community building interventions that occur throughout the student lifecycle. For instance, one of our classmates who was a new mother indicated the desire for an online support group for female doctoral students that may span across disciplines. A group such as this may use web conferencing software to meet virtually, where they may share their experiences, develop community and connection, and develop ideas for how their programs may better support their needs. Additionally, from the perspective of the instructor, students in distance education environments can develop community and connection through encouraging authenticity in the classroom. For the class in this study, students spent time in weekly small groups or dyads discussing course materials, their feelings about their progress in the course, as well as updates regarding their role in this project. Giving students prompts, such as “how would you describe your relationship with your wellness” gives students an opportunity to share as deeply as they feel comfortable and find connection with students with similar experiences. Also, allowing students to process these connections at the end of each class is important. For this class, students completed weekly journal reflections where they were asked to spend 15 min writing to a prompt or whatever came to mind. The purpose was simply to reflect and write.

Finally, the collaborative autoethnographic and art-based practices used within this project may be used as a vehicle for faculty and staff to facilitate deep learning and reflection in students regarding experiential topics, such as wellness. While the innate self-

reflection required within autoethnographic and art-based work, alone, can be beneficial in the learning process, engaging in collective work allows students to compare and contrast the lived experiences of their peers. This can result in broader understanding of experiential topics and may also deepen connections and relationships within the classroom. As noted in this paper, doctoral work can be extremely isolating, particularly within the context of distance learning environments. Providing opportunities for self-reflection, peer connection, and creation of intentional support networks can have dual benefits in helping students through their doctoral journey while assisting them in managing their own wellness.

Theoretical implications

In addition to the practical application of our findings, future scholarship may be informed by the outcomes of this project. For example, the emergent themes may be used as a starting place for the development of survey items or questions used for a quantitative study that may be better suited to generalize to the broader doctoral population. Additionally, given that our group included students who were enrolled in fully online doctoral programs, as well as students whose programs used both online and face to face formats, future research may explore how fully online programs may impact the wellness of doctoral students. Specifically, as our findings illustrated the non-linear nature of wellness, a longitudinal study of wellness in fully online doctoral programs may uncover temporal patterns that could be used to influence curricular changes or make better use of student support services. Finally, our findings contribute to existing scholarship that identifies community and support as key aspects of doctoral student wellness. Future scholarship should identify the efficacy of interventions that bolster perception of community and support among doctoral students, such as infusion of wellness reflections and discussion like the course described in this study.

Limitations

This study is not without limitation. While we attempted to provide a thick description of our process and findings to bolster potential transferability of this study to other contexts, caution is warranted before generalizing this study. Considerations may include the small sample size, as well as the inherent subjectivity of the autoethnographic and art-based research approaches. Additionally, this study took place during the course of 12 weeks during a summer semester. Students generally take reduced course loads and may have produced differing reflections during the academic year. The short timeframe also limited the amount of data that could be collected. [Schmidt and Hansson \(2018\)](#) critiqued the current body of literature on doctoral student wellness stating that participants primarily came from the discipline of education. This study illustrated the experiences of students from education doctoral programs but was comprised of diverse sub-disciplines. Furthermore, all interactions took place in an online format. Although we contend that the online environment still allowed for authentic expression of self as we collectively embarked on this study, the online environment may still have impacted the way in which we engaged with each other. Finally, this study was conducted within the context of an American university. All authors were born within the USA, therefore our approach to understanding and discussing wellness should be understood within the context of American notions of this wellness.

Conclusion

Although the wellness of undergraduate students has long been a primary focus of colleges and universities, the wellness of graduate students has been of increasing concern for both higher education researchers and practitioners. Yet, one understudied population within this group is the doctoral student engaged in distance education. As these adult students attempt

to balance life, coursework, dissertations and potentially part- or full-time employment, little time is left for them to focus on self-care and wellness. Scholars have started to investigate the impact of doctoral education on the wellness of students, but few studies center the voices and lived experiences of the students themselves. We sought to address this gap through the use of an art-based collective autoethnography that illustrates the complicated and sometimes contradictory nature of wellness for doctoral students, specifically those in distance education courses. While our experiences may not be representative of all doctoral students, our stories may assist scholars, practitioners, and doctoral student peers in reflecting on the role of wellness in doctoral education, as well as provide a starting point for incorporating wellness into curricular and co-curricular experiences. Through systematic analysis of our own experiences of wellness as doctoral students, we recognize the importance of positionality, community, awareness, action and regular reflection as vital components to maintain our wellness while persisting in our studies.

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