

## The Social Construction of Depression

at St. Olaf College

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Ethnographic Research Methods 373

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May 19, 2008

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Executive Summary

### Abstract

While we acknowledge that depression has biological roots, the focus of this ethnographic study was to explore the social construction of depression at St. Olaf College.

We investigated students' perceptions about depression and how they shaped the discourse of depression. We saw that these ideas are perpetuated by how students strive to uphold a particular image associated with being an "Ole" and the stigma that results from the failure to do so. We also found a strong correlation between academic rigor at St. Olaf, stress, and depression. Overall, we discovered that the majority of St. Olaf students believe that depression is an issue not only on campus, but also in society.

### Main Points

- Depression is both biologically and socially constructed.
  - There is a significant impact of the social environment on a person's state of being.
- Students define depression as a constant state of hopelessness and worthlessness spanning a long period of time.
  - Depression alters a person's perception of themselves which in turn influences their social relationships.
- Students distinguish between the following terminologies: *being sad*, *being depressed*, and *having depression*, as they have different uses and needs.
  - The difference between *having depression* and *being depressed* is that the former denotes a medical diagnosis and is therefore granted legitimacy and validation.

- Sadness is considered to be short term and based on an actual event, where depression is long term and has triggers, but it is not rooted in particular event.
- Majority of students commented on how the academic rigor, challenges of time management and balance, and social issues are stressful factors.
  - The more negative stress students have, the more vulnerable they are to depression.
- There is a strong sense of competition on campus, although for the most part is not outwardly expressed.
  - Comparing oneself to others and therefore striving to do better leads to overachievement and perfectionism.
- Most students said that depression is not a topic of conversation on campus.
  - Depression was a topic of conversation among females more so than males. It is possible that this is because girls are more willing to talk about personal experiences and struggles.
- Many students recognized that depression is an issue on campus but it is not readily apparent.
  - There is a stigma that surrounds depression.
  - Depression is considered a sign of weakness so students would potentially conceal this aspect of their lives in order to uphold the image of being strong.
- Depression is a societal issue, one not limited to St. Olaf.

## **Abstract**

While we acknowledge that depression has biological roots, the focus of this ethnographic study was to explore the social construction of depression at St. Olaf College.

We investigated students' perceptions about depression and how they shaped the discourse of depression. We saw that these ideas are perpetuated by how students strive to uphold a particular image associated with being an "Ole" and the stigma that results from a failure to do so. We also found a strong correlation between academic rigor at St. Olaf, stress, and depression. Overall, we discovered that the majority of St. Olaf students believe that depression is an issue not only on campus, but also in society.

## **Setting**

St. Olaf College, founded in 1874, is located in the town of Northfield, Minnesota. This town, found thirty five miles south of the Twin Cities, features a population of 18,256 residents along with two liberal arts colleges. St. Olaf College is a small, private liberal arts school currently enrolling 3,040 undergraduate students: fifty-five percent of the students are women and forty-five percent are men. With a student-to-teacher ratio of twelve to one, students are able to become quite familiar with faculty, staff, and fellow classmates. Considering that ninety-six percent of students live on campus, there is a strong sense of community at St. Olaf.

St. Olaf College features five major faculty areas of learning: Natural Sciences and Mathematics, Interdisciplinary and General Studies, Social Sciences, Humanities, and Fine Arts. Within these areas are forty-four majors, including economics, chemistry, music, and sociology/anthropology, and nineteen concentrations ranging from neuroscience to management studies. Students here also have the opportunity to create their own major and design studies that fit their individual interests.

Diversity and globalization are important topics of conversation here at St. Olaf College. Here, administration works to bring in students from all over the country and the world. Currently students from nineteen countries, including Norway, Costa Rica, and Korea, attend St. Olaf, along with forty-three states within the United States being represented. St. Olaf College also stresses the importance of students' studying abroad for an interim, semester, or year; seventy-eight percent of every class will have studied off-campus by the time they graduate.

St. Olaf College is world-renowned for its music program. Each year, the St. Olaf Choir is featured in "Christmas Fest," in which thousands of visitors come to campus to participate in the festivities, including the famous choir concert, which has previously been aired on PBS. St. Olaf College also offers many other opportunities, including 27 varsity sports, 39 club sports, and many intramural activities. 120 student organizations are available for students including academic, athletic, awareness, political, multicultural, religious, service, and special-interest clubs.

## **Problem**

As students at St. Olaf College, our group was interested in exploring the pervasiveness of depression on campus. According to The National College Health Assessment survey conducted in 2007, St. Olaf College reported that 17.6% of students have experienced depression during the past year. We wanted to explore if student's perceptions of depression differed from the actual prevalence exhibited by the survey. This data was not disclosed to participants in this study in order to prevent this information from influencing their perceptions.

We were interested in exploring how students at St. Olaf understand the concept of depression. We purposely did not operationalize the term in order to provide each participant the opportunity to explain their subjective experience. By defining the term, we would have colored their responses. The participants would have framed their answers according to the information that we gave them. It is no longer considered a personal perception if someone else has already determined the use of the concept. We wanted to explore the discourse of depression on campus regarding the acceptability of depression and the circumstances under which it can be discussed.

Our research focused broadly on the social construction of depression on campus. Although it is commonly acknowledged that depression can have a biological basis, we expanded that concept to include the influence of social context for the purpose of our research. We sought to explore if and how the social environment at St. Olaf perpetuates and promotes certain depressive symptoms and feelings, although also accounting for gender and year in school differences. We did not explicitly ask questions regarding people's personal experiences with depression but sought to explore perceptions about St. Olaf as a social atmosphere.

