

NAVIGATING PANDEMIC DISRUPTIONS: A THEMATIC ANALYSIS OF COLLEGE STUDENTS' MENTAL HEALTH AND BEHAVIORAL CHANGES AMIDST COVID-19

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Abstract

The COVID-19 pandemic led to the closure of educational institutions worldwide in an effort to curb the spread of the virus. This unprecedented shift profoundly impacted college students, triggering various challenges. Studies reveal that college students experienced heightened levels of psychological distress, including anxiety, depression, and disruptive changes in health-related behaviors. This qualitative study examines the experiences of 159 college students (29 males and 130 females) aged between 19 and 29 during the first weeks of April 2020 in Turkey. Participants completed sociodemographic information forms and wrote about how the pandemic affected their lives and health behaviors. They were analyzed using thematic analysis, providing insight into how the pandemic influenced their well-being. The findings revealed several key themes, including notable changes in daily health behaviors. Students reported alterations in their eating habits, sleep routines, exercise, personal hygiene, and adherence to social distancing measures. These behavioral changes were closely linked to various psychological factors. A significant portion of the participants experienced emotional symptoms such as stress, anxiety, and depression. Many also reported cognitive difficulties and somatic symptoms. Participants highlighted their challenges in coping with these behavioral and psychological changes. A common theme was the lack of access to social support systems during the lockdown, which made it difficult for students to manage their distress. Feelings of isolation and disconnection from their usual support networks further exacerbated their emotional struggles. However, while these changes were more intense in the initial stages of the pandemic, many participants reported a gradual adaptation to their new circumstances as time passed. Despite the restrictions, students demonstrated resilience by maintaining a sense of normalcy. Some participants engaged in home-based activities such as cooking, establishing daily routines, using relaxation techniques, journaling, and exercising indoors. Others found ways to maintain social connections, using phone or video calls to communicate with loved ones. These adaptive strategies helped alleviate some initial distress and promoted psychological resilience over time. In conclusion, this study underscores the profound impact of the COVID-19 pandemic on college students' psychological well-being and health behaviors. The findings highlight the importance of providing mental health support to students during crises and suggest that adaptive behaviors, such as maintaining routines and social connections, play a crucial role in mitigating the negative psychological effects of pandemic-related disruptions.

Keywords: *Covid-19 pandemic, health behaviors, college students, psychological distress, coping mechanisms.*

1. Introduction

The COVID-19 pandemic has reshaped global society in ways previously unimaginable, with one of its most profound impacts felt in the education sector. Educational institutions worldwide were compelled to shut down to limit the virus's spread, leading to profound disruptions in students' academic and personal lives. College students, in particular, faced unique and compounded challenges during this period. Isolated from their usual support systems, many experienced a dramatic shift in their daily routines, leading to heightened psychological distress and behavioral changes. Emerging research highlights that students experienced increased levels of anxiety, depression, and stress, alongside significant disruptions in health-related behaviors such as eating habits, sleep patterns, exercise routines, and hygiene practices (Di Consiglio, Merola, Pascucci, Violani, & Couyoumdjian, 2021; Ferrara et al., 2022). While a number of studies have explored various aspects of students' experiences during the pandemic, these investigations have often focused on specific dimensions. For instance, existing research has examined students'

relationships with educational institutions (Vaterlaus, Shaffer, & Pulsipher, 2021), the challenges of distance learning (Tümen Akyıldız, 2020), COVID-19-related psychological distress (Farris, Kibbey, Fedorenko, & DiBello, 2021), changes in health behaviors (Zhang et al., 2022), coping strategies (Åsberg, Eldh, Löf, & Bendtsen, 2022), psychological impacts (Milia, Diliberto, Di Piazza, & Ingoglia, 2021), and broader challenges (Cengiz, Gurdap, & Işık, 2021). However, these studies primarily target specific facets of the pandemic experience rather than examining the multifaceted impact on college students comprehensively.

Although some research highlights changes in sleep, eating habits, and stress levels among general community samples (Orr et al., 2022), the nuanced experiences of college students—particularly through a qualitative lens with larger sample sizes—have been largely overlooked. This gap is especially pronounced in understanding the complex interplay of mental health and behavioral changes as articulated by the students themselves. Thus, the present study aims to bridge this gap by investigating the mental health and behavioral impacts of COVID-19 on Turkish college students, drawing insights from their narratives to provide a deeper, more holistic understanding of their experiences.

