

**A Cultural Analysis on Depression at St. Olaf College:
Understanding Students' Help-Seeking Behaviors**

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ABSTRACT

Our research project investigated multicultural perceptions of depression within the St. Olaf Campus. We focused on how stress influences students' mental wellbeing, in addition to analyzing how students utilize the available mental health resources offered on campus. We drew our conclusions from conducting interviews with 47 students from various backgrounds, one Peer Educator from the Wellness Center, and one representative from the Counseling Center. The goal of this research was to gain an understanding of how students from different ethnic and cultural backgrounds perceive and approach the concept of depression in comparison to their white peers. Through this investigation, we found that depression is not a phenomenon in every culture, the word depression is used lightly and as an exaggeration of students' emotions on campus, stress is a contributing factor to student depression, religion plays a role in the treatment methods certain students seek, and students desire different treatment methods depending on their background.

Keywords: depression, mental health, mental illness, college students, student of color

SUMMARY OF FINDINGS

- Stress level has increased on St. Olaf campus in the past couple of years due to rigorous and demanding academic demands. A busy lifestyle has become the accepted 'Ole' image.
- Our research consisted of 47 student interviews, one Peer Educator interview, and an interview with Steve O'Neil, director of the Counseling Center.
- The word depression is used lightly on campus and the topic is considered a taboo with most, but not all, students of color.
- Depression cannot be translated directly into many languages. There are only phrases to explain how an individual would feel if they are depressed. These phrases include sadness, loneliness, etc.
- Most students defined depression based on their feelings rather than using a clinical definition.
- There is stigma attached to using mental health resources on campus.
- Cultural background did not seem to be a huge factor in how students understand treatment, but religion plays a big role. The majority of our participants acknowledge clinical treatment as an option.
- Student resources, such as the Wellness Center and Counseling Center, provide varying treatment options to students on campus regarding their mental health.
- St. Olaf, in general, offers sufficient resources and advertising, but many students do not seek help because depression and treating depression are viewed differently cross-culturally. There are also stigmas attached to being depressed on this competitive campus.

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Abstract

Our research project investigated multicultural perceptions of depression within the St. Olaf Campus. We focused on how stress influences students' mental wellbeing, in addition to analyzing how students utilize the available mental health resources offered on campus. We drew our conclusions from conducting interviews with 47 students from various backgrounds, one Peer Educator from the Wellness Center, and one representative from the Counseling Center. The goal of this research was to gain an understanding of how students from different ethnic and cultural backgrounds perceive and approach the concept of depression in comparison to their white peers. Through this investigation, we found that depression is not a phenomenon in every culture, the word depression is used lightly and as an exaggeration of students' emotions on campus, stress is a contributing factor to student depression, religion plays a role in the treatment methods certain students seek, and students desire different treatment methods depending on their background.

Setting/Community

Our research was designed to examine the multicultural perspectives of depression that exist within the St. Olaf community. In order to do this, our group studied a diverse group of students throughout the campus. The students that we interviewed varied by gender, age, and other demographic categories—cultural, racial, ethnic, and national classifications. Additionally, we worked with representatives from two different mental health resources on campus to gain an understanding of students' usages of these provided spaces. Each of our research participants were asked a series of questions that were intended to help us gain an understanding of their personal beliefs regarding depression amongst college-aged students.

Our study took place within the boundaries of St. Olaf College, located in Northfield, Minnesota. As an institution, St. Olaf is a private liberal arts college that provides many educational and recreational opportunities for its student body. The school enrolls approximately 3,000 students annually, with its acceptance rates slowly increasing because of the number of qualified candidates that apply each year. As a result of the typical student's hardworking

demeanor, the school's environment is competitive for both extracurricular activities and academic programs. Because of these rigorous demands that students face, many individuals are becoming more and more stressed on campus throughout their years as students.

In a competitive environment like St. Olaf's, it is important that students are given many opportunities to discuss their concerns and constant stresses. By discussing these matters, students are able to vocalize their problems instead of internalizing them. For this reason, it is important that students are provided adequate mental health facilities. Resources like the Wellness Center and the Counseling Center provide students opportunities to discuss problems that may arise in their daily lives. We interviewed representatives from both the Wellness and Counseling Center in an effort to obtain information regarding the different mental health resources on campus. At the Wellness Center, we questioned a Peer Educator about the services they provide for students. Steve O'Neill, the Counseling Center's current director, provided similar information for the Counseling Center. Both representatives were asked to provide information about student services, as well as the methods of advertising they utilize to inform students of these centers.

The Counseling and Wellness Centers provide free help to students that require assistance with their mental wellbeing. While students on campus utilize both resources, they vary drastically in their treatment strategies and overall environments. The Counseling Center is located along St. Olaf Avenue in the Boe House, next to several student honor houses. This location makes it slightly less feasible for other students to see when students attend appointments. However, many students have reported disliking the location because it is further away from central campus and therefore, more difficult to get to when needed. In comparison, the Wellness Center is located in Buntrock Commons near the Office of Student Activities and

Sexual Assault Resource Network. This location makes the Wellness Center much easier to access, but it also allows for other students to witness when students are seeking help. It is apparent that no matter the location, many students are utilizing both of these resources to pursue treatment options for any mental health issues that they may have.