Throughout the course of our research, we realized that our initial questions did not holistically address the issue of depression on campus. We reframed our interview questions to account for the preponderance of stress on campus by exploring its connection with depression, in terms of both academic and social life. We sought to explore to what extent students feel pressure to conform to a certain ideal as an Ole and if this expectation results in the display of depressive symptoms.

## **Theoretical Framework**

College marks a new stage in young people's lives, one of independence from the support network of family and friends. Throughout the college years, students are faced with experiences that challenge their identity and beliefs. Depression plays a significant role in influencing college student

functioning and their ability to cope with the ordinary demands of life. Emotional wellness has become a significant topic on college campuses around the country as "depression is the fourth ranked health problem that college students experience" (Soet and Sevig 2006:3). In 2002, 85% of colleges reported an increase during the past five years of students with severe psychological problems (Peterson 2002). This increase does not necessarily reflect a growth in the frequency of depression but rather an extension of the broader awareness of depression.

The diagnosis of depression as a biological disorder has grown to encompass the impact of the social environment. "The biological and social are neither separable, nor antithetical, nor alternatives, but complementary. . . . All human phenomena are simultaneously social and biological" (Blazer 2005: 3). During the early 1900s, a proposal of depression as binary was brought up. In this proposal, a debate was created between the beliefs that depression originated from the brain and that depression was due to an external reaction. By the 1960's social psychiatry was being integrated into society; before, psychiatry was more commonly practiced in much isolation within asylums, mental hospitals, and individual therapy. Social psychiatry was concerned with the effects of the social environment on the mental health of the individual, rather than solely looking at a person's biological problems (Blazer 2005).

Depression has become so widespread that it is considered the common cold of mental illness. "In a 2003 survey by the American College Health Association, more than 40 percent of students reported feeling 'so depressed, it was difficult to function' at least once during the year" (McGinn and Depasquale 2004:58) Major factors contributing to this onset of depression include more difficult academics, problems with family and friends, a crisis event, and/or a specific situation. The knowledge of these causal factors makes it difficult to regard depression as due solely to a chemical imbalance. Doing so would misconstrue the complexity of the disorder.

The word depression has changed to become part of the vocabulary of men and women as a way of describing their everyday subjective experiences (Stoppard 2000). The common understanding of what depression constitutes has been expanded through personal interpretation of certain experiences or events. As Callahan and Berrio (2005) note, "Distinguishing between depression 'the disease,' depression 'the symptom', and depression 'the experience' is one of the most difficult problems facing physicians and patients." There has been a shift by the general public in the use of the term depression from a purely clinical sense to one that is synonymous with feeling sad. Although *being depressed* and *having depression* are recognized as different, their meanings have become more commonly interchangeable in public discourse. Being depressed has become more generally understood and accepted as a short-term feeling, elicited by a stressful situation or bad day; having depression involves a constant state of hopelessness spanning a longer period of time.

This change in the meaning of the term can be explained by a social constructionist approach. Social constructionism is a sociological theory that considers how "people's experiences of self are understood as being formed in the course of their interactions with the world around them" (Stoppard 2000:69). Rather than being fully determined and unalterable, meanings are made, and made up, within a social process and/or action. Intimately connected with social constructionism, Michel Foucault's theory of discourse states that "the individual still acts and interacts, but the choices are circumscribed in advance to serve and reinforce the structures that define the everyday" (Ritzer 2004: 724). This institutionalized manner of thinking denotes a social boundary defining what can be said about a specific topic. This limit of acceptable speech shapes how depression is or isn't talked about in American society.

Research on depression suggests a connection between social contexts and depressive symptoms: "In social explanations for depression, attention is directed to the circumstances of people's lives and the nature of events which happen to them as important sources of risk factors for depression" (Stoppard 2000:83). As a specific social environment, college life includes the following situations: "greater academic demands; independence; changing family structure; financial pressures;

exposure to new people, ideas, and temptations; awareness of your sexual identity and orientation; and preparing for life after graduation" (NIH 2007). Students respond to these challenges in different ways, but these activities inevitably induce stress. Depressive symptoms can occur when students are unable to cope adequately with the above. In order to cope with the inherent pressures of college, students may feel compelled to adopt a perfectionist identity in order to meet their own expectations. Perfectionism involves setting high-achieving standards for oneself and assuming socially prescribed expectations: "Students who believed meeting one's own goals and standards of others was very important reported higher levels of anxiety and depression" (Arthur and Hayward 1997: 1).

Depression is a gendered experience. Research has shown that women are far more likely to experience depression than men (Scheid 2001). Men and women generally use two different methods for coping with mental illness, distraction and rumination. Since men "are not socialized to talk about their depressed moods as girls are, they avoid or distract themselves... from participating in self-contemplation until the depressed mood has subsided" (Good and Wood 1995: 72). On the other hand, women tend to cope through rumination, which is focused on conscious acknowledgment of emotions.

