



Stories to Tell Future Generations about the COVID-19 Pandemic: A Qualitative Survey of American and Canadian Adults

Kelly J. Connor*, Sherry L. Hatcher, and Alisha Jiwani

¹Researcher, School of Psychology, Fielding Graduate University, 2020 De la Vina St, Santa Barbara, CA 93105, United States.

²Professor Emerita, School of Psychology, Fielding Graduate University, 2020 De la Vina St, Santa Barbara, CA 93105, United States.

³Department of Clinical Psychology, Fielding Graduate University, 2020 De la Vina St, Santa Barbara, CA 93105, United States.

Article Details

Article Type: Research Article

Received date: 24th April, 2026

Accepted date: 01st June, 2026

Published date: 03rd June, 2026

***Corresponding Author:** Kelly J. Connor, M.S., Researcher, School of Psychology, Fielding Graduate University, 2020 De la Vina St, Santa Barbara, CA 93105, United States.

Citation: Connor, K. J., Hatcher, S. L., & Jiwani, A., (2026). Stories to Tell Future Generations about the COVID-19 Pandemic: A Qualitative Survey of American and Canadian Adults. *J Ment Health Soc Behav* 8(1):218. <https://doi.org/10.33790/jmhsb1100218>

Copyright: ©2026, This is an open-access article distributed under the terms of the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

The present study queried 111 adults from Canada and the United States about their experiences and lessons learned from the COVID-19 pandemic. A 30-item questionnaire was developed, largely mapped on research conducted during an earlier public health crisis. The present report focuses on questions in which North American participants of diverse ethnic backgrounds were asked to share stories they would want to tell a future generation about the COVID-19 pandemic. Questionnaire items elicited participants' reactions to public health and government guidance, including inconsistencies they may have noticed in their own and others' behaviors. The rich and evocative stories participants shared were analyzed thematically and are presented in order of frequency, along with representative narratives. The most frequently expressed themes related to strong political divisions, compromised quality of life, relational isolation, fears of illness, concerns about supply scarcity, and a lack of clarity leading to behavioral inconsistencies. However, some participants detailed a range of positive sequelae in relation to coping with the pandemic, such as learning new skills or relief from social pressures. It is hoped that benefit may result from these shared perspectives for the well-being and mental health of individuals, families, communities, and institutions during future public health crises.

Keywords: COVID-19, Pandemic, Public Health, Lessons Learned, Resilience

Introduction

This study aimed to explore the stories and lessons adults in the United States and Canada would want to share with future generations about their experiences during the COVID-19 pandemic. Data for this study were collected during the winter of 2021, at a time when the COVID-19 pandemic was greatly affecting peoples' lives globally,

including in these two countries. Many individuals were working entirely or partly from home, some people had lost their employment, and most schools were offering at least some virtual instruction. Mask-wearing was commonly required at transportation hubs and in medical centers. In general, transitions to telehealth and telepsychology services were in demand and burgeoning [1]. Conflicting advice was rampant, both from government officials and public health sources. At the point of our data collection, the pandemic had been in people's awareness for about a year and was still affecting their lives in multiple ways, including psychologically [2], and that is still the case with proliferation of new viral variants.

Mapping on a questionnaire from an earlier study that was designed in consultation with public health experts (Hatcher, 1982), the present study asked a sample of 111 American and Canadian individuals to share their experiences and views regarding the COVID-19 pandemic [3]. We wondered what people would say to a future generation about the pandemic, most especially about any lessons learned. The present study focuses primarily on those questionnaire items that surveyed participants about future advice they might share, together with their responses to several related questions (out of more than the 30 closed-ended and open-ended questions posed; see Appendix). The resulting narratives were both evocative and compelling.

Background to the survey questionnaire

During an earlier public health crisis, nursing mothers learned that a toxic fire retardant, Polybrominated Biphenyls or PBBs, had inadvertently been substituted in bags labeled as cattle feed, infiltrating the food chain throughout the state of Michigan [4]. Since PBB is a lipophilic substance, it could be excreted from the body in significant amounts only through breastfeeding. Consequently, there were profound psychological effects that ensued for nursing mothers, understandably worried for the health of their infants. Most nursing

mothers were confused about feeding their infants, given contradictory public health and medical guidance. The study found that mothers in the sample with highest actual levels of PBB in their breastmilk evidenced a great degree of denial, such as believing a high level was low, losing their laboratory reports or imagining that PBB was not a toxic substance but rather akin to a vitamin [4].

A similar phenomenon unfolded during the recent COVID-19 pandemic. COVID-19, caused by the SARS-CoV-2 virus [5], which was first identified in December 2019 after a cluster of pneumonia cases occurred in Wuhan City of the People's Republic of China. The illness spread rapidly causing enormous and widespread disruption to everyday activities and overall quality of life. Daily lockdowns, limited accessibility to goods and resources and restricted access to in-person education and medical care changed the fabric of societal communications and interactions. Just as occurred in the PBB crisis in Michigan, contradictory public health and government guidance regarding COVID-19 made rational decision-making both challenging and psychologically distressing for individuals throughout the global community. Of additional concern, the influence of social media misinformation and information overload added more stress to individuals as they considered how to make important decisions about their health and daily living [6].

Indeed, COVID mutations continue to develop into the present time. The World Health Organization (WHO) has reported that from February 2025, global activity of SARS-CoV-2 continues to increase with current positive test rates reaching 11% across 73 reporting areas [7]. The WHO advocates for continued monitoring of the pandemic and has encouraged Member States to use a risk-based approach, recommending vaccinations for high-risk population groups [7]. In the early days of the pandemic, varied public health policies and political advice regarding the handling of this public health crisis were riddled with inconsistencies, inconstancies and inaccuracies [8], combined with unknowable long-term physical and mental health sequelae. As the more acute phases of the pandemic have evolved, variations in management approaches continue across disparate regions of the world. These challenging circumstances suggest that psychological distress continues to affect the resilience of citizens across the globe.