The individual students that we interviewed came from a wide variety of cultural and racial backgrounds. We attempted to interview students from these various backgrounds in order to obtain multiple perspectives of depression across several different cultures. As a result, our sample consisted of white, Asian American, black American, Hispanic/Latino, and international/other students. Our outcomes indicated that there are differences in perceptions of depression that vary by students' cultural backgrounds.

Methodology

Our cultural analysis of depression was conducted via one-on-one interviews. We compiled a series of questions to fit the purpose of our topic; each researcher used this questionnaire for their interviews, with slight differences made for the Counseling and Wellness Center interviews. Due to the sensitive nature of this topic, the one-on-one interviews provided a private and more personal interaction between the interviewer and the interviewee; the intent was that this would encourage the participants to be more open about the topic. Our research also included interviews with representatives from two respected facilities on campus that provide mental health services, for which we composed a different set of interview questions. By interviewing representatives from these centers, we gained insights into different perspectives of depression from a peer educator's and a counselor's point of view. By interviewing representatives from these centers, we gained insights into different aspects of depression from the perspectives of a peer educator and a counselor.

We conducted forty-seven interviews with students, one interview with a Peer Educator from the Wellness Center, and one interview with a representative from the Counseling Center. The demographics of our participants are as following: 31 females and 16 males; 5 freshmen, 6 sophomores, 11 juniors, and 12 seniors; 8 white Americans, 14 Asian Americans, 3 black Americans, 6 Hispanics/Latinos, 2 bicultural students, and 4 non-residential international students. We recruited a convenience sample of participants from our close networks either through e-mail or in person. Since this was a voluntary sample, those who responded may have a particular interest in the topic, thus our data is likely subjected to biases. One third of our sample size consisted of upperclassmen due to our status of being juniors and seniors, and we had limited interactions with underclassmen. Furthermore, we understand that by using a convenience sample, our results may be limited and may be difficult to apply to the general St. Olaf population. Nevertheless, each researcher tried to select a variety of students from different class years, genders, and ethnicities.

Problem

Depression is the number one under diagnosed disorder, particularly in ethnic minority populations around the world (Ahmed and Bhugra 2011:48). This could be a result of the lack of acknowledgement of depression in these cultures, depression being a taboo subject, or as a result of language barriers. For these reasons, students from ethnic backgrounds are less likely than white students to seek professional treatment for this mental disorder (Eisenberg and Chung 2012:214). As more minority students enroll into higher education institutions, research is being done to evaluate how this population of students deals with stress, and whether or not stress leads to depression. In other words, although campuses may offer generous resources to guide

students through their mental health needs, minority students may not be taking advantage of them because of cultural influences.

Literature Review

Definition and Consequences of Depression

Mental health and mental illness are umbrella terms used to describe multiple emotional disorders. One of the many disorders is depression. Depression can be defined as a mental illness that typically involves negative effects, such as sadness, a pervasive loss of interests in things that were previously enjoyed, a profound sense of pessimism, thoughts of suicide, and negative beliefs about oneself. These symptoms are generally not accepted in society, and therefore, produce stigmas for people suffering from depression (Gray 2009:199). Although depression is responsible for a large sum of disabilities and suicides, many people still refrain from speaking about it because of the stigmas attached to both the word and the disorder. Instead, individuals who suffer from depression cope with it by seeking private treatment, such as one-on-one counseling (Lehti 2010:109). This can be a result of different social or cultural factors such as lack of support from family and friends, and gender roles, which could potentially be essential elements in healing from the disorder (Gomez 2011:1456).

Stress and Depression

Stress is a state of mental and emotional strain, or the tension resulting from adverse or very demanding circumstances (Oxford Dictionary 2013). Many studies report that heightened levels of stress can cause depressive episodes (Hammen 2005). This definition demonstrates how seriously stress should be taken, and how it may become a severe complication that may be difficult to live with. The article *Stress Among Higher Education Students: Towards a Research*

Agenda discusses how students are constantly stressed in many areas within the college setting. For example, stress may be related to studying, exams, living in a new setting, and financial issues (Robotham 2008:740).

Another factor contributing to stress and depression is a student's demographic background. Minorities are usually found to live in more impoverished areas, which affect their lives greatly by forcing them to live in bad conditions, attend underfunded schools, and live in unsafe neighborhoods. This, however, enables them to deal with crises because they are more knowledgeable in what resources are available to assist them in their time of need, putting them at an advantage in comparison to their white peers (Harrell, Myers, and Smedley 1993:373-440).