Erving Goffman's theory of dramaturgy helps explore the difficulty of coping with depression in American society (Ritzer 2008: 217). This theory argues that human actions are dependent upon time, place, and audience. Humans in everyday life are thus like actors, presenting themselves to one another based on cultural values, norms, and expectations through the "front stage" and "back stage" of one's self. In the "front stage," individuals present themselves in ways they believe that their audience would approve of. However, the "back stage" occurs when a person can act how they truly feel without worrying about how others may view them. It is possible that, in order to cope, those suffering from depression have these two distinct stages. In the "front stage," they portray the image that they have it all together. However, their "back stage" reveals feelings of hopelessness and insecurity. In a culture of high achievement, there is little room for failure. As a result, those suffering from depression may feel that their "front stage" is the only one that will be accepted by others around them. The "back stage" would show that they feel incapable of coping with internal and external pressures. In order to live up to society's expectations, they continue to present the "front stage" in their interactions with others.

Goffman acknowledged that when there is a gap between a person's virtual social identity and actual social identity, stigma emerges (Coleman and Corbitt 2001). Information gathered from inaccurate sources leads to further misconceptions about the reality of depression for those who live it everyday. Although mental health professionals have sought to eradicate the stigma associated with depression, this goal has proved difficult due to the engrained notions of the topic. Stigma arises when people view the patient as responsible for their state of being. For Coleman and Corbitt (2001), "stigma is defined as a mark of shame and is similar to the construction of individual perception." Susan Sontag states that "although the illness is the culprit, 'theories of disease assign to the luckless ill the ultimate responsibility both for falling ill and for getting well'" (Coleman and Corbitt 2001). Charles Cooley's concept of the looking glass self acknowledges the power of this perception and examines how the unacceptability of mental illness might be perpetuated (Ritzer 2008: 329). His theory states that we develop a concept of the self in response to our perception of other's judgment of us. The perception of others' reactions towards a depressed person as negative might encourage an individual to suppress depressive feelings or choose not to talk about it as a way of safe harboring themselves.

## **Methodology**

Our investigation of the perceptions of depression on campus was held in the form of one-on-one interviews and focus groups. Although we asked the same questions, we purposely utilized both methods to provide different settings of comfort for participants. Due to the sensitive nature of the topic, some participants would not have felt comfortable participating in one or another. One-on-one interviews provided a more personal interaction which may have allowed for increased openness regarding the issue of depression. On the other hand, focus groups serve to generate more discussion and allow students to bounce ideas off of each other.

We conducted 30 one-on-one interviews which can be broken down into the following demographics: 15 female and 15 male; 2 first-year students, 7 sophomores, 14 juniors, 7 seniors. We were especially interested in how depression is manifested differently in male and female students.

We conducted four focus groups. We conducted one as a wellness event for students in physical education classes on campus. There were 14 participants, 7 guys and 7 girls, representing all class years. Another focus group was held as an educational event during a Kildahl corridor meeting, which was comprised of 10 first-year girls. The third focus group was comprised of 5 girls from the track and field team. The last focus group was held in Mohn and featured 10 first-year guys.

Due to the sensitive nature of the topic, we didn't feel comfortable performing a random sample of students. As a result, we chose to recruit participants as part of a convenience sample by way of email. We also advertised our research project through flyers placed around campus in order to seek out interested students. It is possible that students would only respond if they had a vested interest in this topic, so it is likely that our data are subject to bias. Within our sample, a little under half of our participants were juniors. This significant bias can be attributed to our status as juniors and also because of our limited interaction with underclassmen. We acknowledged this bias and sought to compensate by choosing to host two focus groups of underclassmen.

Our decision to use a convenience sample limits our ability to generalize our findings to the St. Olaf population. Despite our use of a convenience sample, we did try to select a representative sample of the student body, looking at gender, class year, and minority status, thereby strengthening our capacity to make conjectures regarding our results.

## **Findings**

### **What is Depression?**

Throughout our interviews, it became clear that there are a diversity of opinions and thoughts regarding the topic of depression. This complexity was a result of varying conceptions of what constitutes depression. Students' perceptions of depression ranged from a simple biological explanation to an intricate interdisciplinary evolution. Sue recognizes how biology contributes to the onset of depression in her view that "depression is a chemical imbalance that can be caused both by genetics and outside forces." Kyle "is inclined to think that we are looking at certain triggers, beyond certain synaptical firings, taking it beyond chemical issues. It is one possible result as extreme negative stress, of expectations, of a new environment, and complex social situations as people search for their place in the world."

According to MedicineNet.com, depression is defined as a "mental illness that involves the body, mood, and thoughts, that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things." Many students echoed this definition in their belief that depression was marked by a constant state of hopelessness and worthlessness spanning a long period of time. One student, Alice, holistically describes depression in the following way:

"Depression makes you feel like you are stuck in a corner and can't get out; you can't control anything, you can't get things done, and you do things you don't want to do." There is a complete loss of control over your own understanding of how you live your life.

Martha denotes depression as "not being able to conceptualize a light at the end of the tunnel. There is also a feeling that there can't possibly be a positive end result to their feelings or situation," which has the capability of plunging those who suffer even deeper into their depression. There is a significant feeling of helplessness as a result of this hopelessness. Jane acknowledges how the loss of hope characterized by depression is analogous to a burden that you know is there, but are unable to deal with effectively. Theodore contributes to this idea by describing depression not only as a disorienting illness where "you have a lost sense of your position in life," but also as an incapacitating one where "the whole world is collapsing down on you."

Along with this feeling of hopelessness, students perceived depression as being associated with a lack of motivation and loss of confidence. As Mark commented,

I think that there is a disconnect between the individual and their wants and desires. You have no motivation and you can't just say 'go do it' . . . normally you can motivate yourself; you can go inside yourself and there is a motivation button. But with depression that button doesn't exist anymore.

