

ARTICLE

Illness Experiences among Chinese College Students: A Negotiation Process between Social Connections and Protection of Self-Image

Sunny ZQ Li¹ Johnston HC Wong^{2*} 

1. Guangzhou Yuekang Social Service Center, Guangzhou, China

2. Faculty of Humanities and Social Sciences, BNU-HKBU United International College, Zhuhai, Guangdong, China

Abstract: This study explored the experience of illness in relation to self-image, biographical disruption, and the process of coping through semi-structured interviews with students of a university in China. Twelve students were recruited under three categories, having a physical chronic illness, mental health illness, and chronic multiple morbidities. In-depth interviews were conducted and content analyses were applied to their recordings to identify major themes and subordinate themes in the illness experience. Results showed a distorted sense of self and biographical disruptions in young adulthood were common, as reported by the respondents. Students tried to cope with these disruptions with both individual strengths and social support, but not always with positive results. Reconstruction of self, in the analysis of illness experiences, was found a crucial strategy in overcoming disruptions. Social support of evaluative nature facilitated the adoption of the reconstruction strategy. A network-building approach is recommended for student services in higher education whereas further research is necessary to understand the processes of self-reconstruction.

Keywords: Illness experience; Biographical disruption; Coping strategies; Higher education

1. Introduction

Around 300 million people suffer from chronic illness (CI) in China ^[1]. The 2020 statistics show that China's population has over 40million college students. One study revealed that among students of 5 universities in the city of Qiqihar, the rate of Chronic Disease was 22.36% (n=2469, female 24.71%, male 19.33%) ^[2]. Defined by the Center for Disease Control and Prevention of the United State, a chronic illness is one that lasts for at least 3 months

and results in an overall decrease in quality of life ^[3]. Chronic illnesses, physical and mental, are accompanied by prolonged treatments, compromised daily activities, and increased psychological stress.

Over 20 percent of college students were estimated to have certain kinds of sicknesses, as reflected by the number of students requesting special accommodations ^[4-6]. Visible physical illnesses are perceived as more deserving of special privileges ^[7]. Students with other CIs less ob-

*Corresponding Author:

Johnston HC Wong,

Faculty of Humanities and Social Sciences, BNU-HKBU United International College, Zhuhai, Guangdong, China;

Email: johnstonhuang@uic.edu.cn

Received: 27 May 2022; **Revised:** 20 July 2022; **Accepted:** 3 August 2022; **Published Online:** 5 August 2022

Citation: Sunny ZQ Li Johnston HC Wong. Illness Experiences among Chinese College Students: A Negotiation Process between Social Connections and Protection of Self-Image. *Journal of Psychological Research*, 2022, 4(3), 4759. <https://doi.org/10.30564/jpr.v4i3.4756>

DOI: <https://doi.org/10.30564/jpr.v4i3.4756>

Copyright © 2022 by the author(s). Published by Bilingual Publishing Co. This is an open access article under the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License. (<https://creativecommons.org/licenses/by-nc/4.0/>).

servable, especially mental health problems, are neglected. College disability staffs might overlook the needs of students with chronic illness because they did not understand the fluctuated symptoms and unpredictable relapses caused by chronic illness^[5]. However, population of students with mental illness is large. As Yang pointed out, the prevalent rate of college students mental disorder all over the world is about 10 to 30 percent. Moreover, a research conducted in a Chinese university revealed that mental disorder accounted for 50.5% among all kinds of illness that stopped students from completion of college study^[8].

Students with CIs, compared with their healthy counterparts, had a lower health-related quality of life^[9]. They are more likely to have depression and anxiety symptoms^[10], a higher prevalence of suicidal ideation and attempts, greater financial difficulties because of the high cost of treatment, and a higher withdrawal rate from educational programs^[11]. The invisibility of illnesses lowers their opportunities to receive materialistic and emotional support. The graduation rate of students with CIs was found to be 34% lower than those without^[7].

Most universities have disability services and some of them cater also to the needs of students with chronic illnesses^[12]. Students were provided with adaptations such as extended testing time and note-taking services. However, students with CI need more than academic leniency. Although in mainland China, counselling services were available in most of college, but it failed to fulfill the needs of students with mental illness due to limited scale and poor quality^[13]. Even if services are provided, significant number of these students do not seek help^[14,15] and refrain from disclosing their illnesses to college administration and other students^[16]. Reasons given include feelings of shame and guilt, especially for those with mental illness. Complicated college administrative processes also distance them from services^[17].

The aim of this study goes beyond the question of how chronic illnesses affect the personal as well as college life of students. More importantly, the research tries to explore how college students overcome the disruptions of chronic illnesses to achieve personal growth, academic fulfillment, and social connections. The study was conducted at one university in Zhuhai, China from which twelve students with CIs of physical and mental nature were interviewed to understand how they experienced their illness during college education. The subjects were conveniently sampled. Random sampling was not applied as students seldom disclose their problems openly and even if they were screened out by college administration, refusal to interviews seemed to be an easier choice. A generic approach without focusing on a specific kind of disease provided a

more comprehensive notion of illness experience that is useful to students' affairs work^[18].

2. Effects of and Remedies for Prolonged Sickness

2.1 Role of the Sick

Parson (1951) coined the term sick role to describe the situations when a person was exempted from social responsibilities but at the same time compelled to accept instructions, from people around him, particularly related to medical treatment^[19]. As a result, individuals began to withdraw from social involvement and concealed their health problems to avoid discrimination^[20]. Chronic illnesses then disrupt human development through erosion of social relationships and the inability to mobilize resources^[21].

Delays in seeking help and not disclosing their illness in fear of further loss are common^[22]. Students with CI exhibit tremendous anxieties because of mistrust of their symptoms from college staff and classmates^[15]. The term, 'illness experience', adopted later reflects a change of study focus from "external structures" to "insider perspectives"^[16].

