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Erin Frawley
A Qualitative Study of
Mental Health Experiences
And College Student Identity

ABSTRACT

This study uses a qualitative approach to capture the voices of nine students who self-identified as having mental health experiences and who were also taking actions to cope with their mental health experiences from a small private arts college on the west coast. Students participated in one hour-long interviews that focused on students' conceptions of mental health in relation to their identity, students' actions related to mental health and students beliefs about the role of mental health in their sense of mattering. The findings suggest that mental health is constructed within student experience and identity differently depending on the individual, their context, and history in line with a constructivist and intersectional lens. The data also shows that distress and isolation are consistently related to mental health experiences. Findings suggest that participants generally use a multi-modal approach to manage their mental health with the most valued forms being therapy and art practice, and regardless of their placement of mental health in their sense of identity, participants feel that mental health is fundamental part of daily living. Finally, findings show that all participants are selective in their decisions about when and how much to disclose about their mental health experiences and that concealing their mental health leads to added psychological pain.

**A QUALITATIVE STUDY OF MENTAL HEALTH EXPERIENCES
AND COLLEGE STUDENT IDENTITY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2016

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION	1
II LITERATURE REVIEW.....	6
III METHODOLOGY	35
IV FINDINGS	44
V DISCUSSION.....	66
REFERENCES	86
APPENDICES	
Appendix A: Informed Consent.....	93
Appendix B: Recruitment Poster/Flyer Text	97
Appendix C: Interview Guide.....	98
Appendix D: Demographic and Research Survey Questions	100
Appendix E: Human Subjects Review Change Approval Letter.....	101
Appendix F: Human Subjects Review Change Form	102
Appendix G: Human Subjects Review Approval Letter	103

CHAPTER I

Introduction

Mental health issues are prevalent among college students (Gruttadaro & Crudo, 2012) and it is commonly the case that many students do not access adequate support to manage psychological distress. One reason for this may be perceived stigma and the implications of stigma on integration of mental health into one's identity (as an accepted social identity status) or perception of mental health as a matter needing attending to as part of daily life. Currently, mental health is not one of the commonly addressed identities in college student identity literature. Most theories of student identity acknowledge the importance of mental health in identity development, but do not consider mental health as a salient social identity category in and of itself. Given this research gap, the current thesis explores if, how, and in what ways conceptions of mental health are integrated in college students' identities. I focus on three features of student experience related to mental health: students' conceptualizations and self-perceptions of mental health, students' actions (performativity) related to mental health (e.g., help seeking), and students' beliefs about the role of mental health in their sense of mattering. Performativity in this study refers to the communication of mental health through one's speech and actions, such as engagement in activities intended to address mental health issues (e.g., using psychotropic medication, taking part in psychotherapy, or speaking of one's mental health). Mattering is defined as people's sense of purpose based on feeling that others depend on and are interested in them (Schlossberg, 1989).

This thesis explores the abovementioned features of student experience related to mental health among a particular social group—students attending a prestigious art college in a state in western U.S.—to build an understanding of mental health experiences particular to the identities of these students. One factor motivating this study is the gap in extant literature on mental health as an aspect of identity, in other words, the meaning students make or the story they tell about their mental health experiences. Emotional life is often considered in identity development scholarship, but the literature does not go as far as to explain how it holds unique meaning to the individual, from their own voice (i.e., “emotion regulation is important for identity growth” vs. “how does a person feel about the way they regulate their emotions?”). Like any other privileged or oppressed aspects of student narrative, I am looking at what it means to the student to be depressed, for example, or to have unusual mind states or experience psychological distress in some form. Some recent advances in student identity literature are well suited for the current project as they privilege frameworks that capture student narratives about the salience of their own unique identities.

For this reason, another purpose of this research is to add to literature that challenges more traditional positivist approaches to conceptualizing and studying mental health, which treat mental health as reified, static psychological phenomena. More recent theories challenge this conceptualization and view mental health as holding socially constructed meaning made by and for the individual. By redirecting power from theoreticians and researchers’ preconceived notions of psychological phenomena to the situated knowledge of individual students, this study aims to broaden what is known about how students experience mental health, beyond diagnostic labels or help seeking behavior. This study uses an interpretivist epistemology in order to emphasize the personal and particular experience of individual students. By using a multiple-

theoretical framework including intersectionality and constructivism, I aim to capture student voice and privilege student self-definitions and individual descriptions of mental health experiences.

In gaining an understanding of student experience, I recognize that the salience of one's social identities is unique and depends on structures of power and privilege, context and internal predispositions, and will be cautious of these realities in drawing conclusions from my research (Jones & Abes, 2013). The nature of the qualitative project will carry assumptions based on my own identity journey within my particular sociohistorical context where I have negotiated what it means to include mental health into my identity, how to incorporate mental health into my daily living (speech and actions), and how this impacts my sense of mattering. I recognize the challenges of doing qualitative research that requires interpretation, including my own biases, and will be mindful of and will address these challenges throughout my project.

Mental health experiences were explored through qualitative interviews in a sample of nine students who reported having mental health issues and who were taking actions to cope (performances of "mental healing"). The primary way students were recruited into the study was through fliers posted around the school. Since students may communicate and participate in their mental health identity without coming into contact with the university counseling services, recruitment aimed to include students with mental health experiences from the general school population. Thus, this study included students at the university with self-disclosed mental health issues who were either taking psychotropic medication or engaging in psychotherapy.

The specific questions I address aim to get at the meaning students make of their mental health experiences and include the following: How is mental distress conceptualized (organized) in student experience and how salient is mental health as a social identity category for the

students? What and how do students communicate about their mental health through their speech and actions, including coping behavior, and what role does stigma play in this enactment? And finally, what are students' beliefs about the relationship between their mental health issues and their sense of mattering?

I expected to find that the salience of mental health as a social identity will vary across student experiences depending on how intensely mental distress has impacted their lives. For example, I anticipated that stigma would be one of the factors that contributes to the variation in the performativity of mental health or its salience as a social identity category. Stigma fosters concealment of mental health, and in doing so keeps mental health hidden rather than integrated within people's experience and identity. Finally, I expected that art students would generally feel that acknowledging mental health compromises their sense of mattering or purpose as an art student, highlighting the risk of increased psychological pain due to perceived stigma and isolation.