Mike also noted, "Depression happens when you lose confidence in your ability to meet standards." This failure to reach societal expectations will be covered in more detail below.

Depression can be detrimental to the self because of its tendency to alter one's perception of oneself. Kyle describes depression as a phenomenon that takes "control of your life by killing your passions." The loss of enjoyment in pleasurable activities is a common symptom of depression which Janine discusses in the following way: "Internally, you lose the desire to go out and make yourself smile and be happy, whether it is a conscious decision or not." For many people who suffer from depression, the illness radically alters their original personality. In one of the focus groups it was mentioned that "you feel like you aren't yourself anymore and you don't know where you went." Meredith believes that depression "is shown by how you deal with yourself. When I am feeling depressed, I am more critical of myself and think that things aren't going to change. This attitude bleeds into how I look at others."

Voiced by several interviewees, depression not only influences self-esteem but also has significant social implications. People who suffer from depression often feel isolated from their social environment which can lead to relationship problems with and possible estrangement from family and friends. According to Janine, "when you stop spending time with friends, calling people, taking care of your body physically and emotionally, you lose the ability to function as a complete self." This lack of functioning is demonstrated by interactions between people and how one deals with social situations they face.

Although depression is typically understood as an illness that affects people psychologically, Maria gave evidence of the debilitating physical side effects of depression based on her personal experience.

It is all mental for although and then you start to have physical symptoms because of how intensely it affects your body. I have a crick in my neck all the way down my back. There is a constant pain because I have so much pressure in my shoulders that I can't seem to get rid of. I constantly get massive headaches and a dull ache has consumed by body.

This is a clear example of how people who suffer from depression are unable to cope effectively with their illness if they become physically disabled. These physical manifestations of pain give credence to depression as residing physiologically within the mind and the body.

### **Discourse of depression on campus**

We were interested in how St. Olaf students differentiated between the following terminologies, *being sad*, *being depressed*, and *having depression*, in order to understand the nuances of this mental illness. Martha explained how "there are certainly varying degrees of depression as well as different needs that go with each." There was a general consensus that *having depression* was strictly relegated to persons who have been professionally diagnosed.

Although some students used *having depression* and *being depressed* interchangeably, many noted a distinct difference between the two. Martha makes the distinction in the following way:

Being depressed seems like a feeling in the moment that has the potential to be fleeting whereas depression makes it seem fundamentally like a part of you is wired in a way that means that a lot of your actions and decisions need to be calculated in order to be happy. I can be depressed in a moment but I don't spend my life worrying about feeling like that whereas that is not the reality for those who have depression. Having depression is a much more constant thought; those who have it are more aware of situations that they put themselves in.

A practical difference between *being depressed* and *having depression* is social connotation. Kyle said that "the difference between them is that having depression denotes a medical diagnosis and is therefore granted legitimacy and validation." He also said that "it is in the choice of the possessor of the emotions what name they want to voice and give to their emotions." Matt added to this thought by stating that the purpose of these terms is "emphasizing what you are struggling with by getting the feeling across using a term that everyone understands."

Many students made a sharp distinction between *having depression* and *being sad*. Janine explores how sadness and depression carry different implications for how to cope. "The solution for sadness is just to smile and get over it, whereas for depression, people are encouraged to seek professional help because it is considered a serious condition." Other students, such as Tim, described the distinction between the two as follows: "Depression really affects your personal life, although sadness is just like getting over a hump," Alice also noted how "sadness is short term and based on an event, where depression is long term and has triggers, but is not based on a particular event," Another student, Matt, used longevity to distinguish the two: "Discourse of being depressed is inflating [the] seriousness of what is temporary."

Students were quick to recognize the sensitive nature of this mental illness. Martha believes that "we should be more thoughtful about our choice of language, out of respect for people who do suffer from it [depression]." Those who deal with depression on a regular basis find it challenging to hear the term used so colloquially because it reduces the seriousness of their illness. Some students that were interviewed did not feel comfortable using the term depression to describe their emotional experience if they had not been clinically diagnosed.

### **Impact of St. Olaf as a social environment**



Students at St. Olaf recognized the impact of the social environment on increased susceptibility to depression. When questioned about the difficult aspects of St. Olaf, an overwhelming majority of students were quick to mention the academic rigor here. Andrew noted, "St. Olaf is twice as hard [as other colleges] with regard to workload and expectations . . . you can't ease your way through here." Many students, including Matt, noted how they find themselves "spending hours in the library working on homework."

Even though many students were aware of the challenging nature of St. Olaf, they found themselves shocked by how difficult academics actually were. Martha commented that "St. Olaf projects an image of being vigorous and holding a candle to more academically known colleges." This desire on the part of administration trickles down to how professors choose to conduct their classes and how students shape their work habits accordingly. This reciprocal relationship is emphasized by Lucy in her viewpoint that "both the professors and students have higher expectations here."

Within the academic sphere, many students concentrated on the difficulties associated with time management. Matt responded that "It is hard here to find enough time to do everything because there are so many things to do and not enough time." Martha added to this notion:

The intensity of the routine is challenging. It is hard to start a week wondering when you are going to take your next breath or get a good night's sleep. It is difficult to start a day knowing that you are full until 7:30 and that is when you can actually start homework. It makes it hard to think about the big picture when you don't have or find time for rest and relaxation.

Students mentioned that they depend heavily on organizational tools and techniques in order to take control of this otherwise daunting task.

