

ABSTRACT

The Experience of Depression Among Baylor Undergraduates: A Phenomenological Interview Study

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The experience of depression is prevalent among college students. This mental health disorder is concerning because of its impact on students' social and emotional well-being, academic achievement, retention, and physical health. Because of the unique opportunity to intervene in students' whole lives at such a transformative period, colleges should invest in students' overall development, including mental health. This study aims to better comprehend the lived experience of having depression as a Baylor undergraduate so that services may become better tailored for this particular intersection of identity and experiences. Using a phenomenological interview study and qualitative coding analysis, the PI found that Baylor undergraduates who have been diagnosed with depression share some symptomatic and therapeutic history. Unique stories of factors in the college environment that were helpful and hurtful as the participants learned to cope with their diagnoses are also key to this paper's findings.

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THE EXPERIENCE OF DEPRESSION AMONG BAYLOR UNDERGRADUATES:
A PHENOMENOLOGICAL INTERVIEW STUDY

A Thesis Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the Requirements for the
Honors Program

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Waco, Texas

May 2017

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ACKNOWLEDGMENTS

Immense thanks are due to my parents, who have supported me in every way possible throughout my life. I would not have made it through Baylor and through the process of writing this thesis without your constant encouragement and generous coffee funds.

I am also incredibly grateful to Dr. Rishi Sriram, who has not only guided me through the production of this thesis, but has guided and encouraged me throughout my undergraduate career.

I am indebted to the countless individuals who gave me advice, encouraged me, read over drafts of my work, and helped me navigate the research process. At the risk of accidentally omitting anyone, I would like to formally recognize Dr. Emma Wood, Dr. Joyce Nuner, Dr. Elizabeth Corey, Dr. Al Beck, Diane Haun, Dr. Holly Oxhandler, Dr. Jim Marsh, Lindsay Fenton, Jillian Vandergrift, Hannah O'Donnell, Meredith Johnson, Alicia Magee, and Madison Springer for their behind-the-scenes contributions.

Finally, I would like to thank the participants in this study. I hope I have honored your stories well. Your vulnerability and courage have impacted and will continue to impact countless others for years to come.

Soli Deo gloria

CHAPTER ONE

Introduction

Generally speaking, depression is prevalent among college students. Those with a history of treated depression are now more likely to attend college, thanks to increased treatment and advertising of resources, leading to larger numbers of college students seeking counseling services (Hunt & Eisenberg, 2010; Kadison & DiGeronimo, 2004). In the American College Health Association's large-scale National College Health Assessment II [ACHA-NCHA II] in spring 2015, 13.2% of undergraduate students reported being diagnosed or treated by a professional for depression within the last 12 months (ACHA, 2015). Additionally, about 75% of lifetime mental health disorders begin before age 24 (Kessler et al., 2005, as cited in Eisenberg, Downs, Golberstein, & Zivin, 2009). Therefore, college is a critical period for detection and treatment.

Baylor is not immune to the national trends and statistics. In the 2014-2015 academic year, the Baylor University Counseling Center [BUCC] served 1,159 individuals (BUCC, 2015). The top six diagnoses seen by the BUCC during this period were (1) depressive disorders (728 students), (2) relational (571 students), (3) adjustment disorders (564 students), (4) anxiety disorders (303 students), (5) phase of life (182 students), and (6) bereavement (109 students) (BUCC, 2015). Adjustment disorders and phase of life may also include depressive symptoms, just for shorter periods of time.

Often, those with symptoms of depression do not seek appropriate help. In 2002, the National Comorbidity Survey Replication [NCS-R] found that 41% of respondents who had met criteria for a mental health disorder in the past year had actually received

treatment in that same period, reflecting a rise in help-seeking behaviors when compared to similar surveys from the 1980s and 1990s (Hunt & Eisenberg, 2009). This is still a notably low percentage, especially considering the detrimental effects of depression, a common mental health disorder, explained later in this introduction. Those who do not seek mental health services early on are typically at risk for longer struggles with greater episodes of relapse (Hunt & Eisenberg, 2009).

In the ACHA-NCHA II study, 35.3% of undergraduate students sampled reported feeling so depressed that it was difficult to function at some point within the last 12 months (ACHA, 2015). This means that mental health is affecting students' relationships with family and peers, their academic and career goals, and overall functioning as an emerging independent adult. However, only 13.2% of undergraduate students in the same study reported being diagnosed or treated by a professional for depression within the last 12 months. This disparity represents a population of students who are suffering the tangible impacts of depression and not receiving treatment.

Nearly a quarter (23.4%) of undergraduates sampled in the ACHA-NCHA II stated that anxiety had impacted their academic performance in the past 12 months, and 14.8% of those surveyed noted depression's detrimental impact on personal academic performance within the same time frame (ACHA, 2015). In one University of Idaho study published in 2003, 77% of student respondents said they were more likely to stay in school and performed better academically because of university counseling services (Kadison & DiGeronimo, 2004). Ninety percent of respondents in the same study credited counseling services with reducing their stress and helping them meet their academic goals.

The effect of untreated depression is sometimes far more tragic than decreased academic performance or strained relationships. Depression is a leading cause of suicidal thoughts and actions. In the ACHA-NCHA II, 1.6% of undergraduate students reported attempting suicide at some point within the last 12 months (ACHA, 2015). Those with suicidal ideation number far greater, with 9.8% of undergraduate students reporting seriously considering suicide at some point within the last 12 months (ACHA, 2015). To ignore this growing problem is to ignore something that is killing college students.

The upsetting trend of increased mental illness on college campuses also presents a large opportunity for intervention (Hunt & Eisenberg, 2009). From a structural standpoint, universities integrate students' academic, social, and physical health selves, allowing ample space for impacting for the whole person (Hunt & Eisenberg, 2009). Additionally, research suggests that services obtained at university counseling centers are just as effective as services obtained in general clinical settings (Minami et al., 2009).

For one, student peers must be involved in mental health education and stigma-reduction efforts in order for others to feel more comfortable with these topics (Cinnirella & Loewenthal, 1999; Kadison & DiGeronimo, 2004). Personal connections are vital to human functioning, safety, and sense of hope (Kadison & DiGeronimo, 2004). "They [college students] don't want to admit they aren't strong and independent, but if those who love them give the message that seeking help is not a sign of weakness but rather a sign of maturity, they are far more likely to take care of their emotional self" (Kadison & DiGeronimo, 2004, p. 202).

The opinions and attitudes of parents also greatly influence students' perceptions of stigma and likeliness to get needed help (Cinnirella & Loewenthal, 1999; Eisenberg et

al., 2009; Kadison & DiGeronimo, 2004). The majority of students report that they get most of their health information from their parents (Kadison & DiGeronimo, 2004). In one survey of 73 undergraduate students, researchers found that a student who was feeling depressed was most likely to be referred to university counseling center services by their friend, and the student's own parents were the second most common referral source (Brack, Runco, Cadwallader, & Kelley, 2012). Parents who have correct information can be huge assets and partners to university counseling centers and universities as a whole.

This research is also significant for university professionals who hold influence over funding and services for on-campus counseling centers. Some university counseling centers under budget constraints have moved their focus to crisis and emergency services, with preventive and educational measures on the back burner. Kadison and DiGeronimo (2004) argue that this prioritization is to the detriment of the campus as a whole and may actually increase mental health emergencies.

It is vitally important that research is conducted specifically at Baylor University, as each university has its own culture and particulars that influence experiences such as those with mental health. For example, Baylor is uniquely positioned as a large research institution with a strong faith tradition, and as an academically rigorous university with active student life activities and organizations. Although questions will be kept general to capture student-generated themes of experience, I am interested to see if Baylor's religious affiliation has influenced student perceptions of depression or of mental health stigma. An in-depth study of depression with the intent of informing anti-stigma efforts has never been undertaken within the microcosm of Baylor, which is vital to

understanding the specific experience in our specific setting. The research objectives of this study are to learn what the experience of having depression is like for some undergraduate students at Baylor University. This study will also explore what has been helpful and what has been hurtful for them during that process. Since the study will only include 3-5 interviews utilizing a phenomenological research lens, its findings will not necessarily reflect the broad experience of Baylor University students. However, this study aims to identify some themes and key descriptors of the experience for a few individuals in this particular context and setting.

The purpose of this research is to better understand the experience of having depression as an undergraduate at Baylor University. It is important to increase understanding of this issue because of the widespread nature of depression among college students and the lack of knowledge that can lead to increased stigma.

CHAPTER TWO

Literature Review

Defining Depression

The Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (American Psychological Association [APA], 2013) includes several subtypes of depressive disorders, including major depressive disorder, persistent depressive disorder (dysthymia), and disruptive mood dysregulation disorder. All of the above diagnoses include a “sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function. What differs among them are issues of duration, timing, or presumed etiology” (APA, 2013, p. 155). This paper will attempt to focus on major depressive disorder [MDD], as it is the most common of the DSM-5’s listed depressive diagnoses, though participants did not have to specifically name MDD as their diagnosis to qualify for the study. MDD has a 7% twelve-month prevalence rate among Americans, with greater prevalence in the 18-29 age range and among females (APA, 2013, p. 165).

According to the ACHA-NCHA II, 35.3% of undergraduate students felt so depressed that it was difficult to function at some point within the last 12 months (ACHA, 2015). According to that same survey, 13.2% of undergraduate students surveyed (9.0% of male students surveyed and 14.9% of female students surveyed) had been diagnosed or treated by a professional for depression within the last 12 months. Additionally, 9.8% of all students surveyed reported professional diagnosis or treatment for both depression and anxiety.

A large-scale survey of 284 counseling center directors was undertaken in 2008 (Gallagher, 2008). Nearly one-tenth (9.0%) of enrolled students in this survey sought counseling in the past year, and 29.6% saw counselors in other educational, workshop, or orientation contexts. Specific numbers were not given on the amount of students seen for depression symptoms. Between May 2014 and May 2015, 1,159 individuals were seen by the Baylor University Counseling Center, and 728 of those students were diagnosed with some variety of depressive disorder (including mood disorder not otherwise specified [NOS]) (Baylor Counseling Center, 2015).

It is possible that more young people are able to get early treatment and intervention for their mental health concerns, allowing them increased functioning and ability to attend college (Hunt & Eisenberg, 2010; Kadison & DiGeronimo, 2004). In 2013, nearly two-thirds (65.9%) of all recent high school graduates and GED recipients enrolled in college (National Center for Education Statistics, 2014). Colleges are a highly accessible location at a key developmental time for intervention into students' mental health needs, and the unique setting allows for an environment that encompasses the individuals' social, academic, and health selves (Hunt & Eisenberg, 2009).

The impacts of depression can be extreme and permanent. Of undergraduate students surveyed in the spring 2015 ACHA-NCHA II, 9.8% state that they had seriously considered suicide at some point within the last 12 months (ACHA, 2015). Additionally, 1.6% of those surveyed reported attempting suicide at some point within the last 12 months.

Why This Matters to Colleges

Two major repercussions of depression that are directly relevant to colleges are academic performance and university retention. As one anonymous counseling center director stated, “counseling is good in and of itself, but it also helps students in tangible ways that relate to the university mission” (Hunt, Watkins, & Eisenberg, 2012, p. 853).

According to survey data from 284 counseling center directors, 58% of clients stated on evaluation forms that university counseling services aided them in staying enrolled in school (Gallagher, 2008). Additionally, 61% of students stated on evaluation forms that counseling aided in their overall academic performance. The researcher noted the significance of these values due to the fact that most students did not identify academic or retention issues as primary concerns when initially seeking treatment.

Lee, Olson, Locke, Michelson, and Odes (2009) studied college first-year and transfer students’ use of counseling services and their academic performance. They found that the counseling group had a lower cumulative GPA than the non-counseling group, but this correlation lacked significance when controlling for precollege academic performance (SAT scores and high school GPA). However, counseling experience was positively correlated with student retention, both on its own and when controlling for precollege academic performance. It should be noted that this study did not distinguish type or quality of counseling, but only presence and quantity.

Likewise, a University of Idaho study published in 2003 discovered that 77% of student respondents said they were more likely to stay in school and performed better academically because of university counseling services (Kadison & DiGeronimo, 2004).

Ninety percent of respondents in the same study credited counseling services with reducing their stress and helping them meet their academic goals.

The Influence of Stigma

One primary aim of this present research is to increase knowledge. The increased knowledge may, in turn, lessen stigma on campus and increase help-seeking attitudes and behavior among students. Stigma is one reason that students do not seek mental health services until their concerns have pervaded academics, relationships, or other facets of the student's life (Kadison & DiGeronimo, 2004). Previous study, as shown below, has sought to explain the relationship between stigma and help-seeking and effective ways of defining and combating that stigma.

Thornicroft, Rose, Kassam, and Sartorius (2007) break the concept of stigma down into three key problems: "knowledge (ignorance), attitudes (prejudice), and behavior (discrimination)" (p. 192). The authors argue that increased knowledge has not consistently improved attitudes or behavior in relation to mental illness, though there is prior research in support of public education programs as well. The authors concluded that future research ought to be directed toward actual behavior and experiences rather than theoretical levels of knowledge or attitudes in hypothetical situations.

Eisenberg et al. (2009) also created a distinction between types of stigma, focusing on the perspective or source of the stigma. Personal stigma is an individual's stereotypes or prejudices, and public stigma is the collective of those stereotypes and prejudices for a community. Perceived public stigma, or a particular individual's perception of the public stigma, may differ from the reality. Finally, self-stigma is the term used to describe when an individual identifies him or herself with the stigmatized

group and adopts those associated negative stereotypes and prejudices. Based on a review of the literature, personal stigma was correlated with lower perception of a need for help as well as lower rates of help-seeking behavior. Additionally, Eisenberg et al. (2009) found in their own study that students with higher personal stigma were less likely to say that they sought help on their own. Other reasons for seeking help, such as pressure from a friend or family member or receiving more information, were not correlated with any particular stigma level. Overall, those with higher levels of personal stigma were less likely to use psychotropic medications, to attend therapy, or to pursue nonclinical sources of support.

Michaels, Corrigan, Kanodia, Buchholz, and Abelson (2015) conducted a study of leaders of campus-based mental health advocacy organization Active Minds in order to identify the priorities of the organization's stigma reduction efforts. This research concluded that Active Minds' national and campus-based leaders tended to value illness awareness the most, including disseminating information about treatment options and mental health in general, thereby promoting help-seeking for those directly impacted by depression and other mental health concerns. It is important to note that this study focused on self-reported areas of emphasis, not effectiveness or impact.

One study found that a classroom-based intervention successfully increased knowledge and normalization of mental illness, but did not necessarily increase help-seeking action in participants (Sharp, Hargrove, Johnson, & Deal, 2006). Though the intervention was found to impact attitudes on help-seeking, the authors proposed repeating the study with a larger sample and longer follow-up period for more conclusive results regarding behavior modification.

Eisenberg et al. (2009) suggested targeted anti-stigma education, as students may be more concerned about key individuals' attitudes rather than perceived public stigma at-large. One proposed approach was to focus on faculty and staff stigma reduction at universities. Other ideas included Internet-based interventions and general education and social contact in order to decrease levels of personal stigma.

Eisenberg et al. (2009) also found that higher levels of personal stigma were correlated with decreased help-seeking behaviors among college students. Traits associated with higher personal stigma included younger age, higher levels of religiosity, and heterosexuality. Considering the religious affiliation of Baylor University, students may have higher levels of personal stigma based on Eisenberg et al.'s findings.

Religion and Minority Status in Help-Seeking

Individuals have many options when it comes to types of mental health coping or treatment. In one study, college students with depression said that they perceived social and cognitive forms of coping as most effective, and religious and medical forms of coping as less effective (Loewenthal, Cinnirella, Evdoka, & Murphy, 2001). However, seeing a religious person, rather than a mental health professional such as a general practitioner or psychiatrist, may be less stigmatizing (Cinnirella & Loewenthal, 1999). Although this could be a source of strength, individuals avoiding professional intervention limit their options for medication and particular models of therapy.

Another influence to successful help-seeking behaviors is the desire to find helping professionals similar to oneself. In Cinnirella and Loewenthal's 1999 study, 92% of British women interviewed stated they felt it would be beneficial if their helping professional was of their same race or religion. Many times, an in-group, out-group

mindset becomes a self-fulfilling prophecy for those seeking mental health treatment, impacting efficacy and improvement (Cinnirella & Loewenthal, 1999).

The in-group, out-group mentality is key to understanding minority populations at Baylor. Although religious, cultural, and sexual minorities were not targeted in the present study, it is significant to note when differences from the typical Baylor student profile cause feelings of isolation or rejection. Minority students may perceive a lack of faculty and staff like them at Baylor and thus be dissuaded from seeking professional help.

According to Baylor's Office of Institutional Research and Testing, the fall 2015 undergraduate student population of 14,189 included 78 atheist students (0.5% of all undergraduates), 110 Hindu students (0.8%), 23 Jewish students (0.2%), 142 Muslim students (1.0%), 410 student identifying as having no religion (2.9%), and 496 marking other (3.5%). Of the 1,022 full-time faculty of the university in fall 2015, 109 identified as other/not specified (10.7%), with the remaining 89.3% of faculty identifying as some denomination of Christianity. Similarly, 183 of the 1,604 full-time non-faculty staff in fall 2015 (11.4%) identified as other or not specified in religious affiliation (Baylor IRT, 2015).

Further research on the campus level is required to understand what these statistics mean for students falling in minority groups who need mental health services. For instance, Muslim students ranked religious activities' effectiveness more strongly than all other groups in one study (Loewenthal et al., 2001). Is this tendency true for the Muslim student population at Baylor? Homosexual students experience depression and suicide attempts at greater frequencies than heterosexual students, "not due to the sexual

preference itself but to the reactions of family and societal pressures that accompany this label” (Kadison & DiGeronimo, 2004, p. 24-25). How does this influence the undocumented but surely present homosexual students with mental health needs at Baylor, a university whose official policies and traditional background are not supportive of homosexuality?

Although this paper does not aim to answer these pressing and controversial questions, it does emphasize the importance of continued research and advocacy at the campus level. Nation-wide statistics on religion and mental health do not accurately portray what it is like to live in the intersection of being a college student with various elements of diversity, having depression, and attending the largest Baptist university in the world.

Anthropologist Rebekah Nathan explains the limitation of trying to capture the undergraduate experience similarly. With over 4,100 American post-secondary institutions accredited to grant bachelor’s degrees, one research study at one university cannot in any way accurately portray anything other than one campus at one point in time (Nathan, 2005).

Here is an example pointing to the unique needs of individual college campuses and their repercussions for research. One study on symptom severity over time in one university’s counseling center found that clients did not report greater distress or symptom severity than clients 12 years earlier (Hoepfner, Hoepfner, & Campbell, 2009). However, the authors point out that their findings differ from similar studies, and it may be due to the particular nature of the campus studied: “the university targeted in this study has stable enrollment rates and is located in a rural setting, whereas the universities

targeted in other studies may have had increasing rates of enrollment, may have been located in urban settings, or may have experienced substantial changes in demographics” (Hoepfner et al., 2009, p. 548).

Phenomenological Interviewing

In order to focus on the individual campus experience of depression, this research will be undertaken as a phenomenological interview study of 3-5 current undergraduate students who have struggled with depression while in college.

Anthropology professor and researcher Rebekah Nathan (2005) chose to explore the overall experience of undergraduate students at her institution by going undercover, so to speak, as a first-year student herself. Her method of in-depth ethnography required that she play roles of both participant and observer. “Anthropologists,” she emphasized, “believe that the very nature of a culture is that it is something both learned and shared by others” (Nathan, 2005, p. 17). The more active role of participation and interviewing will be employed in the present study, though her naturalistic observation recording, while helpful in understanding a population, would not be required nor appropriate in the present undertaking.

The phenomenological interview approach is also appropriate due to its ability to increase empathy and therefore advocacy and action. Phenomenology must not only equip the learner to appreciate another person’s perspective or experience, but allow him or her to try it on for him or herself (Ratcliffe, 2013). “Rather than understanding an experience by having a similar experience, I propose that empathy consists of a kind of dynamic, quasi-perceptual exploration of another person’s experience that involves relating to her in a distinctive kind of way” (Ratcliffe, 2013, p. 274). This level of

understanding and empathy requires an attitude of exploration, attention, and curiosity (Ratcliffe, 2013).