This project aims to build a rich and in-depth perspective of students' mental health in order to expand student identity literature to more decisively address mental health identity. This aim will benefit the social work profession by broadening and deepening social workers' understanding of the meaning students make of their mental health experiences. Namely, social workers, college administrators, and student affairs staff may gain a better understanding of how mental health is integrated into students' other social identities. Shedding light on the inner psychological life of students (their cognitions about it, performance of it, and meaning made of it in relation to the contexts they derive a sense of purpose) may support administrators, staff and counselors in responding to the often unspoken aspect of student experience, the internal resources and processes that are employed to cope with psychological distress. College

administrators and staff may work to increase visibility of psychological needs by expressing acceptance of and resources for mental distress in class and around campus. For example, further initiatives and movements can be launched to de-stigmatize use of counseling services or support for students to establish identity-based mental health student groups. In terms of student experience, the goal is to support students in being reflective about and accepting of their divergent psychological states as part of their evolving identity as an artist. The results of this study may contribute to research on art students as a unique social group and their mental health concerns and help seeking behavior. Furthermore, this project aims to reduce shame and stigma around psychological distress, since shame and stigma immobilize one's sense of agency in making meaning of the distress and impedes action to improve one's functioning. The goal is to contribute to existing literature so that student mental health is better understood and attended to, so that we can support people in having broader and more authentic understandings of mental distress and sense of agency in responding to it.

CHAPTER II

Literature Review

State of the Problem and Chapter Overview

Mental health issues are prevalent among college students (Gruttadaro & Crudo, 2012), affecting at least a quarter of the university population (ACHA, 2013). However common, mental health issues are not usually described within student identity literature. Rather, the topic of mental health typically appears in dialogue about what services the school can provide for student issues or as an important part of the development of identity in general. Furthermore, mental health research among college students is often investigated from a quantitative lens that generates data based on positivist assumptions rather than exploring students' lived experiences of mental distress. There is a lack of qualitative research on mental health identity within student identity literature. In light of this gap, the current project examines the meaning students make of mental health experiences from the perspective the student. I draw on postmodern and poststructuralist philosophy to understand mental life as psychological processes that occur within social contexts, as opposed to developmental theories that view the self as an "autonomous and intentional agent" with static psychological states (Sorell, 2001).

This chapter will review literature relevant to the main questions of this study:

- How is psychological distress conceptualized (organized) in student experience and how salient is mental health as a social identity category for the students?

- What and how do students communicate about their mental health through their speech and coping behaviors, and what role does stigma play in this enactment?
- What are students' beliefs about the role mental health plays in their perception of mattering?

The literature review begins with an overview of mental health prevalence in college to give a sense of the scope of mental health issues facing the college student population in the U.S. The second section reviews and critiques existing theories of college student identity. Based on the limitations highlighted in major identity theories, the second section will also argue that more nuanced and complex theories of mental health derived from students' accounts of their experiences are needed. The third section then presents some important concepts about identity that are largely absent from these theories and that have received little research attention. The concepts reviewed here and that are investigated in the current study include: perception of mental health (including radical perspectives and stigma), performativity of mental health, and mattering in relation to mental health. The fourth section provides an overview of the major theoretical frameworks that guide the present study. These include intersectionality and constructivism.

College Mental Health

Mental health research documents the prevalence and most common forms mental distress takes among college students, as well as rates of help-seeking. Research from the National Alliance on Mental Health reports that one in four students have a diagnosable illness, yet only 60 percent of these students seek help. Furthermore, only 11 percent of students from the larger student body sought counseling services at their college in a study of 320 schools by the National Survey of Counseling Center Directors (Gallagher & Schwartz, 2010). The American College

Health Association (ACHA) surveyed 131,523 students across one hundred and seventy-two U.S. postsecondary institutions and found the most common mental health diagnoses (diagnosed within 12 months of the survey) among students include: anxiety (12.9%), depression (11.0%), panic attacks (6.0%) and Attention Deficit and Hyperactivity Disorder (5.1%) (ACHA, 2013). In addition to formal diagnoses, students reported feeling overwhelmed (83.7%), exhausted (not from physical activity) (79.1%), sad (60.5%), lonely (57.0%) and so depressed it was difficult to function (31.8%). Whether as a formal diagnosis or an experience of emotional distress, students commonly struggle with psychological suffering and tend not to use the counseling center as a mode of support (Eisenberg, Hunt, & Speer, 2012).

Within colleges, there is underutilization of college counseling services, a main resource intended to address and minimize the impact of mental distress among college students. Eisenberg, Hunt and Speer (2012) describe several models used to understand college help-seeking behavior, including a health belief model, the Andersen behavioral model, and the network episode model. These models range in what is important to focus on to increase help seeking, including changing students' beliefs about mental health, attending to the social and structural factors influencing individuals' help seeking, and accounting for the informal support networks students rely on for help. Another important point about help seeking is that while stigma and negative attitudes account for some students lack of seeking help, many students choose not to seek help for other reasons, such as not having time, not feeling their problems are serious enough, and wanting to deal with their issues on their own (Eisenberg, Hunt, & Speer, 2012). While campaigns to decrease stigma are traditionally used, the authors suggest that what might be needed is a shift in consciousness, where people learn to perceive seeking mental health as a commonplace and important activity to engage in, similar to eating healthy and exercising

regularly. One suggestion they propose is to implement self-monitoring techniques so students can become aware of their day-to-day mental health, and this awareness may increase their motivation to do something that requires cost, time, and effort (Eisenberg, Hunt, & Speer, 2012).

Studying mental health of emerging adults in college is of particular importance because most lifetime mental health issues surface before age 24, and account for half of the disease burden faced by young adults in the U.S. (Hunt & Eisenberg, 2010). While privileged in some ways, college students face the suffering and disability associated with mental illness at the same rate as their same-age nonstudent counterparts (Hunt & Eisenberg, 2010). The impact of untreated mental illness on emerging adult functioning is wide and includes poor academic success, lower productivity, substance abuse, and strained social relationships (Hunt & Eisenberg, 2010). There are many intersecting factors that contribute to student mental health issues, including social and structural factors, predisposition, current and past stressors, and biology. College student mental health is distinctly connected to, and shapes and is shaped by, students' other social identities, such as their race, class, gender, ability and sexual orientation. **Identity Development among College Students**

Given the high prevalence of mental health issues in college students, it is important to understand how the experience of having mental health relates to identity development in this population. In the most widely cited theories of college student identity, identity has been conceptualized developmentally, presuming and describing the trajectory of identity categorically and as generally increasing in complexity over time. Identity theories have since evolved across disciplines, and more recently student identity is often conceptualized in terms of psychosocial clusters where each student's experience involves a complex interplay of multiple social identities and systems of power (Jones & Abes, 2013). The current study privileges

identity as ongoing and multilayered process that is created and maintained by social or external contexts, as well as individual or internal perceptions. This approach fits in line with more recent models that attend to social oppression as impacting identity and is well suited to explore the meaning students make of mental health from their own positionality. First, this section will situate student identity literature from its historical underpinnings. Next, an outline of major contributors to student identity theory will be presented. Then, a critique of these traditional theories will be used to make a case for studying identity from a postmodern lens. A review of postmodern theories will be considered. Finally, a critique of newer theories will be presented relative to their lack of mental health inclusion.