According to Alice, "St. Olaf attracts overachievers," so it is not surprising that "students here have the mentality of over committing." This tendency occurs not only within academics, but also in their daily activities. Martha focuses on the difficulty of attaining the balance that St. Olaf encourages you to achieve:

Can you really give yourself wholly to yourself through academics, to yourself physically, to others through service? No one feels successful if they just do one or two of those things. The epitome of an Ole accomplishes all three, and does it smoothly. You find that you need to put up a front because you can't do it all.

The people shown in St. Olaf brochures tend to be over involved, but they are made to look like your average "Ole." This portrayal distorts students' perceptions of reality and can increase the pressure to uphold this high standard.

St. Olaf students' attraction to overachievement creates a playing field for competition amongst one another. Although students acknowledged the presence of this competition, they wanted to make clear that it is often not outwardly expressed. They suggested that with this underlying competition, students feel the need to compare themselves to others, especially academically. Caleb explains that "there are always people around me who are putting in the extra mile and I want to be like them." According to Nick, "no matter what you are doing, even if it is legitimate free time, you should or could be doing something academically." A common byproduct of overachievement is the drive to perfection. Emily has experienced St. Olaf as a social environment that "provides me with the tendency to feed on and off other perfectionists out there."

It was not surprising to hear from participants that the social life here at St. Olaf parallels the academic sphere. Marcus reported that "the social life here is more intense and conversations are more serious" than in high school. This builds right from day one. According to Cara, "there is a certain desperation first year to make friends. You are imbued with the notion that the people you meet first year, you [must] either voluntarily or obligingly hang out with them for the rest of your time at Olaf." Students find it difficult to deal with this social pressure along with the rigorousness of academics.

This combination of academic and social pressure can overwhelm students. "Life here is complicated," Caleb says, and "there are expectations to live up to and obligations to fulfill on a daily basis." Many students remarked about the constant stress that fills their lives. Matt mentioned that "you only socialize with your friends after homework is done" and even then, conversation centers on the things that are stressful. Ironically, Katie said that she "feels like you fit in more at St. Olaf when you are stressed. I feel like I have more of a purpose at St. Olaf when I feel like this." Janine followed this idea by remarking that "with the right amount of stress, I thrive."

Through comments like the ones above, students recognized how stress can positively contribute to daily life. On the other hand, many students were adamant about the debilitating effects of it. "If you are stressed all the time and not able to deal with it, you become frantic, overwhelmed, and helpless," Alice said. Kyle views stress as something that "impedes your ability to enjoy your work. Important ideas become checklists instead of questions to be continually examined." He also was "hard pressed to tell the difference between negative stress and depression as a condition that persists outside of class, library time and creeps into social interactions."

Many students echoed this idea in that the more negative stress one has, the more vulnerable they are to depression. Katie said that "stress becomes a breaking point – either people can deal with it or they can't, the latter potentially resulting in depression." Numerous students commented that the relationship between stress and depression is definitely correlated but by no means a direct causation. It is important to note that people who suffer from depression experience stress differently. Maria highlighted that because she has "such high depression, I have low stress. Nothing can be fixed so worrying doesn't do anything. I don't care, I don't want to do anything, and it doesn't faze me that I have stuff to do."

### **Depression as a topic of conversation**

There were varying opinions regarding depression as a topic of conversation on campus. Students who remarked in favor of it as a topic almost exclusively relegated it to only within close groups of friends. Martha was thankful that her "college experience has been full of people willing to support one another and find solutions to those problems," and therefore felt comfortable talking about this sensitive issue. Janine commented that "I am a very open person so I don't mind talking about depression and my experiences with it. I have never brought up the subject and been met with severe uncomfot in the other person." Even students that felt that depression was a topic of conversation here noted that it is only discussed after it becomes an issue.

The consensus among females was stronger that depression was a topic of conversation compared to males. Kyle illuminates that this finding might be due to the fact that "girls are more willing to talk about personal experiences with depression, to use the term more freely, and to inform peers." Men, in keeping with stereotypical views, tended to shy away from talking about their problems. Janine even goes so far as to say that they are more likely to "deny there is a problem."

The overwhelming majority of participants believed that depression is not talked about on campus. Within this consensus were various explanations as to why this phenomenon exists. One student

suggested that the reason why depression isn't talked about is because it doesn't affect young people. Matt commented that depression is "not a subject here because only a few people deal with it here." Megan "thinks of depression as correlating with mid-life crises and as something that affects middle-aged people with a home and family." Although valid in their own way, these perspectives were not acknowledged by the majority of participants.

Many students believe depression to be a highly personal issue and are cautious about sharing such a vulnerable side of themselves with others. Emily recognized that "depression is such a personal struggle that people don't find themselves talking about it a lot, especially to people they don't know." Since Maria views depression as an internal dilemma, "I don't think that it should be talked about all the time." Students with depression felt like others around them often did not understand what they were going through so therefore chose not to disclose about their personal experiences. This often leads to feelings of shame. Lucy, a student who admitted to having depression, commented that "people here don't want to talk about your problems... [the phrase] 'How are you' is asked just to be nice" without actually caring about the answer.

The hesitancy to talk about personal problems also stems from the desire to uphold a certain image. Sarah noted that "people here wouldn't want to give up the idea that we are all perfect, by admitting that something was wrong with us." Students do not like to highlight negative aspects of themselves. Alice commented on how depression is not conducive to the image of an Ole: "Depression as a topic is avoided because good Oles don't have problems." With the standard of perfection that is pervasive at St. Olaf, many students, like Janine, "try to keep up the façade that everything is fine." This tendency causes us to talk about depression in an abstract way without drawing on personal experience. Joe reflected about this notion in the following way:

I don't think it's a topic anywhere. No one wants to be the downer. I think that it definitely impedes conversation when you are depressed because you are expressing things from a depressed perspective. People are cautious about talking about depression, because if someone is depressed, you could be stimulating conversation that could be upsetting... People are just uncomfortable talking about sad topics because image is important.