Because of the exploratory nature of this study, the interviews are planned with purposefully few open-ended questions and with an effort to explore the actual lived experiences of interviewees. In one interview study conducted with university counseling center directors, a “semistructured” approach was used (Hunt et al., 2012, p. 852). Broader questions started off each section of the interview, with subsequent follow-up questions used mainly for elaboration or clarification. The present study will similarly aim to ask fairly general questions, so as not to lead participants, with follow-up questions focused on more particular examples or details.

Other researchers have called this a “funneling” approach (Cinnirella & Loewenthal, 1999). In one instance, interviewers studying assumed mental health definitions and symptoms asked “general questions ... which allowed the respondents’ ideas to be discussed fully before moving on to the more structured and narrowly focused questions on specific causes and treatments” in order to see which ideas would be independently brought up by research participants prior to the influence of leading and tailored questioning (Cinnirella & Loewenthal, 1999, p. 509).

A small sample size is appropriate for the nature of this study. As Nathan (2005) explained in defense of her immersive ethnographic model, “I can write an entire book centering on one family from one village undergoing change, yet find that many other people from that country (several of whom have written me) recognize their own stories in its pages” (p. 18).

Initially, I wanted to qualify study participation by self-declared depression rather than a formal diagnosis, hoping to draw in students who perhaps had felt highly stigmatized against seeking formal help. One study on the rates of depression and suicidality in college students used self-assessment measures to allow students to define depression on their own, in part because the help-seeking behavior the researchers wished to learn more about is most often based in personal impressions of one's own problems (Furr, Westefeld, McConnell, & Jenkins, 2001). However, a member of the BUCC staff aiding me on research development explained the liability of speaking to students who had not previously received diagnosis and treatment by a mental health professional. Therefore, a self-reported experience of formal diagnosis and treatment was required for participation in this study.

Summary of Literature Review

Depression is a serious and prevalent issue, particularly among the college student population. Since universities hold a unique intersection of students' physical, emotional, and academic lives at such a key time in personal development, it is imperative to best understand the lived experience of depression to improve understanding and intervention services. Additional factors of important consideration when embarking on research in this area include the influence of stigma, personal religious identity, and the setting of each unique college campus. Due in part to the intersection of so many factors and the richness of individual stories, a phenomenological research approach was chosen for this present study.

CHAPTER THREE

Methods

Phenomenology

This study is a qualitative research project informed by phenomenological methodology. This approach to qualitative research seeks to extract from individual experiences of some phenomenon a more general essence of the phenomenon (Creswell, 2007). Phenomenology aims simply to understand, rather than to explain causality or to give recommendations for action (Creswell, 2007; Dukes, 1984).

Some key words used in stating the purpose of phenomenology include describe, experiences, meaning, and essence (Creswell, 2007). Dukes (1984) highlights the importance of research done in the phenomenological style: “Understanding, which is the goal of phenomenology, can lead to explanation; but explanation, the province of empirical research, can never furnish understanding - a clear grasp of the meaningful structure of an experience - where that quality is initially lacking” (p. 202).

Since phenomenology requires an earnest understanding of another’s ideas and perspective, it is important that study participants are able to tell their story in their own way, emphasizing what is most important to them personally (Dukes, 1984). This research approach, coupled with the idea of “funneling questions” raised above (Cinnirella & Loewenthal, 1999), informed my development of interview questions for this project. Moustakas (1994) provides a list of examples of appropriate, broad questions for use in interviews for phenomenological study, focusing on the participants’ feelings, thoughts, and areas that stand out to them as being significant (p. 116). According to this

research method, patterns will develop on their own as the researcher takes in more information (Dukes, 1984).

The questions used to guide conversation for the interviews in this study can be found in Appendix A. These were used as a framework and basis for conversation during the interviews.

Recruitment

Baylor undergraduate students were used for this study. The initial aim was to conduct 3-5 interviews in face-to-face contexts, with a time commitment of approximately one hour for each participant.

I presented the scope and intention of the project, including qualifying factors (e.g., must have been diagnosed and treated for depression while in college), in two distinct settings. First, I spoke in-person to Dr. Emma Wood's mental health peer leaders leadership class. Then, I emailed the overview of her research to a campus student leader who was able to forward the information to all students involved in Baylor's chapter of the mental health advocacy organization Active Minds. In each instance, students were invited to email me if they thought they qualified and were willing to talk about their experiences. All five participants were obtained from the latter method, via email to Active Minds members.

Of the pool of qualifying students, selection for interviews was intended to be based upon availability and an effort to maintain a diverse sample of genders, classifications, major areas of study, living communities, etc. This decision-making process was not required, however, because exactly five qualifying individuals emailed

me. An additional individual did email me; however, he/she had not received an official depression diagnosis and therefore did not qualify for this study.

It is worthy of note that this study has several limitations, mostly stemming from the small sample size that lacks some types of diversity. As stated above, diversity was a concern secondary to ensuring that enough qualified participants were available for the study, and since five individuals emailed me, this further selection step was not needed. All participants in the study were female, and the group appeared to be homogeneous in terms of race and sexual orientation, based on physical appearance and the content of the interviews. Comment on potential future research related to these areas of limitation is included in the discussion/conclusion chapter.

An informed consent form (ICF) was completed at the initial in-person meeting for selected qualifying students. Students were permitted to withdraw from the study at any time with no repercussions, and there was no financial or course-credit incentive for participation in this study. Participants were also required to create a pseudonym to be associated with their interview, in order to maintain confidentiality.

Transcription, Coding, and Themes

I transcribed the audio-recorded interviews. The full transcripts of these interviews are included in the appendix. I then printed the typed transcripts and coded them using methods adapted from Creswell (2014) and Richards and Morse (2007). Each comment of perceived significance was underlined and either briefly quoted or rewritten into a simple signal phrase. Each of these codes were written onto individual Post-It flags for ease of rearranging and then were placed into broad categories by topic, otherwise

known as themes. These themes will provide the organization for discussion in the Results section.

CHAPTER FOUR

Results

Diagnoses and Initial Identification

This study sought to understand the experiences of Baylor University undergraduates with depression. All five research participants, as per the qualifying factors, stated having a diagnosis of depression. One participant specifically identified clinical depression, and another specifically identified Major Depressive Disorder. Four of the five participants noted anxiety as part of their history as well, with one specifically mentioning Generalized Anxiety Disorder. Three brought up past experiences of having panic attacks, and one additional interviewee mentioned general worry and a self-termed “nervous breakdown.”

One participant stated first being diagnosed in elementary school, another three participants said they were first diagnosed in high school, and one said she was first diagnosed at Baylor. Notably, all but one participant stated that their symptoms went undiagnosed and/or untreated for a significant period of time. For two of those who sought treatment in high school, symptoms had begun in middle school, and for the participant who was not diagnosed until coming to Baylor, symptoms had been apparent since high school.

Self-recognition was a factor for three of the interviewees in beginning to seek help or in identifying their own depression. Two noted parental concern, recognition, and intervention as influential, two named counseling or mental health professionals as the initial people to identify their depression, and two stated that concern and encouragement

from friends led to their start of treatment. More than one factor could be named as significant, hence the total quantity exceeding five. All participants noted a family history of depression and/or anxiety, and two identified this parental experience and familiarity as significantly helpful in their experience with depression.

The rest of this chapter will outline the primary areas in which participants described what was helpful and what was hurtful. Symptom history, and particularly any self-harm or suicidal ideation, is included as reported by participants in order to give context to their experiences. Participants' various attitudes towards treatment – including medication, counseling and therapy, and personal methods of coping – are included in order to inform best practices moving forward. The responses of friends and family are additionally helpful in understanding what makes a supportive reaction to a loved one's diagnosis. Finally, other significant themes – Baylor, advocacy efforts, and church and religiosity – are included in order to fill out the description of the phenomenon of having depression as a Baylor student.

Symptoms

Common symptoms fell into several distinctive themes. All but one participant noted an inability to get out of bed as part of their symptomatic history. Four participants also named anorexia, eating disorder not otherwise specified (ED-NOS), or other weight fluctuation as connected to their depression. Disruptions to sleep, including both excessive sleep and insomnia, were also common. Three participants said that anger or confrontational/irritable behavior were part of their experience of depression. Three participants said that sadness and/or crying were part of their experience. Avolition, or an inability to move or find the motivation to focus on anything, was mentioned by three

participants as well. Other notable reactions named by participants included shock, a lack of emotion, physical illness, and feeling scared.

The majority of participants talked about changes in their symptoms and intermittent severity, including symptom improvement, symptom worsening, and temporary low points. As one participant explained:

A misconception I feel about depression, um, is that, um, it's, like, this constant thing that, like, when you're depressed, it's constantly dark and bad and everything is bad, and when you're not depressed, it's like you don't have those thoughts ... even when you're in a depressed phase, you'll have your good days and bad days, um, and even within the same day, like, you can have a higher mood and a lower mood and still be depressed, so if you see someone who has told you that they have depression and they're, you know, laughing and smiling and able to have a normal day, that doesn't mean they're all better, it means that they're having an ok moment.

Two participants also noted how they were worried about the possible permanence of their depression. "Especially when I got diagnosed with an actual disorder, before I didn't know it wasn't just situational depression, um, that was even worse, cause I kind of figured I could never fix it," Lucy said. Veronica expressed similar worries that her depression would never subside. "The hardest part was not knowing that there was an end. I just thought... I just thought that this is what I was stuck with," she said.

Self-Harm and Suicidal Ideation

Three research participants stated suicidality as part of their symptomatic history. One additional participant noted self-harm, specifically cutting, as part of her history with depression.

Sadie noted a history of suicidal thoughts in passing, but when they came back her freshman year of college she said she felt very scared. She described how the suicidal ideation ended up causing a panic attack:

I did have a panic attack one time, and it was, like, came on because I legitimately felt like I could go jump off a roof, and I had never felt that so strongly before that, like, now is the time that I could actually do it, cause it was always, like, passing thoughts, never anything real, um, and so that scared me so much that I had a panic attack.

Following this incident, Sadie sought help from friends.

Lucy described suicidal thoughts during her senior year of high school as well as serious suicidal ideation in college that led to her institutionalization at DePaul.

Veronica described her own experience with suicidal thoughts and feelings her senior year of high school. Though she was hesitant to call it a suicide attempt, she described a time when she “wanted the pain to stop” and took some pills.

Medication

Medication was a theme mentioned by all five research participants. Additionally, three participants mentioned having seen a psychiatrist for their depression, and two (one of whom is also included in the immediately aforementioned group) mentioned having seen a doctor for their depression.

All five participants also referenced changes in their medication histories. Melissa was initially afraid to try medication, and struggled with her anti-depressants not always working well. Veronica had to try several different medications and then manage the impact of side effects. “Being on medication now for the rest of my life does not sound so wonderful, but me not on medication is a little less wonderful than that,” Veronica said.

Somewhat similarly, Sadie spoke of being able to taper off her meds after two years of use as exciting.

Counseling and Therapy

All participants referenced therapy or counseling in some form. Terms and phrases used to identify the types of counseling pursued included professional help, therapy, counseling, individual therapy, talk therapy, and cognitive behavioral therapy (CBT). All participants also referred to their services being somewhat discontinuous in nature – in other words, having starts, stops, or changes throughout.

Several participants named specific things about therapy or therapists that were unhelpful in their experience with depression. Melissa disclosed about her interactions with an abusive therapist throughout middle school and high school that turned her off of therapy for a time as well as dealing with waiting lists and the unexpected closure of the psychiatrist practice she had been utilizing. Lucy described how her first therapist and experience in therapy actually made her feel worse.

Some specific benefits of therapy stated by participants included the opportunity to talk through experiences. Sadie said that during counseling is when things “started to make sense.” Claire said that one positive of working with a therapist was being told that she was not crazy. Melissa said she benefitted from consistency in treatment and aid in choosing a therapist. “I’m a lot less afraid of therapy [now],” Melissa said. “I’m a lot more comfortable working with mental health professionals now, and, um, I have a lot more trust towards them.”

Three interviewees made specific comments about their experiences at the Baylor University Counseling Center [BUCC]. Lucy’s experience with the BUCC was more

short-term. “My therapist and the Counseling Center was like, hey, you need long-term care ... so we can’t really do much,” Lucy said. “So, that’s kind of, like, some one-time crisis counseling at the Counseling Center, I didn’t go more than three times.”

Sadie stated feeling hopeful about BUCC services because of perceived higher credentials when compared with her initial church counseling experience. Overall, she said she felt important to the BUCC and her counselor’s way of interacting with her was “refreshing.”

Melissa, however, said she had a more negative experience with the BUCC. She said she “felt like [she] was just being pushed out the door.” She described feeling alone, unimportant, and dismissed. Her initial interaction with the BUCC was being told “you have way too many issues for us to help you, haha, in our twelve sessions,” so she was referred out for treatment. Melissa noted these session limits as a barrier for those with severe clinical depression; however, she stated that her opinion of the BUCC improved over time as her familiarity with policies increased. *Note: In the time since the pursuit of these BUCC services and the time of this interview, several changes have taken place in the BUCC policies, including removal of all session limits for students (Baylor University, 2016).*

Melissa talked specifically about her experiences in a group therapy setting. She said she was initially unsure of the idea. “I was like, oh, this is just going to be, like, a contest between a bunch of crazy people to see who’s the craziest,” she said. “I was like, I - I just don’t wanna go talk about my issues to a bunch of people who are my age ... the idea of group therapy was weird to me.” Overall, however, she reported group therapy as being a positive and helpful experience, particularly in feeling less alone:

It's set up very well, um, in that everyone gets a chance to talk about, um, what's going on in their life to the extent that they want to. There's very little pressure to, um, you know, share too much or, um, there's not a lot of pressure to talk when you're not ready to talk, um, and then everyone is very supportive and it kind of - I reflect after group sessions a lot on the fact that everyone's there for a different reasons, we all have, um, varying diagnoses, but we can still find ways to relate to one another.

An aspect of Lucy's treatment history unique from the other participants was time spent "institutionalized" for four days at DePaul, a "psychiatric and substance abuse resource center for families who are coping with sudden and unexpected mental health situations" in Waco (Providence DePaul Center, 2016). She described her reaction to the diagnosis and institutionalization as "anxiety-inducing" and causing frustration and anger. When prompted to describe with more detail how DePaul had been either a helpful or hurtful experience, Lucy said:

Um, I lost all control of my life. I describe it as, um, prison with a huge lack of lesbians. Um, but also preschool at the same time. It was horrible, it was miserable, I hated it. ... You feel very lost. And nobody lets you have control over anything. ... and I was scared. I didn't know how long - no one would tell me how long I was gonna be in there. So when you're staring down that, oh, you're like, how long am I supposed to do this, how long am I supposed to be here, how do I get out, when do I get to get out and return to my life again.

Personal Coping Methods

Learning coping methods was a process for several participants, who said that over time they were able to manage their own symptoms to some extent, even "manipulating" and "maneuvering" the depression. Choosing to avoid potential stressors and taking more control over one's own situation was considered helpful. For some, this took the form of distraction or generally staying busy. Veronica specifically noted how physical activity and spending time alone were her preferred coping methods.

Forms of media were a help to two participants. Claire named TV and general escapism as helpful. Veronica said watching a movie or listening to music were both helpful coping mechanisms. Creative expression was also found to be a help for several participants. Lucy noted writing, drawing, and theatre as helpful creative outlets in her recovery. Both Veronica and Melissa spoke of the benefits of writing in a journal.

Other forms of media were found to be triggers or stressors for two participants. Claire specifically named tumblr as a “toxic cycle” for her. Melissa noted comments on the internet about depression being just a sign of weakness as particularly discouraging and triggering.

Familial Responses

All participants named their parents as being at least partially a positive force in their experiences with depression. Two interviewees described an improvement in their relationship with their parents in terms of understanding and supportiveness over time. Three interviewees specifically named involvement and support from their moms as a positive influence in seeking help and overall recovery. Another noted being closer with her dad and finding support from that source. Yet another respondent named her aunt as a significant source of help. Three participants named siblings as a help in their experiences with depression. Two of those three specifically stated that siblings’ common experiences were especially helpful.

However, all participants also named at least one aspect of their familial life that was unhelpful in their experiences with depression. Two participants said they were initially hesitant to tell their parents about their depression. Another two said they felt like a burden to their family when sharing about their depression. Four of the five

participants said they were initially ignored or not believed, and three said their parents were either physically or emotionally distant.

Lucy said that her father rejected the existence of her illness at first:

My dad didn't believe, um, depression was a real disease, that there would - you just had to snap out of it, and it was probably part of the reason I didn't seek treatment for so long is I really thought I could just, I could just snap out of it, I'd be fine.

Lucy later stated that her father has since become more understanding, which has been a help to her process.

Melissa, who was first diagnosed around age ten, said she faced similar disbelief from her father. "I went to my dad and I said, I think I'm really depressed, and he's like, kids don't get depressed," she said.

Friends' Responses

All participants noted at least one helpful component of friends' responses to their depression. Three participants found it helpful to have someone to talk to in general. In particular, three found support from friends in high school, and two found support from their college roommates. Claire said that on bad days, it is really helpful for her to spend time with "people who I love and people who are committed to being a part of my life and really care about me." Qualities the participants stated as helpful in their friends included supportiveness, patience, understanding, and forgiveness.

Three participants said they found support from friends who had knowledge of or experience with depression and/or anxiety. Lucy said most of her close friends either have generalized anxiety disorder or major depressive disorder, and as a result:

we know how to watch out for each other and we know how to say, hey, I love you, it's gonna be ok, I'm here if you need me, we know what to do if somebody's

feeling down. ... my friends have been kind of taking care of me and I of them ever since.

Melissa said she also found support from friends through more indirect ways:

This isn't really something that people explicitly say, but, um, I've had friends who've just randomly sent me links to articles about how I help my daughter with their anxiety or, you know, stuff like that, and just, even if the contents of the article aren't that helpful or, like, clichés that I have read a thousand times, it's just helpful - or it makes me feel good that this person is thinking about me, um, and that they care about me, um, in that little way, so it's just, kind of, like, little things.

Four participants spoke of how their depression had led to the loss of friendships, with two of those specifically describing depression's impact on romantic relationships.

Two participants spoke of a lack of support from friends in high school. Claire said that in high school, she felt isolated. Sadie said she felt excluded and rejected by former friends in high school. She described two of her best friends pointing out the ways she had changed and how it was challenging to be friends with someone who was always sad. "They basically were telling me that they felt obligated to be my friends because I was going through a hard time and my dad was sick," Sadie said. Three participants named a lack of understanding from others in general as hurtful.

Claire spoke of a reluctance to depend on friends because of her independent personality. "I didn't really want to dump all of my issues on [my peers]," she said. Two others reported their diagnoses being hard on friends. Lucy said that when she first told her best friend about her depression and suicidal thoughts, he was in denial. "I will never blame him for his reaction ... because nobody wants to hear their best friend say that," Lucy said. "So that was not an easy thing for him."

Additionally, Veronica mentioned the general increased difficulty of interpersonal interaction as part of her experience with depression. "I was super, like, loner-ish, cause,

like, people were just exhausting,” she said. However, she also stated that the support of others was ultimately a help. “It’s like, I don’t want to be around other people, but, like, they’re actually helpful,” she explained.

Baylor

Claire said that looking forward to freshman year of college and the excitement that entailed were helpful for her in managing her depression symptoms. She said that for her, Baylor has been a loving and accepting place that feels welcoming and like home. Similarly, Veronica said that being surrounded by so many “godly people” at Baylor has been an asset and a help to her.

Several research participants noted how academics became harder with their diagnosis of depression, specifically with ability to concentrate and ability to consistently attend class. The overall adjustment to college was a noted stressor for several participants, including having few connections or low involvement when first coming to Baylor or simply being away from home.

Melissa and Lucy both commented on the involvement of professors in their experience with depression. Melissa said she was initially worried about talking with her professors about her depression, but found it to be a “very good experience” as professors and staff were generally “supportive,” encouraging, and understanding. Though not every professor was fully understanding of the situation, Melissa said she found her interactions with professors and even advisory staff to be positive and helpful overall. Lucy said that she found that some professors were helpful and wonderful, but others were unwilling to let her leave class during a panic attack or responded to her explaining her diagnoses by saying things to the effect of “oh, well, still gotta do your work.”