Depression Among Students of Various Cultural and Ethnic Backgrounds

Culture can be defined in many ways. For the purpose of our research, we defined it as a way of life for a specific group of people. This includes their accepted behaviors, beliefs, values, and cultural symbols that are passed along by communication and/or imitation from one generation to the next (Salzmann 1973:9). Besides cultural differences being a factor in how people experience depression, other components that influence this include gender and socioeconomic status. The article *Untangling Inequalities: Gender, Race, and Socioeconomic Differences in Depression* describes how socioeconomic status can influence an individual's health based on their level of education, income, and wealth. These elements permit access to resources that may improve an individual's health (Roxburgh 2009:380). Culture is another factor that impacts the use of resources available for mental health (Segal 2010:269). One example includes the fact that many minorities are opposed to receiving clinical care for mental illnesses because of the high costs. This is demonstrated through a study that examined black American college students. This study found that many students tend to have negative help-

seeking attitudes in regards to their personal mental health. This could be due to several factors including poverty, psychosocial factors, lack of access to these services, and a mistrust of the provider (Masuda, Anderson, and Edmonds 2012). This reinforces a differing perception of depression among students of ethnic backgrounds.

Statistics on Students Enrolled in College

According to the 2012 census, there were 19.7 million students enrolled in colleges and universities in the fall. This number increased from 14.4 million just 20 years ago (“Profile America Facts...” 2013). In 2009, there were a total of 15,027 white students enrolled, 2,889 black students enrolled, and 2,434 Hispanic origin students enrolled. In 2010, there were an enrollment total of 37,000 black international students and 469,000 Asian international students (“Education: Higher Education: Institutions and Enrollment” 2012).

St. Olaf is no exception to these increasing enrollment rates. According to the St. Olaf College 2012 Profile, the total enrollment is 3,176 students. Of this total, 81% are white non-Hispanic; 5% Asian non-Hispanic; 5% nonresident International; 4% Hispanic; 3% multiracial non-Hispanic; 2% black American non-Hispanic; 0.3% race/ethnicity unknown; 0.2% American Indian or Alaskan Native; and 0.1% Native Hawaiian or Pacific Islander (“St. Olaf College 2012 Profile” 2012).

With these rapidly increasing numbers of college student enrollments, it is important that colleges and universities provide sufficient resources for their students, especially for mental health. According to a research done by Eileen P. Anderson-Fye and Jerry Floersch, forty percent of U.S. college students meet the American Psychiatric Association’s requirements for classification of mental illness. The transition from adolescence to adulthood, gaining independence, and preparing for the future occurs during the college years. This puts pressure

and stress on students, which could then lead to depression. If left untreated, it may have serious and life-threatening consequences (Hunt and Eisenberg 2009:3). Although depression tends to be cautiously discussed because of stigmas attached to the word, it has been predicted that psychiatric disorders will become the first in rank of burden of disease by 2030 (Anderson-Fye and Floersch 2011:502).

Campus Life

College campuses offer many services in which students have access to academic support, leisure activities, as well as health and other support services. In other words, “colleges offer a unique opportunity to address one of the most significant public health problems, [mental health], among late adolescents and young adults,” (Hunt and Eisenberg 2009:3). However, it is important to note that with the increasing number of student enrollment into colleges and universities, students are also demanding more from mental health resources. This leads to overbooked counseling centers and as a result, students are not receiving the help they need (Anderson-Fye and Floersch 2011:502). Students expressed frustration in failing to reach counselors, only to be greeted by a full voice mailbox each time they call. Other students mentioned the quality of counselors, suggesting that counselors did not understand students’ needs (Anderson-Fye and Floersch 2011:508-9).

In addition to the overbooked services, it is important to understand the discourse of depression on college campuses. Discourse as proposed by Foucault is the way in which individuals engage in conversations about a certain topic (Whisnant 2012:1). The discourse of depression on college campuses makes depression a stigmatized subject because of the level of attention it receives from individuals. Although this varies by culture, depression is not talked about on a general basis. Depression lacks acceptance because the discourse of depression gives

it little to no power since it is not talked about. For this reason, even though many students are taking advantage of services offered, there are still many negative connotations attached to depression, and this affects students' willingness to seek help. For example, students expressed concern in informing their professors about their mental illness because they worry about the stigmas attached, or students would skip appointments if they were worried about their peers seeing them entering the counseling center (Anderson-Fye and Floersch 2011:507-11). For these reasons, discussions and better education regarding student mental health and illness should be facilitated on campuses to reduce the stigmas attached with seeking help. If stigmas are eliminated, or are decreased to a possible minimum, then students will start utilizing resources.

Furthermore, in Hunt and Eisenberg's study on college students and health services, they found that "service use was especially infrequent among students from lower socioeconomic backgrounds, international students, and Asian American students," (2009:6). Some barriers that hinder this student group from seeking help are the lack of time, privacy concerns, lack of emotional openness, financial constraints, denying that one needs help, being unaware of services, and doubtful about treatment effectiveness. Additionally, stigma associated with seeking help seems to prevent students from using mental health facilities, more so than the affordability of these services since many resources are free for students (Hunt and Eisenberg 2009:6).

Treatment

Keeping up with current research is an extremely important, crucial, and critical part of therapists' career. Therapists are increasingly required to provide clients with new supported treatments and demonstrate that these treatments have positive results (Kush & Fleming 2000: 176-183). Through many studies, the National Institute for Mental Health found that cognitive

therapy, interpersonal therapy, and drug treatment led to improvements in about 70% of depressed individuals (Grayson & Cooper 2006:113). Additionally, several studies claim that it is important for healthcare providers to recognize the cultural background and treatment methods that a person utilizes. In a study that examined Asian American participants, researchers found that “culturally competent providers were able to identify cultural issues that were relevant to the specific situation, and incorporated cultural solutions into the care provided” (Park, Chesla, Rehm, and Chun 2011:2372). This is important for medical providers to recognize because not every culture approach health care in the same manner.