2. Methods

2.1. Participants

This study employed a qualitative design with thematic analysis to thoroughly explore the experiences of students during the COVID-19 pandemic. The sample comprised students from the Psychology Department of a private university in Istanbul, Turkey. A total of 159 psychology students (29 males, 130 females) aged between 19 and 29 participated in the research. Most participants were senior-year students residing with their families at the time of the study, in various cities across Turkey and abroad. Ethical approval for the study was obtained from the university's ethics board and the Ministry of Health. Informed consent was collected from all participants, who received academic credits for their participation. The data collection period spanned from April 1 to April 15, 2020, during Turkey's first nationwide lockdown.

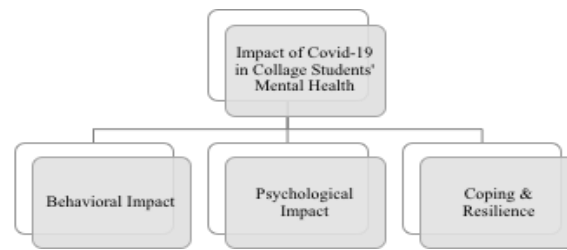
2.2. Data collection and analyses

Students were invited to document and submit their experiences during the COVID-19 pandemic through the university's online digital assignment system. The writing prompt provided was: *"Please write a paragraph about how you respond to the COVID-19 pandemic and what common changes you have observed in your behaviors during this time."* The submitted narratives were analyzed using a codebook thematic analysis framework in Excel, combining the structural rigor of coding reliability with the interpretative depth of reflexive thematic analysis (Clarke, Hayfield, & Terry, 2019). To maintain anonymity, each participant was assigned a unique identifier (e.g., P1, P2), and their responses were recorded and analyzed using these codes. The analysis adhered to Braun and Clarke's (2006) recommended steps. Initially, the researcher familiarized herself with the data by transcribing responses and engaging in repeated readings while making detailed notes. Next, preliminary coding was performed based on salient features within the dataset. These codes were then grouped under potential themes, which were reviewed and refined for clarity and coherence. In the final stage, the themes were labeled and systematically documented. Participant quotes were transferred to a spreadsheet and manually highlighted in distinct colors corresponding to thematic categories, following a shared color-key approach (Bree & Gallagher, 2016; Meyer & Avery, 2009). Items with matching colors were collated for deeper thematic analysis. Open coding and marginal notes were used to identify additional recurring themes that were not pre-defined in the codebook. Throughout the process, analytical memos were employed to ensure the accurate development and refinement of emergent codes and themes.

3. Results

The participants' narratives highlighted the multifaceted impact of COVID-19 on college students' mental health, which emerged through three main themes: behavioral impact, psychological impact, and coping & resilience, as illustrated in Figure 1. Each of these overarching themes encompasses several sub-themes and specific codes, which are detailed in the following sections.

Figure 1. Main Themes Emerged from Participants' Narratives.



3.1. Behavioral impact

Participants reported significant behavioral changes during the early weeks of the pandemic, particularly in sleep, eating, exercise, hygiene, and social distancing. Some also noted changes in smoking, screen time, repetitive behaviors, procrastination, and sexual activity.

Sleep problems emerged as the most frequently mentioned issue, with all participants describing disruptions in their sleep patterns. Examples included irregular sleep schedules, staying up late, waking up late, prolonged periods spent in bed, and a lack of restful sleep. Some participants also recounted experiencing nightmares or dreams related to the virus, including fears of themselves or loved ones becoming infected. Despite efforts to practice good sleep hygiene, many found these measures ineffective. The resulting sleep deprivation led to feelings of daytime fatigue, which were further linked to emotional distress and cognitive challenges. Participants frequently highlighted changes in eating habits. Many reported increased consumptions of sweets, snacks, and junk food as a coping mechanism for stress, with behaviors like binge eating, night eating, and fridge snacking due to boredom or sleep problems. Cravings for chocolate and sweets were common, often paired with higher caffeine intake to aid focus. Some participants skipped meals, particularly breakfast, due to waking up late, while others noted increased appetite, often linked to weight gain, dieting, and body dissatisfaction. Conversely, a minority reported improved dietary habits, such as consuming more fruits, vegetables, protein, and supplements to boost immunity. A small group mentioned having breakfast more frequently with family, fostering a sense of social support.