2.2 Biographical Disruptions to the "Self"

A major development of illness experience theories was the concepts of biographical disruption and loss of control^[19]. It refers to an impactful process caused by illnesses, negative basically, to self-concept^[23]. Strauss (2007) proposed that the process of biographical disruption began with "the turning point", which provoked surprise, bitterness, confusion, tension, and/or "a feeling of defeat in his or her experience of self"^[24].

Difficulties to engage in normative exploring activities such as work and relationships have confined college students from successful identity formation^[25]. Most of them were dependent on family members for assistance on health-related issues and developed low self-esteem^[26]. Chronic illness hinders the accomplishment of the identity formation task of a person, particularly during his college years^[6,27]. For those with visible disabilities, there is prolonged adolescence characterized by change and exploration^[28].

2.3 The Struggles to Cope

However, Charmaz (1983) and Frank (1993) both believed in "transcending loss", that students with CI will find their suffering a source of strength after they reconstructed their illness experience through "reflection",

“reassessment”, and “redirection” [29,30]. Bury (1991) considered “coping”, defined as a cognitive process through which the individual learns how to tolerate the effects of chronic illness, as possible [31]. Williams (1984) added that coping is a “feeling of personal worth” with a “sense of coherence” or “potency” gained from a “biographically disruptive experience of illness” [32]. Externalization, normalization, resource mobilization, and social support networks, are deemed as key elements in achieving successful coping [19].

2.4 Utilization of Individual Strengths

The illness narrative has acquired a key place in the discussion on illness experience [29]. For Charmaz (1983), illness narrative refers to a reconstruction of life experience and a sense of self [27]. William (1984) believed that people’s attribution of their afflictions forms a process of “narrative reconstruction” in an attempt to repair their disrupted self and realign the past and present self with society [30].

Externalization of illness is a mental process through which the individual attributes the causes of sickness to physical reasons and not personal responsibility. Upon diagnosis of having a chronic illness, better informed medical knowledge may allow people to conceptualize the disease as separated from the individual’s self and thus facilitate externalization [19]. Unfortunately, Bury also pointed out that realization of a medical situation might also fill the patient with fear, anxiety, and a sense of uncertainty.

Normalization is finding ways mentally to minimize the impacts of illness and integrating them into one’s life [20,33,34]. By regarding the treatment regimen as “normal”, individuals can reduce the effects of the disease on self and social self.

2.5 Mobilization of Social Supports

Resources Mobilization is to maximize the positive outcomes and maintain a hopeful attitude through personal and social resources [30]. Pranka (2018) concludes that these resources include emotional, instrumental, informative, and evaluative support [21].

Social supports of all kinds are conducive to the creation of a new identity and facilitate the closing of the biographical gap [21]. If social support is not available, attempts to mobilize external resources will fail, adding a sense of defeat to the person. Prompt and professional mental health support is definitely helpful for students with CI [25].

In the interviews conducted by Spencer et al. (2018), college students tended to posit the normal healthy self and downplayed the severity of their illness, as a “resistance strategy” to mitigate disruptions caused by chronic illness [15].

To summarize previous literature, the following points are observed:

- i For college students with chronic illness, experiences of biographical disruptions are distressful because their identity exploration process was disrupted;
- ii Coping in which the individual learns to tolerate the adverse effects of sickness and regain a feeling of personal worth and coherent self, is possible.
- iii Coping methods of resource mobilization, individual strengths, and social support may help college students overcome disruptions and reconstruct a more positive identity.

With the above observations, there are a few questions unanswered for Chinese educators. First of all it is important to find out whether the same pattern of biological disruptions, that emphasizes very much about development of individual identity, occur due to prolonged illness among Chinese students who grow up in a culture that emphasized more the collective identity? Second, for Chinese students to overcome disruptions of identity development, which coping strategy is more effective in the Chinese setting?

3. Methodology

The aim of this study is two-folded. First to explore the biographical disruptions among Chinese students, which may be different from other places of the world due to traditional cultural influences and current societal situations. The second intention is to study how Chinese students handle such biographical disruptions through various types of coping strategies; what works and doesn’t work for them. The study was conducted in the BNU-HKBU United International College situated in the city of Zhuhai, Guangdong, China. Subjects were conveniently sampled as the frame for random sampling was not available since students were not required to disclose their sicknesses to the college administration.

A generic approach without focusing on a specific kind of disease provided a more comprehensive notion of illness experience. However a purposeful inclusion of three major types of targets are included, that of physical chronic illness, mental illness and chronic multiple morbidities. Students with physical illnesses in most of the cases are different from those with mental illnesses in terms of visibility. They may suffer from stereotyping and prejudice. Behaviors of students with mental illnesses on the other, because of invisibility, will not be tolerated by their peer college students. Students with multiple morbidities may suffer more in terms of self-pity or a lower sense of self efficacy and thus find it more hopeless to cope.

Three questions were raised in the interviews namely:

- i What kinds of biographical disruptions have illness brought to the students with chronic illness at the Case University, in terms of distorted self-identity and social relationships?
- ii How did these students cope with biographical disruptions? Did they, as past theorists have observed, become passive and avoid social interactions, or did they actively face and solve the disruptions?
- iii Which of the two coping strategies, mobilizing individual strengths or social supports, did Chinese college students employed in overcoming these biographical disruptions?

Interviews were recorded in detail with student consent. The recordings were then analysed according to the Four Stages Interpretive Phenomenological Analysis (IPA) proposed by Storey (2015) [35]. It is a qualitative approach commonly used that aims to explore detailed personal and lived experiences to obtain a subjective description of participant experience [36,37]. IPA of free flow semi-structured interviews made it possible for this study to review the complexity of illness experience as a difficult life event [38]. The four stages were as follows:

- i Initial reading of the transcripts of the 12 interviews;
- ii Identify and labelling themes;
- iii Labeling themes and identify clusters;
- iv Producing a summary table of superordinate themes.