Students in general may desire an open atmosphere with emotions, but find themselves to be limited by the expectations of maintaining the image that coincides with being a student at St. Olaf. There is a certain pressure to conform to this normative state of being. According to Martha, "If you are depressed, it means you don't have a handle on yourself. You don't want to admit that you are not normal."

An important aspect of this image is concealing signs of weakness. Matt highlighted this propensity: "Aesthetics are important as well as the perception that you are strong." He also mentioned that "no one likes to talk about it. People like to keep mental health problems under wraps." This desire stems from the pressure to be on top of everything and to not disappoint others. Mickey echoes this feeling:

There is the tendency for people to think that people who have depression can't handle their problems. There is the tendency that we all have stress, problems, and sadness – we can handle it so why can't they? A lot of this is based on general misunderstandings. We live in a very individualistic society. Generally people don't understand how or why people handle it differently.

Although many people strive for this ideal of perfection, it is likely that some will fail in their attempt, which in turn would lead others to view this as a sign of weakness. For example, Megan said that if she "found out a student was depressed, I would see them as a weaker link, someone who is not ready for St. Olaf." This failure to deal effectively with your problems is compounded by the notion that everyone else is succeeding.

Another reason why depression might be limited in conversation is because of the potential social stigma it carries. A focus group discussed "the perception that depression should only target a certain kind of person. People don't want to talk about it if it shouldn't happen to someone like you." This attitude uncovers the possible taboo nature of depression. Many students like Nick voiced the opinion that "depression means that there is something wrong with you." Kyle exposed how "depression and mental illness are considered pathological." Matt noticed that this pathological nature leads people to "think differently of those suffering from depression and create a stereotype that they need help" in order to get better. Part of the stigma resides in the lack of knowledge surrounding depression. We acknowledge that there is a link between depression and suicide but the common misconception lies in the frequency of this connection occurring.

### **Coping mechanisms for depression**

Students also mentioned how clinical depression is typically equated with medication. Megan stated that "I only know what I've seen in commercials: "It [Depression] is a clinical problem that occurs over a long period of time, affects everyone around you, and may be biological. [Therefore] You take medication." For those with depression, medicine can really help them feel better as it seeks to correct the chemical imbalances within the body. Medication has also been used by those suffering from depression in order to return to society's standard of normalcy. Janine talked about how medication fulfills "the tendency to want a quick fix. People don't necessarily want to talk to a counselor for a long period of time in order to figure out the underlying causes of depression." According to Theodore, this desire has become so commonplace that "doctors are no longer spending time with their patients in order to understand their problems. They prescribe medications to anyone who has self-diagnosed their problems" as pathological and contrary to the rest of society.

Although many students affirmed the benefits of medication for those with depression, other students explored the negative aspects. Martha says that "as a person, you don't want to be dependent on a drug. You don't have the power to make yourself feel better." Although there were varying perspectives regarding this intersection between depression and medication, many students recognized this as a very personal and sensitive issue that must be dealt with on a case by case basis. Students who, like Maria, viewed medication negatively also had the tendency to attach a social stigma to it.

"I take a pill everyday to 'help' me be normal, to fix something that is wrong, to make myself feel like I am a functioning member of society. There is stigma that you need to take medication to be normal. This bothers me. I went off of medication for although but then realized that I couldn't do without it. This was even more bothersome.

Stigmas do not only arise with the topic of depression but also with how people choose to cope with their illness.

St. Olaf provides counseling services in Boe House free of charge which can be utilized by students to help them cope with any issues. Along with providing one-on-one therapy sessions, Boe House sponsors an annual depression screening during October. Although this source may appear to be a good resource, many students choose not to take advantage of it because of the stigma it potentially carries. This stigma can be explained by exploring students' reactions.

One of the main reasons why students avoided depression screenings traces back to the idea of upholding a certain image. Students feel pressure to conform to this image of perfection and

therefore try to limit displays of weakness. Katie explained why this phenomenon exists: "I would feel very self-conscious to have other people see me going into the room, especially since it is in a very public place." Katie's response can also be extended to include students' feelings of discomfort regarding going to the counseling center. Students remarked that the location of the counseling center on St. Olaf Avenue was not only inconvenient but also indiscreet, as this avenue is an area of high traffic for students and faculty.

Another common response alluding to the stigma surrounding the counseling center is student's fear of discovering that they may have a problem. Ashley commented that "people don't want to know if they have depression so they would purposely not go." Again tying to the idea of upholding a certain image, Katie felt that "people are also afraid of knowing the answer. They don't want to be considered as a person who has depression." Certain gender stereotypes also play out in this fear of finding an answer. Emily believes that "there is a tendency for boys to feel ashamed if they are depressed especially because of the image that boys are expected to uphold as being tough and not showing weakness." A fear of being labeled as mentally ill tends to keep students from seeking help at the counseling center.

