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PSYCHOSOCIAL STUDENT ADAPTATIONS TO COVID-19 IN HIGHER EDUCATION: A MIXED-METHODS APPROACH TO COVID-19 THROUGH THE THEORETICAL FRAMEWORK OF ANOMIE

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Abstract

The COVID-19 pandemic affected individuals and social institutions because of an abrupt and expansive change to norms and values, which are key characteristics of an anomic state. The purpose of this exploratory and descriptive study was to understand how students enrolled at a residential university perceived educational and societal pressures associated with COVID-19. This research applied a mixed-methods approach and relied upon three phases of research: (1) pilot questionnaire ($n = 54$), (2) qualitative interviews ($n = 14$), and (3) quantitative questionnaire ($n = 253$). Findings suggested similarities in how university students responded to COVID-19 and how communities had responded previously to other forms of natural disasters. Students indicated experiencing worsening mental health and loss of social connection to others within the community. This project concludes with a discussion of the implications of natural disasters, such as COVID-19, for individual and group responses to strain through resilience, coping mechanisms, and adaptation.

Keywords: COVID-19, anomie, natural disasters, mental health, education

The imagery associated with natural disasters—torn roofs, collapsed homes, and piles of debris—often acts as a visual representation of the damage sustained by communities. Less obvious, however, are the social and emotional tolls felt by individuals and communities (Shing, Jaywickreme, and Waugh 2016). Following large-scale changes, both individuals and communities may feel a sense of anomie, a loss of predictability within everyday life (Durkheim, Sennett, and Riley [1897] 2006). Increasing group and individual disconnection, uncertainty, and anxiety are felt because of the loss of guiding social behaviors and community connections (Merton 1968; Olsen 1965).

In his study of suicide, Émile Durkheim coined the term *anomie* to describe a time without norms (Durkheim, Sennett, and Riley [1897] 2006). *Anomie* is used to describe a pattern of responses to drastic social change through which individuals lose their connections to established social norms, values, and social supports; therefore at

the social level, the lack of norms makes the community dysfunctional (Olsen 1965). As a concept, anomie is particularly useful for understanding the social and psychological responses to COVID-19 because the rapid social change that accompanied this pandemic disrupted society's established norms and morals.

During COVID-19, stay-at-home orders, new health and safety regulations, and varying widespread media coverage contributed to dramatic shifts in Americans' group identities and social norms (De la Sablonnière, Lina, and Cárdenas 2019; Isley et al. 2021; Smith and Gibson 2020; Smith, Livingstone, and Thomas 2019); however, these shifts were not uniformly internalized, and two American groups marked by common responses emerged: those who did not adhere to pandemic safety precautions and those who did. Both groups purported to hold the moral high ground, with one group claiming that pandemic restrictions violated their liberties and the other arguing that these restrictions were necessary to protect society's most vulnerable populations (Savulescu 2023). After the disruption of norms via the outbreak of COVID-19, rather than seeking cross-group social cohesion, the public appeared to further separate, both physically and socially.

Past research has examined individual and group traumas following natural disasters that resulted in changes to or creation of social norms and that could provide a useful framework to understand the societal response to COVID-19. Given the recency of COVID-19, however, scholars have not fully explored the impact of COVID-19 on social norms. Within higher education, academic and social expectations of students rapidly shifted during the spring semester of 2020 at the outbreak of COVID-19 and have continued to evolve since. This direct upheaval led to isolation from peers, a shift from in-person learning to virtual education, and relative separation from the "normal" daily routines of university students. The term *psychosocial adaptation* is used in this paper to signal study of the psychological experience and social response to COVID-19 and changing normative behaviors.

The current study examines how university students interpreted changes in their academic and personal lives as a result of COVID-19, including personal appraisals of their psycho-emotional well-being. Using a sequential mixed-methods design, I examine university students' responses to the pandemic and situate these findings within the broader context of social responses to natural disasters. In the section that follows, I relate the existing findings on natural disasters to the COVID-19 pandemic using sociological and psychological literature. Anomie will be used as a theoretical lens for understanding the COVID-19 disaster from a psychosocial perspective. Findings suggest that the university students encountered worsening mental health as well as loss of social connection to others within the community, similar to other community responses after disasters.

Sociological and Psychological Responses to Disasters

Following traumatic group experiences, such as ecological disasters and pandemics, communities often become more cohesive and resilient through an enhanced sense of group unity, trust, and support among surviving members (Almazan et al. 2018; Maki et al. 2018). Resilience, a physiological stress response, is defined by a rapid return to a baseline level of stress following an individual's processing of a traumatic experience (Shing, Jaywickreme, and Waugh 2016). Social support, community organizations, personal relationships, and health services can all be utilized after disasters to help individuals and groups find resilience and return to a prior expectation of normalcy (Almazan et al. 2018). Often, the creation of shared social identities and helping behaviors allows the community and individual to rebuild their identities via increased social support (Drury et al. 2015).

A variety of coping strategies is associated with resiliency, including (1) acceptance of positive and negative emotions; (2) positive reappraisal of stressors; (3) feelings of acceptance, adjustment, autonomy, and closure; (4) implementation of hobbies and healthy lifestyle choices; (5) access to basic health services, social support, and religious-based communities; and (6) creation of social identities marked by an increased sense of agency (Almazan et al. 2018; Peter and Jungbauer 2018; Shailaja et al. 2020; Shing, Jaywickreme, and Waugh 2016; Smith, Livingstone, and Thomas 2019). Additionally, those who draw upon established support mechanisms, such as religious communities or prior knowledge and experiences, often have an increased sense of resiliency (Almazan et al. 2018; Fu et al. 2018).

Across multiple studies, researchers have identified growth in the use of mental health services on university campuses before the pandemic occurred and a growth of mental health concerns among students following the onset of COVID-19 (Lipson, Lattie, and Eisenberg 2018; Shailaja et al. 2020). Given these two trends, it is likely that mental health services on university campuses continued to experience a further increased demand for services after March 2020, although it also seems plausible that demand for mental health services could have dissipated when university students physically returned to campus and began socializing more during the Fall 2021 semester (Anderson 2022).