One of the most prominent treatments for depression is cognitive therapy. Aaron Beck first developed the cognitive model for depression in 1967 (Merrell 2003:404). According to Beck, cognitive behavior therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence their behaviors. The underlying concept behind CBT is that our thoughts and feelings play a fundamental role in our behavior (Grazebrook and Garland 2005:2). For example, a person who spends a lot of time thinking about airplane accidents may find themselves avoiding travel that requires flying. The goal of cognitive behavior therapy is to teach patients that while they cannot control every aspect of the events around them, they can control how they interpret and cope with these situations (Grazebrook and Garland 2005:2).

Along with the cognitive therapy approach to dealing with depression, there is also the behavioral approach. With behavioral therapy, the therapist tries to change the clients' behavioral patterns that are related to their state of depression (Grayson and Cooper 2006:13). For example, if a client is socially isolated, the goal of this therapy is to develop social relationships by first

working through the irrational thoughts about making social relationships, and then the client would be assigned to behavioral tasks such as making new friends (Varcaroli:155).

Group counseling is becoming one of the major ways to deal with stress because it incorporates many areas of treatment, including individual and behavioral treatments. With the increased demand for mental health services for students with mental disorders in university counseling centers, individual counseling is not enough to meet the needs of students (Varcaroli:155). According to Hellerstein (2001:93), “ The group might provide an optimal setting in which behavioral changes could be modeled and observed in others. Cognitive and interpersonal patterns may often be more effectively addressed by peers in a group than by psychotherapists in an individual therapy setting.” It was discovered that many of the discussions that occurred at the group intervention level helped clients overcome feelings of loneliness and social isolation that are experienced among many participants, thus group counseling is preferred (Golden, Corazzini, & Grady 1993:228).

Applying some of the same techniques used in individual treatment to group treatment is also becoming a central component in counseling settings. This is because group counseling sessions have been proven to be cost effective, and seem to have a better effect than one-on-one counseling (Hellerstein 2001:93). It has also been proven that it is easier to talk to people who are experiencing the same problems in comparison to talking to a therapist individually. Although group-counseling sessions have been proven to be more effective, one-on-one sessions are also necessary. In order to treat depression efficiently, a mixture of both is needed (Young 2008:250).

Findings & Analysis

Culture

In order to understand depression cross culturally, we asked our respondents a series of questions relating to their culture. This helped us gain an understanding of how students of different backgrounds view depression. A recurring response was that depression and mental illness are not talked about, especially in minority students' cultures. White students believe that everyone has to strive to be the best, and they also have an easier time admitting they have a problem, and having an open discussion about it. Asian-American students, on the other hand, stated that it is not talked about in their culture. Additionally, one Asian-American student stated that people suffering from depression do not acknowledge or talk about their problems. Comparing the responses that we received from white students to those from minority students, it is clear that cultural background plays an important role in depression and how it is experienced.

Although white students and students from different racial backgrounds experience depression differently, both agreed that there is stigma associated with using the word depression. The use of this word is gradually become more socially acceptable. Interestingly, we found that all different ethnic groups mentioned that race affects how an individual experience depression. However, one Asian American student disagreed. Instead, she believes that depression and mental illnesses are dependent upon individual experiences and have no association with race or social class. A counter argument from another Asian international student was that depression is very common in Asian cultures. Overall, ideas of stigmas attached to depression varied even among people of the same cultural background.

In addition to asking our participants about stigmas related to depression, we also asked them about how they define depression. Most Asian Americans defined depression as a state of being unhappy and not being able to socialize properly. All but one Asian American student

answered differently. She defined depression as a biological phenomenon that affects our social well-being. It is something that is due to the environment and the surroundings in which we are a part of, as well as the social situations that we place ourselves in each day. Latino students defined depression as a state of sadness, a state in which you have no hope and hate living. Black students defined depression as a negative state of mind in which one is feeling lonely or not having a place to belong to. White students suggested that depression is a state of mind in which one can no longer find pleasure in life. When we questioned our participants on their interpretations of depression, responses were mainly based on feelings, such as hopelessness and stress, rather than a clinical definition.

Following our questions about how depression is defined in students' cultures, we asked if the word depression could be translated into other languages. We found that depression cannot be defined, nor explained, in many languages because it simply is not a phenomenon. The reason for this may be because many words in English cannot be translated directly into other languages, only through descriptive phrases. Some cultures and languages are constructed in ways that leave little room for a concept like depression; this leaves them virtually meaningless (Dorwick 2009:13). We found that depression can be translated to Spanish, French, and American Sign Language, but cannot be translated to Hindi, Nepalese, Newari, Hmong, or Japanese.