Moving past the idea of the stigma that the counseling center carries, students recognized problems with counseling in general along with the Boe House in particular. In keeping with the rigorous routine that St. Olaf students have, even students who recognized that they need help had little time to fit the counseling center into their daily lives. Ashley noted this by stating that "we are all over-scheduled and we don't have time to go to events like this. It is one of those things that you know it would be good to go to but you let whatever else that is keeping you busy get in the way." It is possible that the little free time students have in their schedules does not coincide with the available time slots that the counseling center offers. One student, Alice, was personally affected by the fact that "it is so hard to get an appointment at the counseling center." With counselors having such busy schedules, those seeking help often turned to their friends. Martha noted on this experience: "The counselor was good at listening but not always accessible. It was placed in my hands to keep my friend safe. Other adults should have been involved. As a college student, I don't have the tools to deal with as well as be a student here."

In contrast to the above problems, many students, when asked about the counseling center, were unaware of its location; some were even unaware of its existence. When asked about these services, a focus group of freshman boys responded, "We have a counseling center? We have depression screenings?" This lack of awareness potentially influences the type of people that go to the counseling center. It also has the potential for preventing others who are unaware of its existence from seeking help.

Although many students have had a positive experience with the counseling center, some have been especially dissatisfied with the level of services they received. Maria, who suffered from both depression and an eating disorder, commented:

I have been very disappointed with Boe House. One grad student that I had was very judgmental regarding the information that I was sharing with her. Another grad student just told me to work out without realizing how that would influence my growing eating disorder. Another friend went down and the counselor was making very off-color jokes and being very unprofessional. People who are seriously mentally ill should not be receiving such shoddy advice. These are people's lives and well being that we are talking about.

This ineffective counseling can be detrimental not only to the student but also to the reputation of Boe House. This may lead students to seek counseling in other places off campus, even though it is often accompanied by a high price tag.

Despite these complaints, many students found the counseling center and depression screenings to be quite helpful. Alice provides one such example: "On a whole, people don't use them as much as they should and could. Screening is helpful because it confirms beliefs and shows that this problem is not all their fault." Kyle recognized how these services legitimize students' experiences with depression. He also comments that "the depression screenings are like a self-fulfilled prophecy. You wouldn't go if you didn't think that there was the possibility that you had it. There is a bit of self diagnosis involved." Depression screenings have been very helpful in targeting students at risk for depression. Martha said that "some students have used these services well, especially if it is of their own choice." On the other hand, students who are forced to go may not benefit from the experience because they are either unwilling or unable to open up to the counselors.

### **Prevalence of depression on campus**

Discussing the prevalence of depression on campus was met with varying responses. On one end of the continuum, a minority of students, most of these being males, believe that it is not an issue here. This might be due to the fact that men are less likely to talk about emotions and admit weakness. Therefore their perceptions of depression on campus may be skewed. Other student responses dealt with academic rigor. Andrew doesn't believe that it is an issue because "people with depression would have too hard a time getting through school here." This difficulty, along with upholding appearances, creates the assumption that students are unable to be successful academically although suffering from depression. This also contributed to Alice's reply that "it is not prevalent because I have seen so many people accomplish so much here."

The majority of participants recognized that depression is an issue on campus but noted that at first glance, it may not seem apparent. Katie voiced that "there are a lot more [who deal with depression] than you see or know." In order to avoid the stigma that surrounds depression, students may opt instead to deny feelings of depression, which could mask the actual prevalence on campus. Caleb noticed how it is difficult to determine how many students actually suffer from depression:

People appear happy and non-confrontational. I would have no way to tell how it affects the majority of St. Olaf. As far as "being happy" it is hard to know how much of it is contributed to by a willful living up to societal expectations. People around you push these feelings. St. Olaf students 'pretend' to be happy and I think that most are, and the rest try to be.

Another aspect of this denial occurs in one's self. According to Emily, "people don't necessarily recognize it within themselves...Even if you realize that something is wrong, you just keep working, and you don't let yourself think about it." There is also the tendency for students to hide their depression in order to not let others know about it.

Almost every student that acknowledged depression as an issue for St. Olaf students also extended this problem beyond the campus. Some students, like Kyle, felt that the depression experienced "is not necessarily any more prevalent here than at a similarly rigorous school with the same intellectual makeup as St. Olaf." Students recognize these challenging academics as a contributing factor to why depression is an issue here. Kyle explains that "a large part of the focus on depression is a facet of the intellect. I think an intellectual by nature is one who is more prone to depressed feelings." This propensity can be explained by the reflexivity encouraged by an academic institution of high standing.

Many students believed that depression is a potential issue for all college students in general. Janine even went so far as to say that she doesn't "see how you wouldn't go through depression because

there are so many new challenges experienced in college.” Mickey provides some examples of such difficulties that students may face:

There are multiple factors that affect emotions and wellbeing: being away from home for the first time, being around people you don’t know, a brand new environment and trying to decide what you are going to do with the rest of your life. There is a lot of pressure on college students to figure themselves out. If this doesn’t happen, they might view themselves as being abnormal.

Another viewpoint extends the difficulty of these transitions to include not only people in college but all people within this particular age group. Martha notes that:

There are fundamental shifts as people come into their 20s based on the way they think about who they are and who they are going to become... Anytime you drastically change your context, you are more susceptible to depression. Although for some people it is more intrinsic to their nature, it can be contextual as well.

As mentioned previously, Martha and Mickey look at how a certain social environment can aggravate depressive symptoms. This contributes to the social construction of depression at the college level.