Literature Review

Since the onset of COVID-19, scholarly research articles have identified some "lessons learned" from the pandemic, across various disciplines [9]. As one example, a study investigating mental health professionals found that racial discrimination experienced during COVID-19 was significantly associated with stress and higher burnout [10]. In a primarily quantitative study with interview follow-up, researchers investigated 121 United Kingdom airline travelers' experiences and their sense of lessons learned during the COVID-19 pandemic [11]. One overarching "lesson" identified in the study was that public health guidance should be more adequate, in order to effectively address how people should deal with a global public health emergency.

Altogether, the complexity of addressing the many aspects of a pandemic necessitates public health stakeholders to assimilate diverse sources of information in order to effectively disseminate useful, consistent information for educating individuals. Designing efficient feedback mechanisms for regulatory entities and public health agencies should maximize effective communication and outreach methods [11, 12].

Lessons from Older Adults

A mixed-methods study by McDarby et al. [13] investigated senior adults' perceptions and experiences of ageism and increased risk during COVID-19. This study combined an initial online survey with a follow-up semi-structured recorded interview in which key themes

were coded. Among the 73 older adults included in the study, while some participants focused on feelings of appreciation for whatever time remained in their lives and others noted gratitude for any special treatment they may have received for the COVID-19 virus, many expressed disappointment about the ways that age was insufficiently considered in public health guidance. Some seniors were concerned by the media's tendency to portray them as vulnerable and helpless and they consequently sought to distance themselves from age-based stereotypes [13]. Findings in this study identified several "lessons learned," including that public health communications should be delivered in a non-stigmatizing manner for health issues that disproportionately impact older adults [13].

In a literature review format, researchers Lim and Bowman [14] also discussed the effects of the COVID-19 pandemic on an aging population. While some initiatives were developed to support older adults during the pandemic, several studies noted that the success of these efforts was diminished due to inadequate communications to seniors [15-17].

Lessons for Educational Institutions

Related research has focused on what educational institutions and teachers learned from their experiences during the pandemic, especially when needing to pivot from in-person to virtual pedagogy [14]. Some studies [18] discussed the importance of assuring skillful use of remote learning platforms, the need for instructors' creativity to increase student engagement and the importance of reducing uncertainty in providing feedback to students. Recommendations included offering peer support to mitigate student isolation [19]; and providing help with self-regulation [20]; for academic productivity [21] and anxiety reduction [19].

Specifically, Mitchell and colleagues [20] described features of novel learning communities that were developed at a southeastern United States medical school where regular reminders were implemented for faculty and students to be flexible for managing uncertainties created by the pandemic. Providing space for regular check-ins and supporting a sense of community were some key recommendations of this research. Since it was noted that in-person learning modalities do not reliably map onto online platforms, it was seen as important that each student be assigned a faculty mentor to support their individual needs. Overall, Mitchell and colleagues [20] emphasized the importance of assessing and facilitating student engagement, especially in a context of online education.

Lessons Learned for Individuals

In other research, lessons learned during the pandemic included recommendations for increased attention to spiritual offerings via online platforms, so that interested individuals could access opportunities for spiritual and religious practices. During a time in which many people were experiencing grief due to loved ones who passed (sometimes due to complications from the COVID-19 virus), several religious organizations found adaptive ways to offer services specifically designed to deal with grief and loss [22, 23].

Winter and colleagues [24] studied how individuals processed difficult experiences during the pandemic with a sample of 741 participants who were asked about their worst experiences during the pandemic. These participants were also administered several objective questionnaires, including the Impact of Event Scale-R [25] and the Peritraumatic Distress Inventory [26]. Prominent themes reported by participants included their experiences of overriding anxiety, sadness, and anger. Respondents also reported insecurity around employment. Especially affected in that regard were "essential workers" like frontline healthcare providers who could not stay at home during the pandemic. Winter and colleagues concluded, that with benefit of vaccines and other treatments, although the negative medical sequelae of COVID-19 would likely abate, they were less

confident that psychological and social consequences of the pandemic would resolve as readily [24].

Some Conclusions from the Literature on Lessons Learned from the COVID-19 Pandemic

Several overarching themes have emerged from the extant literature on COVID-19, including regarding ways to reduce existential anxiety for those affected by the pandemic [11, 20, 27]. Some studies have recommended that communication and engagement strategies need to be appropriately designed, evaluated, and adapted for reducing barriers to public health guidance [11, 13, 14, 20].

While the existing literature details some of the lessons learned during the COVID-19 pandemic, further in-depth understanding of how the pandemic affected individuals can be further gained, particularly with benefit of qualitative and mixed-methods research, so that peoples' voices can be "heard." The present study that explored over one hundred individuals' experiences during the COVID-19 pandemic allowed us to learn something about what participants may want to share with a future generation about their experiences during the pandemic and what lessons they learned.

Methods

Reflexive Statement

Our original eight-person research team, as well as the participant sample, were comprised of individuals from both the United States and Canada. Researchers were diverse in their ethnicities, religions, ages, and genders. Among us, we made different personal decisions in our own responses to the COVID-19 pandemic taking different levels of risk and reporting variable effects from conflicting public health guidance and various political persuasions. Both in meetings together and individually, we have considered and discussed the differences among us to ensure as much as possible that our personal beliefs would not affect the thematic analysis of the participants' narratives.

Participants

Following on IRB approval (No. 21-1103), eight researchers from across the United States and Canada employed snowball sampling methods [28, 29] to gain a final sample of 111 participants for this study. Recruitment fliers described the nature of the research to potential participants who were required to meet inclusion criteria as English-speaking adults in the United States and Canada, over age 18, who could affirm that they were able to respond to a multi-part, online questionnaire, requiring approximately 60-90 minutes of their time. Data was stored confidentially in a password protected Qualtrics file with access only by the authors. Participants were assigned a number with no connection to their names in order to preserve anonymity. There was no way to connect a participant's responses to their identity. The signed, informed consent documents that gave permission to include quotations in publications and presentations were kept in a separate password protected file and unassociated with the number assigned to each participant to assure their anonymity. Initially 136 individuals signed the informed consent, with 111 participants completing the questionnaire for a response rate of 82%.

The final sample was comprised of 69.7% females, 38.4% males, 0.9% "other," and .09% unidentified. Forty-five percent were between the ages of 36 and 64 years; 33% ranged from 18-35 years and 22% were over 65. Thirty percent of the participants were Canadian and 70% came from the United States. Seventy-nine percent self-identified as Caucasian; 6.4% were Asian or Pacific Islander; 6.4% identified as multi-race; 5.5% as Latino/a/Hispanic; and 3.7% identified as African American or African Canadian. Thirty-four participants had experienced COVID-19 themselves and another 60 had a family member who had contracted COVID-19, such that 85% of the sample had direct experience with the virus.