Following this, we asked which of the two was viewed as more important: physical health or mental health. Most of our participants agreed that physical health is considered to be more important because it is noticeable and can be easily treated. Many agreed that the perception of mental health is changing and gaining more awareness. In our Asian American group, several students believed that both physical health and mental health are equally

important. It is treated through traditional methods of treatment for mental health by using herbs and other spiritual tools to heal both the body and mind. According to our international student participants, when a member of their family falls ill, they turn to treating the physical instead of the mental. As a matter of fact, one informant said that depression is not a phenomenon that is accepted in their culture.

Campus

The next area of our research pertains to the use and understanding of the word depression at St. Olaf College. Students of different ethnicities agreed that the word depression is used lightly on campus in a joking manner. Many times, this word is referred to the workload student experience. For example, one participant said, “I’m so depressed about this exam I just took!” All subjects agreed that the word sad did not express the long-term emotions they felt. Furthermore, many American citizens agreed that using the word depression adds a dramatic and deep effect to the emotions that they are currently feeling, whereas a non-residential international student commented, “People tend to exaggerate a lot in this society.” The misuse of this word occurs in settings outside of the classroom, but when in formal discussions, the majority of the student body understands that this is a mental health issue.

Outside a setting where discussing this issue is optional, the comfort level of individuals discussing this topic depends on personal experience. Participants agreed that they are comfortable in discussing depression if it is brought upon them on campus. A reason to why this subject does not surface is because of the “Ole” image students created for St. Olaf students. Because St. Olaf is an altruistic and academically driven campus, Asian Americans fail to discuss the topic of depression due to the language barrier and lack of understanding in what it is

exactly. One participant asked, “How can a culture talk about it when there’s no direct definition, so how can it be a taboo? In order for something to be a taboo you have to define what it is.”

Whether or not this topic is considered a taboo on campus, or in cultural backgrounds, there are facilities on campus that offer assistance towards mental health issues. The resources students use range from professors, health services, the Wellness Center, the Counseling Center, and the Pastor. Most participants come to know these resources through advertisements, posters, word of mouth, and friends. Many participants agree that on average, St. Olaf does a good job at assisting students, but only students who are seeking help will take advantage of these facilities. Asian Americans feel that there should be more awareness of these resources due to their assumption of the lack of minorities using these facilities. Others feel that the facilities are not targeting the correct population of students who need these resources, but as a participant said, “It’s a two way deal,” where advertising and promoting awareness can only go as far as encouraging students and not increasing attendance.

Even though our participants feel strongly about these services on campus for St. Olaf students, the lack of usage may be due to external stigmas such as judgments, the image of an Ole, and an internal conflict to accept that one needs help. Most participants believe that students subject themselves to thinking that others are judging them, when in reality, no one is. There may be cultural stigmas attached to accepting the fact that one has depression, and needs help through counseling or medication. In our interest of how effective these resources are, we asked our participants if they knew someone who used them, and if it was beneficial to that individual’s wellbeing. White students responded that they were aware of people who used them, and a few were unsure if it was beneficial. The majority of minority students said no.

From our findings, it is clear that many participants have similar opinions, but there are a few exceptions. The use of the word depression on campus, the discourse of depression, the facilities on campus, and the student body plays an essential role in how depression is seen on campus overall.

Stress

Stress is described as a state of mental or emotional strain, or tension resulting from adverse or very demanding circumstances (Oxford Dictionary 2013). This seems to be true for St. Olaf students in fulfilling the stereotype of being a perfect student. Based on race, Latino/Hispanic American, Asian American, and white American students agreed that St. Olaf campus does shape the way in which students experience stress. For example, one student stated, “You have to be number one, you have to fulfill the stereotype of being a smart Asian. It becomes a competitive nature because of small classrooms where you interact with the professor and they get to know you.” Even representatives from the Counseling Center agreed. One representative mentioned, “St. Olaf is rigorous, and it is getting stronger each year. With a bunch of high achievers put together, this causes stress and an increasingly intense environment.” Black American students were in a bit of disagreement. They mentioned that their peers create stress rather than the campus itself being a stressful place.

The level of competitiveness on campus does in fact influence how often students use the word stress. We asked our respondents to estimate approximately how many times they use the word stress in a single week. With a range from 0-100, stress seems to be more than a word; it has become a lifestyle. If you are stressed, then you are considered normal and hard working, if you are not stressed during the academic year, than you are not doing enough.

Coming in at number one are the international students who use this word from 60 to 100 times per week. One of our international student participants explained that she “feels the need to stay on top because she is indeed an international student, constantly feeling stressed.” In second place are the white students who use this word from 10 to 30 times a week. Third are the Asian American students with zero to five times a week, mentioning that it depends on the time of the semester (i.e. midterms). The Latino American students came in fourth for using the word stress anywhere from three to five times a week, and lastly, black American students claim using the word a max of four times a week. Some other findings in this area included how students talk to others about being stressed. Some participants mentioned how rather than saying, “I’m stressed,” they say, “I have five exams and a presentation this week.” This is a sense of a hidden language referring to stress.