The psychological outcomes of COVID-19 are still uncertain, but researchers have documented an increase in anxiety, mental distress, posttraumatic distress, and anger since the pandemic began (Usher et al. 2020). Furthermore, pandemic-related changes could have heightened an individual's propensity for stress or exasperated mental health concerns; such changes may necessitate increased reliance on support systems and coping strategies (Esterwood and Saeed 2020). Research published after the onset of COVID-19 has identified a potential relationship between the use of adaptive coping strategies and a reduction in anxiety, depression, and stress, as well as increased access to resources and resilience among students (Becker 2020; Shailaja

et al. 2020). For example, in one of a few recent studies on the subject, Fruehwirth and colleagues (2021) compared student mental health pre- and post-pandemic. Among students, their findings indicated increased anxiety, increased feelings of isolation due to the pandemic, and higher rates of reported depression. Although much remains unknown about university students' emotional and mental health during the pandemic, it appears likely that many experienced negative changes in their mental health.

Attending to the mental health needs of both individuals and groups is critical following disasters. The present study seeks to understand the patterns of mental health outcomes experienced by university students during the COVID-19 pandemic in relation to anomie caused by COVID-19. After review of relevant literature, I suggest that university students may have suffered mental and physical health changes due to the pandemic. Without exercising coping strategies that may improve resiliency, it is possible that university students may continue to experience negative consequences of pandemic-induced anomie.

Research Design

In the present study, anomie was used as a conceptual framework to understand the adaptative patterns of mental health reactions to COVID-19. This study was designed to identify and describe social patterns and trends related to COVID-19 from the perspective of university students enrolled at Midwestern University.¹ This research described patterns of personal mental health during the pandemic, as well as how students adapted to shifting social norms and values from March 2020 to February 2022. There were two guiding research questions:

R₁: How has COVID-19 impacted university students in relation to their evaluation of personal mental health?

R₂: How have university students adapted to the shift in norms and values in response to COVID-19?

This study occurred in three phases.² Given the recency of the COVID-19 pandemic, exploratory research was conducted at the first phase, using a pilot survey. The second phase included both exploratory and descriptive research, using qualitative interviews, and the third phase was solely descriptive research through one quantitative questionnaire. As the study's phases progressed, results from the previous phase informed the design of the next phase. The goal of this three-stage

¹ *Midwestern University* is the pseudonym applied to my research site to maintain confidentiality of participants. All identifying information for participants was removed in reported findings.

² In all phases, participants were visually and/or audibly presented with an informed consent form.

research process was to elaborate on student perceptions of academics during the pandemic and to vocalize each student's experience as an individual.

This study applied mixed methods with the goal of triangulation³ to validate self-reported responses from the student body of Midwestern University via qualitative interviews and two separate questionnaires. All qualitative data were analyzed using qualitative content analysis in ATLAS.ti. All quantitative data were cleaned and analyzed using statistical procedures in JASP and SPSS.

Phase 1: Pilot Survey

Phase 1 consisted of a pilot survey hosted on Qualtrics, with topics regarding the participant's perception of the American societal response to the pandemic, individual academic and social impacts of the pandemic, prevalence of clinical mental health care, and mental health resource use and needs. Using convenience sampling, the pilot survey collected 54 unique responses (45 completed, 9 partial) during May 2021. Participants were recruited through nonprobability convenience sampling, which participants were made aware of by word of mouth and social media platforms. The questionnaire included a mixture of open- and closed-ended questions in order to identify emergent trends. The pilot survey took approximately 15 minutes to complete.

Among participants, 35 (64.8%) were women, 9 (16.7%) were men, and 1 (1.9%) declined to identify their gender. Most participants ($n = 39$; 77.2%) identified as White, four (7.4%) identified as two or more races, and one (1.9%) identified as Hispanic/Latino. Participant ages ranged from 19 to 24 years old, and most ($n = 34$; 63.0%) reported being 20 or 21 years of age. Although academic year ranged from first year to graduate, most participants ($n = 20$; 37.0%) were second-year students during March 2020.⁴

Phase 2: Qualitative Interviews

Phase 2 explored the emergent trends identified from pilot survey responses during May–August 2021. During Phase 2, 14 participants—11 women (78.6%) and 3 men (21.4%)—were selected for qualitative interviews using a semistructured interview guide. Interviewees were recruited through convenience sampling. No race, age, or additional demographics were recorded if participants met the criteria for eligibility. All participants were enrolled at Midwestern University before March

³ Triangulation allows for multiple methods of research to be utilized together to reduce possible limitations that they present individually (Dawadi, Shrestha, and Giri 2021).

⁴ Individual response data were analyzed only if participants met the criteria of being enrolled at Midwestern University at some level during March 2020.

2020 and at the time of the interview, and all participants had been enrolled full time at the university during March 2020.

The goal of Phase 2 was to develop a deeper understanding of student behaviors and perceptions regarding social and academic lives before and after March 2020, peer socialization patterns after March 2020, and personal responses to the pandemic such as mental health, changing norms, and societal adaptations to pandemic-induced anomie. Probing was used to further develop questions, meaning individuals could be asked to continue to elaborate on their answers if they mentioned a topic that warranted further discussion. On average, interviews lasted one hour, and all were conducted via Zoom.

Interviews were transcribed through Zoom automatic transcription and then thoroughly checked against an audio recording in order to produce the most accurate final transcript. Through open coding,⁵ emergent codes from the pilot survey were applied to these transcripts and new relevant themes were added. As a result of axial⁶ and selective coding,⁷ subsequent code groups were created, and a theoretical structure for these themes emerged. These themes informed the design of the instrument used in Phase 3.