Historical underpinnings of identity literature. Student identity development theory is commonly organized in the following clusters: psychosocial development theories, cognitive-structural development theories, maturity models, typology theories, and person-environment interaction models (Long, 2012). Psychosocial theories (as exemplified by Eric Erikson and Arthur Chickering) view the individual in terms of a sequence of developmental tasks or stages that change the person's thinking, feeling, behaving and valuing. Major theorists in the cognitive-structural developmental theories include William Perry, Lawrence Kohlberg, and Jean Piaget, and examine how students grow cognitively as well as how they interpret the world around them. Key theorists within maturity models, including Karen Nelson, are concerned with students' different levels of maturity and their capacity to deal with issues based on their capabilities. Typology theories examine individual differences in how students relate to the world. Major typology theorists include Katherine Cook Briggs, John Holland, and David Kolb. Person-environment interaction theories, such as those of Vince Tinto and Alexander Astin, examine the relationship students have to their environment. For the purpose of the present

study, I will focus on the psychosocial developmental cluster since it is where identity is most often situated in higher education research (Torres, Jones, & Renn, 2009).

Within the psychosocial cluster, beliefs about identity that are presented in different disciplines can be understood by three conceptualizations: the Enlightenment subject, the sociological subject, and the postmodern subject (Gergen & Gergen, 1991; Torres, Jones & Renn, 2009). The Enlightenment subject follows a linear development and has an innate core self. The sociological subject is produced by interactions with the social world. The postmodern subject is always in process, unstable and fragmented. Torres, Jones, & Renn (2009) describe the postmodern subject as performative, fluid and comprised of multiple identities.

Major contributors to student identity theory. Some of the early, major theorists in the psychosocial developmental cluster include Erik Erikson, James Marcia, and Arthur Chickering. Erikson proposed a lifespan model with eight stages of development (Erikson, 1968). A shift from prescriptive to descriptive theories of human identity occurring during the Enlightenment influenced Erikson's theorizing that identity was achieved through social processes over the lifespan rather than ascribed (Sorell & Montgomery, 2001). Erikson's guiding principle is that human development is transactional and systemic, where members of a person's social life carry and transmit cultural messages and are internalized by an individual through participation in social relationships (Sorell & Montgomery, 2001). Secondly, Erikson proposes that human development is a lifelong process that follows eight stages from birth through death with each stage resulting in two possible outcomes. He theorized that distinct psychosocial stages emerge at different ages and that while they typically follow sequential order, issues characteristic of one stage sometimes manifest during other periods in one's life (Erikson, 1968).

Along with the notion that people develop in the context of social relationships and through eight distinct stages, Erikson proposed that a person moves from one stage to the next after they experience a radical adjustment in perspective, which he calls the central crisis of that stage (Erikson, 1968). Accompanying each stage are specific developmental tasks that must be resolved for growth to occur, with resolution moving the individual through the crisis and onto the next stage (Jones & Abes 2013). Crisis is used to denote, “a crucial period of increased vulnerability and heightened potential, and therefore, the ontogenetic source of generational strength and maladjustment” (Erikson, 1968, p. 96). Another claim in Erikson’s theory is that early experiences influence later developmental processes but that stages can be successfully resolved out of order if the individual fails to complete the stage during the appropriate developmental period. The central crisis in infancy (0-2) entails trust versus mistrust, toddlerhood (2-4) involves autonomy versus shame and doubt, early school age (5-7) deals with initiative versus guilt, middle school (8-12) is concerned with industry versus inferiority, adolescence (12-19) entails individual identity versus role confusion, early adulthood (20-34) includes intimacy versus isolation, middle adulthood (35-60) involves generativity versus stagnation, and late adulthood (61-death) deals with integrity versus despair. The crises promoting identity development are evoked by the person’s need to manage new encounters within a given time. Although more concentrated during adolescence, Erikson postulated that identity development permeates all stages, wherein identity is not necessarily the main crisis (Erikson, 1968).

The transition from childhood to adulthood involves a tension between identity versus role confusion, which entails a process of self-discovery and the exploration of different identity roles. An important feature of the transition and one that allows exploration of new

identifications is moratorium. Moratorium is a period of delay where, not yet ready to meet obligations of adulthood, the adolescent explores their interests and identities without making commitments (Erikson, 1968). An unsuccessful moratorium results in an inability to settle into an identity, experiencing role confusion. This can also result in adolescents defining themselves prematurely and foreclosing an opportunity to explore other, more adaptive identity options (Erikson, 1968). The alternative, identity resolution, is the positive outcome of this stage where the adolescent gains the capacity to build and sustain loyal friendships with people of diverse identities, knowing one's own identity in relation to theirs.

Unsuccessful resolution of the stage entails adolescents prematurely foreclosing on their identities or "losing themselves in fanatical or exclusive commitments or through negative identifications" (Berzoff, 2012, p.109). Role confusion can lead to premature foreclosure if adolescents' social world does not empower them to explore identity or support them in using personal strengths to trust in new roles that might feel authentic to them (Berzoff, 2012). Considering the adolescents' task of identity exploration and negotiation, Erikson advises clinicians to maintain careful consideration when making diagnostic claims about the adolescent during moratorium because labels acquired during this time heavily impact identity formation (Erikson, 1968). Premature labels assigned by authority may put an individual at risk of committing herself to undesirable circumstances (Erikson, 1968).

Recognition by social relationships becomes fundamental to ego development occurring during moratorium, where the individual gains a distinguished sense of themselves in relation to and as reflected by others. Erikson states that role recognition is an indispensable aspect of the ego support needed to refrain from role confusion for the adolescent, a necessary component for them to complete the tasks of this stage. Recognition supports the adolescent ego to maintain

adaptive ego defenses and resynthesize childhood achievements in a way that fits into their developing adult roles (Erikson, 1968). In order to arrive at identity resolution rather than role confusion, Erikson asserted that adolescents need to experience the following conditions: experimentation with varied roles, experiencing choice, meaningful achievement, freedom from excessive anxiety, and time for reflection and introspection. Furthermore, successful resolution of the central crisis of this stage, like all stages, depends on progress through previous developmental stages (Schultz & Schultz, 2009). The central crisis during the identity stage, ego identity or role confusion, is resolved by the adolescent accumulating confidence in a coherent identity and its stability over time (Erikson, 1968).