Melissa noted working with Baylor's Office of Access and Learning Accommodation [OALA] as something that was helpful to her. Lucy said that for her, working with OALA was an unhelpful and stressful experience, describing the system as "twenty miles of red tape."

Hiding Symptoms and Current Advocacy

All participants described hiding depressive symptoms at some level, whether just being secretive, hiding symptoms, being less open to talk about symptoms, lying, or faking it.

However, four of the five participants noted a change to being more open now about their experiences with depression, and all participants' willingness to participate in the study is indication of greater willingness to share about the experience. Interviewees stated being open, upfront, and no longer secretive about their own diagnoses. Veronica called the process of living through depression a positive thing and a "learning experience." She described depression as influencing her career and her interactions with other people in beneficial ways. Sadie said that she has found more opportunities to help others, because she can relate to others with depression and her friends are more willing to open up to her. Melissa said she is always willing to explain depression to others, and Lucy noted her involvement in advocacy work now and a general desire for greater public awareness.

Church and Religiosity

As mentioned in the literature review above, while the influence of religion was not an explicit part of the interview protocol so as to avoid leading questions, its organic

inclusion in the study was assumed considering the religious identity of Baylor University. Indeed, two participants directly mentioned the role of their relationships with God and with the church as influential in their experience of depression.

Veronica noted initially questioning God for giving her depression when she was in high school:

Um, I was really angry with God for a long time. Um, and it, kind of, like, my anger just turned into, like, distance for a while, where I just, like... I don't want to say I didn't acknowledge Him, because I definitely acknowledged Him, but it was just, kind of, like, on the back burner, and I didn't want to deal with it.

Transition to college and helpfulness of friends, she reported, helped to improve her relationship with God.

Sadie mentioned her church community and prayer both as helpful elements of her recovery from depression. In fact, concern and confrontation from her youth pastor's wife helped her to first seek help. However, she also stated that some comments - including one from her mom encouraging her brother to "press into God more" in response to his depressive symptoms in high school - make her "fired up" about mental health awareness within the church. Additionally, Sadie said that in high school she began to rely on her friends more than she relied on God, which she recognized as a shortcoming of her coping methods at that time.

Additionally, Sadie shared about her experience attending church counseling, which she described as unhelpful. "The first counselor that I went to, like, made me feel uncomfortable," she said. "I couldn't talk about anything, and I felt, like, pitied." She continued:

A lot of the times just the way she looked at me, I'm like, ok, I understand this is a sad story, but I don't need you to be looking at me like I'm less than or a sad high schooler whose dad is sick, like, I'm sorry that I'm ruining your day.

Although Sadie stated that prayer and her church community were both a help to her, she also stated that she did not always want to talk about God during counseling, another reason why the church counselor did not feel like a help to her.

Summary of Results

All five participants in this study noted changes in symptom type and severity over the course of their experiences with depression. All participants also named changes in medication and counseling both when describing their treatment histories. Particularly, participants who had utilized the BUCC named specific strengths and areas of growth for their services and policies that will be built upon in the following chapter. Participants discussed their own personal methods of coping, including the role of alone time and the benefits and drawbacks of the media. All participants noted both helpful and hurtful aspects of their familial relationships, particularly noting a burdensome feeling or a fear of rejection from parents. All also described support from friends as helpful, especially from friends who had personal experiences with depression, though loss of friendships or romantic relationships were also common. For most participants, the transition to college was a helpful experience. However, professors and university services like OALA had mixed helpfulness for different individuals. Most participants have grown in their willingness to be open and advocate for mental health awareness since first being diagnosed. Finally, several participants mentioned faith-based sources of help and changes in their relationship with God because of their depression.

CHAPTER FIVE

Discussion/Conclusion

The purpose of this research was to better understand the experience of having depression as an undergraduate at Baylor University. This information may be of benefit to university personnel, particularly the staff of the Baylor University Counseling Center (BUCC), in order to improve services based on campus-specific student needs. The findings of this study also have implications for those who have professional or personal relationships with students who have been diagnosed with depression. Finally, the strengths and limitations of this study may provide recommendations for areas of future research.

Implications for Campus

Universities have a rich opportunity to intervene in the lives of students (Hunt & Eisenberg, 2009). University mental health intervention is to the personal benefit of the students directly, but also to the benefit of the university as a whole, as evidenced by increased academic achievement and improved retention rates as a result of counseling services (Gallagher, 2008; Hunt et al., 2012; Kadison & DiGeronimo, 2004; Lee et al., 2009). It is also of utmost importance to conduct research for campuses individually in order to best understand and address the unique needs of a particular place at a particular time (Hoepfner et al., 2009; Nathan, 2005).

Three interview participants discussed their experiences with the BUCC. It was noted that the BUCC is seen more as a crisis resource, as individuals with longer-term

needs are often referred out. One interviewee said that session limits and the scope of services had been unclear to her. It is worth noting that session limits have since been removed at the BUCC, though the services offered on campus undoubtedly still have limitations. It is vitally important that staff and campus leadership continue to be aware of the extent to which it can ethically provide services while also having a reliable system in place for referring and following up with students who are outside of that scope. One participant noted the helpfulness of group therapy offered through the BUCC. While perhaps not a fit for all students or all issues, group therapy is a resource-efficient method of treatment that seems to be effective.

The support of professors and staff was mentioned as significant in more than one interview. For the most part, these interactions were seen as helpful; however, at least one professor was mentioned as neither understanding nor accommodating for a student having a panic attack. If not already in place, perhaps a training session or online module could be required annually for all faculty and staff in order to aid in the recognition and accommodation of mental health problems.

OALA was found to be an asset for one participant, while for another, it was found to be too complex to be helpful. More interdisciplinary work between the BUCC and OALA may be helpful for students seeking help for depression. Another potential aid to students who need multiple kinds of services is offering more appointments with social workers at the BUCC. In this way, students who also need help from OALA or need to schedule appointments at an outside resource could be better equipped to take further steps and be held accountable to do so.

Personal faith was found to be a strength for two participants. An expanded ethical integration of faith and practice at the BUCC could prove helpful for some students. It is also important to recognize the possible barriers when a practitioner's religion does not match that of the individual seeking help. For some students, like Sadie, prayer and a faith community may be helpful in their personal recovery from depression, but God may not be something they want to talk about during counseling sessions. Cultural competence and sensitivity to individual clients' preferences are needed in order for this integration of faith and practice to be successful.

Implications for Those in Relationship with Students Diagnosed with Depression

The literature says that personal connections are incredibly influential and helpful in a person's life, no matter the particular situation (Kadison & DiGeronimo, 2004). There is also evidence that the involvement of student peers in mental health education or support may increase individuals' comfort with the topic (Cinnirella & Loewenthal, 1999; Kadison & DiGeronimo, 2004).

All participants noted that their friends' responses to their depression were helpful to some extent. Helpful characteristics included supportiveness, patience, understanding, and forgiveness. Additionally, participants said it was helpful to have friends who could directly relate to the difficulties accompanying depression and/or anxiety.

In negative accounts of friends' responses, participants frequently cited misunderstanding or rejection of the diagnosis as the primary hurtful factors. There was also a tendency of some participants to isolate themselves from friends and loved ones as part of their diagnosis. This is useful information for friends and other loved ones of those who have depression. The awareness that those with depression sometimes avoid

their close relationships as part of the disorder's symptoms may help prevent misunderstanding and increase compassion.

The literature indicates that family members' responses to a student's depression diagnosis have an important impact on that student's help-seeking behavior (Cinnirella & Loewenthal, 1999; Eisenberg et al., 2009; Kadison & DiGeronimo, 2004). For all participants in the study, the responses of family members had both positive and negative components.

One noted helpful characteristic was common experiences. All participants noted a family history of depression and/or anxiety, and two participants specifically named this familiarity within their family as an asset to their healing process. In contrast, one noted hurtful characteristic was rejection or denial of the diagnosis.

On a macro scale, individuals with depressive symptoms often do not seek help, which may have a detrimental impact on the length and severity of symptoms overall (ACHA, 2015; Hunt & Eisenberg, 2009). Four participants in the study noted being undiagnosed or untreated for some time. It is possible that individuals do not seek help, in part, due to stigma associated with mental health issues. Other researchers have suggested targeted educational advocacy efforts in order to combat this problem (Eisenberg et al., 2009; Michaels et al., 2015; Sharp et al., 2006; Thornicroft et al., 2007).

Implications for Future Research

As explained in the literature review, campus-specific research studies can only inform the reader about one campus at one point in time (Nathan, 2005). Additionally, the small sample size used in this study does not result in generalizable findings, although the results are still helpful for understanding circumstances at a place in general. It is still

important to note that all findings in this study are subject to further research in order to best ascertain implications for theory or practice.

As explained in the methods chapter, phenomenology is a research methodology focused on the essence of a thing – in this case, a particular experience at a particular place and time. Phenomenology aims simply to understand, rather than to explain causality or to give recommendations for action (Creswell, 2007; Dukes, 1984). Therefore, future research could focus on the themes emerging from this data, applying it using a different methodology that has more narrowed questioning or goals.

The limitations of this research include a research sample lacking some types of diversity. All participants in the study were female, which may be caused by a combination of a number of factors. Data does reflect that more female than male undergraduates seek mental health treatment (ACHA, 2015); however, it is unknown if more females than males manifest symptoms or if females are simply more likely to seek treatment. The particular experience of depression as a male undergraduate is a necessary area of future study. Based on physical appearance and the content of conversation, there also seemed to be homogeneity in the research participants in terms of race and sexual orientation. It would be beneficial for other research studies to target underrepresented students based upon race, sexual orientation, or religion in order to learn more about the specific needs and struggles of these populations in dealing with depression as a college student.

Final Thoughts

As reflected in the literature, college students are highly susceptible to depression, and several factors, including stigma, may prevent them from seeking help. Untreated

depression has an impact on academic achievement and, in the most serious of cases, self-harm and suicidal thoughts or behaviors. This study aimed to describe the experience of having depression as a Baylor undergraduate student in particular and to provide recommendations for the campus and loved ones of affected individuals. A clearer explanation of session limits and scope of services at the BUCC would have been helpful for at least one participant, and the BUCC has already begun to make progress in this direction. A training session, either in-person or as an online module, for faculty and staff may increase a sense of understanding and decrease a sense of stigma for students who need to approach their professors about their experiences with depression. A streamlined partnership between OALA and the BUCC, facilitated by BUCC-employed social workers, may also aid students who need services but who have trouble reaching out on their own. Further research in this area ought to target males and students of racial, sexual, and/or religious minorities at Baylor in order to best capture their unique experiences.

APPENDICES

APPENDIX A
Interview Protocol

Tell me the story of your experience with depression.
What kind(s) of treatment did you seek?
When did you first realize that you had depression, and how did you respond?
How did your friends or family respond?
Overall, what was helpful to you?
Overall, what was hurtful or made the experience harder?

APPENDIX B
Interview Transcript 1 (Claire)

PI- Alright, so can you first just tell me, in however you want to structure it, the story of your experience with depression.

C- Okay, um, so I was diagnosed when I was seventeen, I was a senior in high school. Um, and I had probably been struggling for about five years prior, but it was pretty mild, and I didn't, uh, need necessarily to seek help. Um, but I moved, away from where I had grown up, um, for my last year of high school, and it was a very rough transition for me, um, and I think that triggered a lot of, um, of my depression and anxiety. Um, so I struggled really hard for about a semester before my parents decided that they were going to try to seek professional help. And I was very supported throughout this whole experience by my entire family. Um, and so I started seeing both a psychiatrist and a therapist, um, in about February of my senior year, um, and I was on two different kind of medications, um, I was on Lexapro, that's an antidepressant, I was on 10 mg of Lexapro, and then I was on 5 mg of Trazodone which is actually for my insomnia, I wasn't sleeping, um, so that was a little tortuous. Um, so I was on medication for about, uh, nine months, so February, I would say, until almost the end of the year into my first semester of college. Um, and then I decided that I was feeling alright and I was feeling great and I wanted to try to take myself off my medication, um, and so I did that, and that was a little bit of a rough transition as well but, um, so I have been off my medication since then, it's been a little over a year. Um, but I also sought counseling, and I thought that was really the best for me personally, I'm just kind of the personality that likes to talk through their experiences. It helps me when I verbalize things to understand kind of what I'm going through and I had a great counselor, her name was Casey, um, and then she kind of sat down and told me that I wasn't crazy, um, which was nice because up until that point I pretty much thought I was. Um, but I can tell you my depression today is very different from my depression then. I don't know, that's kind of when it hit its lowest point. Um, but I think through my whole experiences, I learned kind of where my depression started, uh, which was kind of frightening for me because I was like twelve, when that started. I can just remember, you know, not having pleasant thoughts about myself, or just feeling very down all the time, and I just thought it was, you know, growing up, and, and, that was just kind of the adolescent experience, but in retrospect, I think that was interesting to learn, that I had been struggling with this for quite a while. Um, it's genetic on both of my sides of my family, um, and I have living relatives that are currently struggling with it, um, and that are on medication for it too, so, my psychiatrist believed I had a genetic disposition for it times two, um, which was also, I don't know if it was a comfort or not, but, um. I have lots of support from my family, um, which was really great. I also have anxiety, I was not medicated for it, because I don't think it was very severe, but, um, I think the anxiety really tied in with the depression, kind of made my life a living hell for a little while, but I can tell you I'm in a much better place today than I was then. You know I think that's pretty much wrapped up.

PI- Um, so you said you have really strong family support, but did you feel like you had strong support from friends, either back in high school or like at Baylor?

C- Um, I didn't really have strong support in high school, I mean, I had just moved to a new town, I didn't really know people very well, I didn't really want to dump all of my issues on them, um, but when I moved to college, I had a really great roommate. She didn't know about it for a very long time, cause I was one of those people I just didn't want other people to know and uh so but she she's she was a psychology major, um, and she's now education, but she was you know studying development and all that kind of stuff and I remember one day I was feeling really down and she's like you know what's going on and I was like well I was diagnosed with clinical depression a couple years ago and it's not as bad now but sometimes I just have days where I can't get out of bed, or you know, and it's hard to live with someone like that and keep something that big from them so. She was very supportive of the whole thing. If she would come home and I'd still be in bed, she'd ask if there was anything she could do, you know, anything that I needed, and oh, I wish she could. But it was one of those things where you kind of just had to let it take its course. And then I had another really good friend who I shared my experiences with at the end of my freshman year, um, and he was very supportive through all of that if there was ever a time where I just needed to sit and watch TV or whatever, kind of escape the world, he was always, you know, willing to drop everything and that was pretty wonderful. So I had those two people to kind of count on. Um, but I was kind of the person in high school where I was very isolated and I didn't want other people to know my problems and I felt, like, very burdensome already enough with my family so, um, but I've learned that, you know, we're not burdens to other people, um, and just because I struggle with depression doesn't mean that you know I'm all of a sudden this horrible weight upon the world.

PI- Um, how else did you see your depression or how you're dealing with it change in the transition of coming to college?

C- College is very exciting in itself. So I mean, you can't really come to college and just be sad all the time. Um, at least for me personally. I mean, my depression was so bad in the summer between, um, high school and college that I would spend just days in bed just sleeping, um, and my mom would get worried and she'd come in and lay down with me and she'd ask me if I'm okay and ... um, but I think just psyching myself up for college was probably the greatest thing that could have helped. Um, and it, I mean Baylor's such a cool place and they're so welcoming and they make you feel at home right away and I really did. My mom was an alum here, so I grew up coming to homecomings and football games, and so Baylor was kind of already the place I wanted to be in. So, I mean with classes and new friends and new activities to do, I mean you don't really - I didn't think I had the time, to be fair, um, I was just kind of wrapped up in everything there, so.

PI- Mmhm. But you, did you say you continued doing counseling here, or?

C- I stopped doing - I just recently started back up counseling - I kind of had a bad thing happen over the summer, um, but I, but I didn't for my entire freshman year. So, I'm a first semester sophomore. Um, my entire freshman year I didn't seek counseling cause I

didn't feel like I needed it. My experiences were all positive ones, I mean you have ups and downs, but mine were far more ups than downs, so.

PI- So you didn't do counseling last year but you were still on your medication, you said, for the first part -

C- For the first semester, yeah.

PI- Okay. Um, so you kind of talked about, when you first realized that you had depression, you said that your parents were really involved with the decision to start getting help. Were you, like, resistant to it or were you all on board?

C- Um, I think at first, I mean my parents noticed I was kind of lethargic and I don't think they recognized it as depression at first but um I was kind of one of those people I like to model through life on my own. I'm very independent that way. But I think at one point, I remember one night I was watching TV and I remember I was watching one of my favorite TV shows, and one of my favorite characters dies on the show and I just remember like completely having like a nervous breakdown and like freaking out about it irrationally and I was like taking a bath or something like that and my mom comes in and she's like hey what's going on and I was like this is it, this is the lowest of lows, you know. So I was like, mom, I need to seek help. And she goes, I agree, I'll talk to someone in the morning. Um, and so it was kind of a joint process. My mom and I were very involved. My father wasn't as much, because I don't think he really knew how to approach it, but he was still, you know, whenever I needed something he was always, you know, there to provide it. So.

PI- Mmhm. And so, would you say that your family was like a main thing that was helpful to you?

C- Yes. Definitely.

PI- And what else can you think of that was really helpful to you when you were going through depression?

C- Um, I just, like, when I'm having a really bad day I just need to be around people and not just, you know, like random people, but like people who I love and people who are committed to being a part of my life and really care about me because I'm not one of those people that can just go sit in a crowd and feel at home, um. So it's always, you know, I never really wanted to depend on anyone, um, but I knew that if I had to I had other people to go to. I have my parents, I have my sister, my sister is like a year younger than I am so we're very close, um, and I think the greatest part of doing this is knowing I don't have to do it alone. So.

PI- Can you think of some things while you were going through your depression that made it harder, or anything that was hurtful to you while you were going through it?

C- I have - haha. I was on tumblr a lot my senior year of high school. And I had this blog, and I just remember, you know, other people would get up on the website and they'd post

all this, like, really sad things, and I would read them and I would be like, yeah, that's sad, and then I'd get sad, and it was just not a good experience. I remember at one point I had to delete my whole account, just because it was such a toxic cycle of other people hating themselves, and me hating myself, and it was just like, ugh, it was really bad. So, uh, I think that was - but it was so addicting, like I couldn't stop, I don't know why, it's just something that sucked me in from the start. So, um, yeah, the summer before college I deleted my account, cause it was just really bad.

PI- Um, is there anything else that just like sticks out to you about your experience with depression, and especially if there's anything particular to how you've dealt with it while you're at Baylor, if you feel like people have responded to you in a different way, if you like tell them about your depression or anything like that.

C- Um, well, I usually, I mean, I don't share it with a lot of people, but I mean it's not a very easy thing to hide some days. Um, man. I remember one particular thing was, like, I had this ceiling fan in my house at home, and I would turn it on and I would just stare at it for, like, six hours, um, and that was, like, one of those memories that just kind of always sticks with me. It's like I would just lay there and I would not feel good for six hours, and this was something I never really experienced before. So I was, you know, worried there was something wrong, that I was dying, you know all these scary thoughts in my head, which, you know, did not contribute to them improving my depression at all, um, but, you know, when I tell people that I struggle with depression, I feel like it's very easy to be a part of this generation because our generation is somewhat more accepting of it than perhaps my parents' generation or my grandparents' generation, um, cause I don't think it's something that's common, but I think there's more stuff out there about depression and how to handle it. Um, and I mean, there's stigma no doubt, but I think I'm just really lucky, especially at Baylor, people here are just very loving and very accepting and, um, I've only really ever found - I've never really found rejection here at Baylor because of my depression, that's not really ... um, I mean it's messed with my relationships cause that kind of thing touches everything, um, and it's ended a couple of my relationships, um, which is, you know, not really a pleasant thing, but at the end of the day I require, haha, I need things at the end of the day that some people just aren't willing to give, um, and that's okay and that's, that's, you know, that's what it is, so.