Phase 3: Questionnaire

Phase 1 and 2 findings culminated in the development of the Phase 3 Qualtrics questionnaire. The link was distributed by departments, professors, and students through email and word of mouth. As in other phases, each participant was required to have been a part- or full-time university student during March 2020; participants had either dropped out, graduated, or continued schooling since that time. The questionnaire took approximately 17 minutes to complete.

Phase 3 research had a sample size of 253 after responses were sought from the 3,470 students eligible to participate as enrolled full time as sophomores through sixth-years at Midwestern University during May 2021. A sample size with a 95% confidence interval translates to 355 participants as calculated using the Raosoft sample size calculator. This study included 253 valid participants, creating a 94% confidence interval with 6% margin of error rather than the professional standard of 5%, thereby slightly reducing the impact of potentially statistically significant results.

A total of 183 (72.3%) women, 47 (18.6%) men, 3 (1.2%) gender-nonconforming participants, and 2 (0.8%) participants who preferred not to answer the gender

⁵ Open coding is a process in which one takes the overall text and breaks it into manageable smaller chunks of information of interest to the researcher, often by question or topic (Neuman 2020).

⁶ Axial coding is drawing connections between identified codes within the document (Neuman 2020).

⁷ Selective coding is taking multiple codes and identifying a main theme that has come forward through the research process (Neuman 2020).

question participated in this phase. The majority (79.1%) of the 200 participants identified as White, but 23 (9.1%) identified as two or more races, 7 (2.8%) identified as Asian American, 4 (1.7%) identified as Black or African American, and 1 (0.4%) identified as Hispanic/Latino. Most participants ($n = 103$; 40.7%) were 21 years old when they completed the Phase 3 questionnaire and had been second-year or sophomore students during the March 2020 semester. All participants had the opportunity to enter their names in a gift card raffle for one of eight \$25 digital Amazon gift cards. Gift cards were funded via a grant from the Midwestern University Honors Program.

Results

This research examined how individual (micro-level) and societal (macro-level) forces interacted to shape one another. Overarching patterns related to the concepts of individual and group strain, anomie, and resilience are seen throughout the results. Emotionally, participants from Midwestern University seemed to experience intense emotional states of frustration, anger, confusion, and exhaustion due to isolation and strain on their identities and beliefs. To combat these emotional states, during Phase 2 interviews, participants modified or qualified their own actions with various reasons when discussing their adaptation and identity changes to fluctuating norms such as societal expectations, COVID-19 safety, and other emerging societal issues that were seen throughout the pandemic.⁸ The following sections discuss results from all phases and are grouped by emergent themes in the data with indication to the phases referenced. These themes included institutional strain, academic strain, social cohesion, mental health outcomes, societal change and anomie, and behavioral or emotional inconsistencies.

Institutional Strain: Phase 2 Data

Midwestern University chose to remove breaks (i.e., fall and spring breaks) from the Fall 2020 and Spring 2021 semesters in an attempt to reduce student travel. Instead of these breaks, the university created a “Wellness Weekend,” when professors were asked not to assign homework or tests on a chosen Friday and Monday so students could take a break. The university gave students two days of mental health programs, resources that students could take back to their rooms to complete individually, and events. Participants perceived these events as performative or lacking in authenticity and genuine action by the university toward the student body.

⁸ Vaccine hesitancy, politicization of the pandemic, George Floyd’s murder, Black Lives Matter, Asian American Pacific Islander hate crimes, and more are considered examples of emerging social issues that are not covered directly here.

Participants did not completely trust Midwestern University as an academic institution. Rather, participants perceived their worth from the university's perspective as quantifiable in dollars and cents—and they felt that emotional weight more than before March 2020. A quote from Jessica encapsulated this idea of economic worth over intrinsic value. Jessica, a participant enrolled in a dual-degree program with Midwestern University and Neighbor University,⁹ stated:

I think Midwestern University could have supplemented [no breaks] either with, you know, an actual day off like Neighbor University, [who] gave everybody two days off just randomly throughout the spring semester. Meanwhile, we [at Midwestern University] got a “Wellness Weekend.” And I still had a test that Wednesday, so I spent that weekend studying for that [class's] test, so *it's just like they seem to be well intentioned, but it seemed more so for publicity and show for them than actually sitting there thinking of students.* (emphasis added)

Sentiments expressed by Jessica and others embodied shared negative feelings of anger, frustration, and distrust of the university's intentions and actions.

Academic Strain: Phase 1 and 3 Data

When asked in Phase 1 to consider their educational experience before the pandemic, participants ($n = 29$; 53.7%) reported a positive view of the academic system. When asked similar questions during Phase 3 about overall pre-pandemic satisfaction with their specific university, most participants reported being extremely satisfied ($n = 82$; 32.4%) or moderately satisfied ($n = 113$; 44.7%). Regarding satisfaction with the university since the pandemic had begun, participants reported that they were somewhat satisfied ($n = 76$; 30%), somewhat dissatisfied ($n = 58$; 22%), and moderately satisfied ($n = 54$; 21.3%). This signals a strained university-student relationship after March 2020.

Social Cohesion: Phase 1 and 2 Data

In response to open-ended questions in Phase 1, participants ascribed blame to citizens by using dichotomous terms such as “cared/did not care” about others' health. In response to a question about whether they saw American society as more unified or divided post-pandemic, most participants ($n = 47$; 87.0%) mentioned an increased sense of division within US society. These politically charged answers and accusatory tones toward others suggest that participants may hold beliefs that could make it more difficult to unify as a group post-disaster.

⁹ Neighbor University and Midwestern University share a dual-degree program in which students take classes from each school to earn a degree that neither university could sustain alone.

