

Child Psychology During COVID-19 Lockdowns: An Exploratory Study of Online Learning and Children's Well-Being

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Abstract: *The COVID-19 lockdowns disrupted children's routines, peer relationships, and schooling. This paper examines the possible psychological and educational effects of these disruptions through a literature review and an exploratory interview survey of seven children. The interview responses indicated common concerns about eye strain, headaches, unreliable internet access, limited interaction with teachers, low social activity, and reduced confidence or academic engagement. All seven respondents said online learning was not helpful overall, although one respondent described an individual benefit related to introversion. The survey was small, descriptive, and non-probability based; therefore, its findings cannot be generalized. Recent research suggests that school closures and lockdowns were associated with adverse mental health and health-behavior outcomes, while online schooling itself was not uniformly harmful and could be protective compared with complete non-attendance [4, 5, 13]. The paper concludes that children need structured routines, meaningful social contact, safe screen practices, and accessible professional support.*

Keywords: child psychology; COVID-19; lockdown; online learning; mental health; screen time

1. Introduction

Child psychology examines children's cognitive, emotional, social, and behavioral developments [3]. Development begins before birth and continues throughout childhood, with the child's relationships and environment influencing how the child learns, interprets experiences, and responds to stress [2, 10]. Family, peers, schools, culture, and the wider social environment can shape children's well-being [2, 10].

The COVID-19 pandemic disrupted these environments. School closures reduced face-to-face contact with teachers and peers, while many educational institutions moved to online learning. Children therefore had to adjust simultaneously to changes in routine, reduced social interaction, uncertainty about the pandemic, and increased reliance on digital devices. These changes did not affect every child in the same way; therefore, claims about psychological harm should be stated cautiously and supported by evidence.

This paper has two objectives: first, to summarize concerns about children's well-being during lockdown and online learning; and second, to describe a small exploratory interview survey concerning children's experiences of online education. The survey is presented as descriptive evidence rather than a representative study.

2. Review of Relevant Evidence

Research conducted during and after the first COVID-19 wave indicates that lockdown-related educational disruption was associated with important risks; however, it also shows that the effects were context-dependent. A systematic review of 36 studies from 11 countries reported associations between school closures during broader social lockdowns and adverse mental-health symptoms, higher screen time, and lower physical activity. The review also cautioned that the independent effect of school closure could not be separated from the effects of the wider lockdown [13].

A later systematic review of 24 studies found that academic performance was generally negatively affected during COVID-19 lockdowns. The review linked lower performance to academic, motivational, and socio-emotional factors, including disorganization, increased academic demands, and behavioral changes [4]. These findings support concerns about online learning, but do not justify treating all online education as ineffective.

For example, a study of 121 Canadian children aged 7–12 found that online schooling was associated with fewer trauma and generalized anxiety symptoms than school non-attendance. In that study, screen-based activity was not directly associated with anxiety or trauma symptoms, and parental coping influenced the relationship between pandemic stress and children's symptoms [5]. In a South Indian study of 278 children, associations between screen time and health outcomes differed by age: vision problems were more prominent among children aged 5–12, whereas behavioral and sleep problems were reported more often among younger children [9].

Because children cannot always describe their feelings, caregivers often rely on observation. Simple observation methods include noting behavior at different times of day, considering environmental factors (physical and human), and observing diet and sleep [2, 10]. Abnormal psychology distinguishes between normal and abnormal behavior; concerning markers can include uncharacteristic behavior, persistent stress, frequent anger, and frequent illness [8, 2, 10].

3. Fragility of Children's Mental Health During Lockdown

Children's mental health is often described as fragile during developmental transitions, and the pandemic has been widely reported to trigger or worsen symptoms such as anxiety, poor diet, eating disorders, obsessive-compulsive symptoms, and insomnia [12]. Being separated from close friends and teachers, children may feel depressed or anxious and may

show behavioral changes in their daily lives [12]. Therefore, caregivers need to observe children's mood, sleep, eating, social interaction, and school engagement rather than rely on a single label of "normal" or "abnormal" [8].

4. Method

4.1 Design and participants

This study used an exploratory descriptive design. The original manuscript reports interviews with seven children, identified as Participants I–VII. It does not record their ages, genders, locations, recruitment method, socioeconomic backgrounds, or inclusion criteria. Because these details are unavailable, the participants cannot be treated as a representative sample of children.

4.2 Interview focus

The interviews focused on four areas: physical problems associated with online learning, whether online learning was considered helpful, perceived drawbacks of online learning, and perceived changes in academic or social performance.

The responses are summarized in Table 1. No validated psychological scales or clinical assessments were reported.

4.3 Analysis

Responses were categorized into recurring themes, including visual discomfort, headaches, unreliable internet access, limited teacher interaction, reduced social activity, and lower confidence. No inferential statistical analysis was conducted, and the results should not be interpreted as evidence of a causal relationship between online learning and mental health conditions.

5. Findings

All seven participants marked online learning as "No" when asked whether it was helpful. However, the detailed responses were not the same. Most participants reported eye-related discomfort, several reported headaches or neck pain, and many identified unreliable Internet access and limited interaction with teachers as major drawbacks. The findings suggest shared concerns, not uniform experiences for the participants.

