RESEARCH PAPER

Psychological Experience of University Students in COVID-19 Lockdown: A Qualitative Research

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ABSTRACT

The rapid spread of corona virus disease 2019 (COVID-19) is causing stress and challenges for people from all fields of life. This pressure also affected the students due to lockdown in country and closing of educational institutes in Pakistan. The objective of the present study is to explore the psychological experience of university students during COVID-19 lockdown. Using a descriptive phenomenological approach, 20 students were selected from private and public universities, with equal distribution based on gender. Telephonic interviews were conducted and data were analyzed by using Colaizzi’s 7-step method. It can be concluded that during the lockdown, students experienced mixed emotions. In the initial stage, positive emotions were dominant but negative emotions appeared gradually. Use of coping strategies for adaptation and adjustment played a significant role in maintaining the students’ mental health.

Keywords: COVID-19, Lockdown, Psychological Experience, University Students

Introduction

The International Committee of Viral Classification (February 12, 2020) named it as COVID-19 virus, after recognizing it in the patients in Wuhan, China (December 2019), with unexplained pneumonia (Hui et al., 2020; Sun et al., 2020; Zhu et al., 2020). Before, it was called with different name as 2019-nCoV. The present COVID-19 symptoms matched with SARS-CoV-2, including respiratory and digestive tract symptoms, ranging from mild self-limited infection to severe pneumonia, acute respiratory distress syndrome, septic shock, and systemic multiple organ failure syndrome (Huang et al., 2020). The rapid spread of the infection within two months and large number of death toll made people think about the seriousness of this disease. WHO declared it as pandemic in February 2020 because infected people without any symptoms may also become thereason of infection, not only via
aerosols from the respiratory tract, but also through direct interaction (Schwartz, & Graham, 2020; Sun et al., 2020). Infants, children and elderly people are at high risk of getting infected with this virus. Till the date, there are no specific drugs or vaccine for the treatment of this disease. Scientists and researchers are still working on vaccine but to tackle this virus, health professionals are using antiviral and traditional medicines, isolation, indicative support, and close monitoring of disease progression as a treatment protocol (Dharma et al., 2020).

Since the first case of COVID-19 in Wuhan in December 2019, 52 countries of the world, by 28 February 2020, confirmed positive cases of COVID-19 (WHO, 2020) with 94% cases in China (Sun et al., 2020). The strict measures taken by China lead them towards recovery and control of the increase in the number of patients. It became an example for the rest of the countries to follow the strategy of China to control the spread of this deadly virus.

For Pakistan, it was for the first time to experience a pandemic that infected people in such a large number. The preventive directions from WHO publicized at the macro level to save the lives of the people. Considering China as an example, Pakistan also followed the instructions and went towards lockdown in the country. The lockdown was a new experience for the people, which were not taken so seriously in the beginning but an increase in the number of patients, as well as a rise in the death toll, realized the seriousness of this infectious disease. All the offices, educational institutes, parks, shopping malls, cinemas were shut down until the further orders of the government (Choudhery, & Khatib, 2020). Only governmental executive departments and hospitals were left open. This condition made the life of the people stagnant. This lockdown was enjoyed by some people in the beginning, especially students, who got sudden vacations. But after more than one month of lockdown, enjoyment shifted to anxiety, frustration, stress, aggression, sibling rivalries, feeling of helplessness, insomnia, loneliness and so on. Even they got fed up with the use of mobile phones. Although they were having online classes too, still their issues continued. Experience of COVID-19 pandemic is new for Pakistanis, with very different dimensions, as compared to the previous infectious diseases (Farooq, Laato, & Islam, 2020), therefore research was required on the psychological experience of Pakistani university students during COVID-19 lockdown. Presently, published research articles have highlighted the disease prevalence (Park et al., 2020; Rothan, & Byrareddy, 2020; Sun et al., 2020; Yang et al., 2020), clinical features, diagnosis, and treatment (Hassan et al., 2020; Wan et al., 2020; Zimmermann, & Curtis, 2020). Some have focused on severity of physical and psychological problems in medical personnel (Chen et al., 2020; Greenberg, Docherty, Gnanapragasam, & Wessely, 2020; Holmes et al., 2020; Kang et al., 2020; Wang et al., 2020) and need for psychological intervention (Duan, & Zhu, 2020; Liu et al., 2020; Wang et al., 2020; Xiang et al., 2020; Xiao, 2020). Till date, no qualitative studies were conducted and available on the psychological experience of students during lockdown in Pakistan. Therefore, the present study aims to explore and understand the personal experience of university students during lockdown through semi-structured telephonic interviews.
Material and Methods

Research Design

Qualitative research design used the Colaizzi’s phenomenological method to analyze the psychological experience of university students during COVID-19 lockdown.