Mental Health Discussions in Classes

Results from Phase 3 show an increase in discussion of mental health after the pandemic. Respondents were asked about mental health discussions in class across four semesters of attendance at Midwestern.¹⁰ Participants reported mental health discussion prior to Spring 2020 as occurring *sometimes* ($n = 123$; 51.9%) and *never* ($n = 85$; 35.9%), the least frequent options respondents could choose. During Spring 2020, the number lowered for *sometimes* ($n = 87$; 36.7%) but increased for *about half the time* ($n = 50$; 21.1%), *most of the time* ($n = 42$; 17.7%), and *always* ($n = 24$; 10.1%), reducing the number for *never* ($n = 34$; 14.3%). The response for during Spring 2020 was relatable to that for Fall 2021, with a slight decrease in discussion seen for Spring 2022, but not as low as prior to Spring 2020. This suggests a large increase of discussion of mental health surrounding the outbreak of COVID-19, with a decline in Fall 2021 and Spring 2022 but still occurring more frequently than before Spring 2020. (See Tables A11 to A14.)

Mental Health Outcomes: Phase 1, 2, and 3 Data

Findings from the first and third phases of research supported the use of mental health resources by participants at Midwestern University. During Phase 1, nearly two-thirds ($n = 31$; 65.9%) had utilized a therapist for treatment at some point in their lives. In Phase 2, most ($n = 8$; 57.1%) were currently seeking or had recently sought therapy for mental health issues; however, only a few mentioned COVID-related depressive feelings, suicidal thoughts, thoughts of self-harm, or feelings of detachment from self and ascribed these feelings in whole or in part to circumstances due to the pandemic.¹¹ In Phase 3, nearly half of participants ($n = 113$; 46.9%) were being treated for mental health issues in some capacity. When asked if they had ever considered seeking help from a mental health professional after March 2020, more than two-thirds of participants ($n = 125$; 69.4%) said yes.

A sizable number of participants ($n = 13$; 24.0%) in Phase 1 reported that they did not want to seek treatment, for a variety of reasons, including that their problems were not important enough, they could handle their problems on their own, or they did not have the financial or physical means to reach a therapist. Similar themes were discussed in Phase 2, including that their problems were not important enough, their

¹⁰ The four questions' timeframes were before Spring 2020, during Spring 2020, during Fall 2021, and during Spring 2022, with response options of *Always*, *Most of the time*, *About half the time*, *Sometimes*, and *Never*.

¹¹ The feelings were all discussed in the past tense and were described as times that had been difficult, mostly at the beginning of the pandemic, and no present suicidal ideations were expressed.

problems could be handled with existing coping strategies, or there was a lack of accessibility to a therapist because of financial status or geographical limitations.¹²

Across all phases, participants noted accessibility barriers to university resources. In Phase 1, one-third of participants reported mental health resources on campus to be moderately accessible ($n = 16$; 29.6%), and fewer reported them somewhat accessible ($n = 11$; 23.9%). In Phase 2, participants reported both positive and negative interactions with university counseling staff and services; in these responses, experiences appeared to differ because of individual reasons, without an underlying factor identified as determining better or worse treatment. In Phase 3, participants reported overall campus accessibility to mental health resources as slightly ($n = 29$; 27.1%) or moderately accessible ($n = 39$; 36.4%) and the quality of mental health resources as average ($n = 54$; 45.4%).

Across all phases of research, participants generally reported worsening mental health due to the pandemic and less ability to socialize. In a write-in option for Phase 1, some participants ($n = 8$; 14.8%) cited isolation, loneliness, and uncertainty for the future, as well as general stress regarding work and schooling, as reasons for this change. In Phase 2, participants noted an increase in personal feelings of stress, anxiety, fear, isolation, emotional numbness, and inability to fully take in emotions and feelings. In Phase 3, participants reported negative emotions including restlessness ($n = 166$; 68.9%), sadness ($n = 168$; 69.4%), worry ($n = 201$; 83.1%), fear ($n = 142$; 58.9%), and confusion ($n = 145$; 59.9%). Amid the negative, some participants reported positive mental health responses to the pandemic. Across all three phases, participants pitted their feelings of increased stress, isolation, and lack of socialization against the increased time to reflect and recover individually during lockdowns. In Phase 3 specifically, participants noted about the same amount of happiness ($n = 128$; 52%) and contentedness ($n = 114$; 47%) since the pandemic began.

Coping Mechanisms

When students were sent home during Spring 2020, many returned to towns and cities that were not near Midwestern University. This geographic separation meant that some participants could not use university counseling because they had crossed state lines. Participants who were most affected were those in Southern and far Northern Midwest states, who experienced a technological, physical, and economic lack of accessibility to many university services. In Phase 2, those who could not attend therapy because of financial, geographical, or related accessibility barriers coped by using exercise and resources they already had at their disposal, such as puzzles, games, painting, or video games. Importantly, those in less-affluent and

¹² Limitations included those associated with rural areas' limited Internet access and long travel distances to access resources.

remote areas also mentioned barriers to Internet accessibility, which increased isolation because of a lack of socialization with university friends.

When students returned to campus in Fall 2020 and Spring 2021, participants from Phase 2 interviews alluded to coping with problems by registering an emotional support animal ($n = 1$; 7.14%), using outside counseling services ($n = 5$; 35.7%), participating in hobbies ($n = 5$; 35.7%), exercising ($n = 1$; 7.1%), communicating with friends ($n = 14$; 100%), communicating with family ($n = 8$; 57.1%), consuming alcohol ($n = 2$; 14.2%), partying ($n = 2$; 14.2%), and “ignoring the problem” ($n = 2$; 14.2%). In Phase 3, participants reported using the following mental health resources that the university provided or informed them about: individual counseling ($n = 94$; 79.0%), a university-subsidized app for mental health ($n = 39$; 32.8%), faith-based programming ($n = 15$; 12.6%), university group counseling ($n = 13$; 10.9%), university-recommended outside providers ($n = 10$; 8.4%), mental health hotlines ($n = 4$; 3.4%), mental health awareness programming ($n = 2$; 1.7%), and “Other” ($n = 2$; 1.7%).