Due to St. Olaf’s competitive nature, stress is a big part of the Ole identity. Therefore, we decided to ask our student participants how they deal with stress, and whether St. Olaf is nurturing. Some of the top responses between white American, Asian American, and Latino American respondents included venting to their boyfriend or girlfriend, talking to family members (especially their mothers), and socializing with peers. A common answer between Latino American, Asian American, and black American students is to play video games. White students, on the other hand, mentioned focusing on what needs to be accomplished or going out on the weekends. Some black American and Asian American students indicated spiritual coping mechanisms, such as praying. A recurring answer among all groups of students was working out or taking short breaks. This is very surprising because previously, we asked them whether St. Olaf is nurturing or not. Many students are aware of the “de-stress zones” on campus, but they

prefer to use the school's athletic facilities as a way to de-stress. Many agreed that these centers are not stigmatized if used, but the students did not think of it as a way to deal with stress.

Overall, students believe that their relationship with stress impacts the way they live on campus. They also believe that stress can be a factor in experiencing certain aspects of mental illness. White students defined stress as a time in which the future is not visible, and therefore, the person experiencing it may not enjoy the little things in life at a given time. Asian American and Latino American students described stress as a build up to developing depression. Black American students, however, did not relate stress to mental health, but rather they viewed stress as being proactive, stress of being stressed, and not doing anything. Everyone on campus experiences moments of stress, yet a significantly small amount of these people utilize mental health facilities to assist with their needs.

Treatment

In terms of treatment, students provided responses that differ greatly. This depends on their cultural background and how they understand the process in which depression is treated in their traditions. From the responses we received, it is plausible that students' religious beliefs play a major role in their understanding of the treatment of depression. To illustrate, many of our Asian American participants are of Hmong origin. According to one of our interviewees, many Hmong families today still practice Shamanism, a religion based on the belief in a mediator who communicates between the present world and the spiritual world. When a family member falls ill, this culture believes that there is a disturbance to the person's soul. To heal the sick, a Shaman comes to the home of the family and calls the soul back with the sacrifice of animals. With our Hmong student participants, it was clear that their religion plays a big role in the treatment of the ill, and this includes depression. For example, the student said, "it is seen as

maybe this person having bad karma, or maybe somebody [has] done black magic to him or her, so they will probably have to perform some kind of ritual to fix it...they will probably talk to shamans to get shamans to look at this person to see what is going on, but the last option would be to see a doctor.”

Furthermore, it is important to keep in mind that this ethnic group does not acknowledge depression or have a word for it in their language. As a result, depression may not even be an existing phenomenon in their culture, thus they treat it this way. Among Christians, on the other hand, as similar to black Americans, turn to God for treatment. They have spiritual guidance from their pastor, ask for prayers, pray for themselves, have others pray for them, or read the bible.

Religion aside, our white, Latino American, some black American, and some Asian American participants responded with clinical treatment options such as meeting with counselors/psychiatrists or taking medications. They also suggested seeking companionship from family and friends. Our international student and black American participants suggested meditation. One international student and several Asian American students said that their cultures avoid or ignore depression altogether because of the lack of knowledge of the illness. Some of our black American respondents also talked about self-harm such as cutting, or alcohol and smoking.

Overall, cultural background did not seem to be a factor in the treatment of depression, but religion played an important role. The majority of our participants also acknowledge clinical treatment as an option.

Peer Educator and Steve O'Neill

In addition to interviewing various students on campus, our group also interviewed representatives from the Wellness Center and the Counseling Center. By conversing with these representatives, we hoped to gain insight about the mental health resources available to students, and the types of students that use them. Each representative was asked to respond to similar questions that were asked of the students, but in addition, they were also asked to provide information regarding the students that utilize their services, as well as their advertisement and treatment strategies. Neither center had information regarding the cultural/racial breakdown of students that come in for assistance, but both provided important data about other demographic categories. Additionally, both believed that these demographic categories (age, race, class, gender, etc.) could affect a person's perceptions and experiences with depression.

The St. Olaf Wellness Center currently employs approximately thirteen student workers that serve as peer educators for the college campus. The center focuses its resources on providing assistance and education to students regarding mental, nutritional, and sexual health. Through programming, the peer educators provide information about prevention and education for any problems that may arise due to the previously stated wellness issues. Over the past school year, the Wellness Center has attended to the needs of 459 students. Of this number, four students came in regarding issues of nutritional concern, 310 students came in regarding sexual health (including to receive condoms), and 34 students came in to discuss issues about their mental health.

The representative from the Wellness Center that we conversed with is considered to be a mental health peer educator. This title allows him to listen to students that are struggling with their overall wellbeing. Over the course of the year, he stated that he has seen approximately five different students to discuss any problems they have, and has given outside referrals to five

other students. However, he specifically pointed out that as a peer educator, he is not supposed to provide opinions or counseling to the students that come in because he is not a certified counselor. For this reason, there are other resources available to students on campus.

In addition to the Wellness Center, St. Olaf also provides students with a free Counseling Center that employs professional counselors and psychiatrists. We sat down with the director of this center, Steve O'Neill, to discuss its methods for addressing students' mental health needs. In order to address these needs, the Counseling Center employs nine staff members in total. Not all of the staff members work full time, however. Five out of the nine are senior staff members, while the other four are graduate students fulfilling their practicum requirements. There is no such thing as a typical day at the Counseling Center, because each day a different number of staff are working, which affects the number of appointments that are able to be made on a certain day.