Sample and Sampling Technique

Data was collected from undergraduate university students (N=20) with age range 20 to 24 years (M=22.56; SD=0.78) by using purposive sampling technique from one public (n =8) and two private universities, (n = 6 each) with equal distribution on the basis of gender. Telephonic interviews were conducted from April 24, 2020 to May 10, 2020. This duration was selected because lockdown started in Punjab Province of Pakistan on March 24, 2020 and almost one month of lockdown had passed. The inclusion criteria included (1) students who were day scholars and were living with their families. (2) Students from undergraduate program (3) unmarried students.

Interview Questions

The interview questions were outlined by reading related literature and getting experts’ opinions. Two students were selected for pre-interview (not included in main data), to finalize the interview questions. Following questions were asked from the participants:

What are the psychological and mental states of students in lockdown during COVID-19 generally?

1. What is your perception and feelings about this lockdown?
2. How did you feel when you are taking the preventive measures during lockdown?
3. How do you feel when you are taking online classes?
4. What are the main changes in your life during lockdown?
5. How do you deal with issues concerning off campus studies and life during lockdown?
6. Mention main coping strategies you used to deal with those psychological feelings during lockdown?

Data Collection

The rationale and the importance of the study were communicated and verbal consent was taken from the participants. Interview time was scheduled as per their convenience and availability, as they were busy with their online classes. There were two interviewers; one possessed a Doctor of Philosophy in Applied Psychology.
The online telephonic interviews were conducted without interruptions. Prior verbal consent was taken for recording of the interview. The recorded interviews were kept strictly confidential. The interviews took 30-45 minutes per student. The participant was given right to withdraw at any time during interview, if he/she feels uncomfortable or any emotional problem. A good rapport was built with the participant and bias was avoided. The interview was conducted in single session, and participant was contacted again in case if any further clarification was needed.

Data analysis

The recording of the interview was transcribed and analyzed by Colaizzi's phenomenological analysis method. Triangulation method was used to review the interview materials, summarizing and extracting meaningful statements, and formulating the themes. Disagreeing ideas on the contents of a theme were discussed and decided by a research experts comprising of in service Assistant Professor, Lecturer and Assistant Professor of Applied Psychology, Sociology and Gender Studies respectively and all of them were taking online classes during COVID-19 lockdown.

Results and Discussion

The psychological experience of university students in COVID-19 lockdown were explored by using phenomenological method. Five themes were extracted from the transcribed data that are summarized below in Table 1.

Theme 1: Mixed Emotions

Majority of the study subjects (n=12) experienced a significant amount of positive emotions in the first two weeks of the lockdown. As the lockdown period extended by the government, the study subjects started taking stress (n=19), resulting in depression, anxiety, feeling of isolation, and psychological distress.

All participants (n= 20) expressed their fear that for the continuation of the lockdown. Most students (n= 12) expressed concerns about difficulty in understanding of the courses in such a situation. They were mainly concerned about the unknown duration of the lockdown and psychological distress caused by it.
Most of the students (n = 15) felt different levels of anxiety, some got aggressive and started arguing with their family members (n=6) and some felt isolated with poor mental health (n=4)

**Theme 2: Psychological Adjustment**

Most of the students (n=12) perceived lockdown as a need of time. It is for the protection of people from the COVID-19 but some perceived it as a problem for the daily wagers (n=4). Some students perceived it as a blessing in disguise (n=2) due to which they can spend quality time with their family members. This lockdown was a leave for them (n=2).