Stress, Anxiety, and Control

In Phase 1, participants reported varying levels of change in their stress levels since the pandemic began: a great or extreme amount ($n = 33$; 61.1%), a moderate amount ($n = 11$; 20.4%), and a small amount ($n = 1$; 1.8%). Also in Phase 1, participants reported higher anxiety ($n = 39$; 72.2%), a higher perceived lack of control over their lives ($n = 36$; 66.7%), and about the same ($n = 13$; 24%) or lower ($n = 27$; 50%) motivation to complete tasks compared to before March 2020. In Phase 3, anxiety was not directly assessed, but participants responded that since the beginning of the pandemic, they had experienced negative changes in control over their own lives ($n = 176$; 73%; $p < .05$). During Phase 3, 190 participants (81%) felt that stress had increased since the pandemic began in March 2020.

Isolation

Phase 2 findings suggested the important role of isolation in mental health. For example, Sherry, one of the Phase 2 interviewees, described feeling isolated when students were sent home from school during Spring 2020. She said “and so it was like we could either be on Zoom or we could be alone, *and I think everybody just chose to be alone*” (emphasis added). The role of isolation varied among the 14 interviewees, but when mentioned, isolation was always tied to the pandemic. One (7.14%) had been ostracized from their friends because of their COVID-19 policy beliefs, some ($n = 4$; 28.57%) felt trapped in their on- or off-campus housing, some ($n = 4$; 28.57%) felt afraid to socialize, and some ($n = 1$; 7.14%) felt targeted for being in Greek Life.¹³ These

¹³ Midwestern University Greek Life students were hosting parties in off-campus housing or Greek housing, and this was associated with a spike in campus COVID cases. The negative stigma then grew

struggles related to changing social norms and a clash of individual beliefs and identities. Results from Phase 2 suggested that isolation was seemingly tied to other negative emotions, such as fear and anxiety, loneliness, helplessness, and frustration.

Frustration

Some Phase 2 participants ($n = 13$; 24.1%) felt an increase in personal frustrations during the pandemic, such as feeling overwhelmed because of being asked to change a lot of behavior or not being valued enough by others (e.g., their university, friend groups, or communities) after returning to campus. Participants provided a variety of reasons for this frustration, including challenging their political affiliations, limiting personal freedoms, sharing/not sharing personal beliefs among peers, and academic struggles. Such negative emotions were echoed in Phase 3, when participants were asked about experiencing more or less anger since the pandemic began. To this question, half of participants ($n = 121$; 50.0%) reported feeling more anger.

Societal Change and Anomie: Phase 1 and 2 Data

Within Phase 1, participants used “pre-” and “post-COVID” language, which suggested a change in society norms and values. When asked directly, 49 of 54 (90.7%) participants said at least some aspect of society had changed because of the pandemic, tentatively confirming that there was a change or restructuring of social values. Most participants in Phase 1 ($n = 43$; 79.6%) reported that an aspect of their life had changed as part of the pandemic, and only four participants (7.4%) said an aspect of their life had not changed. All Phase 2 participants reported some impact within their academic, social, and familial circles, and nearly all expressed increased COVID-related anxiety ($n = 13$; 92.9%), fear ($n = 13$; 92.9%), and isolation ($n = 14$; 100.0%). Additionally, in Phase 2, most participants ($n = 10$; 71.4%) expressed that there had been times they had felt an increase in heavy emotional situations or pandemic-related strain.¹⁴ These responses suggest an increase in the feelings of individual societal strain related to anomie.

A Phase 2 participant named Rain demonstrated an interesting pairing of viewpoints about distancing and social norms from her experience as being Latina. Rain highlighted an aspect of American culture that made the adjustment to new social distancing norms easier because of Americans being more distant socially

for students in Greek Life, as they could be associated with this partying behavior broadly by non-Greek Life students. Within Greek Life, there was also a negative stigma for reporting COVID violations to authority and the administration, leading to shunning behavior within houses.

¹⁴ This code is used when the participant described (or directly said) something large (emotionally or mentally) that was putting a lot of weight on their psyche.

before the pandemic. She compares this with Mexican culture where it is more normal to sit or stand much closer to another person. Since the pandemic, she had noticed this specific change within society, pointing out a now unified norm of distancing within American culture. Phil, another Phase 2 participant, noted a social norm change that was influenced by the university community:

It was kind of interesting I think. I have a couple of friends that go to Northwestern in Chicago, and then I have a friend that goes to university in Georgia. I have a couple of friends that go to Wake Forest in North Carolina. And so, kind of taking those four schools—those three schools that I mentioned and Midwestern University—comparing the different experiences, it truly felt like they were all four dealing with a different virus.

Phil then explained how between these four schools, in-person and online classes differed, with some students very restricted to their dorms, and some were strict regarding rules for masks or being outside for activities. Although Phil noticed these differences, however, he did not attribute the differences to any specific social or cultural differences among educational institutions.

Behavioral and Emotional Inconsistency: Phase 1, 2, and 3 Data

Behavioral Inconsistency

Within Phase 2, participants spoke to a sense of obligation and needing to “do your part” to protect others by adhering to behavioral changes to norms (e.g., mask wearing and social distancing). Some participants ($n = 5$; 9.2%) discussed being uncomfortable and angry when their peers or roommates were not being careful or respecting others’ health by not wearing masks or socializing with certain friends. Participants spoke about giving up normal activities for the safety of others, such as seeing people in person, seeing certain friends, or going to stores, and these acts weighed heavily on them. Across all phases, participants discussed concerns over others’ or their own health as potentially influencing their behavior to attend or avoid in-person gatherings. Overall, this speaks to an influence of the health of others, rather than the health of oneself, as a strong indicator of personal behavioral motivations. This centers around a theme of the emotional guilt and weight that participants put on themselves or took in from social situations regarding the uncertain social norms and personal belief of how others should act. These feelings and beliefs could have led to further division rather than cohesion once students were back on campus in Fall 2021, possibly reducing student resilience. These findings could support a lack of social cohesion among students in a post-pandemic environment.