In the past year, the Counseling Center has assisted more than 500 students. In the 2011-2012 school year, 66% of those that attended were female, and the remaining 34% were male. Approximately 22% of the students were first-years, 24% were sophomores, 28% were juniors, and 26% were seniors. O'Neill stated that these results are fairly typical for the Counseling Center, and the percentages are very representative of a normal year within the center. These students were given assistance for many different personal issues using the Counseling Center's many methods of help, including individual and group counseling, sporadic support groups, medication, dietary assistance, outside consultations, some psychological testing, and other referrals for more serious issues.

Summary and Conclusions

Our data suggests that individuals experience depression differently depending on their cultural background. Even though students from some cultural backgrounds do not acknowledge

depression, it is still a phenomenon that they must deal with. It is important to keep in mind that although these cultures do experience depression, they may not define it as such because they may not have a word for the disorder. Furthermore, depression is more prevalent within the white student population than it is within the minority student population.

The word depression is used lightly on campus as a way to express students' concerns with schoolwork. This form has become common among the student body, even though they understand that depression is a mental illness. The topic of depression is not taboo on campus, but it is rarely discussed in casual conversations. Without an exact translation of the word "depression" for many students of ethnic backgrounds, one participant in particular questioned how this mental illness could be a taboo if there is no word or understanding of it.

Stress, specifically for St. Olaf college students, is seen as a part of the 'Ole' lifestyle. Many claim that emotional strains are created by the students on campus rather than by the campus itself. With students and counselors agreeing with this statement, it seems as if St. Olaf is becoming a campus where the words "stress" and "depression" are used often. Even if most students referred to stress as being one of the contributing factors for depression, they would rather deal with stress through their hobbies instead of through mental health resources.

Students seek treatment in various ways, from seeking companionship to using health services on campus. Cultural background did not seem to be a huge factor when considering treatment for depression, and the majority of our participants acknowledged the importance of clinical treatments.

The Counseling Center and the Wellness Center both provide mental health treatment for students on campus. The Wellness Center tends to provide more indirect assistance for students, while the Counseling Center directly acknowledges the issues that exist through counseling

sessions. Although their methods vary, both have proven to be useful for the students that utilize them. Students seek help from both organizations in order to address their mental wellbeing during their time at St. Olaf.

Limitations and Recommendations

While we were successful in obtaining useful responses, there were still several limitations to our research process. Although we had a sufficient sample size of participants, it included more females than males, more upperclassmen than underclassmen, and more Asian American interviewees than any other racial group. Additionally, because we recruited a convenience sample, our findings may not be generalized to the larger St. Olaf community. Both of these should be examined further in future research. Overall, researchers should strive to obtain a largely diverse sample that is not only a convenience sample, because this would increase the opportunities to apply the research findings to the larger population.

Another facet that we did not consider when organizing this research, but was brought up during many interviews, was religion. This is important to consider for further research because religion plays a major role in many different cultures. It seems to influence how students deal with, cope with, and treat depression. Since we did not consider this in our research, we failed to acknowledge this important element, and thus cannot sufficiently compare our findings to what many other researchers have discovered.

From our research, it is evident that many students elect not to use the Counseling Center because of the difficulties that they face in making appointments. Currently, the Counseling Center employs nine staff members that are eligible to provide assistance to students. However, of these nine, only five of them are licensed counselors or psychiatrists, while the other four are graduate students earning either their Masters of Social Work or Masters of Psychiatry.

Additionally, not all of these employees work full time, so there is only one day per week in which everyone is available for counseling sessions. For this reason, we recommend that the Counseling Center strives to either employ additional qualified counselors, or that they require their workers to be available for more hours. St. Olaf must work to provide a more generous budget to the Counseling Center so that these changes are possible. Presently, students are unable to make appointments easily unless they do so far in advance, and this can be viewed as a major limitation of the Counseling Center.

Moreover, many students are unaware of the various resources that exist on campus for their mental health needs. Upperclassmen tend to know more about the Wellness Center and Counseling Center than younger students, but their information is still limited. Several students reported not knowing where the Counseling Center was actually located until their sophomore or junior year. If possible, we recommend either changing the location of the Counseling Center so that it is easier to find, or increasing students awareness of its presence on campus, so that more people are able to attend counseling sessions when necessary. There are several ways in which the Counseling Center can increase awareness of its facilities on campus, including offering free mental health screenings to students, incorporating mental health awareness into freshmen orientation, adding signs to highly popular areas, training more campus leaders, and advertising on the St. Olaf radio station (“Mental Health: What a Student Awareness Makes” 2012).

From our research, we also saw found that students on campus tend to only use one type of resource to deal with depression even though there are multitudes of ways in which they could do so. According to our literature review, there are many ways in which one could deal with depression, but students tend to only use one-on-one therapy instead of any other treatment

methods. While one-on-one therapy is important, other forms of treatment, such as group intervention, are also necessary to fully treat depression.