Eventually, a recruitment notice was posed from November 2020 to January 2021, on student WeChat groups to invite volunteers with one or more chronic physical and mental illnesses for at least 3 months to participate in

face-to-face interviews. There were fifteen respondents but only twelve met the criteria of chronic illness.

4. Results

4.1 Participants Information

The illness conditions of the twelve participants are shown in Table 1. Nine of them reported mental illnesses of which six were diagnosed with bipolar disorder. Only two suffered from physical illness. Three participants suffered from both physical and psychiatric problems in the form of multiple morbidities.

4.2 IPA: Identifications of Themes and Superordinate Themes

4.2.1 Biographical Disruptions to the “Self”

Body image, self-esteem, self-efficacy, and social self were asked in the interviews about how they were affected by chronic illness. Among four dimensions of self, the social self was reported to be influenced by the chronic illness in the most closely related and non-useful ways. Meanwhile, it was directly relevant to the participant’s social interaction, so it was classified into a single theme: distorted social self.

According to the transcripts, other impacts on the self were mostly characterized by unstable, non-useful, and lost, summarized as four aspects of altered self-image. Themes and superordinate themes in the current part were presented in Table 2.

Table 1. Principal Diagnosis of Participants (n=12)

Participants (fake names)	Gender	Types of Illness	Diagnosed Disease(s)	First onset (Age)	Year of Sickness since Diagnosis
Ben	Male	Physical	Migraines	4	4
Nancy	Female	Physical	Atopic Eczema	7	13
Amanda	Female	Mental	Bipolar Disorder	5	2
Flora	Female	Mental	Bipolar Disorder	2	1
Mary	Female	Mental	Bipolar Disorder, Alcohol Abuse	5	1
Owen	Male	Mental	Bipolar Disorder	4	1
Petty	Female	Mental	Major Depressive Disorder	>2	2
Cindy	Female	Mental	Bipolar Disorder	2	2
Dorri	Female	Mental	Bipolar Disorder	3	3
Eva	Female	Multiple	Chronic Bronchitis	Unknown	Unknown
			Bipolar Disorder	4	<1
Queenie	Female	Multiple	Lumbar Disc Herniation	3	3
			Major Depressive Disorder	4	4
Rose	Female	Multiple	Heart Disease	9	9
			Anxiety disorder	1	1

4.2.2 Biographical Disruption to Social Interaction

Results showed that chronic illness caused severe disruption to participants’ interactions with others. As

presented in Table 3, participants carried many concerns about the chronic illness when they met others, and concerns disrupted their patterns of socialization.

Table 2. Superordinate Themes and Themes of Biographical Disruption to the “Self”

Superordinate Themes	Themes	Example of Illustrative Quotation
Altered self-image	Unstable Person: View of self changes often	“From then on, I have been jumping between arrogance and inferiority”
	Unworthy Person: Low self-esteem, self-efficiency, and/or low confidence in appearance most of the time	“At that time, all kinds of dissatisfaction. And then eventually got to the point where I felt like I wanted to hurt myself. That is, if it’s so ugly, why not ruined?”
	Lost Person: The concept of self tends to be incomplete	“When you are in an awfully bad mood, your perception of yourself is incomplete, and you don’t know what you are like at all...”
Distorted social self	Abnormal Person: People think my behavior or thought as unusual and difficult to understand	“...in summer I still wear long sleeves and long pants, and always wear a mask. Some people will find it very strange. I know it’s difficult for them to understand. They can’t feel how much pain it brings me. They think I just need to avoid dusty places, but you know dust is visible, and dust mites are actually invisible...”
	Vulnerable Person: Perceive different and more considerate treatment from others	“They became cautious when talking to me...”
	Untrustworthy Person: People think I am pretending	“When I was in high school, I didn’t need to take any classes that involved lawns, and then some classmates thought I was very leisurely, relaxed, and happy, and they would gossip, as if I didn’t want to take those classes, so deliberately claimed to be allergic...”
	Aggressive Person: People think I am scary or/and may attack others	“At the time when I was depressed and taking medications, one of my roommates told others that I would take medicine in the toilet every night and cried secretly. Then some people said to me later that they thought I was terrible at the time.”

Note: Self-image and social self were defined by the APA Dictionary of Psychology

Table 3. Superordinate Themes and Themes of Biographical Disruption to Social Interaction

Superordinate Themes	Themes	Example of Illustrative Quotation
Inward Worrying about social interaction	Potential misunderstanding: Worry about embarrassment or discrimination	“I trusted our classmates, until one day, one of them complained about his friends X. X did not leave her boyfriend even if she had known that she might suffer from violence. And the so called ‘might suffer from violence’, referred to bipolar that the boy have. That classmate said those with bipolar not only hurt themselves, also hurt others... I never told others (my illness) since then.”
Outward Worrying about social interaction	Potential harming: Worry about hurting others	“A good friend in the past, our relationship was trustful. I talked about myself. I just told her a bad dream of mine. Then I saw her eyes turn red. I had to stop. I could not keep talking that basket of bad things.
Difficult interpersonal relationships	Pessimistic views: Feel hard to make friends and/or build up an intimate relationship	“I have been looking for it, but always fail...I know there is no hope. Then I must rely on myself, do not think it all the time, like getting married and raising kids...”
	Distrustful relationships: Experience loss of a friend and/or instability in an intimate relationship	“Cannot bear any noise. Even whisper, makes me quite anxious... I might rage, do or say something...it’s unbearable for Sometimes people just joking, but I feel terrible. Or just because of a word or an action, then, I’ll think he hates me or something...Also those old friends, have been estranged.”