Emotional Inconsistency during the Pandemic

In Phase 3 findings, students reported feeling overwhelmed by their academic expectations since 2020 ($n = 226$; 89.3%). According to participants, being overwhelmed influenced their mental health ($n = 215$; 96.8%) a great deal ($n = 74$; 34.3%) or a lot ($n = 76$; 35.3%) in a negative manner ($n = 161$; 97.6%). Specifically, participants felt overwhelmed by in-class expectations ($n = 170$; 70.2%), which affected their mental health ($n = 146$; 90.1%) a moderate amount ($n = 56$; 38.9%) or a lot ($n = 39$; 27.1%) or a great deal ($n = 39$; 27.1%) in a negative manner ($n = 126$; 98.4%). Participants also reported feeling overwhelmed by professors' expectations ($n = 178$; 73.9%), which influenced their mental health ($n = 146$; 86.4%) a moderate amount ($n = 50$; 34.3%) or a great deal ($n = 42$; 28.8%) in a negative manner ($n = 117$; 97.5%). Finally, participants reported academic pressure had influenced their mental health ($n = 117$; 88.0%) a lot ($n = 48$; 41.4%) or a great deal ($n = 40$; 34.5%). However, participants were relatively divided on whether they felt increased academic pressure ($n = 113$; 45.4%) or a similar sense of pressure ($n = 109$; 43.8%) to succeed academically compared to before the pandemic.

In Phase 3, a chi-squared test was run between the options “negative changes in their lives since the pandemic began” and five individual responses of control over their own lives, emotional capacity, stress, perspective on life, and perception of self, which generated significant and nonsignificant results. These results show that since the start of the pandemic, participants had experienced negative changes in control over their own lives ($n = 176$; 73%; $p < .05$), emotional capacity ($n = 136$; 56%; $p < .05$), stress ($n = 190$; 81%; $p < .05$), perspective on life ($n = 111$; 46%), and perception of self ($n = 105$; 44.5%).

Participants reported feeling more of the following negative emotions since the pandemic began: restlessness ($n = 166$; 68.9%), sadness ($n = 168$; 69.4%), worry ($n = 201$; 83.1%), fear ($n = 142$; 58.9%), and confusion ($n = 145$; 59.9%). After March 2020, participants reported, they felt overwhelmed because of professor expectations, academic expectations, and in-class expectations, yet participants also reported that since the pandemic started, their personal academic standards were “about the same” ($n = 116$; 46.8%). These findings suggest a potential increase in strain resulting from increased pressure within academics and without a corresponding decrease in personal expectations regarding academic success; however, no open-ended follow-up question was given to participants.

Discussion

In this section, I discuss the implications of this study's findings as they relate to anomie, social strain, mental health, and student resources. Results from these three phases of research align with previous post-disaster response literature in

relation to adaptative coping strategies, emotions, and disaster impact (Almazan et al. 2018; Fruehwirth, Biswas, and Perreira 2021; Shailaja et al. 2020; Shing, Jaywickreme, and Waugh 2016; Usher et al. 2020).

Each phase of this study examined the topics of student mental health, accessibility of resources, and adaptative responses during and after the pandemic. The theory of anomie describes the social response to an absence of norms that regulate behaviors. The COVID-19 pandemic brought about a sense of anomie on university campuses because of shifting social norms, a lack of access to resources, and increased emotional strain. Given the many changes that students experienced during the pandemic, findings suggest that, because of prolonged fluctuation of social norms, participants struggled to reconcile their social identities as members of a group (i.e., Midwestern University students) and as individuals.

Anomie was clearly present when participants discussed a lack of understanding of what to do in social settings because of differences in expectations before and after the pandemic. Shifting norms, or a lack of norms, produced strain in students' academic and individual lives. Friendships were tested by pandemic-related behaviors, such as wearing masks, physically distancing, and so on. This increased awareness of norms brought forth conflict and confusion, thereby leading to strain for the individual.

Participants in the current study expressed patterns of anxiety, isolation, stress, frustration, fatigue, and confusion due to the pandemic's influence on their lives, suggesting that these may be persistent feelings associated with the pandemic. In addition, participants repeatedly highlighted their concerns about the need for social support networks and resources. Work from the American College Health Association (ACHA, 2019); Becker (2020); Fruehwirth, Biswas, and Perreira (2021); and Usher et al. (2020) produced results similar to the current study's findings regarding the emotional responses of participants (relating to the pandemic).

In the first two phases of this study, participants reported using adaptative coping strategies to manage their feelings, with partial to full success, which mirrored the resilience tactics used by other communities after past disasters (Almazan et al. 2018; Shailaja et al. 2020; Shing, Jaywickreme, and Waugh 2016). Specifically, these students' mental health and emotional needs aligned with findings that more access to health-related resources decreased negative mental health needs. Participants also felt they were still not given proper support in the academic and individual spheres, as demonstrated by references to increased academic expectations and strain, inadequate support from Midwestern University for burnout and fatigue, and heightened awareness of students' economic value to the university. As participants reported less perceived support by the administration (i.e., seeing themselves as economic pawns), they may have struggled to reconcile their social identities as Midwestern University students with their individual identities as people, increasing

the isolation and confusion they felt on top of academic pressures. This may have reduced students' resilience when they returned to campus for Fall 2020, because of a less cohesive and shared group identity of students at Midwestern University.

Mental health coping mechanisms were often used to reduce cognitive dissonance that resulted from changing norms. Although results of this study cannot be generalized to the macro level, findings suggest that institutions of higher education, specifically Midwestern University, would have benefitted from additional resources to support student mental health. Trends surrounding mental health and accessibility to resources may correspond with resiliency, or a lack thereof, during the pandemic. The perceived lack of access to high-quality mental health services discussed in each phase of research highlights the need for more affordable mental health services in higher education. With funding to increase accessibility of mental health services, on campuses or in communities, the use of these resources would likely increase. In turn, stigma associated with mental health resources may decrease.