Physical exercise emerged as another sub-theme of behavioral changes. Many participants reported reduced physical activity due to lockdowns, leading to complaints of inactivity, weight gain, sleep problems, and body dissatisfaction. Conversely, some engaged in moderate exercise, such as Pilates or home walking, as a coping strategy, to lose weight, or to strengthen their immune system. An increase in personal hygiene, self-care, and cleaning behaviors was widely reported. Participants commonly mentioned wearing masks and gloves, using hand sanitizers or cologne, sanitizing items brought from outside, and frequently cleaning their homes. Handwashing significantly increased, with some experiencing obsessive-compulsive patterns leading to dermatological issues. Washing grocery packages with bleach was also noted. While many emphasized heightened self-care, some reported lapses, such as skipping makeup or staying in pajamas all day during the initial lockdown, though these behaviors often changed over time.

Social and physical distancing emerged as another sub-theme, encompassing staying at home, self-quarantine, avoiding public places and transportation, and limiting physical contact. Many participants found not being able to hug or touch loved ones due to fear of transmission to be the most challenging aspect. Staying at home was also linked to increased screen time, with participants using screens for various purposes, including watching videos, social media, online education, and staying connected via video calls. While some noted social media as a source of anxiety and opted for detoxes to reduce stress, others found it helpful for coping and maintaining social connections. Changes in smoking behavior were observed, with most participants reporting a sudden decrease, recognizing it as a risk factor for COVID-19. However, three participants noted an increase in smoking and heightened cravings, citing stress management as a primary reason. Regarding sexual behavior, two participants reported a loss of sexual desire and a decrease in activity or arousal, while three indicated no significant changes. OCD-like repetitive behaviors extended beyond cleaning, with participants frequently checking the news for updates and closely monitoring their bodies for symptoms, particularly fever. One participant reported undergoing repeated COVID-19 tests due to doubts about negative results. Crying and psychomotor retardation were also common, reflecting a loss of motivation linked to heightened depressive symptoms. Procrastination was widely reported, with students struggling to start assignments, adopt healthy habits, or engage in productive activities. This, in turn, led to feelings of unproductivity and frustration over wasted time.

3.2. Psychological impact

Sudden behavioral changes were accompanied by various psychological responses. Participants' narratives revealed the emotional, cognitive, social, and somatic impacts of COVID-19. Emotional swings were common, with all participants reporting heightened stress levels. Anxiety, panic, fear, and worry were frequently experienced, especially at night, and were associated with fears of death, losing loved ones, academic challenges, financial instability, and future employment. Anxiety extended to concerns about transmitting the virus to loved ones, often leading to guilt. Feelings of guilt also arose from perceived unproductivity, adding pressure on participants. Depressive emotions such as sadness, hopelessness, and disappointment were widely reported, often tied to missing loved ones and a sense of lost freedom. Many described feeling restricted at home, with some experiencing burnout or a sensation of *"drowning (P81)"* particularly when wearing masks. Anger and irritability were also common, sometimes escalating into anger management issues. Body dissatisfaction was prevalent, with participants expressing concerns about weight gain and self-image. Overall, participants noted decreased emotional tolerance, increased irritability, and difficulty stabilizing their emotions. One participant poignantly described the experience as *"hanging in emptiness with nothing to do (P62)"*.

Participants highlighted significant changes in cognitive abilities and negative thought patterns. Common cognitive challenges included confusion, difficulty with attention and focus, decision-making problems, absentmindedness, daydreaming, memory issues, excessive thinking, and intrusive thoughts. These symptoms were often linked to procrastination and emotional shifts. Negative cognitions stemming from sudden life changes included uncertainty, catastrophizing (e.g., fears of loved ones becoming infected or dying), and feelings of losing control, freedom, or reality. Participants described experiences such as *"it's like being in a science-fiction movie" (P60)* and expressed intrusive thoughts like *"nothing's going to be normal again" (P33)*, *"I'm not safe" (P32)*, *"I'm fragile" (P51)*, and *"life is meaningless" (P24)*. Anxious thoughts were pervasive, with participants voicing concerns such as, *"What if I got infected?" (P7)*, *"What if I fail my exams?" (P72)*, *"What if I can't graduate?" (P58)*, *"What if I can't find a job?" (P112)*, and *"What if I can't get into grad school?" (P2)*. A few participants reported cognitive impacts linked to re-experiencing past traumas, such as war or personal loss. Conversely, some focused on strategies to stay healthy.