While mentioning the preventive measures, all of the students (n=20) showed their satisfaction. They were happy with these preventative measures that are social distancing, wearing masks, using sanitizers and washing hands. They accepted it as their responsibility to protect and themselves from disease but at the same time, they were also worried about developing obsessive behavior of washing hands (n=2) post-pandemic.

Students (n=2) also added that academic institutes delivered insufficient pieces of training to deal with the situation

**Theme 3: Burdened Online Classes**

Most of the students (n=16) perceive online classes as a burden. It’s boring for them because they only listen to the voice of the teacher continuously for more than an hour. Most of them also have problems with the internet (n=12) due to which they feel stressed. They get disconnected and miss the part of the lecture.

Few agreed (n=3) that it was difficult for them to understand in the beginning but now they are used to it. Their problem was related to technology and not the system of classes.

The data was collected from two private and one public university. Perception of the students of one public university was different from private university students. In public university (n=8) the students were given lots of assignments and lecture notes were shared with them and they were asked to read them and ask questions regarding that course whereas in private universities (n=12) interactive online classes were conducted as per the schedule.

**Theme 4: Cognitive and Lifestyle Restructuring**

Most of the students (n=18) mentioned a positive change in their behavior and routine. They generally (n=16) focused on the cleanliness of themselves and their environment. The girls (n=5) learned skills like cooking while staying at home
Some (n=2) have started reading books and also completed their pending tasks.

**Theme 5: Coping strategies**

All students (n = 20) used some of the coping strategies to deal with the stress caused due to lockdown in the pandemic. Some of them (n=5) got involved in reading extra material and books related to courses, while some (n=4) started doing daily exercise to keep themselves physically fit and to get rid of psychological distress.

Some of the students (n=2) used religious coping strategies and started praying to get rid of this pandemic and also joined online psychological counseling pages to reduce their stress.

Some also mentioned that they have started using too much media (n=2) and watch movies and seasons.

Most of them (n=4) also said that they keep themselves busy in various household activities such as gardening, cooking, washing, cleaning, etc., throughout the day so that they don’t have time to think about the pandemic. They also added that they avoid watching the news on media regarding pandemic, which increases their level of stress. Students also used psychological techniques(n=2), such as writing a diary, breathing relaxation and workout, and music.

Some of the students (n=2) slept more than usual and also increased their food intake.

**Table 1**

| Themes identified through online interviews with university students |
|---------------------------------------------------------------|
| **Theme**                      | **Subtheme**                           | **Narratives**                               |
|--------------------------------|----------------------------------------|----------------------------------------------|
| Mixed emotions                 | “lockdown is a blessing in disguise”   |                                              |
|                                | “My personal opinion is that during lockdown students are happy” |                                              |
|                                | “They got the break from routines they were craving for so long” |                                              |
| Blessing in Disguise           | “I can spend quality time with my family now which was not there during routine days” |                                              |
|                                | “For me, this lockdown is a much-needed break.” |                                              |
|                                | “I found it pretty relaxing as this lockdown gave me time to complete my previously pending tasks” |                                              |
| Hopelessness and helplessness  | “It feels like if any germ will come that will harm us no matter how much we are careful.” |                                              |
|                                | “It has a long way to go and get back to normal life” |                                              |
|                                | “I am coping with the situation by simply surrendering to it” |                                              |
| Feeling of Isolation           | “We get lazy being stuck at home and feel isolated from our peers and therefore irritated at times.” |                                              |
|                                | “I have a feeling of being restricted” |                                              |
“Being locked up inside a closed chamber of four walls for an indefinite time is never a good exercise and it is aggravated by a high degree of incertitude”

“we are staying at home like a pigeon imprisoned in the cage’

**Mental Health Issues**

“In the beginning students were happy but after long lockdown they are stressed”

“Lockdown is causing anxiety among students

“Living in this lockdown feels like a mere dream it’s depressing, building up anxiety”

“Staying at home is causing poor mental health issues”

“Depression of being isolated and don’t know for how much it would last”

“More irritable because of no change in environment”

“This situation is causing more worries and hopelessness that came naturally along for their futures.”

“Lockdown is provoking stress and hypertension”

“Lock down is leading to many psychological problems”

“Lockdown is really disturbing.”