A key scholar who expanded Erikson's theories around adolescent identity development in the field of psychology from an ego psychoanalytic theoretical lens is James Marcia. Marcia refers to identity as a self-structure, "an existential position, to an inner organization of needs, abilities, and self-perceptions as well as a sociopolitical position" (Marcia, 1980, p.159). In studying identity in adolescent and college student males, Marcia (1966) conceptualized identity development as the result of two processes: exploration and commitment.

Marcia claimed that adolescents develop their identity through two steps. The first step is a critical examination of childhood beliefs and identifications and making choices between which to hold onto and which to discard. The purpose of working with old and new identifications for adolescents is to create a path towards adulthood (Marcia, 1980). Marcia theorized that with a new set of cognitive, physical, and social capacities, adolescents are equipped to choose elements of their childhood identifications they will hold onto or reject and to take leaps into new and unknown identifications. The second step involves an identity-forming decision making process that Marcia characterized by four statuses. Where Erikson saw

adolescent identity development as having two statuses, identity resolution or role confusion, Marcia saw it a dynamic process involving four: foreclosure, diffusion, moratorium, and achievement. Higher levels of identity commitment are classified as achieved and foreclosed statuses, while low levels of commitment are classified as diffuse and moratorium statuses (Sumner, Burrow, & Hill, 2015). During foreclosure, an individual makes a firm commitment based on external sources such as identifications made of the individual by parents or authority and in doing so, cuts themselves off from moratorium, or the exploration needed to make choices based on one's own desires. Moratorium is the period where an adolescent undergoes an identity crisis as they actively explore identifications without making commitments to any. Identity diffusion is the other status with low identity commitment, and in opposition to moratorium, the individual in this stage is inactive in the process of searching for identity. Ideally an adolescent experiences moratorium without foreclosing too early and eventually commits to a clear identity, culminating in identity achievement (Marcia, 1980).

Whereas Erikson and Maria advanced adolescent identity theory within the field of psychology, Arthur Chickering's (1969) proposed a theory of psychosocial development in the field of college student affairs, which focused specifically on the identity development of college students. Chickering described student identity with the intention of making previous theories on student identity more accessible, more broadly used, and better understood in a college setting in particular. He hoped that his work would support the university in more easily integrating student identity research into practice (Chickering, 1969). Identity is described as having seven vectors or dimensions of development. The following vectors are not hierarchical and often overlap: developing competence, managing emotions, moving through autonomy towards independence, developing mature interpersonal relationships, establishing identity, developing

purpose, and developing integrity (Chickering, 1969). While Erikson viewed identity as progressing through sequential stages, Chickering saw identity as developing through seven vectors that interact with each other dynamically and non-linearly. The vectors consist of tasks that move a person toward establishing identity and deal with feeling, thinking, believing, and relating to others (Abes, 2009). Developing in multiple vectors simultaneously allows individuals to gain greater stability in functioning and intellectual complexity (Chickering, 1993). Chickering's theory on the seven developmental tasks related to identity development was important in progressing student identity literature towards a biopsychosocial perspective.

Another line of research that seeks to understand what is known about the developmental experience of young adults in college, while being highly contested, is Jeffrey Arnett's (2000) work describing a period between adolescence and adulthood, which he called *emerging adulthood*. Arnett argues that sociocultural shifts in the meaning and value of becoming an adult have transformed the timing and process of transitioning to adulthood. Emerging adulthood marks the stage between adolescence and adulthood when individuals experience freedoms and capabilities accompanying adulthood without commitment to traditional roles like parenting, marriage, or careers (Arnett, 2000). The theory of emerging adulthood highlights that identity development has become more protracted in recent decades, with the obligations of adulthood "represent[ing] a closing of doors—the end of independence, the end of spontaneity, the end of a sense of wide-open possibilities" despite adulthood offering security and stability (Arnett, 2002). Arnett's work helps to flesh out the values important to the emerging identities of people in their 20's, including change and exploration, while also describing a cultural shift where identity development lasts longer than it has in the past.

Critique of key identity theorists and introduction to a postmodern lens. Critiques of the abovementioned identity theories focus on the problem of viewing identity in stages and the assumption that appropriate development follows universal principles and goals, which were laid out by white male theorists (Patton, 2011). Erikson's psychosocial theory of human development, for example, has valuable tenants for understanding human psychological process but is also fraught with bias based on Erikson's own social location (Jones & Abes, 2013; Sorell & Montgomery, 2001). While he was a progressive thinker at the time, Erikson had men in mind as he described identity, claiming, "I think that much of a young women's identity is already defined in her kind of attractiveness and in the selective nature of her search for the man (or men) by whom she wished to be sought" (Erikson, 1968, p.283). Furthermore, while Marcia's identity status theory allows for reconstruction, the idea that development occurs in "statuses or stages" has been critiqued for a lack of nuance in understanding the complexity of identity formation (Cote & Schwartz, 2002; Torres, 2009). Additionally, a meta-analysis of research on identity status critique's the relevance of Marcia's identity status theory for non-White students (Sneed, Schwartz, & Cross, 2006). Out of all identity status research surveyed in this systematic review, 74 percent of participants were primarily White, and 35 percent of the research failed to report the ethnic and racial identities of their samples, which may obscure differences in identity statues and process across different racial and ethnic groups. Finally, Arnett's theory of emerging adulthood has been critiqued as only applying to youth privileged to delay the responsibilities of adulthood while they engage in an extended period of exploration without commitment, rather than being a universal stage of human development.

Despite critiques around biases and lack of attention to ethnic and racial differences in identity formation, feminist scholars Sorell and Montgomery (2001) note that Erikson's

conception of self as an active agent that both produces and responds to the social, cultural, and historical context in which it lives fits within mainstream theorizing of psychological development and informs college student identity research. In contrast, social constructionists view identity as inextricably linked to broader contextual issues where individuals are expected to act in certain ways based on norms rather than as following universal principles and paths (Patton, Renn, Guido, Quaye, Evans & Forney, 2010; Torres, Jones, & Renn, 2009). Members of the majority culture determine what is socially appropriate and therefore garner power to determine the definition of a healthy identity represents a privilege given to people with dominant social status and must be taken into account to understand identity (Torres, Jones, & Renn, 2009). Poststructuralist theories foreground the role of power and privilege in one's identity development and highlight the experiences of marginalized populations (Abes, 2009; Patton, 2011).