In interviews throughout Phase 2, participants suggested that remote areas lacked resources, which negatively affected individuals' abilities to cope and be resilient. Policies that allowed universities to lower costs to access *all* student services could help improve student mental health following a disaster. More direct access when off campus could help students' well-being and improve their social support systems. If this disparity in access is addressed, students within these communities may experience lower levels of isolation, more equitable access to information necessary for scholarly work, and a reduction in stress-related health problems. Provision of equity in technological accessibility could be an important step in reducing feelings of isolation, stigma, and normlessness in future pandemics.

Because participants perceived a heavier academic load, upon returning to campus, the implementation of a "Wellness Weekend" in place of a sustained break appeared to increase strain. Some specifically mentioned that a traditional and longer break could have reduced student stress. Participants suggested that reducing the cognitive load for one class by watching a documentary or canceling class would have been helpful. Next, participants referenced a need to reward students for good behavior and academic performance by providing positive reinforcement rather than performative care, thereby potentially improving self-esteem. The final suggestion offered by participants was simply asking how a student was doing.¹⁵

The COVID-19 pandemic exacerbated challenges already present within higher education: inequitable access to resources, the business model of higher education, and worsening mental health. Given that educational institutions are a

¹⁵ During Phase 2 interviews, students mentioned feeling strong support or lack of support from professors, which caused either better or worse coping for the student. This seemed professor-specific or student-specific rather than relating to any overall trends.

microcosm of broader society, it is not surprising that university students struggled with resiliency during the pandemic. If university campuses, and society more broadly, continue to erode social cohesion, anomie will continue to be a rational response to these social strains.

Conclusion

Participants within this study demonstrated a need for community and university support that was partially met during the pandemic. Both structural and individual factors coincided to decrease feelings of well-being among students. Research has consistently shown that, to promote resilience following a disaster, a community's basic needs, such as food and water, must be met; after those needs are met, positive contextual coping (i.e., encouraging positive emotions in order to mitigate stress) and other strategies should be provided to assist communities (Shing, Jaywickreme, and Waugh 2016). Such positive emotions may stem from shared religious beliefs, shared identities, feelings of trust and unity, or a shared group identity (Almazan et al. 2018; Drury et al. 2015; Maki et al. 2018; Prosser et al. 2020; Shing, Jaywickreme, and Waugh 2016).

If institutions of higher education can facilitate an environment conducive to positive contextual coping, students may feel more supported and respond more positively to challenges associated with a pandemic. Ideas for facilitating such an environment include freezing tuition costs, increasing financial aid, increasing outreach by campus religious and non-faith-based groups, and improving communications that display a sense of unity.

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Appendix

Multiphase Statistics Tables

Table A1. Participants Who Indicated Anxiety, Fear, Isolation, or Strain during Interviews

	Anxiety	Fear	Isolation	Pandemic-related strain/emotional weight
Maggie	1	1	1	1
Sherry	1	1	1	1
Jessica	1	0	1	1
Rachel	1	1	1	1
Phil	1	1	1	0
Catherine	1	1	1	1
Stephanie	1	1	1	1
William	1	1	1	1
Rain	1	1	1	0
Catrina	1	1	1	0
Toby	0	1	1	0
Marcia	1	1	1	1
Emmy	1	1	1	1
Emily	1	1	1	1
Total (n)	13	13	14	10
	92.9%	92.9%	100.0%	71.4%
Total (N) =14				

Table A2. Responses to “Throughout the pandemic, to what extent did concerns about your health influence your behaviors to attend or avoid in-person gatherings?” (by academic level in March 2020)

Responses	<u>First Year</u>		<u>Second Year</u>		<u>Third Year</u>		<u>Fourth Year</u>		<u>Fifth Year</u>		<u>Sixth Year</u>	
	N	%	N	%	N	%	N	%	N	%	N	%
A great deal	13	17.8	34	30.9	9	37.5	2	20.0	1	50.0	0	0.0
A lot	14	19.2	14	12.7	3	12.5	4	40.0	0	0.0	0	0.0
A moderate amount	19	26.0	28	25.5	9	37.5	2	20.0	0	0.0	0	0.0
A little	23	31.5	22	20.0	2	8.3	0	0.0	1	50.0	0	0.0
None at all	4	5.5	12	10.9	1	4.2	2	20.0	0	0.0	1	100.0
Total	73	100.0	110	100.0	24	100.0	10	100.0	2	100.0	1	100.0

Table A3. Chi-Squared Test for Crosstabulation: Concerns of Health of Self

	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	33.467	20	.030
Likelihood ratio	30.412	20	.063
Linear-by-linear association	.940	1	.332
No. valid cases	220		

Table A4. Responses to “Throughout the pandemic, to what extent did concerns about your health influence your behaviors to attend or avoid in-person gatherings?”

Response	Frequency (N)	Percent	Valid percent
A great deal	60	23.7	27.0
A lot	35	13.8	15.8
A moderate amount	59	23.3	26.6
A little	48	19.0	21.6
None at all	20	7.9	9.0
Missing	31	12.3	
Total	253	100.0	100.0

Table A5. Responses to “Throughout the pandemic, to what extent did concerns about others’ health influence your behaviors to attend or avoid in-person gatherings?” (by academic level in March 2020)

Response	First Year		Second Year		Third Year		Fourth Year		Fifth Year		Sixth Year	
	N	%	N	%	N	%	N	%	N	%	N	%
A great deal	3	45.2	48	43.6	14	58.3	5	50.0	1	50.0	0	0.0
A lot	3	21.9	30	27.2	5	20.8	2	20.0	1	50.0	0	0.0
A moderate amount	16	21.9	17	15.4	2	8.3	2	20.0	0	0.0	1	100.0
A little	5	6.8	12	10.9	1	4.1	0	0.0	0	0.0	0	0.0
None at all	5	6.8	3	2.7	2	8.3	1	10.0	0	0.0	0	0.0
Total	7	100.	110	100.0	24	100.0	10	100.0	2	100.0	1	100.0
	3	0										

Table A6. Chi-Squared Test for Crosstabulation: Concerns of Health of Others

Response	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	14.783	20	.789
Likelihood ratio	14.528	20	.803
Linear-by-linear association	.111	1	.739
No. valid cases	220		

Table A7. Response to “Throughout the pandemic, to what extent did concerns about other’s health influence your behaviors to attend or avoid in-person gatherings?”