Procedures

Participants meeting eligibility criteria who expressed interest in participating were sent the link to a Qualtrics survey. Upon completing the study, participants could request an online password for a \$20 Amazon e-gift card and the option to receive feedback on summary findings. Those who completed the informed consent and a majority of the questionnaire items were included in the study. Participants' names were not connected with their responses or with their expressed interest in receiving feedback.

After agreeing to the informed consent that was presented on a first Qualtrics screen, separate from the rest of the study, participants were asked to answer a multi-part questionnaire with 14 background questions regarding their age, gender, ethnicity, education, and religion. This was followed by a series of 30 questionnaire items regarding pandemic-related knowledge, experiences, opinions, feelings, decision-making and what they would want to tell a future generation about their pandemic experience. Lastly, participants were tasked with creating and uploading four separate drawings depicting self and family, both prior to and during the pandemic. The drawings' findings are presented in a separate manuscript [3].

Measures

Questionnaire items were based on the measure developed for a study on the effect of a population-wide PBB food chain contamination [4], replacing references to PBB with references to COVID-19. For the purposes of this paper, open-ended items that had future-oriented elements were thematically analyzed, along with those questionnaire items that required participants to retrospectively report their experiences and opinions regarding the COVID-19 pandemic. As future-oriented questionnaire items were of particular interest, we were concerned with how individuals might best understand critical information going forward, especially should another pandemic occur. The specific questionnaire items of particular interest to this report are as follows:

1. *"Pretend you are explaining the pandemic to someone in a future generation. What story would you tell them about it? Please explain."*
2. *"Please share a story about someone who you think has dealt with this public health crisis in a questionable way."*
3. *"Are there any of your own behaviors in dealing with COVID that you see as inconsistent? Please explain."*
4. *"Have you observed any inconsistent behaviors in other people with regard to COVID decision-making. Please explain."*
5. *"Please share a story about someone who you think has dealt with this public health crisis in a model way."*

Data Analysis

The questionnaire items were analyzed by psychology doctoral students and a second (faculty) coder, using standard thematic analysis methods [30, 31]. Thematic analysis is an iterative qualitative method, useful for understanding key themes from narratives [30, 32].

Doctoral student coders attended training sessions with a senior faculty to learn about and practice thematic analysis procedures for identifying themes derived from narrative data [30, 33]. Upon undertaking data analysis for the present study, researchers familiarized themselves with the data by reading and re-reading the anonymous narrative responses. Themes for each question were identified and then a code book was created for participants' responses to each question. This was accomplished by multiple coders for each item; no qualitative software was used in the coding of the data. The code books generated by pairs of researchers reported a) each identified theme, b) its definition and c) representative examples, consistent with qualitative methodology recommended by

Braun & Clarke [33] to identify key themes with examples. Thematic coding is reported in these results in order of the frequency with which they occurred, including reportage of several outlying themes that were noted. Researchers also coded the resulting narratives for the presence of defense mechanisms, such as denial (when participants appeared to contradict themselves and report inconsistent behaviors), a factor found important in a previous public health study [4].

Frequencies for each of the closed-ended questionnaire items were calculated with 100% resulting reliability. The open-ended questionnaire items yielded narratives that were coded by one of the graduate student researchers and independently by a faculty team member, resulting in an interrater reliability of >90% agreement, where the few disagreements were resolved by consensus. Also collected were participants' spontaneous comments, in response to a final "anything else" question; those results are also reported below.

Results

We learned that 75% of the 111 participants in our sample believe that the COVID-19 pandemic will affect their futures in a variety of important ways, including with regard to their physical and mental health, the use of telehealth modalities, possible changes in employment, financial status, delivery of education, risk-tolerance, preparedness for future pandemics, food insecurity, travel, politics, public health adherence, government policies, and personal/social relationships. While most participants identified what they would share with a future generation in somewhat less than positive ways--such as worries about long-term COVID and preparation for future pandemics--others saw the experience as an opportunity to test their resilience, learn new skills and focus on improved personal health practices.

Only 14% of participants did not believe that COVID would affect their future, viewing it simply as "another variant of a cold that comes and goes" or that things will just "slide back into what was normal behavior before the pandemic." A few others (~10%) were unsure as to whether the pandemic would affect their future and only one participant did not respond to this question. Consequently, we thought it would be of particular interest to share what participants would want to tell a future generation regarding their experiences and lessons learned during the COVID-19 pandemic.

Telling a Story for the Future

To the specific question posed: "How would you explain the pandemic to someone in the future generation?" responses were typically well-elaborated. As spontaneously commented on, both by several participants and research team members, this question was identified as a very favorite among the items presented. To tell their stories about the experience of the pandemic to a future generation evoked many rich narratives and was often experienced by participants as "thought provoking."

It is important to note that an overriding sentiment about the pandemic, much as was summarized by one participant, was that "it impacted every aspect of our lives: socially, intellectually, physically, financially and spiritually" and that "it changed how we relate to others." Some participants began their response to this question as one might begin a classic fairy tale, in the words of one participant:

Once upon a time there was a public health crisis that started out as political and stayed that way, even though thousands of people were dying terrible deaths and people around them were either unable to see their loved ones or losing their loved ones. People had to quit their jobs or take a pay cut and [they] also had to close businesses. The politics continued.

Ten Most Prevalent Themes in Response to What Participants Would Tell a Future Generation

As previously described, narratives in response to the question of what participants would tell a future generation about the COVID-19

pandemic were coded for themes [30]. The resulting themes are presented below in order of frequency, along with illustrative examples:

The Most Frequently Identified Theme: Political Divisions

Albeit somewhat unexpectedly, the most frequent theme in response to the question of what one would tell a future generation about the COVID-19 pandemic concerned divisive politics, trust/mistrust of the government, and trust/mistrust of science (39%). As one person wrote: "...The pandemic exposed deep divisions within the U.S. culture [for] those who felt that the government was merely trying to control the populace and undermine individual autonomy..." Or, as another participant stated:

I think I would probably tell [a future generation] there was a virus that the governments of the world overblew. That it was politicized to a point of overstepping the bounds of government control. That's because of an election, many mistakes were made early on, and it was used as a political pawn.