PI- Mmhm. Would you mind sharing a little bit about, maybe, one of those relationships and how it's impacted - how your depression has impacted or ended one of those relationships?

C- Sure. I had, um, a really good friend, um, and it - we were very, very close. Um, I think like second semester of my freshman year, we spent every day together at one point. Um, and I remember, you know, depending on that, depending on being there, and I think once he started, he's a CL this year, um, and his whole life has completely changed, and, um, I think that there was, at the end of the day, um, not a lot of room for me in his life, and it was a very hard transition for me to go from spending every day with him to seeing him once every two weeks, um, and I think I had leaned on him more than I had anticipated, um, and that was, at one point, it was like, okay, well, I can continue to suffer and continue to feel like I'm not good enough, feel like I'm not, you know, the

kind of person he wants to spend time with anymore, or I can end the relationship and, um, eliminate, kind of, those thoughts I know will launch me back into, um, you know, low mood and so, I did end up having to end the relationship, and I mean it's not like we hate each other now, but it's just one of those things where I can't share my life with everyone, and that's something that depression has impacted the most is that I can't - I'm not like everyone where I can just involve a ton of people in my life because, um, not a lot of people will want to be a part of that and that's okay because it's kind of a big thing to ask. Um, so it did end a couple of my relationships but, I mean, at the end of the day it's if people are going to be there for you or if the people aren't gonna be there for you, and you kind of want to keep the people who are gonna be there for you in your life and, um, yeah, so.

PI- Um, is there anything else you can think of that you want to share about your experience?

C- Um, hm. I think counseling has helped the best. Um, just because they sit there and they say you aren't crazy. But you're not gonna be able to lay back and just let this happen to you, you have to take some steps and I think that was the most helpful thing for me, was just knowing that I had control in an area where I felt like I didn't have any control over my life, um, and the thing with depression is, it's just, it's almost tempting, which is the scariest part of it, is, is you sit there and you say this is familiar, this is comforting, it's like, it's like an old blanket, and it's so easy to just say, alright, I'm gonna be depressed today, because it's not a lot of effort at all. Um, and that's what'll get you is accepting it, and, you know, the counselor told me you are not gonna accept this. This is not acceptable. Um, and here's something you can do to change it. And let's work on that, and I think that was the biggest step in my life, um, with all the factors that went in to my depression. It wasn't just the move, my best friend had gotten pregnant right after I moved away and she was basically all alone, um, and I was rejected by someone that I cared about very much, um, a boy that I'd kind of grown up loving and, um, that was a really toxic relationship that had ended. Um, and there was a myriad of other things, not acceptance in high school, it's hard as you're going through your last year and you don't really know anyone, and I was in a town where the kids were just like obsessed with themselves, and it was like Gossip Girl, looking back it was just like Gossip Girl, um, and these kids are just so self-involved and I mean I lived in a pretty wealthy neighborhood and these kids were just, oh my God, like I couldn't even sit there I just wanted to like - it made me sick, I was like they've grown up their whole lives like this you know? And I just, I could not find a way - I think it was culture shock to be honest. Cause I had grown up in Ft. Lauderdale, Florida, and I had moved to a neighborhood outside of Dallas, um, and I was just like I can't stand these people, I can't stand my life, I can't stand this school, I can't stand, you know, and so that was just real hard, but it went quickly from adolescent angst to, you know, something more than that, um, but I think that if anyone goes through depression, um, just to know that it is easy to just slip right into it, um, but that we have more control over our lives than we think. Um, and that that's important in regaining kind of yourself back. So.

PI- Sounds good.

C- Yeah.

PI- Well, I think that's about it, so.

C- Thank you.

PI- Yeah, thank you for sharing about it.

C- Absolutely, I'm always willing to.

APPENDIX C
Interview Transcript 2 (Veronica)

PI- Alright, so, just to start out, can you tell me however, in whatever structure you want to do it, just the story of your experience of having depression.

V- So, like, a like a brief summary.

PI- Yeah, sure.

V- Um, I was diagnosed when I was fifteen I think, um, it runs in my family, my mom has it, my grandma also has it, so like my mom recognized it pretty fast, so ... took me to the doctor and - do I need to talk louder?

PI- I think you're good.

V- Okay, um, anyways, got diagnosed, tried out a few medications and whatnot and I was actually - I was anorexic before I was diagnosed, so like that's how we figured it out because I was seeing a therapist for my anorexia, um, so, like, high school was pretty difficult. It was, uh, a little turbulent and whatnot, just trying to figure it out and, like, um, I don't know, when you're in high school you think everything's the end of the world and it's not. So getting to college I've really got a better handle on it, and I'm not, I've still been on like so many different medications and, you know, some will work for a while and then they don't work for a while, um, but I feel like ... I don't really know if I'm answering your question.

PI- Um, it's ok, I'll ask like follow up things if there's anything that's missing, so, yeah, is there anything else you wanted to share just off the -

V- No, not off the cuff, no.

PI- Okay, um, so you already touched some on, like, what kinds of treatment you sought at first. You said you were already seeing a therapist for the anorexia and that's how you, like, helped identify it. And then you said also medication, right?

V- Yeah, uh, we tried the, uh, just therapy, um, itself first, but it... Mine was a little worse, so then we added in, um, medication, and honestly I can't remember how many I was on in high school, uh probably like two or three or something like that. And then, um, when I came to college I was on one for probably like two years; actually it's the same one that my mom takes and that my grandma takes so, like, it's interesting that the similar works for me. And then my side effects got too bad; I had really bad night sweats, I'd have to like get up and shower in the middle of the night, like I couldn't sleep and stuff. So I changed off that and this past, like, summer, and last set of finals in the spring was like trying to find something that worked and it was very, like, I think I was on, like, four different ones within the span of, like, four months and it was it was pretty rough, but finally, like, going into this semester I got on something else that actually worked so

I've been pretty ... pretty coasting for the last few months, so, just, I mean, medication and talk therapy.

PI- Mmhm. So are you still going to some type of therapy at like ... during college?

V- Nuhuh.

PI- Ok.

V- I don't think I've seen, like, a like, a psychologist, like, a talking therapist since high school.

PI- Ok.

V- Yeah ... Wait no, I take that back, freshman year I had a really hard time adjusting to being away at school, so I went and saw a therapist in Waco.

PI- Ok, through Baylor, or no?

V- No.

PI- Ok.

V- Yeah.

PI- Um, so when did you first realize that you had depression?

V- Um, I guess it, like, it came out of the anorexia, just like some of those habits and things that I did and thoughts and whatnot, just like the patterns of thinking and stuff, kinda came out from that, um, there were just, like, days, so, probably like my like freshman year in high school ... freshman year of high school, let me say that, so I was fifteen, um, didn't want to get out of bed, it was impossible to get out of bed, and I didn't want to do anything and I was always, like, really angry a lot of the time, um, so those, those were some flags.

PI- Um, so, whenever you, like, figured out, oh, I think I have depression, or, you said, your mom...

V- Yeah.

PI- ...recognized it, helped you recognize it, um, then what was, kind of, like, your next step?

V- Um, the weird thing is, like, I remember going to counseling very vividly for anorexia but I don't remember going and them being like, you have depression. For that, and I don't know why. Um, I mean, I think once we, like, figured it out, since my mom has had it and was, like, familiar with it, she was very, like - well it was fortunate that she was familiar with it. So, like, we were able to do something about it but I, I went to therapy

and I think I went twice a week for six months, for a while, and I kept a journal, and that was actually helpful.

PI- Mmhm.

V- But it was, you know, once I got better, I quit going, so then, like, things were kinda rough.

PI- So, like, after stopping going to therapy so much...

V- Yeah.

PI- ...it got worse again.

V- Yeah.

PI- But it was still in high school.

V- Yeah. Are we, do you want to strictly talk about college?

PI- No, I mean, I'm gonna touch on some questions...

V- Ok.

PI- ...that talk about, sort of, the transition, and what it's been like more in college, but it definitely is important to know, like, how it started to know how it's been different also. So.

V- Um, I just, like, I didn't really know how to manage it. I just, I didn't know when it was gonna hit me, it was like I would literally wake up one day and, like, for the lack of a better term, I woke up on the wrong side of the bed. So, like, I'm just, like, super irritable and, like, I just, like, was really, like, confrontational, which is something you wouldn't necessarily think is, like, associated with depression, but, like, it really is for me, cause I just, I just don't want to deal with anybody.

PI- Mmhm.

V- Um, I was super, like, loner-ish, cause, like, people were just exhausting. So, it was pretty, like, up and down, up and down, up and down for me.

PI- Mmhm. And, so, it sounds like most of your worst episodes with it were in high school, right?

V- Yeah.

PI- And then in college, it's been more managed with medication.

V- Yeah, well, ok, so like in high school, I really thought, like, this is the end of the world, how am I... is this ever gonna go away, and I didn't know how to get out of the funk, so I would just stay in it for, like, weeks at a time and whatnot, whereas now, like, I

guess just being older and, like, having more experience with it, I can generally tell when it's coming on, so like I can expect it and like I know the things that work for me to be able to, like, handle it better for myself, so it's like I can kind of prevent it and once it happens I can get myself out of it.

PI- Mmhm.

V- Now I know I just have to, like, kind of, like, give in to it, and it will subside.

PI- Ok, so you recognize now that, like, it will go away whenever you're having a depressive episode.

V- Yes. Whereas before I just didn't help myself cause I didn't know how to. But now, like, I know to, you know, manipulate it, maneuver it.

PI- So what are some of the things that you do now to cope with it?

V- Um usually I'll, like, tell my mom that I'm, like, not really feeling great, because sometimes, like, she'll just ignore me and then, like, I'll set off, so I'll, like, tell her, that way she's, like, more, like, understanding throughout the day and asking how I feel and stuff, um. I generally, like, stay at home by myself cause, like, I, like, uh, interacting with others is kind of difficult when I feel that way, um, I basically just, like, do, like, not a lot. Like, I don't do stuff that's gonna stress me out, like, I'm just, like, if you don't do your homework today, or if you don't go to the gym today, that's okay because you're gonna feel better tomorrow. Um, a lot of time I... told myself I wasn't gonna wear a cheer shirt, but, uh, I'm on the cheer team, and so, like, going to practice and, like, that kind of forces me to focus on other things and be active, a lot of time I'll go to the gym.

PI- Mmhm.

V- Cause you just, like, sweat it out. Um, making myself do stuff when I don't want to do usually helps.

PI- Mmhm.

V- Yeah.

PI- Um, so as you're transitioning from high school to college, um, did your depression or the way you cope with it change?

V- Um, I still really hadn't figured out how to deal with it yet. Even my, um, my freshman year, I still didn't know how to deal with it. Um, it got worse the first semester of my freshman year cause, um, I had a really hard time being away from home and, like, not really anybody from my high school went here...

PI- Mmhm.

V- ...so, like, my thing is, like, I usually, like, if I have a person that, like, knows I have depression and just, like, knowing that they're there for me like really helps me, so, like,

my mom, like, my roommate now. So I never really talked to my roommate, I didn't really know anyone, so, like, if I was having a bad day during the week, like, I would really drive to, like, College Station, cause, like, I had some friends from high school that went there, and, like, just, being around people that, like, I knew and stuff would help but, um. I wouldn't say my coping methods changed because I really didn't know how to cope with it yet.

PI- Mmhm.

V- So.

PI- Um, so you said that it's helpful for you to talk to people who, like, know about your depression, like, you know care about you, um, so what was that like to share with people that you had depression, like, were you open about it right away or -

V- Um, I definitely wasn't at first, um, I wasn't at all really in high school, because I still didn't really recognize it as oh I have this ... I don't really want to call it an illness or a disorder ... it was in high school, I was like, what is wrong with me, and that's how I viewed it, whereas now, like, I'm, I'm pretty upfront about it, um, it doesn't really affect my friendships so much, like, on a surface level because, like, I don't show it. It really affects my romantic relationships, though.

PI- Mmhm.

V- So, kind of... that initial... I'm generally upfront about it in the first place because I'm like, if you can't deal with this... then get out now.

PI- Mmhm.

V- So it's always, kind of, like... Hey... I have this, and if they go away, they go away, you know what I mean?

PI- Mmhm.

V- So I'm generally pretty open and upfront about it now, because it's just, like, part of who I was, but not back then, no, because I was uncomfortable with it.

PI- Mmhm. So you said it has affected, like, romantic relationships more than it's affected, just, like, friendships?

V- Yeah.

PI- So in what ways has it affected?

V- Um. It's just. Like, that's a big part of who I am, and, like, when it does hit me, I'm very - I cry a lot, and, like, actually, crying's not really a great thing, I cry a lot and I'm really, um, I just lash out a lot basically, so, like, there's a specific way that, like, I need to be handled that I've figured out. I don't really like people trying to fix it or, like, what can I do, what I can do, what can I help, how can I make it, how can I make it better, like,

that doesn't work for me. I really just need you to, like, just be with me, like, let's sit and watch a movie or something. You know? Just being with me helps but, like, trying to actively fix it doesn't help. People don't understand that. I've had the boyfriend that's, like, the fixer, and it's like, he's constantly like, I just wanna help, I just wanna help, and I'm like, you're... by trying to help, you're not helping. And, like, people that, like, don't understand that it's, like, an actual problem that I really can't help, people that think it's just, oh you're feeling sad, you're blah blah blah, you know, it's always kind of difficult, it's kind of insulting. But it's like, a lot of people really aren't, like, exposed to the full extent of it, so it's like, I try to be pretty lenient with that because, I mean, there's a lot of stuff I'm not exposed to, and I don't know about all...

PI- Mmhm.

V- ...so.

PI- So, you think that a lot of people who don't understand that it's, like, a real problem, it's just from, like, lack of knowledge about it?

V- Um, not so much the fixers, I think fixing is, like, a, a, it's a common, like, I would try to fix something for people or try to make them happy, or - but that's just not something that works for me. But I think that, I mean I want to say it's ignorance... about the people that don't think it's a, a legitimate issue, but. Maybe it's not ignorance, maybe it's just that's what they believe, and they fully know the facts. So.

PI- Yeah. So, overall, what are things that have been helpful for you, um, in having your depression?

V- Um.

PI- Like, things that made it easier for you or helpful.

V- Really having someone to talk to, helps. Um, like, a close person, so, like, my mom, or my roommate, just having someone to talk to and acknowledge that, like, you're feeling bad is, like, really helpful. Um, I'm, like, a touch person, so, like, like, hugging my mom really helps, like, I like hugs. Um, I don't know, for me, like, being by myself really helps. Music helps. That's like... what does it for me. I just, like, try to take myself out of situations that will stress me out. It's like, sometimes I view that as, like, selfish, like, someone's, like, hey, do you wanna do this, hey do you wanna do this, and I'm like no, no. Like, I feel bad, but I'm gonna feel worse if I say yes.

PI- Mmhm. Um, what are some things that have been hurtful or made your experience with depression harder?

V- Um.

PI- Or if you can think of, like, specific scenarios, or things that, like, specific people have said to you that, like -

V- Yeah. Um, people for the most part haven't really been insulting about it. I mean, I don't think I've ever had anybody really, like, openly say something I was just, like, offended by.

PI- Mmhm.

V- Um, I mean, think, just like, the hardest part was not knowing that there was an end. I just thought... I just thought that this is what I was stuck with.

PI- Mmhm.

V- And for a long time I had, like, a hard time with, like, my relationship with God cause I was like, why would He give me this, why would like, why me type stuff. When I was in high school, I really struggled with that. And um, I mean, now. I mean, I know that's not, like, a definitive answer, like, the fact that I didn't know it was gonna end and it seems like such common sense. That this dip is gonna end. But in high school I just didn't see an end, I just thought it was gonna be the same old thing, every single day, every single day. So just, like, hard to, like, not understanding it. I guess.

PI- Mmhm.

V- But specific things haven't really made it worse. Sometimes it's hard when, like, I have to be in a situation like, like, if I have to go cheer at a football game, and, like, I know that, like, I woke up on the wrong side of the bed, and, so, like, I gotta fake it.

PI- Mmhm.

V- Being around a lot of people really makes it difficult sometimes. Cause I just get, like... overwhelmed.

PI- Mmhm.

V- If I'm not, like, answering your questions, like, specifically, please tell me, cause like -

PI- Oh, I will.

V- I have a feeling that I rant -

PI- No, no, it's -

V- Sorry -

PI- A big part of this is that you frame, like, your experience the way that you want to frame it.

V- Oh, ok.

PI- So, if you really want to emphasize one part of your experience and totally don't talk about another part, that also, like, tells me something -

V- Ok.

PI- About how you experienced it. Um, but I'm interested to hear more about, you said, your relationship with God was, kind of, changed because of your depression. Can you say a little bit about, like, how that's transitioned into, maybe, college?

V- Um, I was really angry with God for a long time. Um, and it, kind of, like, my anger just turned into, like, distance for a while, where I just, like... I don't want to say I didn't acknowledge Him, because I definitely acknowledged Him, but it was just, kind of, like, on the back burner, and I didn't want to deal with it. Um, but definitely, like, getting older and, like, if I can say the one thing that has helped me it is, like, getting older and just, like, having, like, perspective and stuff, and especially, like, being here and, like, constantly being surrounded by, like, people that are godly people and et cetera. But anyways. It's, kind of, like, flip flopped almost now. My view, like, now I see it as, like, I don't know exactly the reason completely yet but, like, God made me this way for a reason. Like, there's a reason that He gave me this, there's a reason that He has put me through all this, and the thing is, like, I actually like the person I am now, so it's like, I wouldn't be this person had I not gone through everything, so it's like, I would say me and God are on pretty good terms.

PI- Mmhm.

V- I haven't quite figured it out yet but I will eventually. But the thing is, I'm a psychology major and, um, like, obviously super interested in depression and whatnot so I really think it's, like, helped shape the way that I, I, think it's gonna shape my future and, like, what I actually end up doing and, like, the way that I care about people so, like, there have been good things so, like, I see, like, some of the point of what He's doing, just not to the full extent yet.

PI- Mmhm. Um, can you share a little bit more about how your friends and family responded when they found out that you had depression?

V- Um, pffbt. I don't... my friends were, like, fine I don't think there was ever really a time where I was, like... at least not in high school, I don't know why, I just, it didn't seem like such a definitive thing, in high school, it wasn't like, hey, I have depression, it was like, hey, what's wrong with me. But I remember, like, telling my roommate in college that, like, hey, I have depression, blah blah blah, and, like, people take it fine, like, no one's, like, real weird - no one's weirded out by it or anything, if the anything, sometimes people get, like, real questioning, but, like, that doesn't really bother me now. Um, so, I mean, generally it's - I don't, I don't know what's going on in their heads - it's not received badly.

PI- Mmhm.

V- At least, as far as what I can tell. Um.

PI- What are the, like, questioning that -

V- Um. They ask me, like, how long have I had it, people are always interested, like, um, if I'm on medication.

PI- Mmhm.

V- Uh, which I like, like, yeah. I know that makes me sound, like, I know to the normal person that makes me sound like a weirdo. Like, I don't feel like a weirdo. Um. I don't know what else, those are like, really the main two. Um, I mean, my family responded, like, fairly well. Cause it was just my mom. My mom took the brunt of it, cause my parents are divorced.

PI- Mmhm.

V- So, like, my dad didn't really have to deal with it but, like, my mom... She didn't respond badly to me finding out I had depression but I was just a handful all the time so. That was difficult.

PI- And you said your mom had depression, also?

V- Mmhm. And hers wasn't - hers isn't that bad. And it's like - the weird thing is like, when she doesn't take her medication, she gets angry. Whereas my grandmother's like, um, she gets really sad, like she cries, like I do. And, like, my mom will - she's, like, told me she can remember, like, my grandmother locking herself in her room for days at a time, like, severe depression. Which is more similar to mine than mine is to my mom's. So. Um. Because it's like, I think it's cause my mom was the closest person to me, that's who, like, I lashed out at and stuff, and, like, not everyone knew about it, so it's like, obviously I'm gonna lash out to the person who knows about it.

PI- Mmhm.

V- But I mean, it's never been received badly... for the most part.

PI- Do you feel like a lot of people don't really know, like, the full extent.