4.2.3 Coping by Mobilizing Individual Resources

Coping strategies depending on the individual strengths were further classified into useful coping and non-useful coping based on participants' descriptions. Useful strategies are presented in Table 4a.

Themes of Non-Useful strategies were summarized in Table 4b.

4.2.4 Coping by Mobilizing Social Support

Besides individual resources, external resources also played important roles in coping with biographical disruptions. Some external inputs were perceived by participants

as positive support, helping them to overcome biographical disruptions caused by the chronic illness. Useful supports considered by participants are listed in Table 5a.

Other inputs pushed participants away from successful coping. Table 5a summarizes those external inputs perceived by the participants as non-useful or called Negative Social Support in this paper.

4.2.5 Themes and Superordinate Themes Construct

To provide a visual presentation of the above tables, Figure 1a and Figure 1b below captured the relationships of concepts discussed so far.

Table 4a. Useful Utilization of Individual Strengths

Superordinate Themes	Themes	Example of Illustrative Quotation
Self-distraction	Divert attention by doing something else	"I go to exercise when I am in a bad mood...When I do exercise, my brain may not think too much. That state is better. But in fact, I feel that the more I rely on this thing to divert attention, on the contrary, I don't really enjoy it so much..."
Reconstruction	Reframe the illness experience and/or reconstruct a sense of self	"I have read a few articles saying that the only difference between mental illness and physical illness is that one affects your body and the other affects your brain. It is a bit like chronic bronchitis that I also have a little bit, so I just say that you take medicine, and it works on your mind. You may think so, but in fact, it is not your own. That is, you are you, it is brought to you by this disease, it does not belong to you. You should cure it, and It's not that you have to accept it and blend yourself with the disease.
Active-clarification	Explain the manifestation of symptoms	"If someone said: 'why you go to the toilet so frequently', then I will tell him, undoubtedly, due to my health problem. I will let him figure out why I be like this. Whether he care or not, is her problem. I think I have an obligation to do this."
Rationalization	Develop logical reasons to justify the behavior	"It's too tired to deal with some friends, so I give up, but I don't think it as a matter about the illness"

Table 4b. Non-useful Utilization of Individual Strengths

Superordinate Themes	Themes	Example of Illustrative Quotation
Avoidance	Disengage from situations with disruptions	"...I read books, to avoid... I just don't want to deal with things. I might just read books all day long and then refrain from reacting."
Over-controlling	Get a sense of control by self-harm	"Using knife is the most effective...sometimes because I'm too sad, I really want to scream, ah, it feels like crazy, but if you cream to a certain extent, you may feel that you can't scream any more, but you still want to scream, but the body can't keep up, so I need to help it. With a knife, I can calm down and transfer the pain to the skin, which will make me feel a lot more comfortable"
Suppression	Normalize behaviors and/or refrain from expressing real emotions and thoughts	"You feel that you are so down, that is, very down, that is, you feel that your body is sinking. Then someone tells you a joke, you still pretend to cheer up, just to cater to him or something ..."

Table 5a. Useful Social Supports

Superordinate Themes	Themes	Example of Illustrative Quotation
A feeling of being cared about	Others' expressions of empathy, love, trust, and caring	"Some time ago, when I was stressful about my study, my mood fluctuated a little, my whole head was about to blow up. At this time, I just talked to my good friend, who knew my problem (the illness). He was like 'come out, let's take a walk'. I was so touched, crying while coming out. I can feel their kind of hard work. I mean they are willing to get closer when I am suffering that kind of emotion..."
Evaluative support (counseling)	Receiving information that is useful for self-evaluation	"She (the counselor) walked with me when I was in the dark. In fact, there were a lot of things that made me uncomfortable, or I thought I depressed because of many things that my parents didn't know about. He knew a lot ...Sometimes, I think it maybe a spiritual pillar for me."
Informative support	Advice, suggestions, and information	"(The role of knowledge) is still important. After all, even if it does not work sometimes, you will know what to do. When I feel it's going to attack me, I won't be as panic as it was. At least you know that you can get to sleep and take a painkiller. After three hours, you will be a fresh and lively boy."
Instrumental support	Tangible aid and service	"When I felt that I didn't have enough to go to college, she applied to the College for me, and there was another university that I could apply to. I knew that I had already got the offer before I had the college entrance examination. She gave me a lot of support."
Normalized treatment	Offer no special consideration because of the illness	"Treating me like I am a normal person would be the best support for me."

Table 5b. Non-useful Social Hindrance

Superordinate Themes	Themes	Example of Illustrative Quotation
Over concern from peers and family	Social support deteriorates disruption by psychologically distancing the self from others.	"The more they want to actively help me, the greater distance I feel between me and them. And this sense of distance will make me feel more and more powerless. Or it's like a positive and negative number. I was originally at a certain point in the negative value. They always wanted to help me get out of the negative value. The more they wanted to help me, the more they move towards larger integer."
Increased worries	Social support deteriorates disruption by bringing more worries.	"Seeking social support needs a lot of psychological preparation. I worry a lot about what happens after I seek help. Even though, it may be in vain..."