In summarizing an observation of deep cultural divisions, a participant asserted, "Me versus Us camps fueled heated words and actions." Another participant said:

There was a lot of racism, bigotry and silly fighting over whether people should have to wear masks or not. Then people fought about the vaccine---one of the political parties in the U.S. suffered greatly because of its role in denying the seriousness of the illness.

In response to a related questionnaire item that asked how public health officials might have been more helpful, 16% of participants noted that the media, doctors, and public health officials should place less emphasis on politics during the COVID-19 pandemic. As one participant noted: "Public officials should stop making this a political issue and allow the medical professionals to take the lead."

Quality of Life Interferences

The next most frequent theme in response to what one would want to tell a future generation was related to quality-of-life issues (35%), including reference to lockdowns of schools and the implementation of distance learning, that as one participant wrote was "not super-fun." Frequently mentioned also were employment effects and losses, including businesses suffering or even failing, and home-life infused with a pervasive sense of isolation, that was particularly prevalent for children and seniors.

Another participant reported that they would want to share with a future generation that: "...Life as we knew it stopped for almost two years schools, libraries, businesses, universities, restaurants, all closed. Some never reopened, others--like online product and food delivery services, flourished..." And, still another person noted, "One day I was flying all over the world, attending live theater, socializing regularly, going to restaurants, malls, etc. and--on a dime-- I stopped doing everything for fear of getting sick with this horrible COVID virus."

Illness and Loss of Life

Third in thematic frequency in response to this question (32%) was a sense of grief about the tremendous loss of life during the COVID-19 pandemic. As one participant wrote, "Once upon a time, there was a virus that caused people's lungs not to work well. The virus was highly contagious and caused many people to lose their lives...it was an unfortunately sad time." Another respondent said they would share with a future generation that:

...The virus preferentially affected those over age 60, with a high percentage of those who fell ill and died from the illness in this age group. Many older workers decided to retire from the workforce entirely or to cut down on the number of hours worked. Many of the burdens of maintaining family life and the welfare of children fell on working mothers, who suddenly had to take on childcare schoolwork, housework etc., while working remotely...

As one older adult wrote, “Funny thing happened on my way into retirement...what was supposed to be a couple of years turned into [?]”

Fearfulness of Illness and Loss of Needed Supplies

Fearfulness, across a number of domains, was identified by 22% of participants regarding what they would want to share with a future generation, including: a fear of catching the virus, fear of virus mutations, fear of the unknown, germophobic concerns, food insecurity fears and worries about supply chain shortages (as had variously occurred with toilet paper, hand sanitizer, masks and more).

There were also fears expressed in a frequently noted opinion that people were each “out for themselves” and not so much caring for those more vulnerable and that it was often “essential workers” in frontline work who could not as well protect themselves from exposure to the virus:

...When everything shut down, I received a letter...stating that I was allowed to be driving because I was an essential worker. Driving to and from work was eerie...there were hardly any cars on the road and all of the stores, restaurants and the mall were closed, no cars in the parking lots. The grocery stores had special hours for healthcare workers that I went to. Cleaning supplies, toilet paper and meat were in shortage and sometimes impossible to find; shelves in stores were empty.

Another participant stated they would share that: “We all had to live with a whole new risk that we’d never had to worry about before.” So many varieties of fear were prevalent, as for one person who stated,

The way I remember that pandemic was that the whole world was united in BIG FEAR...Fear can affect the immune system... People were sick and dying everywhere...It was a worldwide panic and, because fear of death seems to be a universal fear, most people were scared not to do what they were told.

Still another participant reported, “[Having gotten] COVID, I was terrified I wouldn’t wake up the next morning, losing my hair, not being able to get out of bed to use the bathroom, not working, always wondering if I’d make it through...”

Positives from the Pandemic

In response to what they would tell a future generation, 18% of participants reported that they would choose to share some of the positive happenings they observed or experienced during the pandemic, including about the “creation of vaccines,” “improved cleanliness; how it “brought people together,” “[that there was] no traffic in the morning and a lower crime rate.” One participant opined as to how the pandemic, “brought out the best and the worst in people.” Whereas another person noted, “Eventually vaccines were developed that were effective at preventing severe illness and death, but the virus mutated, causing different waves of increased infections.” Still another participant stated:

I would want [a future generation] to see what helped people to get through it so that if they had to go through a similar experience, they would know that it doesn’t have to be the worst thing ever...I would tell them about the medical heroes in our community...and family who worked so hard. I would also want to share how families worked together to adapt to the change in jobs, in schools and in social relationships. And I would want them to know that it is okay to adapt and that even a crazy event can bring people together, rather than tear them apart.

Some responses to the “future” question were quite emotionally laden, such as: “...I was absolutely moved by the number of people I know who video-called us and reached out...We were alone but didn’t feel alone. We felt loved.” Further in a positive spirit, one participant wrote what they would share was that:

The pandemic offered a time for more introspective thinking and ways of being creative with how we can interact with others. It was a time of technology and so we used the Zoom app to have meetings every day...there was time off from regular activities, which was a nice break for me when I typically run around every day with each of my kids having multiple activities... My mother-in-law made us masks using her sewing skills. My husband did all the grocery shopping for about six months. We learned to make our own pizza and started working on learning another language...

Another optimistic participant opined, “I would highlight that there were good aspects to this time, such as spending more time with family, taking time to slow down in life and we learned new coping skills. ...we saw the good in humanity.” A further positive response was about learning: “the value of relationships, how to build resiliency at times of adversity, and why being empathetic is important.”

There was a participant who also wanted a future generation to know, “The speed at which people using science came together to try and save the world was something to see!” while another stated: “...I’d probably highlight that some good things like flexibility and compassion came out of this too.” On a note of creativity, one person said that they would share, “...my story of how I coped by taking lots of pictures during the pandemic store closures, school closures, etc.” and “how I made it a habit to be thankful/grateful every day.”