“Feelings of people have been converted in sadness while seeing the increasing curve in graph of corona virus patients”

“Students are dealing with feelings of anxiety, with many at risk of lasting psychological distress, including depression.”

“even after washing hands twice anxiety of COVID -19 prevails with similar intensity.”

“Research shows that feelings of loneliness and helplessness are common in any epidemic and these feelings can lead to a higher number of mental health problems”

“Students mostly remain in anger.They argue in their home even on small things”

**II. Psychological adjustment**

“this period was realization period for me in many aspects.”

“The lockdown must had been strict with no public gatherings at all and proper lockdown of a country even the large families should not be allowed to move from one to the other and no markets should have been opened”

“This lockdown is for the good of people”

“Worries about poor people”

“The lower and poor class is suffering because of this lockdown.”

“In our country there are many people who earn on daily base and due to lock down they don’t earn and face many problems”

**III. Burdened online classes**

1. Mistrust

“The students also doubt the righteousness and fairiness of assessing what is being taught online when the university resumes. Virtual learning seems not to satisfy the criteria to assess written exams.”

“It feels burdensome because of the constant fears of losing internet connection, load shading, and the noises around home which are uncontrollable factors”

“Virtual learning is not an easy task it is quite better than doing nothing.”
“Online classes are only limited to sending voice notes from teachers side and attendance messages from students side on WhatsApp and that's it. No one is ensuring that whether students are grasping any knowledge or not. Everyone is just concerned with attendance and syllabus completion, I don't know what I have studied during online classes since March 16, 2020. When I think that a lot of syllabus has been taught and I know nothing, I stress about exams and future that whether I could be able to cope up with them or not.”
“I feel more and more stressed because I am not taking online classes properly”
“It took time to adjust to online classes. I am still not comfortable.”
“the course material or method was not reconsidered keeping current condition in view, which I think was very important. This forced education system especially during this period failed at learning purposes.”
“Online classes have been annoying since day one.”
“do not feel good but still attend classes”
“In the beginning, it was difficult for me to adjust but now I have learned something new. I feel it is actually helping us as our time is not wasted which is really precious”
“Seeing faces and listening voices of your mates make us happy and energetic”
“Just wastage of time because we are not understanding anything”
“online classes have been the most stressful thing about this lockdown. They take up most of our day, which could have been made productive but we end up doing our assignments or preparing for tests, with no understanding during the classes due to this huge gap. There is no motivation for taking 8am classes except the thought of attendance. Sometimes students don’t even bother to attend the class they just join and go back to sleep. In my opinion online classes are a waste of our time and energy. None of us can be productive at home. It is hard for teachers to deliver the lecture as well as they would in a class room.”
“the students were never prepared for the online-classes mechanism. Hence, many of them lack the competency to use the technology. Further, slow internet connections, and unexpected power failures, pose a huge problem”
“Word online classes create a very bad feeling to me. Pakistan lacks in digital resources as compared to the rest of the world. Therefore, online classes get bored due to disruption of internet connection, lack in understanding of concepts as compared to physical classes.”
“I literally feel nothing when I’m taking online classes because I just join Microsoft meeting, mark my attendance on team and go back to sleep because there is nothing to study in online classes. It is just a kind of formality. If sometimes I take
the class, my concepts remain unclear. My interest in studies has decreased in this lockdown.”
“I feel a huge burden of online classes which lead to stress”
“The online classroom is not organized, lacking punctuality and communication. It seems more of mayhem, troubling the teachers as well as the students.”
“my motivation to study has decreased a lot and I have realized how I have been taking my social life for granted”
“The students are not intimated if there is a course outline. Uncertainty of how they will be assessed and when they will be assessed hinders the course of study ahead.”
“I can play my role through understanding concepts delivered during online classes, by reading more study material to strengthen my concepts and by keeping myself up to date about the current picture of the world”
“Online classes require high level of motivation which students seem to lack thus taking online classes feels a burden”