V- Yeah. Most people don't see it. Like, my, most of my teammates know about it... Or at least my close friends on the team, but, like, they're like, oh, [Veronica] has depression. But like, they don't see it. Cause I don't show it.

PI- Hmm... Do you, like, not show it for a reason, or just that it, like, doesn't come out when you're around those people?

V- Um, I mean, I try not to. Um. Yeah, I definitely try not to, just cause, like, I don't want to be seen as like... I don't know, I don't want to be seen as weak, so like, if I'm crying or something, I feel weak. Like around those people. Uh, but it doesn't come out a lot in those situations, no, because, like, I'm distracted, and I have a job, and I'm doing something, and I'm being active. So it's like, my mind is occupied, forcibly. I kind of have to focus while I'm flipping a body over.

PI- Haha. So having something to do, like, that also is just helpful for you?

V- It's super helpful. And the thing is, like, if I didn't go to it, if I didn't have to go to practice, like, I wouldn't, so then I would just - ok. Let me reframe this. It's like, it's helpful, because I go, but I go because I have to go. So I'm always worried, like, when I graduate, and I don't have, like, something that I, like, have to go to, I won't really, like, choose to go, so I won't feel any better. If that makes sense.

PI- Mmhm. Did you -

V- I don't want to go. I absolutely do not want to go. I want to hide under the covers. But, I have to go. And then I end up feeling better.

PI- That makes - ok. That makes sense.

V- Yeah, I know, I could tell I was not making sense there for a second.

PI- Haha. So, like, the physical exercise, and, like, doing something with friends are helpful?

V- Yeah, mmhm. It's like, I don't want to be around other people, but, like, they're actually helpful.

PI- Mmhm. That makes sense. Um... is there anything else you can think of that, like, stands out about your experience with depression, especially, like, anything, like, specific in how people, like, responded to you having depression?

V- Um, I, when I was a senior in high school, I, um, I, like, ok, I hate to say like a - this probably isn't the right phrase - attempted suicide, but, um, it wasn't like I wanted to kill myself, like, that wasn't the fact, it was, like, I just wanted the pain to stop. So, like, I don't know if that technically makes sense but, um, I, I took some pills, so I remember after the fact, like, I think a few people found out, and I don't know how, and no one ever said anything to my face, but I was, like, super concerned I was gonna be "that girl."

PI- Mmhm.

V- So, like, I was pretty worried about that. Cause I just don't want people to know, like. I don't want people to know and see it as, like, weakness. I don't care if people know I have depression, cause normally I look like this. Like, not this, but I'm normally fine. But, like, I don't want people to be, like, oh, she has depression, there's something wrong with her, she's sad, she's weak - weak is, like, a big thing for me, I know I've said that, like, a hundred times. Um, so it's more of that concern -

PI- Mmhm.

V- Than caring about how I looked like to my peers. I just didn't want to be seen as, like, the weirdo.

PI- Mmhm. Do you think, like, for yourself, when you hear the word, like, the label, like, depression, do you think of that as, like, weakness, or do you think that, or do you just think other people may see it as weakness?

V- I think other people see it as bad. I just see it as a forced circumstance.

PI- A forced circumstance.

V- Yeah. I mean, like, once you have it - I don't feel like it's something I have anymore, I just feel like it's a part of who I am. So. I mean it's like, oh, I thought it was like, yeah I thought it was something like, something was wrong with me, I have this problem, and I don't really see it as a problem, I just, like, at this point, it's just like, I have it, I'm gonna deal with it. It's never going away. So it's just, like, incorporated into my life.

PI- Mmhm.

V- It's not a problem for my life anymore.

PI- It's more, like, part of your -

V- Yeah.

PI- Personality, kind of thing -

V- Yeah.

PI- Who you are.

V- Yeah.

PI- Um, are there any other ways it affects your life now that you can think of?

V- Um, sometimes when it hits, like, I really don't have any concentration. And I don't wanna, uh, when it's really bad, I, like, I really just, like, I wanna stay in bed, I wanna, like, not see anybody, I don't wanna do anything, so, like, sometimes, like, if I have a test coming up or something, and, like, schoolwork, it's really not conducive to that, because I will just look at something for ten minutes and I'll put it away. Cause I'm just, like, I'm not doing it. So. It affects my schoolwork a little bit, but ... not too bad. Other than that, like, it's ... unless it's severe, severe, it's, it's fine.

PI- Mmhm.

V- Yeah. It happens every now and then. It'll come in a day, it'll happen, like, for a day, and I know that, like, the next day it will most likely go away.

PI- Mmhm.

V- It usually doesn't come in long bouts anymore. So it doesn't affect me so much.

PI- Mmhm.

V- If it stays around for a while though, then it's pretty ... it affects more, but.

PI- Mmhm. And is your plan to, like, continue with the medication and probably not talk therapy?

V- Yeah, I feel like I don't really need talk therapy. Maybe that's me being just, like. I mean I probably could use it - I feel like, no, I feel like I don't really need it that much. Um, yeah, I'm just gonna stay on the medication.

PI- Mmhm.

V- Which I think about now, being on medication now for the rest of my life does not sound so wonderful, but me not on medication is little less wonderful than that.

PI- Haha.

V- So.

PI- I see that.

V- Yeah. I don't, like, I'm honestly not sure if it gets worse or better with age ... I think it would get better. So maybe just a lower dosage as I get older. Or something.

PI- Mmhm. Um... if there's anything else you can think of that stands out to share...

V- Not really... I feel like I haven't been that helpful.

PI- No, you definitely have been helpful.

V- Haha, so sorry.

PI- I mean, just being honest about, like, your own experiences, and, like, no one else can really tell that same -

V- Yeah.

PI- Story about that same experience, so it has definitely been valuable.

V- Yeah, I mean, like, I think it was really helpful that my mom knew what it was. And, like, she was pro get help. You know what I mean, whereas there's, like, some people who just, like, that don't believe it's an actual problem, they just think it's, you know, you get hit with the cheer-up - that really offends me, and that really bothers me when people tell me to cheer up. Usually get angry. Um, but I think that was really helpful, like, cause had I not gotten help, and had it lasted longer, I think things could have turned out more poorly than they are now. Um, I don't know, I just think the whole thing's a learning experience. It's hard to deal with. It's really hard when you're a kid and, like, you just, like, you feel like, you feel like the weirdo, you feel like there's something wrong with you. And because, like, obviously it's not something you share, so, like, if somebody else has it, you don't know, so you feel like the only one.

PI- Mmhm.

V- So, like, um, I mean, as I've gotten older, I've met people, like, that also have it, and it's like, people I know, it's not like people I've met because, oh, I have depression, I have depression too, it's like, oh, like, a friend I met in class when I got to get to know, and we were talking, and she was like, oh, I actually have it, too, you know.

PI- Mmhm.

V- You feel like you're not so alone as you get older and people are more open about it and everything, so. When you first get diagnosed it is not great but ... it just takes a few years and then you can figure it out.

PI- Yeah. Well, if you don't have anything else to add, then I think ... that's ... it.

V- Ok.

PI- Thank you, for sharing, so much.

V- You're welcome.

APPENDIX D
Interview Transcript 3 (Melissa)

PI- Ok, so, first off, can you just tell me, in whatever way you wanna frame it, just the story of your experience having depression.

M- Um, well, let's see, I was - it runs in both sides of my family, so it was kind of inevitable that I would be depressed, haha, um, is something that I tell people a lot. I think I was first diagnosed when I was about nine, um, and I was treated on and off - mostly off actually - um, because my family kind of ignored it, and I didn't want to deal with the hassle of having to get treatment or whatever. Um, so I was - it - it started when I was about nine, and I had it pretty badly in high school, um, but again it was something that mostly went ignored, um, and then when I was in college it really started to affect my grades. This is - I - I also have anxiety, um, and my second semester freshman year, I - the depression was to the point where I wasn't getting out of bed to go to class, and I, well, the anxiety got to the point where I would have panic attacks and not move at all for hours. Um, so that's when I really started to, kind of, accept that it was something that was a problem and I needed help for. Um, so that's when I first went to the psychiatrist and, um, started with the meds and everything, and I've been pretty consistent with treatment since then, um. And since then for the most part things were going better, and I was learning how to manage it better, um, and also, biochemically, things were going well, um, and then this past semester, starting in September so like ... four months ago, um, my meds stopped working, and, um, I was kind of biochemically back at square one, where I was not getting out of bed to go to class and the anxiety was spiking up again, too, and having a really hard time, um, just managing the symptoms, but, uh, at that point I had also, uh, you know, I was going to individual therapy once a week, I was in group therapy once a week, um, and I - since I had had the years of going to therapy and talking about, um ... like, solutions to, when I'm feeling this way, these are things I can do, it was somewhat easier for me to manage the symptoms even when they did start to come back again - I mean it was still really difficult, haha, obviously, um, but I at least had the foundation of the CBT in place ... So that's ... basically the story of, just, the symptoms.

PI- Ok, and so, you talked a little bit about the treatment, you said you had, um, medication and that was working well, and then it wasn't working as well ...

M- Yeah.

PI- ... but then, throughout, you had, um, you said, individual and group therapy.

M- Yes.

PI- Um, was that through Baylor, or ...

M- Um, well, my first individual therapist, I - I did go to the Baylor Counseling Center several times, actually even starting my first semester before my symptoms were that bad, um, because I was kind of starting to feel like there were problems, um, but I didn't

realize how bad they were. Um, but at the Baylor Counseling Center, at first they were like, you have way too many issues for us to help you, haha, in our twelve sessions, so go somewhere else, here's the list. And I took that list and was like, I'm too depressed to look at this, so, um, I didn't, haha - I didn't really bother with it, and then my second semester, I actually - an advisor - I was originally in honors and ended up dropping that because of the depression, but my honors advisor gave me a psychiatrist's name, so that's how I found my psychiatrist, and I was going to her, I think, every other week, and then I went to a professor, um, this is the fall of my sophomore year, and he knew about my problems and stuff, and I said I'm going to the psychiatrist but I really don't think it's help - I really feel like I need more stuff. Um, so he said, go to the Counseling Center, and if they tell you, um, you have too - too many issues, just say, no, I really need help. Haha, uh, so, I did that, and then they got me in touch with my current therapist, who - I go sometimes twice a week now, um, so, the Counseling Center still said you have too many problems, but I don't remember if they were more active in helping me choose a therapist ...

PI- Mmhm.

M- ... instead of just giving me a list, or if I was more aware of how important it was to find a therapist, but either way, I ended up with my current therapist, and then, um, the next semester, uh, the psychiatrist I ended up with, her practice was temporarily closed, and I was off my meds for a very long time, uh, and I, uh, I went to the Baylor Counseling Center and told them, I can't find my psychiatrist, because their office didn't contact me or anything. It was - it was a very, uh, I - I know what happened now, and it was a very complex situation, but, uh, I had no idea what was going on, so then the Baylor Counseling Center got me into group therapy in the interim while I was on a waiting list for a new psychiatrist. Um, so that's how I started going to group. And I was reluctant to go to group at first, because I was like, oh, this is just going to be, like, a contest between a bunch of crazy people to see who's the craziest. Haha, uh, and I was like, I - I just don't wanna go talk about my issues to a bunch of people who are my age, and it's - I - I'm not private about it. Like basically everyone who knows me knows about it, just because it affects my life so much that I kinda feel like if you're working with me on any level, you have to, haha, know, um. But I still just ... the idea of group therapy was weird to me. Um. But I - I do - that is at the Baylor Counseling Center, and I do, um, I feel like I have benefited a lot from that, I - I just finished my second semester doing that, um, so that's how I found all my ... different ... doctors, haha.

PI- So, it sounds like there's a lot of change throughout ...

M- Yes.

PI- ... your treatment. Um, was there a significant amount of change when you went from high school to college, either in your symptoms or in how you dealt with them?

M- Um, well, when I was in high school, I really struggled a lot, um, with self-harm and with an eating disorder. I had ED-NOS - my symptoms manifested in that I restricted calories a lot, and I never really binged, but I would purge when I felt like cutting, so as a form - as another form of self-harm. And my eating disorder behavior still continued

through my first semester, but since then it's kind of tapered off and I've managed those symptoms better. I also stopped self-harming as much, um, my first year of college, and then when I lost my psychiatrist I struggled a lot with self-harm, um, spring of my sophomore year again. Um, but I have not self-harmed in eight months, which I'm really, haha, proud of that. So, I - I think, like, the physical aspect of my mental health problems have changed a lot, um, I also, I - I didn't go on meds at all when I was in high school.

PI- Mmhm.

M- I was really afraid of going on meds for a lot of different reasons. Um, and I went to one therapist who, um - I went to her from when I was in eighth grade, I think, to the end of my freshman year in high school and, uh, having talked to therapists and one of my psychiatrists now, I realize that the things that this woman said to me were actually very abusive, haha ...

PI- Mmhm.

M- ... and not helpful, uh, so, and I kind of had that sense ...

PI- Mmhm.

M- ... which is why I stopped going to her, um, my freshman year of high school, um. But I went to that one therapist who was really the opposite of helpful, uh, and that kind of turned me off from therapy at all, uh, when I was in high school, so. In high school, I was aware of these issues and wanted to get help, but I was afraid of, basically, mental health professionals, haha. So, I dealt with them by talking to friends, um, I actually - I have a lot more friends now, uh, than I had in high school, I had maybe two or three people who I would talk to when I was in high school. Um, on, like, a need-to-know basis, like, I'm really in a bad place, I'm going to self-harm, can you distract me from that, um. And now I think I do things more the right way, haha, I guess, like, um, I still do go to some of the same people, um, about my symptoms, but I'm a lot less afraid of therapy, and I'm in a place where, like, I know when I graduate I'm definitely going to end up in a different city, so I will have to find a new therapist, um, but I know even if I do end up with a therapist who's abusive, I can - I can recognize that, and I'm, like, self-sufficient enough, I guess, to where I can say, no, you're being abusive, I'm gonna go find someone new. So. Um, I'm a lot more comfortable working with mental health professionals now, and, um, I have a lot more trust towards them, and I feel like ... the strategies I'm employing now to combat my depression and anxiety are a lot more effective in that, you know, I can go to these professionals who actually know what they're talking about ...

PI- Mmhm.

M- ... and come up with strategies that actually work to deal with my symptoms, instead of just going to a friend who's like, oh, it's ok, I care about you. Which is helpful, haha ...

PI- Mmhm.

M- ... but, uh, not so much in the long term.

PI- Um ... do you think that something in particular shifted your view of mental health professionals, or is it just ... something else.

M- I think really what it was is that when I got to college my symptoms got so much worse, um, and - and I was self-harming less, um, but it was impeding my ability to function academically. I - I probably would have absence failed a lot of my classes that semester when I started to get help if I hadn't contacted my professors and contacted OALA, um, with, like, my official diagnosis papers, so, haha, I think the catalyst was that things were so bad that if I didn't go to mental health professionals, I probably would have lost my scholarships or what have you, like, so I think it's just really that things got so much worse, um, that I kind of realized, yes, medications are scary, and, like, I've had a lot of problems with my medications, um, and, yes, there's a chance that I could go to an abusive therapist again, but it's bad enough now to where the risk of those bad things happening is outweighed by the benefit.

PI- Mmhm. Um, so ... I heard you say that you had professors and advisors that were really helpful to you. Could you talk more about that, and how that was, like, how they responded to you sharing about your diagnosis?

M- Uh, yeah, uh, my professors have actually been surprisingly helpful, um. At this point, I - at the beginning of every semester, I tell all of my professors my diagnoses and, like, the details of my OALA stuff just because there's a chance I might have a really bad semester like this one, um, but when I first started sharing, um, the fall - the spring of my sophomore year, uh, when I first realized that it was a problem problem, I was really worried about, um, talking to my professors about it, um, so I sent the two classes that I was probably going to fail - I sent the professors emails saying, I'm really depressed, I need help, uh, can I talk to you about it ...

PI- Mmhm.

M- ... or whatever, and this one professor who I've, um - I ended up talking to him later on when I didn't even have a class with him cause we've kind of maintained our relationship, um - he emailed me back, meet me in my office on Thursday at 4:30, and I was like, oh, God, uh, but we had a really long talk, um, he shared with me that his daughter had also had depression when she was in college, and she actually ended up taking a year off for treatment, and he was very supportive of me, and he said you know it - depression is like any other illness, I wouldn't expect you to run a marathon if you had malaria ...

PI- Haha.

M- ... so I don't expect you to be able to fully function academically when you have depression. Um, and that's obviously - that stuck with me for years, um, and then I had a professor this semester who said, you have two battles going on right now, you have depression and calculus three. And frankly, I think depression is a lot more important for

you to deal with than calculus three, so don't even worry about this class right now, just focus on getting better, and a lot of my professors have had that attitude.

PI- Mmhm.

M- Um, of - there's been various degrees of understanding, because some of the professors, like, haven't had a family member who's experienced it or what have you, but I - I was gonna say almost everyone but actually I think it has been everyone who I've shared my depression or told about my symptoms who had been, like, a professor or someone else, like, high up at Baylor, haha, uh, they've all been very supportive and, um, you know, they said, you know, if there's anything I can do to help you with your depression, or class-wise if there's anything you need, and I - I've taken them up on that very rarely, because I don't feel comfortable asking for extra things with my depression, which I've had a few professors saying, no, you need to get over that, haha. But just hearing that from them, that I understand, I'm not judging you, that's been a very helpful thing. So, um, I always tell people who tell me that they're going through problems, whether it's depression like this, or something else, um, like, I had a friend whose grandmother was really sick once last semester, like, go tell your professors, haha, uh, because I have - I haven't had a single professor be like, well, suck it up. Uh, so, it's been a very good experience, in terms of that.

PI- Mmhm. You said that your experience with the Counseling Center - you went there multiple times and sometimes it felt more helpful, and sometimes it didn't feel as helpful. Can you talk a little bit more about, like, in general, how it was helpful and how it was not helpful?

M- Um, well ... I - I think with the Counseling Center, looking back now with the understanding that I do and having worked with, you know, the group therapy is through them, so, like, I know the people that work there a little more, I understand that they have policies - like the one that was kind of a hurdle to me was, um, they can only do twelve - er, twelve sessions per year for students, so the free sessions at the Counseling Center, free individual sessions at the Counseling Center, are more for people who have, uh, not severe clinical depression, haha. So, going in, I went and talked for an hour with a therapist about my problems, um, and in addition to the depression I had some family issues in the past and the abusive counselor thing, and just, like, oh, a bunch of stuff that came up in this hour-long session and at the end of that session, she's like, well, you have way too much stuff going on, here's a list of people you can contact, and at the time that felt very dismissive to me, um, and I looked at that list, and because of where I was in terms of depression, um. It's very hard to ... reach out and make phone calls, haha, and you know, oh, they're not taking patients right now, I'll just do the next ...

PI- Mmhm.

M- ... person on the list, you know. It's very hard, um. I think normally it's hard to go through and, like, make phone calls and, you know, kind of, cold call people, I mean I wasn't selling anything but, you know, it - it's hard to do that normally, but when you're depressed, or I - I think for me part of it, too, was the anxiety, my anxiety kills my ability

to make phone calls, like, I'll text my boyfriend, I called someone on the phone today! And it - I'm, like, super proud of myself if I can do that, because it's hard. Um, so, getting this list and being instructed, call these people. And it's, like, a list of twelve therapists in Waco, and the first three I called were like, no we're not taking appointments ...

PI- Mmhm.

M- ... right now or taking new clients, and it's just - it's very disheartening and I - I know now that I could have gone back to the Counseling Center, I could have asked for more help from people. Um, or Hell, I could have even, you know, gone to a friend and said, hey, can you help me sit through this ...

PI- Mmhm.

M- ... and find, you know, make these calls. Um, but at the time I felt very alone, um, and, like, oh well, it's not - I'm not important enough to the Counseling Center, or I'm not important enough to these therapists that I called, so I shouldn't even bother, is kind of how I ended up feeling about it. Um, and then later on at the Counseling Center, um, when I went into it with a more, haha, determined attitude ...

PI- Mmhm.

M- ... and I had, you know, had this experience, I had that conversation with my professor who said, you know, if they tell you no, just say, no, I really need help, and so I went in and, uh ... knowing about their twelve session policy and also knowing that I needed to be more assertive and make sure that I left there with an appointment with somebody ...