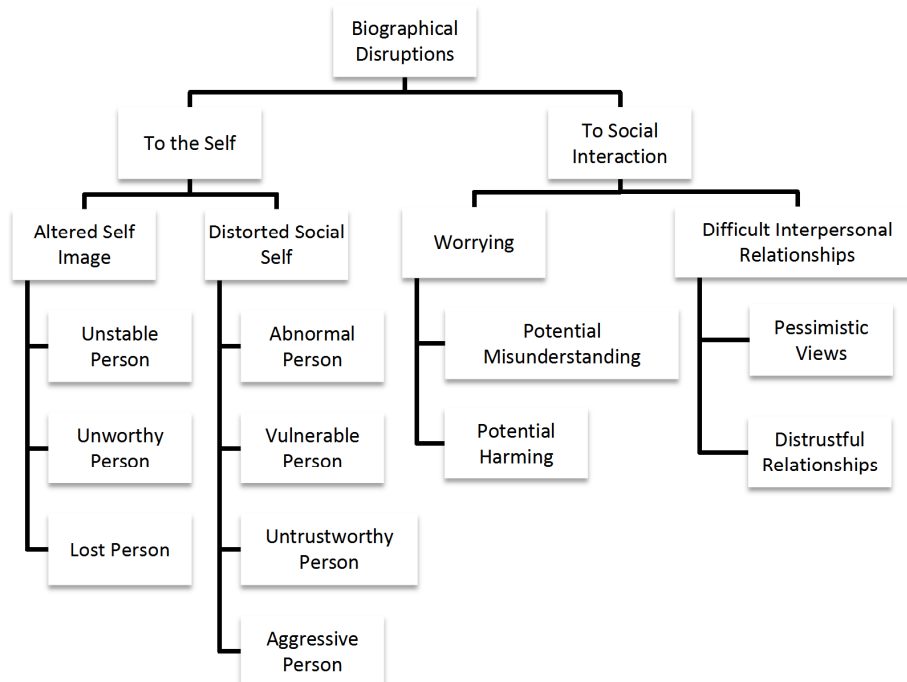


Figure 1a. Themes and Superordinate Themes of Biographical Disruptions

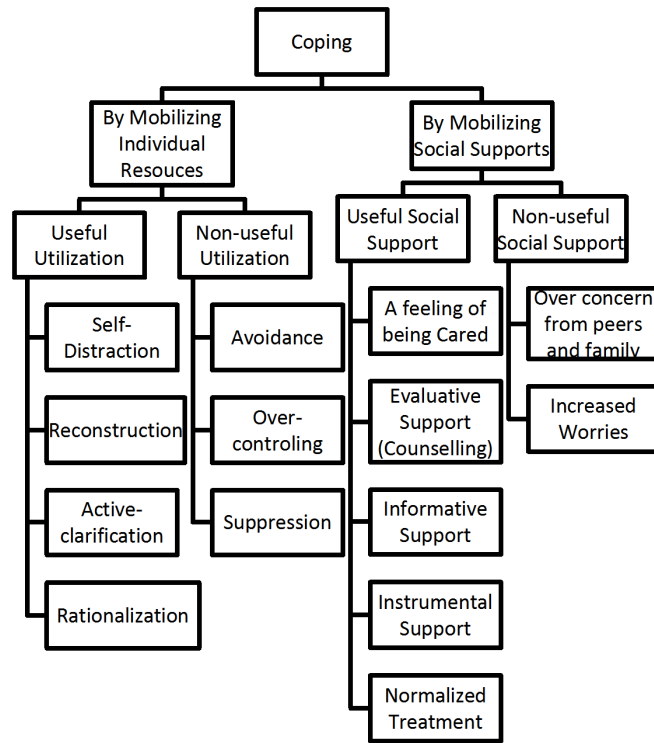


Figure 1b. Themes and Superordinate Themes of Coping

4.3 Frequency Report of the Themes

Impacts on Self were mentioned much more frequently than Impacts on Social Interaction. Frequencies of mentioning by participants of various Biographical Disruption themes were reported in Table 6. Most participants exhibited distorted self-image due to the chronic illness. This is consistent with theories about the developmental needs of young adulthood.

Table 6a. Report of Biographical Disruptions to Self

Superordinate Themes	Themes	Frequency
Altered self-image	Unstable	10
	Unworthy	15
	Lost	2
Distorted social self	Abnormal	6
	Vulnerable	4
	Untrustworthy	2
	Aggressive	1
	Total	40

Table 6b. Report of Biographical Disruptions to Social Interactions

Superordinate Themes	Themes	Frequency
Worrying social interactions	Misunderstanding	4
	Harming	5
Difficult interpersonal relationships	Pessimistic views	4
	Disturbed relationships	4
Total		17

Individual Strengths and Social Support were mentioned by participants as helpful, 30 and 32 times respectively. Table 7 summarized the themes of Useful and Non-useful coping strategies as perceived by participants in this study. Coping by Reconstruction (20 mentions) was considered most useful. It was followed by Emotional support (14 mentions) and informative support (9 mentions).

Table 7. Mentions of More Useful Coping

Coping strategies	Superordinate themes	Frequency
Utilizing individual strengths	Self-distraction	3
	Reconstruction	20
	Active clarification	3
	Rationalization	4
Mobilizing social supports	Emotional support	14
	Evaluative support	4
	Informative support	9
	Instrumental support	3
	Equal treatment	2

On the other hand, some students expressed that some coping actions were not useful or even brought negative effects. These items were listed in Table 8.

In this study, most students coped with both individual strengths (30 mentions) and social support (32 mentions). The close margin between the two showed that the 12 students did not rely on any one of the two strategies. However, mobilization of both individuals (10 negative

comments) and social resources (9 negative comments) have created negative effects. It is important to note that both strategies have two-directional effects, useful and non-useful regarded by participants. The ratio of non-useful/useful mentioning for individual strengths was 10 to 30; and for social support, 9 to 32. Two participants reported the negative effects of informative support related to physical illness, as they have to face the hard reality of serious sickness. Inadequate information and overwhelming information were both detrimental to the patients at a stage before they can accept the sickness as part of life.