| IV. Cognitive and lifestyle restructuring | Careful attitude |
|------------------------------------------|------------------|
| “Now we take care of everything, we take care of our health, we maintain cleanliness, which is the positive aspect of this lockdown” | “I believe that this lockdown has improved our lifestyle” |
| “The most visible change is my perturbed day scheduling and troubled sleep patterns. Whereas positive developments are concerned, I have gained more time for self-actualization (soul-searching) and mystical discovery of unattended events/fact of life which are otherwise impossible in normal day to day affairs.” | “I observed eccentric behavior at beginning in myself of taking precaution which can lead to impulsivity and OCD, but now it is gradually becoming normal” |
| “I feel safe that I am sanitized and so my family and people around me are safe with me” | Many things have changed in my life due to this lockdown e.g. some changes are positive like I take care of my health and maintain cleanliness. But on the other side there are some negative changes like there is no discipline and routine in my life.” |
| “Life is orientated and matured. Routine is defined” | “everything’s changed. I sleep all day. I have got lazier. I have nothing to do. It’s affecting my health, mental and physical both. University is offering online classes but they are useless. So there are many changes in my life during the lockdown.” |
| “Positive change is that I have learned many new things like cooking and painting” | “the feeling to not take things for granted” |
| “Lockdown does not have any positive effect on me but it has countless negative effects on me. I don’t talk to my family. I sleep a lot. I am angry all the time. I don’t answer anyone’s message or call and even I have blocked countless friends just
because I didn’t want to talk to them."
“I loved cooking. This lockdown gave me all the time to go back to my kitchen. I learned gratitude and savoring. My sleep patterns are somewhat regular now.”
“Usage of social media has increased. I spend more time on social sites including WhatsApp, Instagram, Facebook, and Netflix, etc. I started cooking food after watching videos on YouTube. I started doing calligraphy to kill time.”
“The first change that appeared during lockdown is my weight loss and I’m getting physically fit. My hair has grown longer which I like. The second thing is that I am reading more and more books than before because I have too much free time.”
“The best thing is that I try to make a proper timetable and list of to-do things to stay productive and so I can study well.”
I try to keep myself engaged in my work. I try to create art. I play videogames at times.
“My strategies to deal with Corona fear which I faced in this lockdown is to become health conscious to minimize the fear of corona. I also eat healthy food to strengthen immune system and by doing this I become relaxed. Further, regarding online classes, I do all assignments on my proper time and schedule to avoid the anxiety and stress of assignments.”

I feel relaxed when I take preventive measures, because by doing this my heart is satisfied that I have done what is under my control”
“These precautions are easy to take rather than the treatment of the virus.”
“I feel positive while taking preventive measures during lockdown, because it’s the only solution to fight with this pandemic as no vaccine has been invented yet.”
“Doing regular exercise; More time-allocation to studies and online learning; More organized food patterns; Enhanced family interaction”
“I try to spend more time with family to cope up with changes in life. I try not to overthink and for which I keep myself busy. I tell myself that I am studying and make myself relaxed by knowing that none of my friend is studying, 
“by taking preventive and effective measures”
“I am studying by myself actually with the help of search engines”
“We can upgrade our knowledge through research, book reading and some online trainings regarding Covid 19”
“I am more concerned for my cleanliness and sanitation now and also I have reformed my old-practice of heedless social contact.

| Coping strategies | Problem focused |
|-------------------|-----------------|
| I try to spend more time with family to cope up with changes in life. I try not to overthink and for which I keep myself busy. I tell myself that I am studying and make myself relaxed by knowing that none of my friend is studying, “by taking preventive and effective measures” “I am studying by myself actually with the help of search engines” “We can upgrade our knowledge through research, book reading and some online trainings regarding Covid 19” “I am more concerned for my cleanliness and sanitation now and also I have reformed my old-practice of heedless social contact. |

| Avoidant focused |
|------------------|
| “I binge watch movies to pass my time and do not even think that how to cope up with the situation. I run away from problems instead of thinking a solution.” “I think less about the current pandemic. I have stopped watching news on TV” |
Religious coping

“Now it is up to God that how He keeps me safe”
“I must keep religious bonding”
“I think the fear of Allah has increased. Before doing and even saying something wrong you think on it many times”
“My namaz routine especially asar was disrupted due to bus timings. Now it is sorted.”
“I came close to religion and started attending online Quran classes (with tafseer) to learn more about Islam. I videocall my friends more now because social distancing isn’t letting us meet.”
“believing in Allah and praying”