PI- Mmhm.

M- ... um, and I knew it wasn't going to be for individual therapy, I knew it wasn't going to be at the Counseling Center because I had accepted that I have too much going on, uh, but I went in, and I was like, I really need help to find someone, um, and I - I think I either left there and they had helped me make the phone call, or maybe, uh, the professional I talked to at the Counseling Center gave me, like, a description of the therapist who I - I still see, um, and, you know, told me a little bit about her practice and stuff so I was, like, more mentally prepared ...

PI- Mmhm.

M- ... to call. Um, but when they gave me more information about how I was supposed to make the phone call, I guess, it was a lot more, um, helpful, and it was more, uh, I was able to be more productive that way. Um, and then when I went in the third time, to say I need even more help, haha, uh, they're like, well, how about group, and I was like, eh, maybe.

PI- Haha.

M- But I went through with the interview for group. And I was given time to think about whether or not I wanted to be a part of it.

PI- So, there was an interview before agreeing to do group therapy?

M- Yes, um, they interview you to see if, um, they think that group therapy would be helpful for you or not, um, and I guess, like, if you would be a good addition to ...

PI- Mmhm.

M- ... group or whatever. Um, so, there's an interview process and, uh, during my interview he talked about, um, kind of, like, what group is like, and one of the things that I was a little worried about was he said that, um, group is a commitment, and people are sad if you don't show up to meetings basically, and I was like, well, with my depression it's really hard for me to consistently show up to things, and I don't know, what if I hate it, and then I can't quit.

PI- Haha.

M- Um, and I was given even, I think, a week, I think, to think about it, and I talked about it with my boyfriend and my friends and I think my therapist, and I was still on the fence at the last minute but I emailed the guy and said, you know, I'm gonna go, um, today and I ended up giving it a try, but I think what was helpful with group - with the actual signing up for group and getting involved in group process - uh, was that I - I was given the interview and then I was given time to think about it.

PI- Mmhm.

M- Um, so then I - I think if I had - if he had said, you know what, group is today, you need to decide in five minutes, I probably would have said no. Um, so that's something that was helpful. And then with actual group, why I've stuck around for the past two semesters and I'm planning on doing it again next semester, is that it really is, it's set up very well, um, in that everyone gets a chance to talk about, um, what's going on in their life to the extent that they want to. There's very little pressure to, um, you know, share too much or, um, there's not a lot of pressure to talk when you're not ready to talk, um, and then everyone is very supportive and it kind of - I reflect after group sessions a lot on the fact that everyone's there for a different reasons, we all have, um, varying diagnoses, but we can still find ways to relate to one another, um, like, for example, our facilitator has commented before that a lot of us tend to smile when we're talking about really serious, sometimes dark, issues, and he's like, why do you do that, and it's just like, you have to. And that we all have kind of, like, the same answer for that question, and we all have that tendency in the first place, um, it really makes you feel less alone with your issues, which, like I mentioned before, with my first visit to the Counseling Center, I really left there feeling very alone.

PI- Mmhm.

M- Um, so I guess it's kind of obvious that group would make you feel less alone, um, but that's one of the nice things about group and there - I thought there would be, like, a lot of pressure to not miss or whatever, um, and there is pressure to not miss, haha, a little bit, um, but it's not a bad kind of pressure, it's - I've actually had days where I was so depressed I didn't go to class at all, but then I was like, well, I have group in half an hour, I better get ready to go, um, so it's not so much a bad kind of, this is so much - this is so stressful, but it's a motivating kind of pressure, um, because when someone's not in group, you really feel it, and you worry about them, so you want to make sure that you're there, um, to support everyone else. Um, so, I - I've had varying experiences at the Counseling Center and now that I've done group and now that I've successfully found a therapist in Waco through the Counseling Center, I have kind of a more positive opinion about them.

PI- Mmhm.

M- Um, and also, just, I'm in a place now where I understand their policies and I realize that, um, if I had asked more specifically ...

PI- Mmhm.

M- ... or if I had gone back and said, I'm way too overwhelmed to even make these phone calls, can you help me, they would have helped me, um, so I think if they were going to change their policies or, or change how they do things, I think they would - it might be helpful for them to emphasize, here's this list of people to call, if you feel overwhelmed by calling, come back, because I really did not get that feeling at all, like, I was just - I felt like I was just being pushed out the door. Um, and I realize that that's not how they are at all, but that's just how it felt, so that's something that they could improve on.

PI- Mmhm. Was there any follow up from the Counseling Center after your first appointment?

M- Um. I honestly don't remember. Um, I think there might have been, uh, I might have not even answered the phone, because phone calls stress me out. Um, I'm trying to think back ... I don't remember.

PI- Ok. That's fine. Um, how did your friends respond whenever you told them about your experiences with depression?

M- Um, it varies, um, I'm trying to think of, like, initial responses, um, I had - when I was in high school I participated in this, uh, this group where we made a video talking about different issues that kids in high school face, and I talked about my depression and my eating disorder. Um, and I was like, get help, haha, even though I never actually really did that, but, haha, um, and I had one girl who I was in theatre with come up to me, and she was like, I had no idea that you had all of this stuff because you're so nice to everyone and, like, I find that the people who are the strongest are the people that go through the most, or something really cheesy like that.

PI- Haha.

M- Um, but I think - I do think people tend to be surprised, like, um, people who haven't known me a very long time, um, tend to be surprised when they find out about my depression, especially when I've been going through a ... a light period, or, like, things haven't been as bad, um, because my personality - normally I'm an extremely optimistic person, I'm pretty bubbly, haha, uh, I love talking to people, um, I'm very outgoing, um, and like I said, optimistic, so I'm not the kind of person you would expect to have depression, but I really don't think anyone is, um, so I think - I do think people tend to be surprised at first, but, um, most people who are my close friends, by the time they get to be my close friends, already know, um, and they tend to be supportive, sometimes less so, like I've had some friends who don't really get it, who've been, like, oh well, just take a walk and you'll feel better, uh, or, um, there was one that really bothered me that someone said, I can't remember it now ... Oh! I had a friend who was worried about, um, getting diagnosed with ADHD and I told her, um, well, it'll be better if you go and find out whether or not you have it so then you can start getting treatment, and she said, yeah, but you just have anxiety, so it's not that bad. And I was like, first of all, I don't, and second of all, what? Haha.

PI- Haha.

M- Like, uh, so I've had some, like, times, like, that, where people are less sensitive about it, but for the most part my friends are pretty supportive, um, and, you know, the people who aren't as supportive I kind of start to realize, like, yeah, I like them as a person, and obviously I'm going to be cordial with them, but maybe I'm not going to spend as much time on that friendship, um, if they're not going to be supportive of me, like, I generally - since I am so open about it, I know that there are some people, like, in group who are really embarrassed about it, but I'm not, so I generally will put the effort in to, like, explain to people what depression is ...

PI- Mmhm.

M- ... and if they still don't want to get it, then I'm like, I'm gonna spend some time on relationships that are supportive.

PI- Mmhm.

M- So I don't really have friends - or close friends - who don't get it.

PI- Mmhm. What are some helpful things that your supportive friends have done or things that they've said that have been really helpful to you?

M- Um, one of the biggest things is that people say to take my time, um, or if I say I'm running late for something, they say, it's ok. Um, the - uh, uh, I don't know if I've really been explicit about it, but my depression makes me move really slow, it feels like I'm, like, stuck in molasses, haha, because there's, like, ok, well, I'm doing this normal every - everyday activity, but there's also ten negative thoughts I have to stay off, so everything - stave off - so everything takes ten times longer, so I tend to be really late for things because of that. Um, and my friends, they, you know, take your time, um, and they don't

really harp on me about it that much, um. If I am going through a bad time, um, and sometime - I have said somewhat mean things before because of depression, because depression was telling me, oh, this person hates you, so I got mad at them for no reason, and, um, you know, people say, it's ok, and accept my apologies and don't hold things against me, um. Also this isn't really something that people explicitly say, but, um, I've had friends who've just randomly sent me links to articles about how I help my daughter with their anxiety or, you know, stuff like that, and just, even if the contents of the article aren't that helpful or, like, clichés that I have read a thousand times, it's just helpful - or it makes me feel good that this person is thinking about me, um, and that they care about me, um, in that little way, so it's just, kind of, like, little things. Um, the biggest thing, though, is patience, and, like, today, my boyfriend and I were talking, and he said, like, I know you work really hard on this, um, and you work harder on this than most people work on anything and I don't hold it against you if you can't improve, um, because I don't need you to be perfect or even to try to get better or, like, something like that, but just being accepting and - cause I put a lot of pressure on myself, um, I think even outside of the depression, I put a lot of pressure on myself ...

PI- Mmhm.

M- ... to be successful and what have you, um, and then with the depression I'm always thinking about, ok, well, where were my symptoms a month ago, am I better or worse from then, and, like, I go to therapy multiple times a week, I - I'm very aggressive, haha, with my depression, and, um, hearing that from my boyfriend that he acknowledges how aggressive I'm being with it and, um, that he understands that sometimes things just don't get better with - with the biochemical stuff, like, sometimes things - meds just stop working ...

PI- Mmhm.

M- ... and that he understands that and that he doesn't expect me to just make it go away, was, really, um - it was a really good thing to hear.

PI- Yeah. Um, could you share a little bit about how your family responded to your diagnosis?

M- Um, I don't think anyone was surprised, haha. Uh, well, my initial diagnosis, like, when I was really young, um, I don't really remember, but I'm pretty sure my dad didn't believe it, uh, because I went to him when I was around ten or so - this was after my mom had taken me to a bunch of therapists and I had been, like, initially diagnosed - um, but I went to my dad and I said, I think I'm really depressed, and he's like, kids don't get depressed, um. Uh - so my dad didn't really believe in it. I know my mom took me to a bunch of therapists and my mom took me to, um, the therapist who ended up being abusive, and, uh, my mom had shared some pretty private things with this therapist, too, so, my mom was well-meaning but didn't respond in the best ways, um, and then when I started self-harming, when I was in middle school or high school, and my dad found out about that, he's like, why are you doing this, and he's - and I couldn't really answer, and he's like, well, don't do that, haha. Uh, but then, when I was in college, um, my parents

live in Ohio, so, my parents live very far away, um, and I - I'm pretty sure I was pretty slow about telling them, because, uh, at the time my relationship with them wasn't as close, um, but when I told them when I was in college, they were a lot more supportive, I think, because - well, they ended up seeing that video that I made in high school, and I had never told them about my eating disorder when I was in high school, so that was, like, the first time they found out, and, so, I think partly it was because of that that they were a little more, um - or, my dad was a lot more supportive, and he's like, well, I had anxiety, too, and, um, they - I don't know, things have just kind of opened up for me to talk to my parents about my symptoms, um, I've actually been closer with my dad than with my mom for years, uh, but I've recently started talking to my mom about things as well, um, so I think because they've both had it, and now they're at a place where they - they're not - neither of them are in denial about it, um, and they - they just want me to get better, um, it's gotten easier for me to talk to them about it, but, um, I guess, in my childhood, my mom was really aggressive about getting me therapy, but not in the best way, um, my dad didn't really want to accept it but then, when I actually started going to psychiatrists and stuff, um, I think both my parents were supportive.

PI- Ok. Um, are there any other things you can think of that we haven't already talked about that were - things that were helpful to you as you were going through depression?

M- Um, I would say, uh, writing things down a lot, um, this is just something - another one of my friends who is dealing with depression was asking for help the other day, and this was the biggest thing I told him, because he actually - he's in a place financially where he cannot afford therapy or, um, anything like that, so I said - I told him to journal, um, because that kind of helps with sorting out thoughts, and, also, um, it's been helpful to me - or, encouraging to me, to look back through old journal entries and see, oh, this is - I can see that this corresponds with, um, when I started to feel bad again, so I - I've known about this for a while, or, like, I felt like this a week ago and now I'm feeling like this, so it's better, um, and journaling is a really good way to just - it's - it's encouraging, um, it's reassuring to look back at where - old entries and see, oh, this isn't the first time I've had this crazy thought, or whatever, um. So, that's probably the biggest thing I tell people who for whatever reason don't have access to therapy, um, I still do it even when I do have therapy, um, but it's cheap, and, uh, it can be helpful.

PI- Um, can you think of any other examples besides things that we've already talked about of things that were hurtful or made your experience of having depression harder?

M- Um, not comments directed at me, but, um, my boyfriend's family is, uh, fairly conservative, and I was in - at Thanksgiving, they were talking about how people who go on disability are liars and blah blah blah, uh, and one of his uncles made this comment, um, oh, now you can just say you're depressed and you're too depressed to work and they'll just give you disability, and, uh, it wasn't directed at me, because no one there knew about my depression at the time, and now his parents do, but, uh, just hearing that comment and everyone laughing their agreement about how depression is a fake thing, uh ... was really bad, haha, uh, so, I guess, more generally, is, like, uh - my boyfriend always tells me I shouldn't go on the Internet, but, like, if I happen across something on the Internet where people are saying, oh, depression isn't really - or, people with depression

are just weak, or, you know, uh, common misconceptions about what depression is, uh, being reminded that there are people who are less supportive than the people I have around me, um, just seeing those attitudes in acquaintances or strangers, um, is really discouraging, um, so it - it doesn't have to be directed at me, and it very rarely is, because I've found that when people realize that, oh, this is an actual human person who actually has this problem ...

PI- Haha.

M- ... they tend to be more, um, compassionate, but just seeing people who hold those beliefs in general is really discouraging and can sometimes even be triggering with, like, the self-harm thoughts, um, so that's probably the worst thing.

PI- Those comments.

M- Yeah.

PI- Yeah. Um, is there anything else you can think of, from, just - anything about your experience with depression, particularly, you know, uh, at Baylor that you want to share?

M- Hmm ... I think ... I don't know, a misconception I feel about depression, um, is that, um, it's, like, this constant thing that, like, when you're depressed, it's constantly dark and bad and everything is bad, and when you're not depressed, it's like you don't have those thoughts, um, but depression - and also other chronic illnesses, I've been close to people with other chronic illnesses as well - depression, even when you're in a depressed phase, you'll have your good days and bad days, um, and even within the same day, like, you can have a higher mood and a lower mood and still be depressed, so if you see someone who has told you that they have depression and they're, you know, laughing and smiling and able to have a normal day, that doesn't mean they're all better, it means that they're having an ok moment, um, and depression ... how good or bad your depression is is a composite of your recent moments for the past week or how - past month, um. Which is a nice thing because, um, I've been in a pretty low place for the past several months, but I've still found reprieve in the good moments, um, and then, also, it gets really exciting to start to notice, like, oh, there are some good moments popping up more and more, it's like spring starting, like flowers coming up, um, but it's also very frustrating, um, because it can be hard to recognize, am I just having a bad day, or am I starting to have a, you know, being on that downward trend again, so I think that's an important thing to note about depression is that it's not like constant black or constant white, um, it's speckles, um, and I don't think people talk about that very much with depression, so.

PI- Yeah. Ok. If you don't have anything else, then, um, thanks so much for sharing everything and, uh ... yeah.

M- Yeah, I hope this helps with your thesis stuff.

PI- I think it will.

APPENDIX E
Interview Transcript 4 (Sadie)

PI- Ok, so, to start out, can you just tell me a little bit about the story of your experience having depression?

S- Um, so, starting - um, it was probably started in, like, middle or early high school, um, my dad was diagnosed with esophageal cancer when I was in sixth grade, um, and so that ... like, unknowingly, I was, like, dealing with depression - I didn't know that's what it was until later when I got through counseling, haha, but, um, it was all - it was never anything where I was serious about, like, suicidal thoughts or anything like that, it was just, um, like, passing of, like, oh, I'm in a car, and if a car ran into me, I wouldn't really care. Or things like that. Um, but then, going on, like, through high school, I switched schools twice my sophomore year, and I was always, like, super outgoing, knew the people at my old school, I'd gone there K through 9, my mom worked there, both my siblings had gone there, and then I switched schools twice, um, because I felt like God wanted me to go to Midway, um, and so we were trying to get there and, like, different transfer things were happening. Um, but, like, during that transition, I, like, dealt with a lot of anxiety, and I, like, cried every day, and I didn't understand why, I didn't know what was going on because I felt like that's where I was supposed to be. Um, and then, the end of my junior year, my dad was diagnosed with brain cancer, um, and they thought it was all fine, and then senior year, he, um, was in the hospital my entire senior year, um ... he went in the week before I started school and didn't come back until, like, late February, and my mom was with him the whole time, so I was moving houses, I was living in - I stayed with some friends, like, different friends' houses, and then my aunt and uncle, who I wasn't super close with when I started living there, um, and it got, like, really serious then, and then there was like an intervention, haha, but then, um, I thought that my dad was gonna be better, and then at the - a couple months after he moved, they moved back into my house, he's re-diagnosed with brain cancer, it had come back already, um, so then he just, like, progressively got worse and passed away the week before my freshman year here, um. And the first few months here, like, maybe a month or two, I was really, really uninvolved, didn't want to do any Welcome Week things, didn't wanna be a part of anything, um, but at the same time I was just really in shock still, so I didn't ever have the, like - the sadness hadn't kicked in yet, it was just, everybody should leave me alone, haha. Um, and then from there, just progressively got worse, where I was closing myself in more, um, closing myself off from friends, anybody that I thought would care, and then, um, there was one point where I got, like, scared, because I started thinking about, um, like, suicidal thoughts again, which I had senior year, but then, once I had started on, like, counseling and antidepressants, it had kind of, like, gone away. And whenever it came back, I got really scared, and so, like, went and talked to my mom and my sister, like, hey, I need to, like, I don't know if we need to, like, up the dosage, if we need to start counseling again, all sorts of things, um, so I started that, and then they

basically just upped the dosage again, haha, and then again, um, and I started doing the Baylor Counseling here and, um, I don't know, but it just continuously got worse, um, through December and probably through, like, January, February, I don't know. Um, but, like, I did have a panic attack one time, and it was, like, came on because I legitimately felt like I could go jump off a roof, and I had never felt that so strongly before that, like, now is the time that I could actually do it, cause it was always, like, passing thoughts, never anything real, um, and so that scared me so much that I had a panic attack and was, like, running up to my friends' room in the dorm and, like, banging on their door at, like, two o'clock in the morning, um, but I don't know, it just continuously got worse, and then I was in, like, a lifegroup and I had, like, a community around me, and eventually I - um, like, at Awaken, where just, um, they had prayed for, like, people who had been dealing with depression and all those sorts of things - and I really just felt that break off of me and, um, just like, as I went on from there, it, like, progressively got better, um, and so now, I'm on, like, the lowest dosage, I have, like, another appointment next month, cause it's not something you can just go off of, it's like, I have to taper off. So, like, next month I'm probably gonna be off of antidepressants, things like that, but I guess that's, that's how it all went down ... for the most part.

PI- So, that was last year spring break is when you saw it get a lot better ...

S- Mmhm.

PI- ... correct? Ok. Um, so, what - you already touched on some of this throughout your story, but what kinds of treatment did you seek throughout the process?

S- Mmhm. So, in my senior year, I started doing some counseling, um, at the church and had gone to a few of those, and while I was there, she said I should go to the doctor and so I could get antidepressants, and they put me on the, like, lowest dosage of one for, like, a teenager and then, um, I only saw her, like, four times, and then she's like, oh, I think you're good, I don't think you need to come back, and so, like, ok, um, I guess I was good at faking it, haha.

PI- Mmhm.

S- And then, in the summer, oh, in that summer before my freshman year, I was in a really bad car accident - I forget about this one, but, haha - it was, like, me and two of my friends, and all three of us should have died, and I was driving, and it was something where, like, there was a moment there where I was like, wow, I thought about running my car into a tree lots of times and it didn't work, and I feel like there's definitely a reason for that, um, and, like, obviously I would never have done that with my two friends in the car, like, never, um, but just like, that there's a moment of like, oh, maybe I do have a purpose in life, and then my dad died a month later. And I was like ... ok. Um, but so, it was like, right after that that I went back to the doctor for all of that stuff and they did like the depression test again and they're like, wow, yeah, let's bump that up, and yeah, so it was just like, I guess doubling my dosage a couple times, and then whenever I have, um, starting having the, um, thoughts again freshman year, my mom and my sister were saying that I needed to go to counseling again, so I started here.