Review of postmodern and constructivist theories. In this section I will present two theories of student identity used by student identity scholars from postmodern and constructivist traditions (Abes & Jones, 2012). Two systems of thought guiding some recent student affairs literature on identity formation: social construction and postmodernism. On the one hand, identity forms through a person's process of making meaning of who they are within their social context (Abes & Jones, 2007; Bowleg 2008; Patton, 2011; Torres, 2009). On the other hand, identity construction and reconstruction is ongoing and therefore cannot be fixed long enough to be measured or interpreted as an enduring status (Torres, Jones & Renn, 2009). A socially constructed identity denotes that a self is constructed through interactions with other people, culture and broader social contexts (Chen, 2009; Torres, 2009) such as a university and systems of power and inequality. Social identity models look at a person's psychological processes in

relation to their social group membership (Chen, 2009). Postmodern theory has contended that identity is fluid, dynamic and performative in nature where individuals create and recreate themselves through their constantly shifting interactions with the environment (Torres, 2009).

Postmodern theories also account for the increasingly diverse students that make up a college population. Frameworks that guide the literature on the relationship between college student's multiple social identities include critical race theory, Latino critical theory, queer theory, constructivism and intersectionality (Torres, Jones & Renn, 2009). In order to explore mental health identity I will focus on two lenses in the theoretical perspective section of this chapter: constructivism and intersectionality.

Critique of mental health inclusion in identity literature. In this final part I will present a critique of the way mental health has been broached in identity literature by Erikson, Marcia, and Chickering, as well as in recent identity research. Mental life has been theorized at length by scholars in a broad spectrum of disciplines. In the last few decades scholars have argued that “grand psychological theories” such as Freud’s are outdated and founded on assumptions that psychological science aims at discovering principles that govern a “mind-dependent” reality (Abes, 2013; Sorell & Montgomery, 2001). Some modern theorists and scientists of mental experience continue to “undo” old beliefs about human functioning founded on antiquated science and theories (Sorell & Montgomery, 2001). Postmodern thinkers, for example, have privileged contextual and historical influences on development, as well as the nuance of experience within underprivileged groups to understand mental and emotional health. The following critique will highlight some of the ways antiquated beliefs about mental health have permeated identity literature, if mental illness has been included by the particular theorist at all.

Erikson broaches mental health when he asserts that, "...for the label of diagnosis one acquires during the psychosocial moratorium is one of the utmost importance for the process of identity formation" where, individuals should not be quick to claim diagnosis otherwise they may end up "in a social 'pocket' from which there is no return" (Erikson, 1968, p.158). His view contends that mental health should be acknowledged only sparingly, as not to "take too seriously what was only a transition" (p.158). While Erikson suggests that acknowledging mental health as an aspect of identity will lessen one's social acceptability and desirability, the current study aims to understand how claiming mental health as part of identity may have other and non-pathological implications for one's socioemotional health. Newer research shows that there are alternatives to devaluation by oneself and society if mental health is accepted as an aspect of one's identity, described in one example in the literature on the Mad Pride movement included later on in this chapter.

A theme in past identity scholarship is that key theorists do not necessarily attend to diversity and difference among adolescents who go through development from childhood to adulthood. In terms of James Marcia's research in particular, he does not go into the individual and diverse emotional or mental life of the young adults he is describing. Marcia does not talk explicitly about mental health or mental illness in his developmental theory. While research on postmodern and intersectional college student identity development do not talk explicitly about mental health identity, a strength in this line of research is that, in contrast to Marcia, it looks at the interaction of a college students' multiple identities in their identity development (Abes, 2012).

Arthur Chickering broaches mental health through his *managing emotions* vector. He does not describe mental health diagnosis but rather describes the way young adults build an

increased recognition of emotional life as part of a process of achieving self-control. He states that young adults must accept their previously repressed feelings and then learn how to respond to them based on the way they see their parents and community respond to emotions, in order to gain a sense of emotional self-control (Chickering, 1969). Chickering describes a reciprocal process of self-awareness and self-control moving identity development forward during the young adult stage. One critique of this theory is that the *managing emotions* vector seems to be based on the ego psychological notion that emotional health is related to controlling sexual and aggressive impulses. While ego psychology was the most widely accepted theoretical approach to mental health during the 1960's, the time Chickering's *Education and Identity* was written, mental health has since been conceptualized through newer theories, such as self-psychology and relational theory, that put much less emphasis on the control of impulses as a sign of aberrations in mental health. Furthermore, Chickering describes emotional development from his theoretical lens but does not talk explicitly about college students with mental health diagnosis, or ways emotional development is impacted by mental health issues in his theory.

Following critiques about a lack of attention to privilege and oppression in identity formation, it makes sense that these older models of identity formation do not directly describe the identity formation processes of individuals with mental health difficulties. Universal statuses and stages were not well suited to explore intersectional identities. Newer models based in constructivism for example, provide important frameworks for looking at identities outside of the dominant, often White and middle class, framework. These frameworks, however, do not explicitly explore mental health as an intersectional identity. Abes (2009) describes multiple frameworks for understanding students' intersecting social locations, and while the meaning students make of their mental health is not included, the author provides a useful approach to

making meaning of identity in general and may be useful for exploring mental health identity in the present study.

Perceptions of Mental Health and Stigma

In order to further frame the current study of mental health identity, the following section will explore the literature on perceptions of mental health, as well as its relationship to identity. Robert Kegan (1982) said that people make meaning “between an event and a reaction to it—the place where the event is privately composed, made sense of, the place where it actually becomes an event in the person” (p.2). Perceptions of mental health are included here to demonstrate the importance of shedding light on students’ process of meaning making about mental health experiences. First, common perceptions of mental health will be reviewed, including perceived stigma. Next, radical perspectives of mental health will be explored and recent movements to challenge perceptions that shame it. Finally, literature will be explored to consider why negative perceptions of mental health have likely kept it out of literature on student identity. Furthermore, a case will be made for the importance and value of the current study, as an absence of student identity literature on mental health may inadvertently increase negative psychological experiences for students with mental health issues.

Perceptions of mental health and factors contributing to mental health oppression have gone through many progressions throughout history, including most profoundly, medicalization. The application of a biomedical model to mental health has occurred throughout history and intensified in the 1970’s. In 1975 Ivan Illich put forward one of the earliest uses of the term “medicalization” and referred to a context where a medical frame is applied to understand and manage a problem (Trivelli, 2014). The medical diagnosis of mental illness represented a shift from “madness to disease,” the rational of the irrational (Foucault, 2009). The medical model

treats mental distress as a disease that can be chemically addressed with “hope technology,” or pharmacology (Trivelli, 2014). Since the 1950’s drug therapy has been one of the primary treatments for diagnosis like depression. Capitalism and “Big Pharma” give indication that social and environmental problems are perceived as individual problems and therefore actions, behaviors and emotional states become medicalized and seen as requiring pharmaceutical remedies. With medication becoming the most common treatment for depression, and with depression estimated to affect 350 million people worldwide (World Health Organization, 2012), there has been a considerable increase in antidepressant medication consumption. Mental health is most commonly understood from a medical model and therefore treated as a disease, and often a shameful disease, to be eradicated rather than an aspect of experience to get to know and even share in common with others (Andersen & Larsen, 2012).