Table 8. Mentions of Non-useful Coping

Coping strategies	Superordinate themes	Frequency
Utilizing individual strength	Avoidance	6
	Over controlling (self-harm)	2
	Suppression	2
Mobilizing social support	Over concern from peers and family	3
	Increased worries	6

4.4 How does Reconstruction Work?

Reconstruction was frequently mentioned by participants, up to 20 times. Nancy’s case can be an example of an illness narrative. She mentioned that her illness was a trial for her to exercise her willpower. She said: “Every time I went through the attack, it’s just like I had defeated a boss so that I got the pass to the next step.” Nancy compared her illness experience to a game. The sense of achievement gained after reconstruction gave her the courage and strength to face up to subsequent difficulties in her life.

Reading was used to facilitate reconstruction by Amanda, who described:

“Reading helps me understand that people have different perspectives. From my current perspective, I feel that I am so miserable, incurable. When I took a look at others who may be affected by alcoholism and drug addiction. They have become novelists. OK? Will understand a different world, a different concept. I feel that with these new concepts, I can keep moving on...”

Reading provided Amanda a chance to turn her “miserable” and “incurable” self into a person filled with possibilities. It implanted hope into her life. Entertainment could also function in a similar way. Queenie said:

“When I’m in a bad mood, I watch stand-up comedy...and I’ll think, oh, isn’t life is exactly like this! It has a lot of positive effects on me...”

Inspired by stand-up comedy, Queenie attributed the pains caused by her illness to a normal experience. Stories and viewpoints presented in stand-up comedy normalized

the dark side of her life. Illnesses were not regarded as a deviation from a “normal biography” anymore. Queenie’s thought could also be interpreted as a rationalization of the difficulties. Flora externalized the negative comments she received for stereotypes towards people with mental illness, she said: “People are not rejecting me as myself, but aiming at the whole group with mental illness, people scare.” They tried to overcome the barriers between their deviated self with chronic illness and their real self as a member of society.

By and large, participants persuade themselves through self-dialogue to undermine the negative effects of the sickness, avoid attributing the sickness to personal failure, and find new personal value. These would be more likely to overcome the disruptions caused by illnesses.

4.5 How Social Support Contributes to Reconstruction?

Among the twelve participants, there were 32 mentions of the importance of social support and nine of them suggested that they were able to reframe their illness experience with the help of social support. There were 9 mentions of gaining insights from informative support, for example, Eva and Flora. Eva explained:

I have read a few articles saying that the only difference between mental illness and physical illness is that one affects your body and the other affects your brain. It is a bit like chronic bronchitis that I also have a little bit, so I just say that you take medicine, and it works on your mind. You may think so, but in fact, it is not your own. That is, you are you. It is brought to you by this disease. It does not belong to you. You should cure it, and it’s not that you have to accept it and blend yourself with the disease.

To reconstruct the “ill self”, Eva externalized the mental illness based on what she learned from the papers. Like Eva, Flora adopted the concept of “self-awareness and acceptance” to deal with her disrupted “self”. She described:

In the EI (Emotional Intelligence) class, it was mentioned that only with self-awareness and acceptance, withdrawal from a negative state of mind can be achieved. Only being affected, not controlled. People will get better when they make efforts. For example, after I go to university, I feel that the extreme situation has decreased.

Besides, with others acceptance and equal treatment, Queenie managed to utilize knowledge about health that she learned from her illness. She explained:

The best thing for me is to know that people really accept my ideas. If they ask me questions about fitness and diet, I will be more than happy to tell them. It’s actually a very positive “hint” or regard to me. I know that I am sick

but I can still help other people to avoid getting sick.

Queenie described people's acceptance and curiosity about her illness as "a possible hint". She constructed an "appreciated person" by popularizing knowledge about health.

Opportunities for interacting with people having the same kind of illness set an example of how social support helps self-reconstruction. Talking about the influences of making friends with patients of similar illness, Amanda said:

Well, I think as long as it is not the kind of collective suicide attempt, I think the influences are positive... It gives me the courage to be my real self, which the so-called good girl usually will not do. They helped me break through those boundaries.

From Amanda's words, it seemed that turning to people with similar experiences not only expanded her social circle but also motivated her to pursue a life she longed for, instead of what society expected of her.

Counseling as evaluative support, with 4 positive mentions, offered opportunities for people to rebuild the concept of "self". Flora shared:

It helps me better understand some phenomena and establish a relatively stable cognition. I think it helps a lot.

Having bipolar disorder, Flora experienced psychological rides on a roller coaster, making it extremely difficult for her to stabilize her emotions. Counseling could help her find a "baseline", with which she improved her ability to appraise her situation. Although illness did not leave, she became more sophisticated in handling the disruptions it brought about.

4.6 How does Support Work?

This study recorded that most reconstructions come from social support. Social support played an important role in facilitating a reconstruction to overcome biographical disruption. From the above descriptions of illness experiences by students the following key factors are observable:

4.6.1 Social Company and Care

When students were suffering from the difficult times, family and peer support were important in providing daily care and concern.

4.6.2 Social Comparison and Self-acceptance

Giving Students with CIs opportunities to interact with others, mostly schoolmates, in this case, allowed them to learn that people have different perspectives. They no longer found their own situations lifeless, miserable, and

actually, quite common among other people.

4.6.3 Social Recognition and Status

Some students become experts on their own sicknesses and begin to promote health knowledge. Obviously, in the process of mutual exchange, there were positive social regards and social appreciation towards those students who shared their personal direct experiences.

4.6.4 Social Transformation and Socially Defined Life Meaning

Social interactions allow students to find their talents, like and dislike, and their meaning in life. Being contributive to the social circles around an individual is always a transformative experience. It enables one to withstand physical and mental distresses.