PI- So you started going to counseling at Baylor.

S- Mmhm.

PI- And you were still taking antidepressants, like, through the whole time.

S- Mmhm.

PI- Ok. Um, and so, you said when you initially realized that you had depression, it was, um, earlier on, right?

S- Mhmm.

PI- So, can you talk more about how you first recognized that you had depression, and then how you responded to that?

S- Mmhm. Um, it was, like, senior year of high school where my friends were getting super concerned, and I mean, I had lost a lot of weight, um, in probably four months I lost like fifty pounds.

PI- Wow.

S- Um, and so my friends were like, [Sadie], are you eating? What's going on? And I wasn't, but I would always say I was. Haha. And my parents aren't home so there wasn't really anybody ...

PI- Hmmm.

S- ... that I had to eat for, like, there wasn't anybody around really. Um, but - sorry, I lost my thought, what was the question, haha.

PI- Um, talking about when you first recognized that you had depression ...

S- Right, right.

PI- ... and then how you responded to it.

S- So, basically, it was like, the, my youth pastor's wife was, like, asking me different questions the day that my, um, dad's brain cancer came back - I went to church that night, and I went ahead and went - and she just started asking me questions about, like, hey, have you been feeling - basically, like, reading off symptoms of depression - I was just answering her questions, she's like, hey, I really think this may be something that you're dealing with, and she's like, you tell your parents or I will, I was like geez, ok, haha, and so from there, basically - I remember, just, like, one time, me and my mom were driving home, and it's like, right as we pull up, I was like, hey, I think it might be good if I start counseling, and then I, like, walk into the house and go in my room, haha, she's like, ok, haha, and, um, and, so, like, that's how I started that, and then just from there, whatever the counselor said. But I didn't enjoy it at all. Like, counseling's not fun. But the first counselor that I went to, like, made me feel uncomfortable, like, I couldn't talk about

anything, and I felt, like, pitied and things like that, so it's probably why I got out of there pretty fast, started, like, oh yeah, I'm doing good, thanks for asking, like ...

PI- Mmm ...

S- Yeah, I don't know.

PI- By the first - was it a doctor, was it a counselor? The first -

S- It was a counselor at church.

PI- Ok, so the counselor at church wasn't a helpful experience.

S- Nuh uh.

PI- Ok, um, can you talk more about, like, what wasn't helpful about it?

S- Mmhm, um, there were lots of times where she was talking at me, um, just stuff like, I'm ... she asks me questions, and I give short answers, and then she tries to expound on what I mean. I'm like, no, that's not what I mean, so I don't know why you would know that, haha.

PI- Mmhm.

S- Um, and just things like that of, haha, a lot of the times just the way she looked at me, I'm like, ok, I understand this is a sad story, but I don't need you to be looking at me like I'm less than or a sad high schooler whose dad is sick, like, I'm sorry that I'm ruining your day, but, I don't know, it was just super uncomfortable, um, yeah, I don't know, it - it's like she just, uh, I feel like that's pretty much it, haha.

PI- Yeah, um -

S- I had, like, friends who went to her, too, and it was, like, the same experience for them, so.

PI- Yeah. Um, so, whenever you first realized that you had depression, how did your friends and family respond?

S- Well, my friends knew before I did.

PI- Mmm...

S- Um, one of my best friends in high school, her dad is, um, the, one of the, like, co-owners of Mental Health Grace Alliance, and so she had, like, experience through that, just stuff like him talking about different things, um, and then other friends, like, kind of figured it out just from, like, how much weight I was losing, and how much I was just, like, closing myself off and, like, going to bed at 7:30, and things like that and, like, still not being able to stay awake during classes during the day. Um, I did have a - this was actually really rough - my, so, senior year, two of my best friends, um, they started, like,

secluding off a lot, and I'm like, ok, you can hang out on your own, I don't really care, um, but as it went on, there were like a couple times that really hurt my feelings, and I was like, hey guys, like, it hurts my feelings when you do that, and different things, and there was one conversation, basically the end of our friendship, where they were saying, well, you're just, you know, you're not the same, you're super different, and we don't really know how, like, to do things around you, and you're, like, depressed, or whatever, and you're just sad all the time, we don't know how to deal with that, and, I mean, your dad's dying, and, like, all this stuff, and and they basically were telling me that they felt obligated to be my friends because I was going through a hard time and my dad was sick, and that, like - mmm. I get, like, a little worked up when I talk about that one because, like, it actually made me so mad, and, like, it was a point of, like, anger and sadness at the same time, like, I thought y'all were my best friends, things like that, um, and at the same time, I did have, like, other friends who were right there with me the whole time and just super supportive and things like that, but then whenever we got into college, there were times where, um, you know, like, there's only a couple of my close friends from high school who are still here, and it's like, I feel like I was trying to be more dependent on them than I was on God, which I should've been, and so I know that, like, created hardships in our friendships and, um - and, like, we've talked it out, we're all great, and it's like, we know our friendship is worth it because we fought for it, things like that, um. But yeah, those two girls in high school, I'm not really friends with them anymore ... and they both go to Baylor ... haha.

PI- Haha, ok.

S- But with my family, my mom, I was really scared to talk to my mom about it, because growing up, um, she had - like, my whole family knew she was depressed, um, it was always something that triggered her depression to come back, so, like, when I was - before - right before I was born, she had a miscarriage, and then I was born, and then a year and a half after I was born, her mom died, and just like, going on, there was, like, always something, um, and so it wasn't, like, a great home life, um, so, like, my dad was my best friend, like, he was the one that I always went to talk to and understood and knew how to listen and, like, when to talk and when not to and just, like, what to say, and so, my mom was the exact opposite of that, which is what made it even harder, um, just where, like, things would happen at Baylor and I'd be like, oh, this is great, I just wanna tell ... Dad. But I can't. Um, and things like that. I'm probably gonna cry ... whatever.

PI- It's okay.

S- Haha, um. But, so, I was scared to talk to my mom about it, because we knew she was depressed this whole time growing up but she never did anything about it, she never went to counseling, never took antidepressants, um, and there was a point in high school where my, that my brother, one of my brothers in high school, that he felt really depressed, and he, like, felt like he needed to do something about it, and he went and talked to my mom about it, and she basically told him, like, well, you should probably press into God more and things like that, like, the epitome of worst mental health awareness in church that you can find, haha. And, which, I get real fired up about and things, but. So, my mom, I was really scared to talk to her about it at all, and so that's probably why I never approached it

my whole, the whole year that I was, like, first really bad, um, but, so, whenever I actually said, like, hey, let's go to counseling, she's like, ok, yeah, I think that could be beneficial, and then whenever the counselor was saying, like, hey, I think we need to look into antidepressants. She was like, (sharp inhale) I don't know about that, maybe, like, let's see what the doctor says, and basically she came to the appointment with me and was, like, almost trying to dissuade them of it, and they're like, nope. This is what we need. Telling you right now. Haha. Um, but, like, my sister was really great, always, like, open to talking about it, open to, like, hearing news good or bad, like, all that kind of stuff, which was good.

PI- Yeah. What about your brother, since he had gone through something similar, was that a help?

S- Mmhm. Um, my brother, he - so, like, yeah, we don't talk that much about, like, serious stuff, but, both my siblings are a lot - oh my gosh, (coughing) - both my siblings are a lot older than me, they both graduated from Baylor, my sister's eleven years older, my brother's seven years older.

PI- Wow, ok.

S- Um, but, so, my brother, it's like, we had never really had serious conversations, and then there was one weekend over, like, Easter my senior year, where it's like, we all - I - it's - I hadn't - I didn't know until he said this, he - but someone was talking about, like, oh, why aren't you coming back home, talking to him and - um, like, going back to Dallas, but, like, we're here - and he's like, well, it's probably, you know, like, my family's last Easter all together, and we were talking about that, and I was like, what?! Haha. And that's when it, like, really hit that he wasn't gonna get better. Um, but so, then, during that, we just kinda, like, started talking about ... what ... cause that's when I told him, like, hey, I actually, like, started on antidepressants, and I'm going through counseling and stuff, he's like, I've done some counseling, I was like really? I'm not the only one! And he was like, yeah my, uh, like, HR provides a certain number at work, and so I've gone to a couple, and different things, and he was, like, on antidepressants and stuff, and I didn't know, and he was just talking about how it's like, oh yeah, the first one you try might not be the one for you, but, like, don't worry about it, just see what fits you best, and then, just, talking about different things like that, and then he's like, well, like, how bad? Haha, which is just, like, a lot like him to ask questions like that I don't know, where he's like, [Sadie], you've not been having suicidal thoughts. And I was like, I mean ... maybe a little. And he's like, [Sadie], no! That's so, no, you can't do that! Haha, like, stuff like that, um, but that was actually super helpful, just to, like, hear that I wasn't the only one in the family that was, like, having a hard time, cause, like, my mom, never saw her cry, never saw like anything like that, she was, like, super strong, had to be there for my dad, um, which I had never seen in my family's life before, because my dad was always the one who provided everything for us, he went to work but then he also came home and, like, made dinner and did the laundry and, like, all this kind of stuff, um, so it was, like, switched roles of, just, my mom having to take care of him, um ... which was ... like, interesting to see. But, so, my mom was always super strong, and then my sister, I feel like she felt that as the eldest she had to be strong and, like, never really show

anything, but, like, every now and then she would cry and be like, I'm sorry, and I'd be like, don't apologize, girl. I cry every day, haha.

PI- Haha. Yeah, so, overall, like, your siblings were definitely a strength.

S- Yeah, my siblings were great.

PI- Yeah. Um, so, what are some other things you can think of that were helpful to you throughout your time of having depression? You've already touched on having a lot of things throughout, but just, if there's anything else, or specific examples, too.

S- Yeah. I gotta think.

PI- That's fine.

S- Haha. Um, I think a lot of times even just friends who asked, like, point blank questions, um, because there was a lot of people that always tiptoed around the subject and didn't want to offend me or bring something up or ever talk about their dad or things like that, and that would almost make me a little bit like, you can talk about your dad, like, chill out, it's not that big of a deal, um, and, I don't know, I, like, never wanted to talk to people about it, because I didn't want to make them sad, um, cause I felt like every time I, like, I was like, oh, this reminded me of my dad today, sometimes they'd be like, oh ... and then get, like, weird. I'm like, no, it's, like, a good thing, haha, but there are friends who were like, oh, [Sadie], that's awesome, I'm glad you got to have that today, or, um, people who were just there to listen, even if - the thing is that I would, like - I didn't mean to, but I realized every - a lot of times I would just start talking about it and tell, like, the whole story over again. And I'm like, I realize you've heard this probably five times now, but it, like, really did help to just, like, go through all of it again, and just talk about, like, the process and, um, I know, like, even just, like, the morning of him dying would just, like - it sounds awful, but it just, like, helped to talk everything out, and so, just, people who were there, and, um - and also, just, like, nonjudgmental, in the point of, like, when I was depressed, you know, like, reaching out for other things, like, I definitely started to, like, party, and, like, drink, and things like that, so people who were just nonjudgmental about all that stuff and were still friends and there. And my other friends who were, like, friends during high school and then continued into college and are, like, still my best friends, you know, they - they knew, like, everything that went down with the two girls in high school, and so, they, like, they understood that I had, like, lost a lot of trust, um, and, so, like, just being in a point of already, like, chronically sad and not having a great time, and then on top of that just, like, losing trust in everybody, they were, like, really good at just being there for that, like, no, [Sadie], I wouldn't lie to you, like this is what I'm going to go do, or, like, this is what we're going to go do, you know what I mean, it's just different things like that, I don't know.

PI- Mmhm. Um, can you think of any other examples or things that we haven't talked about already that were hurtful or made it harder going through depression?

S- Mmm ... I don't know. I feel like ... I'm trying to think. I think I've talked about most of them.

PI- Mmhm.

S- Um... yeah, I don't know. I feel like I've talked about most of them, haha.

PI- That's fine. Um, you talked some about how your first counselor wasn't very helpful, um, what was your experience like when you did counseling again later, were you maybe nervous about, did you have any feelings going into counseling again?

S- Yeah, so I kind of went into it, I - I went into it more hopeful because they knew that, like, here they're actual, like, doctors - right? Most of them?

PI- In the Baylor Counseling Center ...

S- Yes.

PI- ... you felt like they would have more credentials than in church counseling.

S- Yeah. Exactly. Yes. Um, and so, I, like, went into it more hopeful of, like, alright, these people know what they're doing more, things like that. Also, just, like, with a church counselor, they're often trying to, like, talk about God and things like that, and I'm like, you know, it's not exactly what I want to talk about right now, haha. Um, but just, like, there were lots of times where I didn't really feel like talking but she ... she would just sit there and just, like, wait, which was, like, kind of refreshing, of, just, like, she didn't feel the need to fill the space where, um, whereas, like, at the past one, definitely did, um, so, just being able to sit in silence sometimes is nice as well. Um, I know doing, like, I remember the first time you go you have to fill out all these different forms, and you have, like, a little, like, rundown session with somebody, which is just asking, like, all the important questions, and I just felt like, like I was important enough to have those questions asked point blank, like, I just really appreciated it when people straight out asked me questions, um - and, like, given, sometimes the questions, I was like, woah. But, like, it, like, felt nice, because I felt like I was always surrounded by people who were constantly trying to be careful. Um, so, just, like, yeah, going to counseling the second time there was lots of things where it, like, started to make sense, of, like, oh, yes, I have been depressed since, you know, like, middle school, which is unfortunate, and things like that, I just, like, never understood why I reacted to things certain ways, just because of, um, different, like, goings on as a kid, and, like, in high school, and different things, um, but, yeah, so, a lot. A lot more, um, beneficial.

PI- Mmhm. Um, and so, now, are - you said you still are, um, seeing a counselor, but less regularly, and ...

S- I'm not seeing a counselor anymore.

PI- Oh, ok. Ok. Um, and then - but you did say that you're on some antidepressants ...

S- Mmhm.

PI- ... but lowering your dose.

S- Yeah, I'm on, like, the lowest that this one can get.

PI- Oh, ok.

S- Yeah, and, so, they're - they were saying, like, I have a, an appointment next month where they'll do the whole depression test or whatever again ...

PI- Mmhm.

S- ... and I think they'll probably be able to take me off of it. So that's nice.

PI- Yeah, so ...

S- After being on it for like two years.

PI- ... so you're feeling good about ...

S- Yeah.

PI- ... that.

S- Mmhm.

PI- Ok. Good! Um, is there anything else you can think of that you want to share about your experience that you had?

S- Um, I mean, going through it, obviously super hard, and I wouldn't wish it on anyone ever, haha. But I know coming out of it that I have, like, something that I can relate to people who are dealing with it, and I can, like, tell them, hey, it is gonna get better, this isn't the end of the world, you know, different things like that, um, and I know how to ... uh, I mean, I can understand different aspects of it, um, and, like, even just this year, I've had, like, friends who - so I got the, like, semicolon tattoo, um, and, so, I've had friends this year who have been asking, like, oh, what does it mean, and then, like, I tell them, or they're like, oh, you have the Project Semicolon tattoo, oh, like, very cool, and then later on, they're, like, telling me about how they've been dealing with depression for, like, the past year and all these different things, and so it's just, like, lots of opportunities have come up where I can help people in a way I wasn't ever able to before and, um, ended up, like, one of my best friends I didn't even know had been dealing with it for so long and, like, dealing with self-harm, and, just, having that where she felt like she could talk to me about it, um, like, it's sort of a blessing of, just, having that ability to help people, um, in that aspect. But yeah. I mean, it's not like I would want to go through it again, haha, but just having that ability, I think, is nice.

PI- Yeah. Well, unless you have anything else ... um ... we can be done, thanks so much for sharing and for being really honest, it's really helpful.

S- Yeah, of course. Yeah. Glad I could help.

APPENDIX F
Interview Transcript 5 (Lucy)

PI- Alright. So, first, can you just tell me, however you want to frame it, the story of your experience having depression?

L- Um ... I started noticing there was something wrong with me my junior year of high school, um, officially got diagnosed with depression my spring semester - my first spring semester at Baylor, was institutionalized at DePaul at the end of that semester, was a final diagnosis of major depressive disorder and generalized anxiety disorder. Um, since then it's been a constant battle of trying to find the right therapist and medication and getting everything adjusted so I could feel normal. Um, but it's been pretty severe, been pretty hard. Definitely not an easy, an easy thing to deal with.

PI- Mmhm.

L- Um, the way I've always described it is, basically, you're constantly, um, at war with yourself, except it's - the game is rigged. If you don't win your battle every day, you lose the game. So.

PI- Alright. So, you said you first recognized it while you were at Baylor, but had symptoms before that?

L- Um I was first officially diagnosed, I never bothered to seek out treatment while I was in high school.

PI- Oh, ok.

L- I just sat there and told myself, you're just, you're not handling such and such thing right, you, um, you're not, you're just being a wuss about it, people have, people have a harder time than you, there's no reason to be sad, you know, and, it - at some point I had to stop ignoring it, because I got really suicidal my senior year of high school, and I was like, ok, there's something wrong with me, like, really something wrong with me, um, but still didn't bother to get treatment. I was getting physically ill, my hair was falling out, I wasn't sleeping right, I wasn't eating, my weight fluctuated from losing a ton of weight to gaining a ton of weight, just, like, all of, like, the textbook physical signs, all of them. All at once. It was really - I was so sick. Um, my mom - my doctor tried to tell my mom, my mom sort of kind of outright ignored it, she was like, nope. My daughter's fine. Um, so, I didn't get any treatment until I started at Baylor. Um, which, I was good for a little bit, I was pretty stable there, and I started getting really sad and my best friend convinced me

to go to the Counseling Center. Which, they were like, hey, you have, like, legit depression, I was like, oh. Um, I was referred to outpatient care after that.

PI- Ok. So, you went to the Counseling Center and they diagnosed you and then referred you out for services?

L- Yeah.

PI- Is that correct? Ok. Um, and, so, you kind of talked about this a little bit, but what different kinds of treatment did you seek once you realized that you had depression?

L- At first, I didn't try to seek anything. I tried to, just, kind of, take care of myself on my own.

PI- In high school?

L- Yeah, in high school. My aunt is a counselor, and so every once in a while I'd go and talk to her, and I'd be like, hey, how am I supposed to cope with this, and she'd kind of show me some coping mechanisms, but. For a very long time, there was no treatment, there was no nothing, and I just dealt with it. Um, after that, I went to go get some counseling, got my diagnosis, and they started talking about, hey, would you want to consider medication. So, school - referred to the school psychiatrist.

PI- At Baylor?

L- At Baylor, yeah. Um, was put on Lexapro. And then very quickly they were like, oh, wow, you're pretty severe, ok, we're gonna get you outpatient care. I didn't last very long in outpatient care the first time, um, I did not like my therapist, I was going to MHMR. I'd walk out of there be feeling worse than when I went in, a lot of the time, and so I just sort of stopped going. Um, it was right around that time that I developed some lovely alcohol abuse. Um, and was eventually institutionalized after very serious suicidal ideation. Um, since then I have gone to Baylor Psychology Clinic downtown and they're really wonderful and I've been keeping up with it. And I've been changing medications. I've had like three different meds, so.

PI- Mmhm. Was, so, consistently having some type of medication?

L- Yes.

PI- As well as counseling through Baylor Psych Clinic now?

L- Um, I've only been consistently going to Baylor Psych since December.

PI- Ok.

L- So, it was fairly recent that I finally started consistently being in therapy, but I've been consistently on meds for a long time cause my general practitioner prescribes my medication now.

PI- Oh, ok.

L- I stopped going to the local therapist after being institutionalized.

PI- Oh, ok. Ok. Think I got the whole ...

L- Yeah.

PI- ... timeline of it.

L- My mom was pretty ... lost a lot of faith at - with the school's psychiatrist after I was institutionalized, cause she's like, um, so why was this person not checking with you, and I'm like, I had to go to her every other month.

PI- Oh, ok. So when you first were being seen by Baylor, it was every other month?

L- For the psychiatrist, yeah.

PI- Oh, ok.