One contributing factor of the perpetuation of stigma is the perception of mental health as illness (Andersen & Larsen, 2012; Read, Haslam, Sayce & Davies, 2006; Schrader, Jones, & Shattell, 2013). Labels like “illness” and “disease” contribute to public feelings of prejudice, fear, and desire for distance from the person assigned that label (Haslam et al., 2006). Mental health’s acceptability as a social identity category is compromised by the stigma resulting from the medicalized terms “illness” and “disease,” in an ableist society. Ableism and the medicalization of mental issues may play into a society’s prejudice against mental health, the perpetuation of internalized stigma (Haslam et al., 2006) and of narrow ideas of what constitutes mental healing.

A stigmatized identity is a concealable part of one’s identity that may be socially devalued by others (Quinn & Chaudoir, 2009; Quinn, et. al, 2014). Not only are stigmatized identities like alcoholism and depression distressing in and of themselves, but stigma adds a

layer of increased psychological distress for the individual holding that identity. The likelihood and reasoning for increased distress is documented by Quinn and colleagues (2014) in a sample of adults living with concealable stigmatized identities. Stigma increases psychological distress based on anticipated stigma, centrality and salience of the stigmatized identity, internalized stigma, and level of outness. The variables in this study are separated into two constructs, emotional valiance (related to beliefs about the identity including anticipating future stigma, internalization of negative stereotypes and level of outness) and the magnitude of the identity within the self (identity centrality and identity salience). The stronger a person feels about their stigmatized identity the more psychological distress they have about it, suggesting that identity salience is the biggest predictor of psychological distress. The authors note that future research can distinguish how salience is predicted. It can be predicted by the frequency of identity-related experiences like symptoms, medication use, or treatment utilization, or by the cognitive burden of holding a stigmatized identity a secret (Quin et al., 2014). This study shows the often unspoken and unacknowledged psychological burden of maintaining stigmatized identities.

The prevalence of mental health stigma maintains mental health as a hidden and shameful aspect of individuals' identities. Mad Pride is one of the largest movements to date to confront the stigma of mental illness and build acceptance and appreciation for "unusual mental states," solidifying "madness" as a "culturally meaningful and active sociopolitical minority identity" (Schrader et al., 2013, p.62). Activists have taken this issue from the micro to the macro, by reclaiming the language of madness to make a political statement and build a positive cultural identity around mental health. The goal is to support people in "active and thoughtful positioning of the self with respect to dynamic social narratives regarding mental difference and diversity" (Schrader et al., 2013, p.62). Mad Pride is one example of how mental health

communities have worked to embrace mental health as a meaningful social identity to be incorporated into a productive life.

Identifying is an active process that involves claiming a meaningful place within a complex web of social forces (Schrader et al., 2013). A person both identifies with and becomes identified by social narratives, ideas, myths, values, and types of knowledge (Schrader et al., 2013; Torres, Jones, & Renn, 2009). Identification is an internal and external process, where what people think about (social perception) and how people think of themselves (self-identification) interact (Jabal & Rivière, 2007). Schrader argues that this web of social forces includes and grapples with distress and psychological pain. Schrader's inclusion of "grapples" may point to the complicated relationship mental health plays within social contexts and may point to why bodies of literature, like student identity literature, do not include mental health. Dynamic social forces may be maintaining mental health as stigmatized and underlying its absence from the literature. In summary, *Mad Pride* demonstrates one way that people can integrate their mental health experiences to promote more resilient social identities and sense of collective mattering (Schrader et al., 2013) in a culture that is unforgiving and stigmatizing, and highlighting that there might be other ways of increasing positive identification with mental health.

Mental health oppression is documented by Holley, Stromwall, and Tavassoli (2015) in the context of social work education. Through socialization, people with mental illness may internalize their oppression through experiencing cultural norms (avoiding "crazy people"), stereotypes (people with mental illness are not capable), and myths (recovery is not possible) and accommodations (higher education does not provide adequate accommodations despite the Americans with Disabilities Act). When oppression is internalized, people with mental illness

may accept that they are not as good as people without mental illnesses, feel ashamed, think people are justified in making jokes about mental illness, and collude with oppressors in discriminating against others with mental illnesses (Holley et al., 2015). While the Mad Pride movement shows how some individuals work to forge a positive mental health identity, the overriding perception of mental health stigma may leave others to come to terms with their mental health identity in other ways. This study explores how one subset of the population, college students, may grapple with incorporating mental health into their identities.

Performativity

Performativity describes the process individuals engage in to create their social identities through the behaviors of daily living (Butler, 1990). Theorists use performativity to argue that identity is an ongoing process of expression and enactment rather than an end product of a developmental stage (Butler, 2004; Munoz, 1999). Central to performativity is the idea that identity is fluid and is constantly being created and changing. Identity, then is something an individual *does*, rather than something an individual *is* (Abes, 2013). The concept of performativity has three main tenants. First, identities have symbolic and material content, such as clothes and style of speech. Second, performatives reflect social identities as both individual aspects of identity and intersections of identity. Third, performatives of complex intersecting identities influence the meaning of any one individual identity. The third component means that identities are nonadditive but intersectional (Bowleg, 2008).

Mental illness has a performative aspect, which is documented by Trivelli (2014) as the way that self-medication communicates something about uncommunicable distress. In an autobiographical article, Trivelli uses her own “cynical critical understanding of depression” to examine the meaning behind what one communicates about their mental health. For example,

medicating oneself may be voicing that distress is an illness that one hopes can be fixed. Trivelli (2014) describes the “security blankets” we put over suffering in an effort to cope with (or make sense of) distress that actually lessen our agency in taking care of ourselves. These blankets are, “discourses around medicalization, capitalism of care, the media and neoliberalism” (Trivelli, 2014, p. 158). The security blankets both mask and perpetuate pain while also allowing for immediate symptom reduction, where an uncertain mind performs herself, maintains her identity over and over again (Trivelli, 2014). This account sheds light on possible reasons for individuals’ ambivalence in how they approach their mental health and how one may become an “incoherent, inconsistent and uncomfortable” agent of endurance fueling the performativity of their mental health (Trivelli, 2014, p.158). Trivelli speaks to the element of social control in current perceptions of mental illness, where subjects are expected to be “disciplined and caring entrepreneurs of their own self” (p. 158). In summary, there are painful intersections of negative perceptions of mental illness that lead to ambivalences and conflicts in how one might feel in performing it.