Although almost every student acknowledged the presence of depression in the context of college life, they were also quick to note how this prevalence is shaped by the cultural values of our country. Like many students, Mary noted that “depression is mainstream and everywhere.” Martha shares this opinion when stating that “our culture of business and high expectations can exacerbate depressive symptoms and tendencies.” Furthering this idea, Kyle posed that “one potential social cause of depression is expectations and results clashing.” Once again, we return to the importance society places on image and the ideal of normalcy. There is a general viewpoint in American society that depression is in response to not dealing properly with one’s problems.

## **Summary and Conclusions**

The social construction of depression is an all-encompassing concept because it acknowledges the impact of the social environment on a person’s state of being. The exploration of the stressful nature of St. Olaf demonstrated how it stems primarily from academics whereas depression is more often linked to social problems and personal insecurities. However, we also consider how stress and the over-involvement so characteristic of St. Olaf students can be contributing factors to the onset of depression. A strong correlation can be made between stress and depression; however there is not necessarily a relationship of causation because there are so many extraneous circumstances that color this mental illness.

The expansive perceptions of what constitutes depression examine how people choose to talk about their subjective emotional experiences. The discourse that is used is somewhat controlled by institutional expectations regarding image as an Ole. This image discourages students from showing signs of weakness in order to attain perfection and avoid stigma. Even though many students realized that perfection cannot be attained, they still outwardly upheld a façade that suggests otherwise.

Due to the findings of our research, we have many policy recommendations for St. Olaf College regarding mental illness and especially depression. First of all, we believe that there is a general lack of knowledge about these issues at St. Olaf. It was certainly reflected in our interviews that many students have misconceptions about what constitutes depression. We believe that this problem could be easily corrected by increasing awareness on campus in the following ways. We think that it would be highly effective to incorporate mental illness discussions into already existing wellness events. Our decision to have one of our focus groups be in the form of a wellness event was a positive one because it attracted a wide range of perspectives that enhanced our research. It also had a very high turnout despite the single day's notice. We realize that much of the success of this focus group was due to the fact that students were rewarded in the form of two stamps for physical education classes, but feel that this issue is so important that such rewards are worthwhile. Our desire to raise consciousness about the debilitating effects of this mental illness is in an effort to reduce the stigma and taboo nature surrounding depression on this campus.

Additional recommendations deal with improvements that can be made to the existing counseling center. Since many students voiced the complaint of its inaccessible and indiscreet location, we think that the services would be more heavily used if it were in a centralized location on campus with a certain degree of privacy. St. Olaf is at a turning point with the establishment of Regents Hall. This transition will signal a large volume of shuffling around of academic departments and administrative offices. We think that it would be very valuable to conjoin the health services with the counseling center because it legitimizes mental illness as an actual health issue along with providing the discreteness students desire. For example, there could be a main waiting area for both services and a closed door that leads to a hallway where both the doctor's and counselors' offices are located. This secrecy would potentially limit the hesitation students might feel about going to the counseling center because it would be obvious only to them what the purpose of their visit is.

We were surprised to hear that the only depression screening offered on campus was during October, and felt that this was very inadequate in identifying students at risk for depression. Many students remarked that the most stressful (i.e. most prone to depression) time of year tended to be during the winter months of January through March and also at the end of each semester before finals. Obviously the October depression screening does not fall during any of these time periods. We feel this can be easily accommodated to the suggested times in order to be as effective as possible.

We also feel it would be very beneficial to have a 24 hour crisis hotline for students dealing with depressive or suicidal feelings. We already have something similar to this for students who experience sexual assault through the Sexual Assault Resource Network. This could be done by trained professionals in the area or through an already existing crisis hotline. Rice County currently has a suicide crisis hotline, but it needs to be more heavily advertised so students can take advantage of it.

Another area of improvement could be accomplished through faculty development. Through our research, we have recognized the correlation between depression and academic rigor. For this reason, faculty should be aware of the signs of symptoms of depression and how to communicate with students who display these tendencies. Awareness could be raised through faculty workshops with the counseling center.

Our final suggestion is to create an interdisciplinary class about the social history of mental illness, not only in the United States but also cross-culturally. Although there are psychology classes that address the biological aspects of depression, there are no classes on campus that explore the social construction of mental illness. We firmly believe that this would be extremely helpful to both students and faculty in an effort to break down the barriers and stigmas that control the discourse of depression at St. Olaf.



To further our investigation of depression and the influence that the social environment of St. Olaf has on it, it would be valuable to utilize more interviews along with campus-wide surveys in order to gauge a better understanding of the actual prevalence. Due to the limited scope of our research, we were only able to make broad assumptions about the rest of the St. Olaf population. Another way to explore the presence of depression on campus would be to conduct an actual survey (like the Beck Inventory) in order to touch students who may not go to the counseling center but may exhibit depressive behavior. This would also enable us to see the frequency of certain levels of depression by concentrating on how it affects certain class years and majors. We are acutely aware of the very sensitive nature of this topic and therefore realize the limitations of actually distributing such tests.

Overall we feel that depression as a topic needs to be taken more seriously than it has been in the past. The first step is getting people to acknowledge that depression actually does exist here. Once this recognition occurs, people will be able to reflexively engage with this consciousness raising and therefore feel more comfortable talking about and sharing emotions.

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All of the information listed below regarding St. Olaf College can be found on the St. Olaf website under Fast Facts for Future Students: <http://www.stolaf.edu/admissions/numbers.html>

All names used in this paper are pseudonyms to protect participants' identities

Many students commented on the difficulty of getting into the counseling center, we recognize that these statements might not actually reflect the reality of scheduling an appointment.

This number is: 1-800-422-1286