L- I was supposed to be going to therapy weekly, didn't follow through on that one. That one was on my end, but they also didn't - like, my therapist and the Counseling Center was like, hey, you need long term care ...

PI- Ok.

L- ... so we can't really do much. So, that's kind of, like, some one-time crisis counseling at the Counseling Center, I didn't go more than three times.

PI- Ok. Um, can you talk a little bit more - I know you've touched on this a little bit, so it sounds like something that must be important - but how your family responded, both to you initially being diagnosed or other treatment as you've gone on?

L- Um, at first it was a, kind of, a, no you're not, you're fine. My family was very - very much in denial for a very long time, we just didn't - we outright didn't tell my father for a very long time. My dad didn't believe, um, depression was a real disease, that there would - you just had to snap out of it, and it was probably part of the reason I didn't seek treatment for so long is I really thought I could just I could just snap out of it, I'd be fine. Turned out not to be the case, um. When I told my mom, after getting my initial counseling service and getting, you know, the, hey, you really are depressed, she was - to say she wasn't shocked after being in denial, she was like, you know what, this runs in our family, I really should have seen this coming, and then she told me, you know, do whatever you've gotta do, I'll handle it. After being institutionalized, my dad had to come around, they're doing a lot better with it.

PI- Mmhm.

L- My parents now kind of understand the years of screaming and arguing at each other has been a - I don't know if you've seen the research, but when you're younger, it comes

out differently, and a lot of times it comes out as anger, so I used to get in a lot of screaming matches with my parents, for no reason either, my brother does it, too, is what I've noticed, but. But, um, yeah, there was a lot of outright screaming and fighting, and my mom actually put it as, we now know that you weren't just being, like, an angst-y teenager, now we know there was something wrong with you. And, like, you don't actually just hate us, and I'm like, no, I don't actually just hate you, I was spiraling into depression.

PI- Yeah.

L- So there's that.

PI- Um, you said you have a brother, right?

L- I have three brothers and one little sister.

PI- And did they ...

L- Half sister.

PI- ... react, how did they react?

L- My sister knew about my depression, like, when I figured it out. I told - she was one of the first people I told in high school, and so she really helped me, cause she is bipolar, um. She doesn't live with our family, she's my half sister, she lives with her mom. She's been getting treatment pretty regularly, she's on her meds, she has generalized anxiety and a bipolar disorder, um, so. She took it in stride, she was fine with it, and, you know, constantly, just, even now we're both in college, and she still checks up on me. My older two brothers, the old - they're twins, they're younger than me but they're the older of the three, um, I always wondered about [Brother 1] having it too, but, um, [Brother 1] knows I was institutionalized, [Brother 2] doesn't really understand what happened. [Brother 2]'s autistic, so we just kind of left him out of that one. And [Brother 3] we didn't, we deemed too young to know. So they don't really know, and I'm - most of it's been happening since I left home, um, so we've been - short of [Brother 1], which I told [Brother 1] just so I could keep an eye on him and his mood and see how he's reacting, since he does have a lot of the same outbursts I used to have, so it makes me wonder, you know, you know, you can never be too cautious, so I told my parents, like, ok, keep an eye on him, just because, like, we're really good at hiding these sort of things, if we don't want you to know, you're not gonna know. So he knows, and I think he was, like, kind of indifferent to it, like, oh, ok. Like, there wasn't - it didn't really involve him, so.

PI- Mhm. And then, when you first realized that you had depression, how did you respond?

L- I didn't want to - for me, and this is, like, this is still a struggle, it was really - it took me a really long time to accept that there was something wrong with me, cause I just, I have that kind of, like, perfectionist thing about me, like, everything I do had to be right,

and there can't be anything wrong with me, and I have to make everyone proud, and. So for me, it - acknowledging that there was something cognitively wrong with me ...

PI- Mmhm.

L- ... was hard. Um, even now, especially when I got diagnosed with an actual disorder, before I didn't know it wasn't just situational depression, um, that was even worse, cause I kind of figured I could never fix it.

PI- Mmhm.

L- So I'm coming to terms with it now, I'm coming to, like, deal with, ok, I just have to learn how to cope with this for the rest of my life, but, um, I'm learning, and it's - I don't always want to acknowledge that there's something wrong with me, but now it's like, I can joke about it, and I can talk about it, and I'm not - I'm not as afraid of it as I used to be.

PI- Mmhm. Was your reaction whenever you got the official diagnosis here at Baylor different than when you realized that you had it in high school?

L- I think it was more - Baylor it was just like, yep, kinda knew. It was just really confirmation of what I already knew. It was the diagnosis at DePaul that really got to me.

PI- Mmhm.

L- Because here it was just, oh, you're a little depressed, it'll be fine, we'll talk you through it, um, give it a year or two. DePaul was the point that, um, the point that I got, hey, this is never gonna go away, and that was the one that was really bad for me.

PI- Yeah. So, what were you, like, thinking and feeling when they told you that it was - that you needed to go to DePaul and that it was gonna be a constant thing in your life?

L- Terror. I think it was really anxiety-inducing, it still kind of is, um. Just like, it's a horrible thing - thought to think, hey, guess what, this is your new normal.

PI- Yeah.

L- And there's no, like, there's no getting out of that, and you can't just, you know, smile it all away, it's gonna stay.

PI- Mmhm.

L- You know, there's always that, oh, you know, you're in total control of your emotions, and, and if you just think positively, everything will go fine, and then, like, you get that, and you're like, oh, not quite the case.

PI- So you felt not a - not as much control.

L- Yeah, a definite lack of control over my life and, like, how I felt, and so I was very frustrated. Very angry.

PI- Yeah.

L- Cause I mean, I don't think anyone wants to hear that. Oh, by the way, you're gonna be sad forever. Good luck! You have fun with that.

PI- Um. Whenever - either when you recognized it or when you were diagnosed, whatever step in the process, I guess, sticks out more - how did your friends respond?

L- Most of my friends have been incredibly supportive. I have - I have wonderful friends. Like, if I ever see this paper published somewhere, I'm gonna be like, hey guys, look, I said nice things about you, haha. My friends - most of them have some sort of experience with depression or anxiety, and my best friend has generalized anxiety disorder. Both of my best friends actually have generalized anxiety disorder. One of - another one of my closest friends, probably one of my best, he has major depressive disorder, too, and so we know how to watch out for each other and we know how to say, hey, I love you, it's gonna be ok, I'm here if you need me, we know what to do if somebody's feeling down. My friends, they took it in stride, you know what, hey, that doesn't change who you are, we love you anyways, and we will help you with however we're - and so, like, they were the only ones who just totally were like, hey, me too. It sucks, but we're gonna be fine. So that's what my friends did, and my friends have been kind of taking care of me and I of them ever since.

PI- Mmhm. Was that true in - both in high school and at Baylor?

L- In high school, not so much, but that's because in high school, I didn't talk about it, in high school. My - my sister and my best friend knew, and they were the only ones who got to know, and they checked up on me - I think initially my best friend was, like, terrified because he didn't really know how to handle it.

PI- Mmhm.

L- He got his anxiety disorder, like, figured out recently, so he's now, like, learning how to deal, but his first reaction when I told him was, no you're not, like, bursting out of his mouth, just outright, what? No. He was like, but you're, but you're fine, and I'm like, but I'm not. And he just kind of sat there in silence for a really long time and had to take it in to, like - cause I was not only telling him I was depressed, I was telling him I was suicidal. And nobody wants to hear their best friend - like I will never blame him for his reaction, I'll always kind of be like, thanks, man, and - but he knows that, like, I understand where he was coming from, because nobody wants to hear their best friend say that.

PI- Yeah.

L- So that was not an easy thing for him.

PI- For sure. Um, so I know you've already said that your friends and your sister were super supportive and that was a big source of help, um, what else can you think of that was helpful to you as you were going through depression?

L- Um, performing. I was - in high school, my theatre was my life, I threw - like, especially after realizing how bad I was, I threw myself into, just, work, and keeping myself busy, cause as long as I could keep myself focused on something else, I wasn't I wasn't falling into it, and that's sort of how I am now, I keep myself really busy at Baylor, I do a lot of activism work, and I, um, I do a lot of writing. Writing is a huge coping mechanism for me, um, just everything that - like, mine is keeping myself busy, it's the only thing I can do, it's the only thing that, like, it keeps me productive, so that's just, that's what my big help is, is finding a way, finding an outlet with my writing, and then keeping myself busy by always having something to do. It's exhausting, but it works.

PI- So it's almost like a distraction.

L- Yeah, it's definitely a nice distraction from everything.

PI- Yeah. Um, what can you think of that has been hurtful or made it harder to go through your depression?

L- Um, there were a lot of people who have looked at me and just kind of thought I was crazy. I've had - I've lost some friends, people who told me I was too much or I was crazy, um, my ex kind of threw that in my face, um, well, you're the one with a prescription, you're certified, so that is not a fun thing to hear. Cause I can joke about it, but at least I know that, like, at the end of the day, I'm still here because I'm strong enough to fight this.

PI- Mmhm.

L- When somebody throws that back at your face, it's not fun, and it's really hurtful. And even when you're trying your hardest, you know somebody's looking at you and going, oh, look at her. It's not fun, um, school can sometimes be really stressful, cause you don't wanna tell your professors a lot, hey ... mostly because there's, like, one of two reactions, oh, hey, I can help you out, and I've had wonderful professors who have done that. And I've had others be like, oh, well, still gotta do your work. And I'm like, oh. Well, I'm aware of that, but sometimes that's not possible. So, that's been really fun. Um, in the most sarcastic way possible. I think for a very long time my dad kind of outright rejecting that there was something wrong with me was really hard for me, cause I just didn't feel like he under - like he wanted to understand. Um, but he is now, and that felt a lot better. My parents - my relationship with my parents improved since my dad started really coming around to the idea of, there's actually, hey, there's just something wrong with her, and it doesn't make her not any different, it just makes her sad sometimes. But he checks up on me, so.

PI- Yeah.

L- College is just hard because I'm very family-oriented, and sometimes I just wanna go home. But that's part of the reason I think that I ended up going to Baylor, because I'm not too far from home, so if I need to, you know, go home and be with my family, I can be.

PI- Yeah. So, home in general is a source of support now, even though at first it wasn't always -

L- It wasn't. Yeah. Now, home is safe and there's not a whole lot of responsibility on me and I get to be there and just breathe a little. Here - home here is just, ok, gotta go to school.

PI- Mmhm. So, you would say that school is more of a stressor.

L- Yeah. There are times I really just wanna be like, ok, I'm gonna go be a sheep herder in Tibet, and that's what I'm gonna do with my life, because, man, degrees are hard.

PI- Mmm ... yeah. Um, can you think of any other, like, specific examples of times that people did things that were either helpful or hurtful?

L- So, actually, this weekend was the most helpful thing. One of my best friends, um, I was taking him home from a friend's house, we had been hanging out that night, it's like 11:30 at night. Um, and one of the things I do as a, as, like, when I just am too - I call it foggy, my head's just, like, it's filled with everything, it's, like, static-y, and horrible, and it feels terrible - is I go for a drive and I clear my head. But I didn't know where I wanted to go, and all I wanted to do was just, kind of, like, get out of my own head. And I was telling him this, and I was like, I've been feeling really numb lately, and I just, I don't feel like I feel anything anymore, and so he said, ok, let's go for a drive, let's go to Fredericksburg. I don't know if you know this, but, uh, Fredericksburg is about four hours away. Really far. At 11:30 at night. We left Waco at midnight. But we just ran - I say we ran away from home temporarily, and we just kind of got out of town for a little bit and it felt really good. And I got to forget everything and totally be, like, anonymous for a little bit, I got to forget who I am and what's wrong with me for a little while, and that felt really good. So, just, sometimes being able to get out of your own head is the best feeling in the world, and when your friends are totally on board to do something crazy, it really does help.

PI- Yeah. That sounds great.

L- It really is, um, I'm actually doing that again this weekend, but this time I have something of a plan, like I'm not leaving at 11:30 at night and buying a t-shirt at Walmart cause mine is, like, gross cause I slept in my car all night, haha.

PI- Um, that's funny. Um, can you think of any other stories or examples, maybe of something on the opposite end, like some - a situation that sticks out to you that was more difficult or hurtful?

L- Um, last semester I had a three hour long panic attack, um ... and I asked my teacher if I could leave, and she said yes, but you need to come back immediately and would not let me out of it, out of class, but, even though I didn't feel like I could breathe anymore. And because I wasn't registered with OALA, I didn't have an excuse, and, like, can you not see that I am losing my shit right now? It's weird because it just - it feels like a lot of the time, not, not everyone believes you when you say there's something wrong with you here, um, they really think you're just trying to blow off their class ... which isn't always the case, like, some of us actually have something wrong with us and you really do, just, like, need to run off for a little bit. I always keep up with my grades, my grades are always - I mean they slipped a little one semester, my spring semester where I went into DePaul, but, other than that, I mean, my grades are fairly solid.

PI- How long were you at DePaul?

L- Four days.

PI- Ok.

L- Um, I was - I, I checked myself in after - well I didn't really check myself in, I went for crisis counseling ... went for crisis counseling, got institutionalized. Was a fun day. Um, I hated it, it was a very traumatic experience for me, actually.

PI- At DePaul?

L- Yeah.

PI- So, can you tell me a little bit more about that, how that, uh, situation was either helpful or not?

L- Um, I lost all control of my life. I describe it as, um, prison with a huge lack of lesbians. Um, but also preschool at the same time. It was horrible, it was miserable, I hated it. Um, I sat there and drew in a corner most of the time if I wasn't writing, trying to just get through the day. Which, four days doesn't seem like a lot, but when you're locked in a psych ward, it feels like weeks. Seriously, like, time doesn't feel the same. Um, nothing feels the same, nothing feels right.

PI- Mmhm.

L- You feel very lost. And nobody lets you have control over anything. You don't get a say in when you eat, when you sleep. Um, I was given Vistaril, which is like hyper Benadryl. Which, I mean, would make me so groggy and so tired all the time, if I wasn't asleep, I was just catatonic. It was miserable and I couldn't get out, and only - and, like, nobody could get to me, my friends had all just left to go home for the summer, so nobody I, I had that I needed to be there was there ... my nana could only come down once ... my boyfriend, who was a huge part of the reason that I was in there, was the only person who could come see me, and I could only see him for a little bit ... and I was scared. I didn't know how long - no one would tell me how long I was gonna be in there. So when you're staring down that, oh, you're like, how long am I supposed to do this,

how long am I supposed to be here, how do I get out, when do I get to get out and return to my life again.

PI- Mmhm.

L- Uh, well, the thing is that they don't tell you that until, like, the night before they're gonna release you. And then they wake you up at the crack of dawn, feed you, and make you leave. Also, don't ever go to a psych ward, the food is terrible. Like prison and preschool at the same time. It's the worst experience of my life, and, like, I still get panic attacks if - cause I have a friend who does end up there a lot, um, with her disorder, she has bipolar disorder and that's not incredibly well managed, and, um, she's been in and out, and I'd go visit her, but now I have to be like, hey, I love you, I need you to call somebody else, I can't go back in there anymore, cause I have very severe panic attacks after leaving, like, I just cannot handle being there anymore, cause I guess I'm just so afraid of being locked up in there again.

PI- So, looking back at the different types of treatment that you've had, or, like, the different places that you've gone for treatment, which stands out to you as the most helpful?

L- The Baylor Psych Clinic, actually. There was the only place that I've consistently gone to therapy, I've been in there since December. Um, I actually just got back from that. I like my therapist, she's very sweet, she's a - very helpful, and some - and I usually walk out of there being - not feeling worse about myself, so that's sort of been a big thing.

PI - Mmhm. And then, going back to something you touched on earlier, about how sometimes professors, you feel like, don't understand what's going on with you, um, when you're going through your depression or your anxiety, is that right?

L- Mmhm.

PI- Um, so, what's something you wish they knew more about that would be - how could they help you?

L- Honestly, Baylor needs to get rid of this attendance policy. This has been the one thing that has been kicking me and kicking me and kicking me, and it is when you've got major depressive disorder and when you've got generalized anxiety disorder, sometimes you just can't leave, sometimes you can't get out of bed, sometimes you can't get your work done, sometimes you just can't go. And it's that attendance policy that comes to bite you in the ass for it, and it's not your fault, and you didn't - it wasn't like you were just blowing off class, it was - you were - you couldn't go. I love school. I love learning. I love being in class. It's those days that I can't feel like I can get out of bed, they're the worst, and I have - and I mean, I have had to have friends, like, come and get me and get me out so I could go so I didn't fail a class because of my absences. I very nearly failed a couple of classes due to my absences, I think last semester I had, like, ten of my eleven. Had I missed one more class I would of failed kind of experience, like, it would have been really bad, and, like, I realize we have OALA, and you can maybe get an absence accommodation. But I shouldn't have to jump through twenty miles of red tape when I

can't get up and go to school. Do you really think that I'm going to sit here and do six interviews and provide doctor documentation and try to work that in my schedule, which is incredibly busy as it is? Like, I can't do that. I'd rather just - I, seriously, I tried to register for OALA, like, last semester, I just, I gave up halfway through, because I didn't care anymore. I was like, you know what, I'll figure it out, you people aren't very helpful, and I'd rather just sit down with all my professors and be like, look, I'm just trying to get through the day.

PI- So it felt like a difficult process to go through OALA, it was more stress than it was helpful.

L- Yeah, it was a lot more stress than it was helpful.

PI- Um, are there any other things about your depression that really stick out to you or experiences that you really want to share?

L- Um, disassociation sucks.

PI- Can you elaborate more on that?

L- Um, mine involves a lack of emotion, a lot of it. For the last - I actually found out it was not - I felt like two weeks, it's actually been like five days of this, um. I don't experience a whole lot of genuine emotion, sometimes you just can't focus, I looked at a French test on Monday and I forgot the half a year's worth of French that I've learned, of which I can do very well on a normal day, couldn't translate anything, you stare catatonic out a window, you can't do anything, you don't get out of bed, you aren't there anymore, um, other people have described it as, like, an out-of-body experience, I kind of describe it as going on autopilot. You just, lights are on, no one's home, you're not there anymore. And you slip in and out of it, and, like, most people would be like, oh, well, that's like schizophrenia - no, it's depression, it's part of depression, and it comes with it. And it sucks, and more people should know that, like, hey, it happens, and it's not our fault, and we're not being assholes, actually, and if you - if - like, the worst thing you can do is try to, like, make me feel like it's - like, try really hard to not make me feel guilty, cause nine times out of ten, like anyone with depression, if you're gonna make us feel guilty about what's going on with us, we're just - we're actually gonna, like, believe that, and it's gonna sit there and eat at us and it's gonna make it worse, like, that's the worst thing you can possibly do. I've had people, like, sit there and be like, oh, well, you blew me off, and I'm like, I really wasn't trying to, I'm sorry.

PI- Mmhm.

L- And then I felt like a horrible person because I blew somebody off, and I'm like, but I didn't mean to blow you off, I wasn't trying to blow you off, kind of thing.

PI- Mmhm. So you just wish that people would understand more of the - all of the different symptoms and things that play into it.

L- I also wish, you know, we couldn't - it - like, I'm open about my disorder, I'm - like, if you even wanted to use my real name in this, I wouldn't care, mostly just because, honestly, it needs to be a conversation, people need to know that, hey, there's - this is a thing. I did some research of my own and it's like 32% of the, like, the general population has something like this. That's, like, a huge chunk of people. The fact that we're not talking about it, the fact that our mental health care out here is atrocious, and, like, like, the worst thing you can be in this world is crazy. But, like, I'm not crazy. I'm sad sometimes, and sometimes my my brain chemicals don't work the way they're supposed to. Like, I'm not gonna hurt anybody. And yet, I just, like, I need someone to not think I'm crazy, but at the same time recognize that there's something wrong here.

PI- Yeah.

L- It needs to be talked about.

PI- Yeah.

L- So, there's that.

PI- It's a good description, um, any other closing thoughts?

L- No, I hope this gets out here. I hope more are like, hey, this is actually pretty important.

PI- Yeah.

L- More people need to be, oh, hello.

PI- Mmhm.

L- Uh. More people need to be dealing with this.

PI- Yeah. I agree. And thank you so much for sharing, I think it will be really helpful.

L- Thanks. I try.

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