Mattering

This section examines research on mattering to illustrate the way experiences of mattering relate to perceptions of mental health identity within a university population. Rosenberg and McCullough (1981) define the concept of mattering as, “a motive; the feeling that others depend on us, are interested in us, are concerned with our fate, or experience us as an ego extension which influence human behavior” (p.165). In its original conceptualization, mattering mattered, because of its importance for both the self and for society (Rosenberg & McCullough, 1981). Mattering is a source of personal motivation and social cohesion (Elliot, 2004). The original construct of mattering included awareness, importance, and reliance. More recently, the

construct is defined as the belief that one makes a difference in others' lives and includes five dimensions: attention, importance, ego-extension, dependence and appreciation (Elliott, 2005). Since its original conceptualization, mattering has been examined from a range of social and personal issues including college student mental health and contexts including among individuals, families, and larger systems. In this section mattering will be further explicated before it is applied to the university setting and then explored in relation to mental health.

Elliott (2004) distinguishes two forms of interpersonal mattering, including awareness, a cognitive aspect of mattering, and the relationship, the bidirectional flow of mattering that includes both importance and reliance between two people. As a relationship, people feel they matter if others invest time and energy in them to support their welfare, and similarly, people feel they matter if others look to them for satisfaction of their needs and wants. Elliott (2004) describes elements of mattering in each of the awareness, importance and reliance categories, including "I am the object of others' attention," "I am the object of others' concern," and "Other chooses/looks to me." Elliot (2004) concludes that mattering is a primary motivating factor contributing to one's self concept and likely integral to a range of social phenomena. Mattering provides personal motivation, a desire to be worthwhile to others, and a sense of social cohesion to perceive importance to groups and systems (Elliot, 2004). While scholars like Elliot have found that mattering is important to self-esteem and self-concept, and research affirms matterings' importance to ethnic identity development (Dixon, 2002), the importance of mattering on college student identity development has not been well documented.

Similarly, mattering is documented to "matter" to college students and only inferences are made about its importance to college student identity formation in particular. France and Finney (2010) assessed the validity of the University Mattering Scale to better operationalize

university mattering and test the variables that matter most to students in a university setting. They outline the history of mattering to support utilizing a four factor construct to study mattering to the university, including awareness, importance, reliance, and ego extension. Dixon and Kurpius (2008) found that mattering is positively related to self-esteem and negatively related to depression and stress, similar to findings by Elliott (2005) below. Numerous researchers highlight the importance of professor caring and social acceptance on mattering (France, 2010; Freeman, Anderman & Jensen, 2007; Klug, 2009). While research shows how features of campus culture, relationships, and perceptions influence a positive sense of mattering and participation in a university setting, it does not specifically talk about the importance of university mattering on identity development in particular.

The connection between concealing mental distress and mattering, or feeling distressed and disengaging with others, is implicated in a study by Elliott (2005), where he uses a mattering index to look at suicidality and mattering in adolescents and young adults. Elliot argues that there are profound consequences to one's identity and mental health from perceiving oneself as not mattering, with suicide being an extreme case. Elliott asserts that mattering is particularly important for adolescents and young adults (age 15-24) who are in the process of defining themselves (personal motivation) and their place in social contexts (social cohesion). Elliott predicts and his results indicate that mattering is mediated by self-esteem and depression in suicidal ideation. Since this study was cross-sectional, a causal relationship cannot be determined. However, Elliot found that mattering was positively correlated with self-esteem and negatively correlated with depression and suicidal ideation. Elliott concludes that mattering is of primary importance for development of self and positive mental health.

Perceived or anticipated stigma from one's social network (i.e., the context in which a person derives a sense of mattering) is the most common reason given for why a person experiencing mental distress will not seek help (Vogel, Wade, & Ascherman, 2009). Vogel and colleagues (2009) studied psychological stigma related to social networks in a college population and note the prevalence of the dynamic between wanting to fit in and concealing mental health for this population. Maintaining a sense of mattering within a social context often outweighs a person's decision to seek mental health due to stigma. Furthermore, a person is more sensitive to stigma from their social group than from the general public (Vogel et al., 2009). In summary, literature on mattering shows that social belonging is a key motivating factor in decision making and one that contributes greatly to a person's sense of self and self-worth. More research is needed to understand how mattering relates to college student mental health in particular.

Theoretical Basis

The current section outlines the different theoretical approaches utilized in this project. Intersectionality privileges power structures and constructivism privileges the individual as meaning-maker (Jones & Abes, 2013). Both of these approaches are well suited to explore the meaning students make of mental health within their identity. The Model of Multiple Dimensions of Identity, a framework rooted in social constructivism and intersectionality, will be explored in particular for its usefulness in understanding mental health identity in this project.

The research application of intersectionality to student development is growing and will be one framework to study student mental health identity. Intersectionality is rooted in Black feminist theory and explores the relationships between identity and intersecting systems of privilege and inequality in people's lived experience (Crenshaw, 1989). Crenshaw (1989) argued that single-axis analyses of Black women's experiences distorted and theoretically erased

their experience. For example, in race discrimination cases, discrimination tends to be looked at in sex and class privileged people of color while in sex discrimination cases, the focus is on people with race and class privilege (Crenshaw, 1989). Crenshaw aims to look at people in their multiple intersecting identities. Intersectionality asserts that identities cannot be separated; they are not to be looked at as adding on to each other but rather interwoven through the person (Patton, 2011). The purpose of using a critical framework like this is to bring a macro systems perspective to the individual, to promote social change by exposing and challenging systems of oppression and privilege (Dill & Zambrana, 2009). A core tenant is interrogating structures of inequality and unveiling power (Abes, 2012). While intersectionality was originally applied to multiple marginal identities, it was later applied to intersections of privileged and marginalized identities to deconstruct the idea that dominant identities are normal and therefore not needing to be explored. Intersectionality allows for a careful and critical exploration of the intra- and inter-personal roots of identity as it is constructed in multiple contexts (Jones & Abes, 2013). Intersectional research emphasizes the lived experience of individuals, explores the influence of systems of power and privilege and aims to contribute to a more socially just society (Abes, 2009).

Constructivism and intersectionality similarly challenge the “additive” approach to identity formation. Constructivism is well-suited for the current study as it foregrounds the person as meaning-maker (Abes, 2012). Constructivism recognizes that people have multiple identities that are not simply added together but connected uniquely to form individual experiences of identity. Constructivism is interpretivist and assumes multiple realities, seeking to understand how a person makes sense of identity within multiple contexts (Denzin & Lincoln, 2000). Furthermore, it describes how perceptions change depending on place and time, namely a

person's context and the complexity of one's capacity for meaning-making in a particular circumstance. In constructivist research, the researcher and participant co-construct the meaning of identity together (Denzin & Lincoln, 2000). Here the context in relation to the self is important, rather than viewing context (and their systems of inequality) as necessarily already part of the self. In other words, the focus on person-as meaning maker and the absence of an intentional focus on power indicates the constructivist perspective that a person's relationship between identity and context are dependent on their individual meaning-making capacity (Jones & Abes, 2013).