Mask Wearing, Social Distancing, Sanitizing and Isolation

As one might expect, those recounting their stories about COVID-19 to a future generation reported that they would discuss mask-wearing and social distancing (17%). As one person wrote:

There was a virus that spread all over the world, we had to wear masks and wash hands and stay indoors as much as possible to protect ourselves. Those who caught the virus ended up in the hospital or had to quarantine at home.

And, said another, “I would describe the various stages of the pandemic, including the washing groceries phase, the extended time at home ...to later stages of adjustment and readjustment.” Still another person said they would describe how: “We were wiping down the seats as if there [were] some crazy germs on it and cringe when we heard a cough--yet having no clue that a few weeks away we would be in lockdown for two years.” Whereas more than one person reported:

...[With] social distancing we weren’t allowed to be near each other; you would see bubbles on the ground where you would have to stand, plexiglass in grocery stores when you go to check out, masks to cover everyone’s face to protect them. Everything was a mess, everyone was doubting everything that was said, people were being hospitalized, people were laid off, tests were hard to get done. Then the second strain came and it was mad--even more hospitalized, no beds...no doctors, no nurses, nothing...talk about a vaccine but no vaccine yet; we were on lockdown. Don’t leave your house unless it’s essential, but people didn’t understand that--they went out anyway because people don’t follow the rules.

Confusion, Inconsistencies, and Uncertainties

Fourteen percent of the sample emphasized how they would share with a future generation about the many inconsistencies, unknowns and uncertainties that characterized the COVID-19 pandemic. One example offered was about how so many people “thought the vaccines created would work entirely-- but didn’t; people thought the problem was solved-- but it wasn’t.” About a quarter of the sample (24%) self-reported doubts regarding their own decision-making during the COVID-19 pandemic. These participants identified uncertainty about

such issues as whether to receive the vaccine and about keeping their children home from school, fearing that doing so could lead to developmental deficits. This theme referenced how many unknowns led to inconsistent, often contradictory guidance from both government officials and public health experts, leading to a sense of confusion. As one person envisioned telling a future generation, “I cannot finish the story because I don’t know what will happen next; we are currently in the sixth wave [of COVID].” Said another, “This virus created a lot of chaos and confusion and brought [about] division of people...” One participant stated, “The restrictions and vaccines have...unknown consequences to mental and physical health...I would have to fill in the blanks when the world learns the impact.”

Others wrote about how they felt, “there was misinformation everywhere and no one trusted anyone.” Or, in a similar vein that, “It was shocking how much differing information people had about the virus and its effects. People started to do their own ‘research’ and then spew misinformation on social media...” Many participants noted sentiments to the effect that there was much conflicting information in the public sphere such that, “We were in pure panic and chaos;” “there were a lot of mixed messages and confirmatory biases were high; “no one knew if the virus was airborne or how dangerous it is. It was a surreal moment.” Altogether, said one participant, “we were given conflicting information from scientists, politicians and anyone else with an opinion.”

It should be noted that when asked how the media, doctors, and public health officials could have been more helpful during the COVID-19 pandemic, 15% percent of participants asserted that more consistent messaging would have been useful. As one person expressed, “Get the true story and everyone pass on that same message. It was always a different message provided on different platforms. WHO, CDC, Government officials. You name an organization and never was the message the same.”

Mental Health Effects

In addition to physical health concerns mentioned by about a quarter of the sample, another 12% discussed sharing with a future generation their concerns about the mental health effects of the pandemic, including self-reported depression and substance abuse among participants. As one individual noted:

Mental health care needs skyrocketed, as a result of the additional stress on people. The stress of isolation and the loss of even casual daily social contact, the interaction with the coffee shop barista, the doorman, the brief conversation at the water cooler at work--- was especially difficult for more isolated populations.

Importantly, several participants reported that the media, doctors, and public health officials could also have been more helpful during the pandemic by placing greater emphasis on mental health. As one participant recommended: “More investment in mental health to help people cope with COVID-19.” Another participant highlighted this point in relation to stressful effects for those many individuals suffering from “long COVID.”

Healthcare Inequities

Ten percent of participants wanted a future generation to know about their strong feelings regarding what they perceived as healthcare inequalities and vaccine availability. These concerns included that “essential workers,” who were mostly represented by lower SES groups and/or healthcare workers had to work in person, whereas those more privileged or in different lines of work, could stay safe at home. Further discussed was that homelessness became an increasing problem during the pandemic, particularly in some urban areas. Others (7%) wanted to share with a future generation how the health care system was overrun at several points with hospitalizations, insufficient availability of needed ventilators, and required periods of quarantine, including for travel.

History repeats

Several participants (5%) took an historical perspective on the question of what they would tell a future generation by analogizing the COVID pandemic to the Spanish flu--a repetition of a worldwide pandemic from a century ago; some also wondered about future pandemics to come. As one participant said they would tell a future generation, “Similar to the Spanish flu of the 1900’s a highly contagious flu-like virus spread around the world...” Said another, “I would want to share...how it impacted the world in small and large ways. I would probably describe how this has occurred before in history and that it will likely happen again.”

Advice Giving

A few in the sample (4%) wrote about how they wanted to impart advice to a future generation, in the form of lessons learned, and others by expressing commonsense advice. As one participant wrote, “Always be aware of your surrounds and the things that can affect your mental, emotional and/or physical well-being.” Another person wrote, “So always keep your eyes and ears open and be prepared for these disasters...Develop survival skills like money saving and being adaptable...” A further piece of advice-giving was to “Get the full information to make a proper decision.” Still another person stated that they would advise a future generation, “We weren’t going to be able to control everything, so live your best life.”

Related to the theme of advice-giving, participants were also asked to share how they handled the pandemic in what they believed was an ideal way. As one participant stated: I have focused on my life and not COVID; we need to accept what is occurring and deal with it...” Another participant praised “anyone who hasn’t acted in a way to make others feel uncomfortable...” And still another person wrote: ...I didn’t change anything and feel all the better for it—continuing to live life and go to bars, see friends and take advantage of this pause from life.” Finally, and along the lines of a somewhat optimistic statement, was the advice to a future generation of one person who wrote: “There is always hope, no matter how dark the road ahead appears...there is always light, hope and joy.”