Table 1: Interview responses concerning online learning

Participant	Reported physical problems	Helpful?	Reported drawbacks	Reported performance or social effect
I	Eye strain; occasional loss of vision.	No	Unclear topics, unreliable internet, and easy distraction.	Slight decline.
II	Eye strain; headaches.	No	Limited direct interaction with teachers and unreliable Internet.	Slight decline.
III	Eye strain; headaches.	No	Neck pain, unreliable internet, and limited teacher interaction.	A slight decline was attributed to limited interactions.
IV	Eye strain; headaches; and occasional reported loss of vision.	No	Eye strain and unreliable Internet connection.	A slight decline was attributed to limited interaction; respondents also reported an individual benefit related to introversion.
V	Eye strain.	No	Insufficient communication with teachers and low confidence when answering.	Low social activity and lower confidence online.
VI	Eye pain from prolonged screen use	No	No fixed class schedule, time loss, and unreliable internet.	Low social activity and lower confidence online.
VII	Watery eyes, neck pain, and headaches.	No	Unclear topics, unreliable Internet, and limited teacher interaction.	Lower perceived teaching quality:

Note. The table preserves the self-reported responses in the original manuscript while correcting the column structure and clarifying the ambiguous responses for Participant IV. The reported visual symptoms were not clinically assessed.

6. Discussion

The interview responses point to three connected concerns. First, the participants described physical discomfort associated with prolonged screen use, particularly eye strain and headaches. Second, they described educational difficulties, including unclear topics, unreliable internet access, limited teacher interaction, and a lack of fixed scheduling. Third, several participants described reduced social activity and lower confidence in the online environment.

These findings are consistent with broader research showing that lockdown-related disruptions can affect learning, motivation, social well-being, and health behaviors [4, 13]. However, the literature does not support the claim that online education is inherently harmful. Online participation may provide continuity and social contact when in-person schooling is unavailable, and its effects may depend on

teaching quality, family support, the child's age, and the type of screen activity [5, 9].

Lockdowns also increased family tension. Reports from India described a rise in domestic violence during the lockdown, linked in part to job losses and economic distress [1, 6]. Children who witness or experience family violence can carry those experiences into later life [1, 6]. Some writers have noted that difficult childhood experiences are frequently reported in the backgrounds of individuals later convicted of serious violent crimes [7], and popular discussions of criminal psychology also consider genetic and prenatal influences, although such claims require careful scientific scrutiny [11].

The survey also illustrates why physical or behavioral observations should not be treated as diagnoses. Eye strain, irritability, reduced confidence, sleep changes, or withdrawal may signal stress, but they do not by themselves establish anxiety, obsessive-compulsive disorder, depression, or

another clinical condition. Persistent or severe symptoms should be assessed by a qualified mental health or medical professional.

7. Recommendations

- 1) **Changes were monitored without labelling the child.** Parents and caregivers should observe changes in mood, sleep, eating, social interactions, school engagement, and physical comfort. Observations should be discussed with the child and should not be used to label the child as “normal” or “abnormal.”
- 2) **Maintain a predictable routine for the child.** A consistent schedule for sleep, learning, meals, recreation, and physical activity can reduce uncertainties and support concentration.
- 3) **Protect social and educational connections.** Children should have regular, age-appropriate contact with teachers, peers, and trusted family members. Online learning should include opportunities for questions, feedback, and interaction rather than relying only on assignments.
- 4) **Use safer screen practices.** Learning sessions should be balanced with breaks, movement, appropriate lighting, comfortable posture, and non-screen activities. Physical symptoms, such as persistent eye pain, visual disturbance, and headaches, warrant medical advice.
- 5) **Seek professional support when needed.** Caregivers should seek qualified mental health support when distress, anxiety, low mood, sleep problems, withdrawal, or behavioral changes persist, intensify, or interfere with daily life. Self-help strategies should not replace professional assessment when symptoms are serious.
- 6) **This study has some limitations.** Future studies should use larger and more diverse samples, record participant characteristics, use validated measures, describe recruitment and ethical procedures, and distinguish educational from recreational screen time.

8. Limitations and Ethical Considerations

The interview component has substantial limitations. The sample included only seven participants, and the original manuscript did not provide ages, demographic information, recruitment procedures, interview questions, dates, recording procedures, or a systematic coding method. The responses were self-reported and not compared with pre-lockdown measures or clinical assessments. These limitations prevent generalization and causal conclusions.

The original manuscript does not document parental consent, child assent, ethics review, or procedures for protecting participants' identities and responses. These details should be added before the work is submitted as formal human-subject research. If the required procedures were not followed, the interviews should be described as informal observations rather than a formal research study.

9. Conclusion

COVID-19 lockdowns altered children's schooling, routines, relationships, and access to ordinary social support. The seven interviewees in this exploratory survey commonly reported

physical discomfort, unreliable Internet access, limited interaction with teachers, and reduced social activity. These responses identify important concerns, but do not demonstrate that online learning caused mental health disorders or that all children experienced the same effects.

A more appropriate interpretation is that children's well-being during the lockdown depended on the interaction between educational quality, screen-use patterns, family support, peer contact, age, and access to professional care. Supporting children requires both practical adjustments to online learning and a non-stigmatizing approach to mental health issues. Larger, ethically documented studies using validated measures are required to determine the scale and duration of these effects.

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