Emotion focused

“To me, the only available remedy against this psychological illness is self-instructed optimism – believing that good days are near. Other than this, whenever I feel claustrophobic, I try to resuscitate my psyche by going out for a 20 to 30 mins ramble. Furthermore, electronic interaction with my near and dear ones keep me alive during this stifling detention”
“I just try to be patient and be hopeful that it will get better”
“I am trying to overcome my anxiety by breathing exercise. I have made a diary in phone notes to write my emotions for my catharsis. Eating healthy is helping alleviating stress. I am constantly repeating to myself that it is the phase of evolution. Watering plants help a lot with coping stress”

Discussion

This research aimed to explore the psychological experience of University Students in COVID-19 Lockdown using the phenomenological method and identified 5 themes: Mixed emotions at an early stage, followed by psychological adjustment despite burden of online classes which lead to cognitive and lifestyle restructuring by using various coping strategies.

The students during COVID-19 lockdown felt relaxed in the beginning because they had unexpected vacations. They thought that it was a blessing in disguise, as university students seldom get vacations as compared to school and colleges but later on uncertainty of the duration of lockdown started causing frustration in them. This feeling totally changed their perception and level of motivation during the continuous lockdown and online classes (Farooq, Laato, & Islam, 2020). They started getting emotionally disturbed, hopeless, which further led to negative emotions such as fear, anxiety, helplessness, and irritated mood, which have been stated by several studies (Charles, 2020; Islam et al., 2020; Jacobson et al., 2020; Shah et al., 2020). There were positive emotions in students in the first week, which turned into negative emotions in the next weeks. Therefore, there was a need to provide online counseling sessions to students to improve their mental health and make them able to concentrate on their studies more as compared to the pandemic and lockdown (Barkas, Armstrong, & Bishop, 2020; Holmes et al., 2020; Kufi, Negassa, Melaku, & Mergo, 2020).
Cognitive restructuring and coping strategies always help people to reduce the level of stress and anxiety. Some studies have revealed that psychological adaptation and social support play a transitional role in psychological rehabilitation during stress outbreak (Özdemir, & Kerse, 2020; Sun et al., 2020). Students adopted avoidance, isolation, religious practices, domestic skills, and other methods to psychologically adjust during the lockdown. It has been demonstrated that all coping measures under the epidemic disaster can reduce frustration, and stress and promote mental health (Salari et al., 2020; Van Bavel et al., 2020). Participants adopted breathing relaxation, music, meditation, gardening, painting, reading, cooking, and other ways to reduce stress, which was consistent with the previous studies (Husain, 2020; Perlmutter, & Perlmutter, 2020). Students have tried to adjust and adapt to this pandemic as much as they can. One of the reasons for their stress was the feeling of loneliness. They missed their friends the most and wanted to meet them as early as possible, which showed their positive attitude (Beyens, Frison, & Eggermont, 2016; Huang et al., 2020; Whiteside, Parker & Schramm, 2020). According to Richard Lazarus’ stress and coping model, the effectiveness of stressors depends on the process of cognitive appraisal and how we cope with it. When stressed, students took steps to reduce stress. They made adjustments in sleep, diet and exercise to adapt to environmental changes which has positive effect on mental health and psychological adjustment (Sun et al., 2020; Tsai, Eccles, & Jaeggi, 2019). Students normally believed that positive emotions were associated to the social support of their family, friends and teachers through social media, which made it possible for them to adapt in this situation.

Optimism works as a protective factor during psychological disturbance in calamities and can support the psychological rehabilitation of post-traumatic stress disorder (Morganstein, & Ursano, 2020; Sun et al., 2020). Therefore, online psychological counseling of students during lockdown in COVID-19 by their teachers and academic counselors played an important role in promoting psychological health of students.