The Defense Mechanism of Denial

There were some participants who emphasized a kind of retrospective denial, such that they would tell a future generation that they never thought it possible for a virus to travel around the world or last so long. While a conscious awareness of denial was only overtly manifested in about 3% of participants, those who literally used the term “denial” “in their narratives.” The presence of this particular defense mechanism was far more prevalent as we examined multiple narratives in which participants denied possible dangers of the virus, denied the likelihood of their contracting it, and denied the efficacy of the vaccines and other ameliorative treatments. Blocking out public health recommendations was altogether quite rampant in participant responses. All of this suggested how some degree of denial was less a consciously reported defense, so much as a phenomenon that could be inferred by the presence of widespread inconsistencies in participants’ self-reported decision-making processes and behaviors.

Explicit examples of self-identified inconsistencies in personal behavior were quite frequently reported. Of the 111 study participants, 72 (65%) reported inconsistencies they had observed in their own personal behaviors and decisions relating to the pandemic. For example, one participant shared that some self-observed inconsistencies arose due to “feeling pressure of being judged by family and friends who [were] not following the guidelines...[which] created anxiety.” Other participants shared more about the prevalence of inconsistent behaviors they had observed in others:

Virtually everyone I know is inconsistent; I believe this is human nature. For example, my parents want everyone to be careful and follow the government rules regarding isolation after a positive test, and yet they both returned to work a day before their five-day quarantine was up and while still symptomatic; I was frustrated.

One participant described a sense of exhaustion from experiencing a process of continual reevaluation based on changing public health guidance:

I was wiping groceries with rubbing alcohol at the beginning of [the] pandemic, but I stopped doing it after six months or so just because it took time. Sanitizing shopping carts, door knobs [sic], wash jackets often... these things also I did at the beginning of the pandemic, but not really doing much anymore. Always doubting if it's necessary or not. Everything: wearing masks, staying home, vaccines etc., but it is what it is. I don't have time and energy to research everything and analyze everything.

One striking example of denial and inconsistencies in pandemic behavior was observed at the intersection of some of the participants' self-reported level of conservatism in their decision-making. Each participant was requested to self-identify as either "very conservative," "medium conservative," or "relatively uninhibited" regarding their pandemic decision-making and behavior. Those in the "very conservative" group tended to provide responses indicating cautious behaviors, such as choosing to be multiply vaccinated, wearing masks, reliably using social distancing, and limiting contact outside of their residential "bubble." Even so, 21 out of the 27 self-identified "very conservative" participants (or 77%) reported some less conservative inclinations, such as preferring to send children to in-person school rather than continuing with virtual learning or that they might extend their perceived safe interpersonal "bubble" to include people with whom they did not live. The most prominent themes related to "inconsistent self-reported behaviors" were masking practices (61%), whether to attend in-person gatherings and frequenting public spaces (44%), social distancing practices (28%), and whether to receive the vaccines (11%).

Of the 111 study participants, 84 (76%) reported inconsistencies that they observed in the behaviors and decisions of others. Of these inconsistencies, the most prominent ones related to masking practices (58%), in-person gatherings and frequenting public spaces (40%), social distancing practices (33%), and getting the vaccine (27%).

Regarding the prevalence of defensive denial that presented in one form as inconsistent decision-making, this included a widespread assertion that the COVID-19 pandemic was "over" when that clearly was not the case. Such manifestations of denial in the face of a public health crisis are consistent with findings from an earlier, related study [4], whereby denial, as a coping mechanism, predominated in the face of inconsistent and contradictory public health and governmental guidance. As related to the prevalence of denial, one participant in the present study wrote:

There were so many people who discounted/denied the gravity of the situation--people who refused the immunization for a host of irrational reasons, taking up angry protest against scientifically proved public health measures, politicians feeding off these sentiments...and a startling lack of sense of communal responsibility.

Conclusions

In referencing a range of participant voices about what they would most like to share with a future generation about the COVID-19 pandemic, most prevalent was an overarching view that it is "something everyone will remember for the rest of their lives" and that "I would want them to know it could happen again." Many participants expressed sentiments to the effect that, 'Life was forever

changed" and that "It shuttered and shattered almost every aspect of our normal lives." Some people mentioned that "The pandemic still exists throughout the world and there is no expectation of total elimination in sight." Many used descriptors such as that this time in our history was "insane" and "surreal." An overriding sentiment was that: "The world will never return to a pre-COVID time; we are forever impacted by COVID." Several participants expressed the view that:

At a time when western civilization had forgotten the lessons learned from previous global pandemics and felt they were not going to be affected by one, along came COVID-19 which devastated and transformed the entire world on a global scale.

Illustrative of quite frequently employed adjectives used across many of the narratives, one participant summed up their experience by stating: "It was a wild and crazy time."

Participants' Comments on the Study

The final question we posed in this study asked whether there was "anything else" people wanted to share-- to which 30% of participants wrote a range of responses. As one person related: "It made me stop and think about what I personally have been going through in the past two years." Others noted that they felt "mentally and emotionally tapped" from the experience while hoping their responses "have been helpful nonetheless." Recycling to the most prevalent theme identified across questions, one participant asserted that they could not "help to think that if everything wasn't also politicized that maybe we...could've avoided additional crises..."

Looking ahead to a future generation, one person wrote they were: "curious how the pandemic will continue to influence/impact us," while several others noted "the particular toll on children whereby the restrictions...have literally altered their young lives in ways that are so maddening..." Still, others wanted to share for the future their poignant personal stories, such as an account from a doctor who reported:

A patient of mine died of COVID early in the pandemic. He was an older man who volunteered to go without a ventilator so that a younger patient might use it. I think of him often and mourn his loss.

When reflecting on their responses, participants not infrequently noted that "so much is hard to understand in how people behave," while others expressed hope "that as a society, we have learned from the mistakes that we have made..." along with "lessons about how resilient we can be in stressful situations and about caring for others."

Limitations

Although few differences were found in the responses of American and Canadian participants, additional studies could benefit from including an even wider range of participant ethnic and racial diversity. Other limitations of the study include the inherent bias and lack of generalizability that can potentially result from snowball sampling even as the sample size was relatively large, particularly for a qualitative study. In person interviewing and member checks that could have benefit for follow-up inquiry were not possible in context of an online survey. A larger sample, including countries other than Canada and the United States that were also affected by the COVID pandemic would be of interest for future study.