Response	Frequency (N)	Percent	Valid percent
A great deal	103	40.7	46.4
A lot	54	21.3	24.3
A moderate amount	38	15.0	17.1
A little	18	7	8.1
None at all	9	3.6	4.1
Missing	31	12.3	
Total	253	100.0	100.0

Table A8. Responses to “During the Fall 2020–Spring 2021 semester please describe your attendance to the following in-person events: Gatherings with university organizations.”

Response	Frequency (N)	Percent	Valid percent
Increased a great deal	8	3.2	7.1
Somewhat increased	18	7.1	16.1
Neither increased nor decreased	30	11.9	26.8
Somewhat decreased	56	22.1	50.0
Seen but not selected	18	7.1	
Missing	123	48.6	
Total	253	100	

Table A9. Responses to “During the Fall 2020–Spring 2021 semester please describe your attendance to the following in-person events: Gatherings with friends.”

Response	Frequency (N)	Percent	Valid percent
Increased a great deal	18	7.1	11.0
Somewhat increased	28	11.1	17.1
Neither increased nor decreased	50	19.8	30.5
Somewhat decreased	68	26.9	41.5
Seen but not selected	16	6.3	
Missing	73	28.9	
Total	253	100	

Table A10. Responses to “During the Fall 2020–Spring 2021 semester please describe your attendance to the following in-person events: Gatherings with family.”

Response	Frequency (N)	Percent	Valid percent
Increased a great deal	17	6.7	10.4
Somewhat increased	21	8.3	12.8
Neither increased nor decreased	48	19.0	29.3
Somewhat decreased	78	30.8	47.6
Seen but not selected	17	6.7	
Missing	72	28.5	
Total	253	100.0	

Table A11. Responses to “How often was student mental health discussed in your classes in the following academic time spans: Before Spring 2020?”

Response	Frequency (N)	Percent	Valid percent
Always	3	1.2	1.3
Most of the time	9	3.6	3.8
About half the time	17	6.7	7.2
Sometimes	123	48.6	51.9
Never	85	33.6	35.9
Missing	16	6.3	
Total	253	100.0	

Table A12. Responses to “How often was student mental health discussed in your classes in the following academic time spans: During Spring 2020?”

Response	Frequency (N)	Percent	Valid percent
Always	24	9.5	10.1
Most of the time	42	16.6	17.7
About half the time	50	19.8	21.1
Sometimes	87	34.4	36.7
Never	34	13.4	14.3
Missing	16	6.3	
Total	253	100.0	

Table A13. Responses to “How often was student mental health discussed in your classes in the following academic time spans: During Fall 2021?”

Response	Frequency (N)	Percent	Valid percent
Always	21	8.3	8.9
Most of the time	51	20.2	21.5
About half the time	57	22.5	24.1
Sometimes	88	34.8	37.1
Never	20	7.9	8.4
Missing	16	6.3	
Total	253	100.0	

Table A14. Responses to “How often was student mental health discussed in your classes in the following academic time spans: During Spring 2022?”

Response	Frequency (N)	Percent	Valid percent
Always	12	4.7	7.4
Most of the time	20	7.9	12.3
About half the time	29	11.5	17.8
Sometimes	76	30.0	46.6
Never	26	10.3	16.0
Missing	90	35.6	
Total	253	100.0	

Table A15. Responses to “Since the pandemic began have you felt a positive or negative change in any of the following: Control over own life?”

Response	Frequency (N)	Percent	Valid percent
Positive change	21	8.3	8.7
No change	44	17.4	18.3
Negative change	176	69.6	73.0
Seen but not selected	1	.4	
Missing	11	4.3	
Total	253	100.0	

Table A16. Responses to “Since the pandemic began have you felt a positive or negative change in any of the following: emotional capacity?”

Response	Frequency (N)	Percent	Valid percent
Positive change	35	13.8	14.5
No change	70	27.7	29.0
Negative change	136	53.8	56.4
Seen but not selected	1	.4	
Missing	11	4.3	
Total	253	100.0	

Table A17. Chi-Squared Test for Crosstabulation: Perspective on Life

	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	12.940 ^a	10	.227
Likelihood ratio	15.174	10	.126
Linear-by-linear association	3.967	1	.046
No. valid cases	231		

Table A18. Responses to “Since the pandemic began have you felt a positive or negative change in any of the following: Perspective on life?”

Response	Frequency (N)	Percent	Valid percent
Positive change	68	26.9	28.6
No change	59	23.3	24.8
Negative change	111	43.9	46.6
Seen but not selected	4	1.6	
Missing	11	4.3	
Total	253	100.0	

Table A19. Chi-Squared Test for Crosstabulation: Perception of Self

	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	12.472	10	.255
Likelihood ratio	15.330	10	.120
Linear-by-linear association	2.971	1	.085
No. valid cases	229		

Table A20. Responses to “Since the pandemic began have you felt a positive or negative change in any of the following: Perception of self?”

Responses	Frequency (N)	Percent	Valid percent
Positive change	43	17.0	18.2
No change	88	34.8	37.3
Negative change	105	41.5	44.5
Seen but not selected	5	2.0	
Missing	12	4.7	
Total	253	100.0	