Overall, St. Olaf offers sufficient resources and advertising, but many students do not seek help from these health services because depression and treating depression are viewed differently cross-culturally, and there are stigmas attached to being depressed on this competitive campus. This leads students to de-stress by engaging in personal hobbies rather than seeking professional help. However with the increasing use of the words stress and depression, the “Ole” lifestyle of being busy and stress is becoming normalized. The first step in encouraging students to seek help is to get them to acknowledge how competitive St. Olaf College is, and that this competition leads to high stress levels. Stress levels coincide with depression and each student experience it differently. Once this recognition occurs, perhaps students will seek more help.

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Appendix

Interview Questions for Students

CULTURE

1. What cultural/racial identity(ies) do you identify yourself with?
2. Do you think factors like race/ethnicity, class and gender can affect how people experience mental illness/depression? If so, how?
3. How would you define depression? How is it defined in your culture? Are there negative connotations for depression/how is it perceived?
4. Do you fluently speak a second language or more than two? What language? If so, how would you translate depression? Mental illness? Would you be able to explain it in your own language?
5. In your culture, do you believe that mental health and physical health are viewed as equally important, or is one viewed as more important than the other?

CAMPUS

6. How do people on campus use the word depression? How often do you hear it?
7. Do you think that depression as a phenomenon is a taboo at St.Olaf and/or in your culture? How comfortable are you in discussing mental illness with your peers? Parents/Guardians?
8. How well do you believe St. Olaf assists the mental health needs of students?
9. Do you think there are adequate resources for mental illness on campus? Which ones?
10. Do you think there should be more awareness of mental health facilities on campus? How effective do you think they are?
11. How did you come to know about these resources?
 - Wait for response before asking
 - During freshmen year, were there representatives from the wellness center who came to your dorm? When?
12. How important are the psychological health services on campus for students?
13. Do you think there are stigmas with using such resources? Why?
14. Do you know anyone who uses these resources? Are these resources beneficial to their well being?

STRESS

15. How do you believe stress relates to overall mental health and mental illness?
16. In your best guess, how many times a week do you use the word stress? Do you feel like St. Olaf is a competitive campus? Does this add on to your amount of stress? How many times per week do you feel that you are stressed?
17. Is St. Olaf campus nurturing?
 - How do these places make students feel? Do you think there are negative attachments with using such services? [Only ask if students respond about destressing zones during midterms or finals.]

18. What are ways you deal with stress? During emotionally stressful times, whom do you turn to for assistance/advice? Is there a particular reason why you turn to them?

TREATMENT

19. How is depression treated (in the U.S./your culture)?

Questions for Wellness Center

1. What is your job title? How many years have you worked with the Wellness Center at St. Olaf?
2. What are you required to do for this position?
3. What mental health services does the Wellness Center provide?
3. What does mental health mean to you? What does depression mean to you?
4. How do you feel depression is viewed by St. Olaf students?
5. Do you have any statistical information regarding students' usage of the Wellness Center?
6. Approximately how many students do you see in one week?
7. What other mental health services are available at St. Olaf? Do you think people are aware of these services/all health services offered here at St. Olaf? How does the Wellness Center vary from the other resources?
8. How do you think most people find out about the Wellness Center/all health services? How do you advertise your services? How do you raise awareness about the Wellness Center?
9. In what types of situations do you think it would be important to seek mental health assistance?
10. Do you think there is anything that may hinder students from seeking help with depression?
11. How do you feel faculty and staff view mental health and/or depression at St. Olaf? Do they take the mental health of students into consideration in the classroom or in activities?
12. How do you feel students at St. Olaf view depression?
13. Do you think there is stigma attached to revealing problems with depression at St. Olaf? Why or why not?
14. Do you think mental health, specifically depression, is adequately addressed by St. Olaf? Why or why not?
15. Do you think St. Olaf strives to improve the overall mental health of the student body? If so, how do they do this? What kind of effect do you think this has?

Interview Questions for Boe House

1. How is mental health defined within the Counseling Center? How is depression defined?
2. Do you think that factors like race, class, and gender affect a person's likelihood of experiencing depression?
3. What is your position with the Boe House?

4. How many counselors and psychologists does the Counseling Center employ? Do the positions differ for staff members?
5. What types of mental health services does the Counseling Center provide?
6. Approximately how many students come in within one day? One week?
7. How many students did the Counseling Center assist during the previous school year?

STRESS

8. How do you believe stress relates to overall mental health and mental illness?
9. In what ways do you think St. Olaf's competitive environment affects students overall mental health?

CAMPUS

10. How do you feel St. Olaf students view depression?
11. How comfortable would you say most people are with discussing mental illness with their peers? Parents/Guardians?
12. What other mental health services are available at St. Olaf? Do you think people are aware of all of these services offered?
13. How do the Counseling Center's services vary from the other resources on campus?
14. How do you think most people find out about the Counseling Center? How do you advertise your services and raise awareness about the Center?
15. In your opinion, how important are the psychological health services on campus for students?
16. Do you think there are stigmas attached to using such resources? Why?
17. In what types of situations do you think it would be important for to seek mental health assistance?
18. Do you think there is anything that may hinder students from seeking help with depression?
19. How do you feel faculty and staff view mental health and/or depression at St. Olaf?
20. Do you think there should be more awareness of mental health facilities on campus?