Concluding Thoughts

This study asked participants to describe their COVID-19 pandemic experiences, particularly regarding what they would tell a future generation. Analysis revealed several key themes, most frequently referencing concerned political divisions, compromised quality of life, fear of illness, supply scarcity, inconsistent behaviors, reference to earlier public health crises, and perhaps surprisingly, some uniquely positive effects from the experience of a pandemic.

As it appears increasingly likely that one or more pandemics are foreseeable [34, 35], and as iterations of the COVID-19 virus continue to develop and proliferate to this day, the reflections of participants in the present study may be of considerable value and interest for ongoing and future consideration. Our findings further suggest the importance of consistency in public health recommendations during a pandemic, free from political interference and related bias. For a population experiencing a pandemic those affected could benefit from access to accurate and well publicized public health information, outreach to available institutional and personal support systems, and attention to one's own physical and mental health self-care to maximize coping and resiliency.

Conflicts of Interest: We have no conflict of interest to disclose.

Acknowledgements:

The informed consent, agreed to by participants, gives permission for reproduction of their deidentified narratives and drawings for presentations and publications.

Appreciation to Dr. Katherine McGraw for administering the Faculty Research Grant that funded participant gift cards and Qualtrics functionality for uploading drawings. Special appreciation to the participants for their generous contributions of time and for their evocative narratives and artwork. Thanks also to Collin A. Weekes, Mona Chung, Channele Salonia, Michelle Forgione and Leticia Berg for assisting with data collection and data analysis.

References

- Pierce, B. S., Perrine, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2021). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologist*, *76*(1), 14-25.
- Marmarosh, C. L., Forsyth, D. R., Strauss, B. & Burlingame, G. M. (2020). The psychology of the COVID-19 pandemic: A group-level perspective. *Group Dynamics: Theory Research, and Practice*, *24*(3), 122-138.
- Jiwani, A., Hatcher, S. L., Walk, K. J., Weekes, C. A., Chung, M., & Salonia, C. (2025). Adult projective drawings in pandemic times: Draw-a-Person and Kinetic-Family-Drawings with association. *Journal of Mental Health and Social Behaviour*, *7*(1), 200.
- Hatcher, S. (1982). The Psychological Experience of Nursing Mothers upon Learning of a Toxic Substance in their Breast Milk. *Psychiatry*, *45*, 172 - 183.
- Tsang, T. K., Wu, P., Lin, Y., Lau, E. H., Leung, G. M., & Cowling, B. J. (2020). Effect of changing case definitions for COVID-19 on the epidemic curve and transmission parameters in mainland China: a modelling study. *The Lancet Public Health*, *5*(5), e289-e296.
- Bhattacharjee, A., & Ghosh, T. (2022). COVID-19 pandemic and stress: coping with the new normal. *Journal of Prevention and Health Promotion*, *3*(1), 30-52. <https://doi.org/>
- World Health Organization. (2025, May 28). Disease outbreak news: COVID-19 - global situation. *World Health Organization*. <https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON572>
- Larson, P. C. (2020). Life in a Time of Plague and Beyond. *Journal of Humanistic Psychology*, *60*(5), 657-661.
- Bland, A. M. (2020). Existential Givens in the COVID-19 Crisis. *Journal of Humanistic Psychology*, *60*(5), 710-724
- Kirk, K. F., Jackson, J., Sagui-Henson, S., Wang, E., Semaan, F., Prescott, M. R., ... & Knott, L. (2023). Race-Based Experiences and Coping as Predictors of BIPOC Mental Health Provider Burnout and Stress During COVID-19. *Journal of Prevention and Health Promotion*, *4*(3-4), 323-338.
- Zhang, T., Robin, C., Cai, S., Sawyer, C., Rice, W., Smith, L. E., Amlôt, R., Rubin, G. J., Reynolds, R., Yardley, L., Hickman, M., Oliver, I., & Lambert, H. (2021). Public health information on COVID-19 for international travelers: Lessons learned from a mixed-method evaluation. *Public Health*, *193*, 116-123.
- Adams, W. W. (2020). COVID-19's Fierce Subversion of Our Supposed Separateness: Cultivating Life With and For All Others. *Journal of Humanistic Psychology*, *60*(5), 690-701.
- McDarby, M., Ju, C. H., Picchiello, M. C., & Carpenter, B. D. (2022). Older adults' perceptions and experiences of ageism during the COVID-19 pandemic. *Journal of Social Issues*, *78*(4), 939-964.
- Lim, W. M., & Bowman, C. (2022). Aging and covid-19: Lessons learned. *Activities, Adaptation & Aging. Advance online publication*.
- Carrapatoso, S. M., Abdalla, P. P., Cadete, C. M., Carvalho, J. M., Santos, M. P. M., & Bohn, L. (2022). Does real-time online physical exercise improve physical fitness in seniors? *Activities, Adaptation & Aging*, *46*(4).
- Kenkmann, A., & Burkard, J. (2022). Older adults' experiences of the Covid-19 restrictions on religious gatherings. *Activities, Adaptation & Aging*, *46*(4).
- Oyinlola, O. (2022). Social media usage among older adults: Insights from Nigeria. *Activities, Adaptation & Aging*, *46*(4). doi:10.1080/01924788.2022.2044975
- Hattie, J., Crivelli, J., Van Gompel, K., West-Smith, P., & Wike, K. (2021). Feedback that leads to improvement in student essays: Testing the hypothesis that "where to next" feedback is most powerful. *Frontiers in Education*, *6*, Article 645758.
- Aloni, M. & Harrington, C. (2018). Research based practices for improving the effectiveness of asynchronous online discussion boards. *Scholarship of Teaching and Learning in Psychology*, *4*(4), 271-289.
- Mitchell, A. K., Mork, A. L., Hall, J., & Bayer, C. R. (2022). Navigating COVID-19 through diverse student learning communities: Importance and lessons learned. *Health Education*, *122*(1), 37-46.
- Panadero, E. & Jonsson, A. (2013). The use of scoring rubrics for formative assessment purposes revisited: A review. *Educational Research Review*, *9*, 129-144. [10.1016/j.edurev.2013.01.002](https://doi.org/10.1016/j.edurev.2013.01.002)
- Plante, T. G. (2021). Four positive lessons learned during the 2020-2021 COVID-19 global pandemic: Implications for spirituality in clinical practice. *Spirituality in Clinical Practice*, *8*(4), 262-267.
- Wang, S., Nooteboom, P., & Robles, T. F. (2024). Effects of a Brief Spiritual Intervention on Perceived Stress During COVID-19. *Journal of Humanistic Psychology*, *0*(0). <https://doi.org/10.1177/00221678241252728>
- Winter, D. A., Brunet, A., Rivest-Beaugard, M., Hammoud, R., & Cipolletta, S. (2023). Construing worst experiences of the COVID-19 pandemic in the USA: A thematic analysis. *Journal of Constructivist Psychology*, *36*(1), 1-2
- Thoresen, S., Tambs, K., Hussain, A., Heir, T., Johansen, V. A., & Bisson, J. I. (2010). Brief measure of posttraumatic stress reactions: Impact of Event Scale-6. *Social Psychiatry and Psychiatric Epidemiology*, *45*(3), 405-412. <https://doi.org/10.1007/s00127-009-0073-x>
- Brunet, A., Weiss, D. S., Metzler, T. J., Best, S. R., Neylan, T. C., Rogers, C., Fagan, J., & Marmar, C. R. (2001). The Peritraumatic Distress Inventory: A proposed measure of PTSD criterion A2. *The American Journal of Psychiatry*, *158*(9), 1480-1485.