Participants' narratives highlighted significant social changes in their lives. Many reported a lack of social support or access to support systems due to lockdowns, which over time led to social isolation and inhibition. For students living with their families, this dynamic was mixed—while some found comfort in family presence, others faced challenges such as frequent arguments over hygiene rules or the stress of prolonged close contact in confined spaces. Some participants described becoming angry, hypersensitive, or resentful, leading to overreactions, impulsivity, and impatience in their interactions. Nearly all participants reported somatic and psychosomatic responses. Common complaints included tension and pain (e.g., headaches, back pain, abdominal pain), insomnia, and weight changes. Other symptoms such as trembling, numbness, dizziness, fatigue, and weakness were also noted, often linked to anxiety and stress. Some participants described difficulty breathing, sweating, trembling, sore throat, coughing, rapid heart rate, nausea, panic attacks, and gastrointestinal issues after venturing outside, driven by fear of infection. A tendency toward worsening chronic health conditions (e.g., urticaria, psoriasis) was also reported. Additionally, three participants highlighted a deterioration of pre-existing mental health conditions, such as depression, anxiety disorders, and eating disorders. As one participant shared, *"I was treated for anorexia nervosa. The thought of being alone caused me severe anxiety. I'm losing weight; I feel stuck here" (P106)*.

3.3. Resilience & coping

The final theme centered on resilience and coping methods described in the participants' narratives. Sub-themes included seeking and giving social support, relaxation techniques, optimism, religion, home activities, and exercise. Students maintained resilience by seeking and offering social support, such as connecting with loved ones via phone or video calls, helping siblings with homework, and providing financial assistance. Some found comfort in online classes and interactions with professors, while others drew encouragement from positive news. Relaxation techniques like deep breathing, mindfulness, and meditation were common coping strategies. Optimism emerged as a key theme, with participants using positive thinking, cognitive reframing, acceptance, and focusing on opportunities to manage stress. Self-care routines, such as dressing up, avoiding social media, and limiting exposure to anxiety-provoking news, were also reported as effective strategies. Some participants relied on prayer and religion for strength, while many engaged in home-based activities to cope, including cooking, journaling, establishing routines, exploring new hobbies (e.g., art, knitting, playing musical instruments), and playing games or solving puzzles. Others turned to movies, books, and documentaries for relaxation. Exercise was another significant coping mechanism, with students practicing Pilates, weight training, walking, or running in indoor or outdoor spaces to reduce stress, boost immunity, and manage weight. These adaptive strategies helped participants prioritize tasks, regain a sense of normalcy, and foster psychological resilience over time.

4. Discussion

This qualitative study explores the lived experiences of 159 college students in Turkey during the early months of the COVID-19 pandemic, focusing on mental health, behavioral changes, and coping mechanisms. Using thematic analysis, it provides insights into how these disruptions impacted students' well-being and adaptation to a rapidly changing world. The results revealed significant negative changes in sleep, eating, exercise, and cleaning behaviors, alongside heightened emotional, cognitive, social, and physical distress, consistent with previous research (Ferrara et al., 2022; Orr et al., 2022; Vaterlaus et al., 2021; Zhang et al., 2022). These changes also exacerbated pre-existing mental health issues, aligning with findings from Farris et al. (2021). Narratives highlighted coping strategies such as seeking and providing social support, engaging in home-based activities, exercise, and relaxation techniques, supporting prior studies (Åsberg et al., 2022). These findings suggest potential directions for future research on preventing mental health issues and improving stress management. However, the study has limitations. The sample included only psychology students, mostly seniors, from a private university, limiting generalizability. This population may have greater awareness of mental and behavioral factors. Additionally, the exclusive reliance on narratives and the cross-sectional design restricts the ability to capture changes over time. Incorporating mixed methods and longitudinal approaches could offer a more comprehensive understanding. In conclusion, this study contributes to the literature on pandemic-related mental health and highlights the coping strategies students used to navigate the crisis. These insights are crucial for designing targeted mental health support and resilience-building interventions for students during periods of crisis.

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