It is important to interpret these findings according to the research design strengths and weaknesses of this study. One major strength of this qualitative design was interviewees' strong motivation to express their difficulties and stories. Another strength was the genuineness of the findings as the researcher has the trust from the interviewees who were providing the information on a voluntary basis. The major weakness of this study was a small sample size coming from a single university thus the findings should not be over-generalized.

Also convenient sampling with researcher's personal WeChat might create sampling bias, affecting external validity of the study.

5. Discussion

Kralik (2002) found that knowledge was important for regaining a sense of mastery and reconstructing a sense of self, and reconstruction was an indispensable transitional process of resilience that helped people transcend disruption brought about by illness^[39]. For youngsters with chronic illnesses, Mathieson and Stam (1995) suggested that restructuring the self, renegotiating identities, and reframing biographies are particularly necessary to learn in order to maintain meanings of life under disruption of chronic illness^[40].

This study showed that Chinese students also experienced significant biographical distortions during illness. This is consistent with theories about the developmental needs of young adulthood. Distortions toward self were the major concern for participants rather than social interactions. A substantial number, 6 out of 12 participants reported that they have overcome these biographical disruptions. They achieved their success through both individual strengths and social support.

It is different from previous studies which found students as avoidant who did not seek help. A new generation of students with CIs has broken the stereotypes of passive patients. Many of them have attempted reconstruction, with mobilizations of emotional support, informative support, and evaluative support. One minor observation is that they seldom cope with externalized aggression.

Mobilization of individual strengths is a process of self-dialogue and narrative reconstruction, while mobilization of social support is a process of social comparison, social learning, and social recognition. Finding the social meaning of life and redefining the “self” concept, together, forms a process of social transformation. Moreover, the mobilization of individual strengths and social resources was not the only process. Social supports were contributive to reconstruction. To what extent social support is an antecedent variable to recovery through reconstruction, has yet to be examined.

An illness-friendly campus could be created by popularizing knowledge about chronic illness. Health knowledge can reduce public misunderstanding and discrimination, thus minimizing disruptions to self and social relationships. Mutual support mechanisms and professional counseling services are crucial to help students unlock biographical disruptions. Students with CIs naturally look towards their colleges to provide informative, emotional, and evaluative social support. Last but not least, self-healing has a powerful presence. Half of the students were capable of overcoming disruptions and achieving satisfactory academic results. All they need is an illness-friendly campus.

Conflict of Interest

There are no financial or non-financial interests that are directly or indirectly related to the work submitted for publication.

References

- [1] Wu, L., 2018. Health Management Blue Book China Health Management and Health Industry Development Report No. 1. Social Sciences Academic Press (China). <https://www.ssap.com.cn/c/2018-04-13/1067522.shtml>.
- [2] Jia, Y., Qi, Y., Han, Y., et al., 2018. Prevalence of Chronic Diseases among College Students in Qiqihaer. *Chinese Journal of School Health*. 39(3), 468-470.
- [3] Centers for Disease Control and Prevention, 2016. Chronic diseases: The leading cause of death and disability in the United States. Retrieved September 18, 2020, from <https://www.cdc.gov/chronicdisease/> overview/.
- [4] Jia, C.Z., 2016. A Research and Analysis of College Students' Health Problems and Health Education Needs. *Science-Technology and Management*. 18(5), 119-113. DOI: <https://doi.org/10.16315/j.stm.2016.05.019>
- [5] Jung, K., 2003. Chronic illness and academic accommodation: Meeting disabled students' “unique needs” and preserving the institutional order of the university. *Journal of Sociology and Social Welfare*. 30(1), 91-112. <https://scholarworks.wmich.edu/jssw/vol30/iss1/6>.
- [6] Katie, M.H., Janice, C., Stapley, 2013. The College Experience for Students with Chronic Illness: Implications for Academic Advising. *NACADA Journal*. 33(1), 61-70. DOI: <https://doi.org/10.12930/NACADA-13-227>
- [7] Carroll, J.M., Muller, C., Pattison, E., 2016. Cooling Out Undergraduates with Health Impairments: The Freshman Experience. *The Journal of Higher Education*. 87(6), 771-800. DOI: <https://doi.org/10.1353/jhe.2016.0029>
- [8] Gao, G., 2017. Analysis of Diseases Affecting College Students' Study in a University and its Preventive Measures. *Guide of China Medicine*. 15(10). DOI: <https://doi.org/10.15912/j.cnki.gocm.2017.10.237>
- [9] Herts, K.L., Wallis, E., Maslow, G., 2014. College freshmen with chronic illness: A comparison with healthy first-year students. *Journal of College Student Development*. 55(5), 475-480. DOI: <https://doi.org/10.1353/csd.2014.0052>
- [10] Herts, K.L., Wallis, E., Maslow, G., 2014. College freshmen with chronic illness: A comparison with healthy first-year students. *Journal of College Student Development*. 55(5), 475-480. DOI: <https://doi.org/10.1353/csd.2014.0052>
- [11] Ferro, M.A., Rhodes, A.E., Kimber, M., et al., 2017. Suicidal Behaviour Among Adolescents and Young Adults with Self-Reported Chronic Illness. *Canadian Journal of Psychiatry*. 62(12), 845-853.
- [12] Royster, L., Marshall, O., 2008. The Chronic Illness Initiative: Supporting College Students with Chronic Illness Needs at DePaul University. *Journal of Post-secondary Education and Disability*. 20(2), 120-125. <https://files.eric.ed.gov/fulltext/EJ825778.pdf>.
- [13] Liao, R., Xia, C.C., 2019. Present Situation and Prospect of Psychological Service System for College Students with Mental Disorders. *Beijing Education*. 2019 (12). <https://www.cnki.com.cn/Article/CJFD-Total-BJDE201912026.htm>.
- [14] Couzens, D., Poed, S., Kataoka, M., et al., 2015. Support for students with hidden disabilities in uni-