-
27. Cavazos, J. T., Hakala, C. M., Schiff, W. B., White, J. A., & Baskin, H. M. (2022). Flexible teaching during a pandemic and beyond: A reflection on lessons learned from the Society for the Teaching of Psychology's Pivot Teaching Committee. *Scholarship of Teaching and Learning in Psychology*. Advance online publication.
 28. Chaim, N. (2008) Sampling Knowledge: The Hermeneutics of Snowball Sampling in Qualitative Research, *International Journal of Social Research Methodology*, 11:4, 327-344.
 29. Ghaljaie, F., Naderifar, M. & Goli, H. (2017). *Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research, Strides in Development of Medical Education*, 14(3).
 30. Braun, V. & Clarke, V. (2021). *Thematic Analysis: A Practical Guide*; Thousand Oaks, CA: Sage Publications.
 31. Lieblich, A., Tuval-Mashiach, A., & Zilber, T. (1998). *Narrative Research: Reading, Analysis and Interpretation*: Thousand Oaks, CA: Sage.
 32. Vaismoradi, M., & Snelgrove, S. (2019). Theme in qualitative content analysis and thematic analysis. *Forum, Qualitative Social Research*, 20(3) <https://doi.org/10.17169/fqs-20.3.3376>
 33. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
 34. Feldscher, K. (2024). The Next Pandemic: Not If, But When. Harvard T.F. Chan, School of Public Health. Retrieved online 2-10-25 from <https://hsph.harvard.edu/news/next-pandemic-not-if-but-when/>
 35. Williams, B.A., Jones, C.H., Welch, V. et al. Outlook of pandemic preparedness in a post-COVID-19 world. *npj Vaccines* 8, 178 (2023). <https://doi.org/10.1038/s41541-023-00773-0>

APPENDIX: QUESTIONNAIRE (Administered via Qualtrics)

1. When and how did you learn about COVID-19?
2. Did you do anything more to learn more about it? If so, what?
3. What do you know about COVID-19?
4. Have you or any member of your family had COVID-19? Yes No If yes, who was affected and how severe and/or long-term were their symptoms?
5. Do you believe the pandemic has affected you psychologically? Yes No If so how?
6. Has it affected your relationships with others in any way(s)? Yes No If so, how?
7. Given what have you chosen to do or not do in light of public health recommendations, please respond to each item listed below: a) Are you vaccinated with the COVID-19 vaccine? Yes No b) Would you/did you take a booster shot? Yes No c) Do you ever wear a mask now? Yes No d) Do you want others near you be vaccinated? Yes No e) Do you prefer that other people wear masks in public indoor venues? (Check one:) Always Sometimes Never f) Do you engage in social distancing? (Check one) Always Sometimes Never
8. Have you had COVID? Yes No
9. Were you tested for COVID? Yes No
10. Were you tested for antibodies? Yes No
11. How did you feel about the test results if you checked yes to item 9 &/or 10 above?
12. Do you have in-person contact with relatives and/or friends? Yes No
13. If you see family and friends, do they have contact with other people too? Yes No Has the presence of COVID changed or been affected by any of your political beliefs? Yes No Please explain:
14. Has your doctor been helpful in advising you? Yes No
15. Has the advice of the government been helpful to you? Yes No Please Explain
16. Please identify any of the following decisions you made as a result of COVID: a) Change in food buying habits? Yes No b) Change in stores or suppliers of your food? Yes No c) Change in travel plans? Yes No If so, how, and why d) Change in regular doctor visits? Yes No If so, why?
17. Would you send children back to in-person school or college (whether or not you actually need or needed to make that decision)? Yes No
18. Would you say you have been a) very conservative b) medium conservative or relatively uninhibited- in going about your usual lifestyle during the pandemic?
19. Are there any of your own behaviors in dealing with COVID that you see as inconsistent? If so, please give as many examples as you can.
20. Have you observed any inconsistent behaviors in other people with regard to COVID decision-making? If so, please give as many examples as you can.
21. What would you advise others to do in this pandemic situation? a) A friend b) A senior citizen c) A relative d) A child e) A teen
22. Have you followed studies on COVID in the scientific literature? Yes No
23. Do you believe that the COVID pandemic will affect your future? Yes No If so, how?
24. Do you have any doubts about the decisions you have made in light of COVID 19? Yes No Please explain:
25. Are there ways in which doctors, newspapers, or public officials could be more helpful? Yes No If so, how?
26. What do you think will solve the pandemic?
27. Please share a story about someone who you think has dealt with this public health crisis in a questionable way:
28. Please share a story about someone who you think has dealt with this public health crisis in a model way:
29. Pretend you are explaining the pandemic to someone in a future generation. What story would you tell them about it? Please explain.
30. Is there anything else that you would like to share for this study?