**Strengths**

This is the first direct study that led to the understanding of in-depth psychological experience of Pakistani university students. This study can be the base for further qualitative studies of the various phenomena prevailing during COVID-19 in Pakistan. The important finding of the research is that students miss the relationships. None of the student mentioned missingshopping, dining out, tourism, or wandering, which is mostly related to students’ life in Pakistan. The main cause of their stress and negative emotions was that they missed their friends. This shows that COVID-19 lockdown has strengthened the need for the relationship as compared to other material things.

**Limitations**

As per the requirement of qualitative research, the sample size of this study was small. The focus of the research was students, but the experience of other
academic staff and faculty must also be explored. Moreover, due to COVID-19 lockdown the researchers were unable to conduct focus group discussion (FGD) to dig out more valuable information.

Conclusion

It can be concluded from this research that its findings provided a comprehensive and in-depth understanding of the psychological experience of students during COVID-19 lockdown by using phenomenological approach. We found that during the pandemic, students experienced mixed emotions, both positive and negative. In the beginning, positive emotions were leading and negative emotions appeared gradually. Cognitive and lifestyle restructuring led the students to understand the severity of the problem, which make them resilient to adapt according to situation by using various coping strategies. This research provided a proof for the importance of continuous psychological intervention/ counseling for the students.
References

Barkas, L. A., Armstrong, P. A., & Bishop, G. (2020). Is inclusion still an illusion in higher education? exploring the curriculum through the student voice. *International Journal of Inclusive Education, 1-16.*

Beyens, I., Frison, E., & Eggermont, S. (2016). “I don’t want to miss a thing”: Adolescents’ fear of missing out and its relationship to adolescents’ social needs, Facebook use, and Facebook related stress. *Computers in Human Behavior, 64, 1-8.*

Charles, N. E. (2020, June 17). Increased mood disorder symptoms, perceived stress, and alcohol use among college students during the COVID-19 pandemic. https://doi.org/10.31234/osf.io/rge9k

Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., ...& Wang, J. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry, 7*(4), e15-e16.

Choudhery, A., & Khatib, S. (2020). Impact of COVID19 on Factors other Than Health In India. *Journal of Science and Technology, 5*(04), 6-16.

Dhama, K., Sharun, K., Tiwari, R., Dadar, M., Malik, Y. S., Singh, K. P., & Chaicumpa, W. (2020). COVID-19, an emerging coronavirus infection: advances and prospects in designing and developing vaccines, immunotherapeutics, and therapeutics. *Human vaccines & immunotherapeutics, 16*(6):1232-1238

Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry, 7*(4), 300-302.

Farooq, A., Laato, S., & Islam, A. N. (2020). Impact of online information on self-isolation intention during the COVID-19 pandemic: cross-sectional study. *Journal of medical Internet research, 22*(5), e19128.

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *bmj, 368:*m1211. doi:10.1136/bmj.m1211

Hassan, S. A., Sheikh, F. N., Jamal, S., Ezeh, J. K., & Akhtar, A. (2020). Coronavirus (COVID-19): a review of clinical features, diagnosis, and treatment. *Cureus, 12*(3) e7355.doi:10.7759/cureus.7355.

Holmes, E. A., O’Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ...& Ford, T. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry, 7*(7), e44-e45.
Huang, L., Lei, W., Xu, F., Liu, H., & Yu, L. (2020). Emotional responses and coping strategies in nurses and nursing students during Covid-19 outbreak: A comparative study. PloS one, 15(8), e0237303.

Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., …& Cheng, Z. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. The lancet, 395(10223), 497-506.

Hui, D. S., Azhar, E. I., Madani, T. A., Ntoumi, F., Kock, R., Dar, O., …& Zumla, A. (2020). The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health—The latest 2019 novel coronavirus outbreak in Wuhan, China. International Journal of Infectious Diseases, 91, 264-266.

Husain, A. (2020). Coronavirus Pandemic: Effects, Prevention and Management. The Readers Paradise.

Islam, M. A., Barna, S. D., Raihan, H., Khan, M. N. A., & Hossain, M. T. (2020). Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. PloS one, 15(8), e0238162.

Jacobson, N. C., Lekkas, D., Price, G., Heinz, M. V., Song, M., O'Malley, A. J., & Barr, P. J. (2020). Flattening the Mental Health Curve: COVID-19 Stay-at-Home Orders Are Associated With Alterations in Mental Health Search Behavior in the United States. JMIR mental health, 7(6), e19347.

Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. X., …& Chen, J. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. The Lancet Psychiatry, 7(3), e14.

Kufi, E. F., Negassa, T., Melaku, R., & Mergo, R. (2020). Impact of corona pandemic on educational undertakings and possible breakthrough mechanisms. BizEcons Quarterly, 11, 3-14.

Liu, S., Yang, L., Zhang, C., Xiang, Y. T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. The Lancet Psychiatry, 7(4), e17-e18.

Morganstein, J. C., & Ursano, R. J. (2020). Ecological disasters and mental health: causes, consequences, and interventions. Frontiers in psychiatry, 11, 1-15.

Özdemir, Ş., & Kerse, G. (2020). The Effects of COVID 19 on Health Care Workers: Analysing of the Interaction between Optimism, Job Stress and Emotional Exhaustion. International and Multidisciplinary Journal of Social Sciences, 9(2), 178-201.
Psychological Experience of University Students in COVID-19 Lockdown: A Qualitative Research

Park, M., Cook, A. R., Lim, J. T., Sun, Y., & Dickens, B. L. (2020). A systematic review of COVID-19 epidemiology based on current evidence. *Journal of Clinical Medicine, 9*(4), 967.

Perlmutter, D., & Perlmutter, A. (2020). *Brain Wash: Detox Your Mind for Clearer Thinking, Deeper Relationships, and Lasting Happiness.* Little, Brown Spark.

Rothan, H. A., & Byrareddy, S. N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of autoimmunity, 109*(4), 102433. https://doi.org/10.1016/j.jaut.2020.102433

Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., ... & Khaledi-Paveh, B. (2020). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Globalization and Health, 16*(1), 1-11.

Schwartz, D. A., & Graham, A. L. (2020). Potential maternal and infant outcomes from (Wuhan) coronavirus 2019-nCoV infecting pregnant women: lessons from SARS, MERS, and other human coronavirus infections. *Viruses, 12*(2), 194.

Shah, K., Mann, S., Singh, R., Bangar, R., & Kulkarni, R. (2020). Impact of COVID-19 on the Mental Health of Children and Adolescents. *Cureus, 12*(8), e10051. doi: 10.7759/cureus.10051

Sun, N., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., ... & Wang, H. (2020). A qualitative study on the psychological experience of caregivers of COVID-19 patients. *American Journal of Infection Control, 48*(6), 592-598.

Tsai, N., Eccles, J. S., & Jaeggi, S. M. (2019). Stress and executive control: mechanisms, moderators, and malleability. *Brain and Cognition, 133*, 54-59.

Van Bavel, J. J., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., ... & Drury, J. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour, 4*, 460-471. https://doi.org/10.1038/s41562-020-0884-z

Wan, S., Xiang, Y., Fang, W., Zheng, Y., Li, B., Hu, Y., ... & Huang, X. (2020). Clinical features and treatment of COVID-19 patients in northeast Chongqing. *Journal of medical virology, 92*, 797-806.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International journal of environmental research and public health, 17*(5), 1729.
Whiteside, A., Parker, W., & Schramm, M. (2020) Managing the march of COVID-19: lessons from the HIV and AIDS epidemic, African Journal of AIDS Research, 19:2, iii-vi, DOI: 10.2989/16085906.2020.1749792

Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. The Lancet Psychiatry, 7(3), 228-229.

Xiao, C. (2020). A novel approach of consultation on 2019 novel coronavirus (COVID-19)-related psychological and mental problems: structured letter therapy. Psychiatry investigation, 17(2), 175.

Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., ...& Zhou, Y. (2020). Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. International journal of infectious diseases, 94, 91-95

Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., ...&Niu, P. (2020). A novel coronavirus from patients with pneumonia in China, 2019. New England Journal of Medicine.382:727-733. DOI: 10.1056/NEJMoa2001017

Zimmermann, P., & Curtis, N. (2020). Coronavirus infections in children including COVID-19: an overview of the epidemiology, clinical features, diagnosis, treatment and prevention options in children. The Pediatric infectious disease journal, 39(5), 355-368.