- versities: A case study. *International Journal of Disability, Development and Education*. 62(1), 24-41.
DOI: <https://doi.org/10.1080/1034912X.2014.984592>
- [15] Hagell, A., 2017. An Overview of Research on Key Issues in Student Health. Association for Young People's Health. Retrieved October 1, 2020, from <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2017/04/AYPH-Student-Health-Briefing.pdf>.
- [16] Christian, B.J., D'Auria, J.P., 1997. The child's eye: memories of growing up with cystic fibrosis. *Journal of Pediatric Nursing*. 12(1), 3-12.
DOI: [https://doi.org/10.1016/S0882-5963\(97\)80016-4](https://doi.org/10.1016/S0882-5963(97)80016-4)
- [17] Spencer, G., Lewis, S., Reid, M., 2018. Living with a chronic health condition: Students' health narratives and negotiations of (ill) health at university. *Health Education Journal*. 77(6), 631-643.
DOI: <https://doi.org/10.1177/0017896917738120>
- [18] Thorne, S., Peterson, B., 1998. Shifting images of chronic illness. Image: *Journal of Nursing Scholarship*. 30, 173-178.
DOI: <https://doi.org/10.1111/j.1547-5069.1998.tb01275.x>
- [19] Parsons, T., 1951. *The Social System*. Free Press.
- [20] Goffman, E., 1963. *Stigma: Notes on the management of a spoiled identity*. Prentice Hall.
- [21] Bury, M., 1982. Chronic illness as biographical disruption. *Sociology of Health & Illness*. 4(2), 167-182.
DOI: <https://doi.org/10.1111/1467-9566.ep11339939>
- [22] Charmaz, K., 2000. Experiencing Chronic Illness. In Albrecht, G. L., Fitzpatrick, R & Scrimshaw. S. C (Eds.), *The Handbook of Social Studies in Health & Medicine*. SAGE Publication Ltd. pp. 24-35.
- [23] Pranka, M., 2018. Biographical disruption and factors facilitating overcoming it. 6th International Interdisciplinary Scientific Conference SOCIETY. HEALTH. WELFARE (Part II), Article 03007.
DOI: <https://doi.org/10.1051/shsconf/20185103007>
- [24] Strauss, A.L., 2007. *Mirrors and Masks: The Search for Identity*. New Brunswick.
- [25] Steinberg, H., 2020. Distance and acceptance: Identity formation in young adults with chronic health conditions. *Advances in Life Course Research*.
DOI: <https://doi.org/10.1016/j.alcr.2020.100325>
- [26] Martire, L.M., Schulz, R., 2007. Involving family in psychosocial interventions for chronic illness. *Association for Psychological Science*. 16(2), 90-94.
DOI: <https://doi.org/10.1111%2Fj.1467-8721.2007.00482.x>
- [27] Wilson, C., Stock, J., 2019. The impact of living with long-term conditions in young adulthood on mental health and identity: What can help? *Health expectations: an international journal of public participation in health care and health policy*. 22(5), 1111-1121.
DOI: <https://doi.org/10.1111/hex.12944>
- [28] Arnett, J.J., 2000. Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*. 55(5), 469-480.
DOI: <https://doi.org/10.1037/0003-066X.55.5.469>
- [29] Charmaz, K., 1983. Loss of self: a fundamental form of suffering in the chronically ill, *Sociology of Health and Illness*. 5, 168-95.
DOI: <https://doi.org/10.1111/1467-9566.ep10491512>
- [30] Frank, A., 1993. The Rhetoric of Self-Change: Illness Experience as Narrative. *The Sociological Quarterly*. 34(1), 39-52. <http://www.jstor.org/stable/4121557>.
- [31] Bury, M., 1991. The sociology of chronic illness: a review of research and prospects. *Sociology of Health & Illness*. 13(4), 451-468.
DOI: <https://doi.org/10.1111/j.1467-9566.1991.tb00522.x>
- [32] Williams, G.H., 1984. The genesis of chronic illness: narrative reconstruction. *Sociology of Health and Illness*. 6, 175-200.
DOI: <https://doi.org/10.1111/1467-9566.ep10778250>
- [33] Robinson, C.A., 1993. *Managing Life with a Chronic Condition: The Story of Normalization*. *Qualitative Health Research*. 3(1), 6-28.
DOI: <https://doi.org/10.1177/104973239300300102>
- [34] Thorne, S.E., 1993. *Negotiating Health Care: The Social Context of Chronic Illness*. Sage.
- [35] Spencer, G., Lewis, S., Reid, M., 2018. Living with a chronic health condition: Students' health narratives and negotiations of (ill) health at university. *Health Education Journal*. 77(6), 631-643.
DOI: <https://doi.org/10.1177/0017896917738120>
- [36] Smith, J.A., Flowers, P., Larkin, M., 2009. *Interpretative phenomenological analysis: theory, method, research*. Sage.
- [37] Smith, J.A., Eatough, V., 2015. *Interpretive Phenomenological Analysis*. E. Lyons, & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology*. SAGE. pp. 50-67.
- [38] Larkin, M., Watts, S., Clifton, E., 2006. Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*. 3(2), 102-120.
DOI: <https://www.tandfonline.com/doi/abs/10.1191/1478088706qp062oa>
- [39] Kralik, D., 2002. The quest for ordinariness: Transition experienced by midlife women living with chronic illness. *Journal of Advanced Nursing*. 39(2), 146-154.
DOI: <https://doi.org/10.1046/j.1365-2648.2000.02254>
- [40] Mathieson, C., Stam, H., 1995. Renegotiating identity: cancer narratives. *Social Health Illness*. 17, 283-306.