The MMDI is rooted in constructivism. The MMDI looks at how college students relate multiple socially constructed identities to a core personal identity (Jones & Abes, 2013). One key aspect of the MMDI is the degree of salience of a particular identity. In this context, salience means the degree of importance the identity holds to the individual. Salience of personal identities is examined in relation to the core self and in relation to the self's changing contexts. While the original MMDI seeks to understand the complexities of college student identities within a changing context, the re-conceptualized version focuses more pointedly on students' as meaning-making agents. Student meaning-making functions to construct identity by mediating how they perceive relationships between context and identity and is influenced by power and oppression (Baxter Magolda, 2001). The trajectory of meaning-making develops cognitively, interpersonally and intrapersonally and moves a student from external to internal self-definition (Baxter Magolda, 2001). Baxter Magolda (2001) explains that the three domains of meaning-making, a students' capacity to create their own knowledge, maintain mature relationships, and develop a sense of self, are interdependent and can be more or less developed at any given time.

Constructivism, intersectionality and frameworks that incorporate a combination of the two are suitable for the current study aim which explores the way students create knowledge about mental health, the way mental health impacts students' relationships and the way it impacts a developing sense of self.

Conclusion

The review of literature shows that although mental health issues are common for college students, mental health is a parenthetical topic in the student identity literature. Further research is needed to explore the meaning students make of their mental health within their multiple social identities. Furthermore, when mental health is addressed in college student identity development, it is commonly framed from a positivist, medical model standpoint arguing that students are agentic actors with defined (often diagnostically) psychological states. My study is intended to challenge this, and views students as dynamically involved with their environment in constructing and reconstructing their mental health as part of their identity in a fluid manner. Constructivism and intersectionality are fitting to study mental health identity as they explicitly acknowledge power structures and privilege the individual as meaning-maker. These approaches will allow for students to give voice to and narrate their experience of mental distress from their unique social location. Given the interpretive nature of this project, I will anticipate and acknowledge my own bias when interpreting the students' narration.

In conclusion, this study explores the multiple dynamics that converge when a student chooses to attend to mental phenomena in the form for the present study, of psychotropic medication, participation in counseling services or any self-define actions to cope or manage one's emotional experience. By examining students who identify as having psychological pain, I will examine the processes of meaning-making about mental health by way of student

perceptions, performativity, and beliefs about mattering in relation to their mental health. In doing so, this will add to the literature such that student mental health—which is a prevalent, undertreated and arguably misunderstood issue—is better tended to.

CHAPTER III

Methodology

Formulation

This qualitative study explores the lived experience of mental distress within college student identity. The purposes of this study is to: (1) address a gap in extant literature on mental health as an aspect of college identity from students' own voice, (2) add to literature that challenges approaches to studying mental health that treat it as reified, static psychological phenomena, and (3) broaden what is known about how students experience mental health, beyond diagnostic labels or help-seeking behavior. This chapter outlines the rationale for and procedures of the chosen methodology in this study.

Qualitative methods were selected for my thesis in order expand what is known about mental health by gathering information from participants own accounts living with mental health rather than analyzing their experience through predetermined categories. The purpose is to understand the attitudes students have about their mental health from students' own perspectives. In order to gather this rich in-depth perspective, I, the qualitative researcher, utilized semi-structured interviews where I strategically asked respondents questions, carefully looked for themes in their responses, systematically took notes, and was accountable in bringing myself into the process (Engel & Schutt, 2013). Surveys or other structured research methods with predetermined categories were not chosen because they would not have adequately captured social life as it exists uniquely for each student, including unanticipated phenomena. The open

dialogue that unfolds during interviews, guided by a semi-structured question guide, allows feelings and perceptions of mental health to emerge in their fullness and complexity while foregrounding respondents' voices and facilitating empowerment. Individual interviews were selected over focus groups in order to support participants in talking about aspects of their experience they might feel stigma around, without feeling self-conscious of other participants' reactions or influenced by their responses.

A thematic analysis was used to analyze the data gathered from the semi-structured interviews. Using this process, data was collected, interpreted and then organized and analyzed according to emergent themes (Engel & Shutt, 2013).

Sample/Recruitment

This study's sample was drawn from the undergraduate and graduate student body of a small private arts college located in the western United States. Students were eligible for this study if they met the following criteria: they were at least 18 years old and currently attending the College at least part time in any of the college's undergraduate or graduate programs, they self-identified as experiencing mental distress or mental health issues of any kind, and they self-identified as actively engaging in activities to cope with or manage their mental health (for example, going to psychotherapy, taking medication, reading self-help books, doing yoga, participating in religious/spiritual activities, and journaling). These broad criteria, and the self-defining characteristics in particular, were chosen in order to be inclusive of student psychological experiences that may present in a wide variety of ways. Furthermore, starting with broad criteria allows for the emergence of new themes based on student responses. The study is limited to students because this project aims to understand mental health as it relates to student identity in particular.

The sample of students interviewed includes nine participants. Recruitment occurred through flyers and through a weekly Student Affairs events email. I chose the use of flyers because it is a feasible and commonly used recruitment method for soliciting college students, and one that was approved by the College administration and the IRB at the Smith College School of Social Work. My objective in posting flyers around campus was to obtain a sample of students who met my study criteria. The flyer was later sent out as part of a weekly Student Affairs events email in order to increase visibility of the flyer to facilitate recruitment in a later stage of the research process. Flyers indicated the study aim and inclusion criteria and were placed around campus and within Student Affairs, which houses Counseling Services. Approximately 60 flyers were posted in Student Affairs, the student café, two high traffic hallways, and within the two main campus stairwells. Flyers asked interested participants to send me an email to set up an interview. Recruitment began on February 11th, 2016 and persisted until nine participants were interviewed, a period of approximately two months. Students were notified on the flyer that they would be entered to win one \$20 Amazon gift card. A purposive sampling technique was used, meaning that preselected criteria was listed on the flyers, namely, students must self-identify with having mental health/distress and as taking actions to cope. Rather than generating generalizable data, my goal in conducting research on a small sample of participants utilizing qualitative methods was to allow for an in-depth exploration of mental health as it exists within the college students I interviewed.

Ethics and Safeguards

Prospective participants emailed me stating they were interested in the study. They were sent a follow up email with study details as well as some times to participate in an interview. If the times I suggested did not work for participants, I asked them (in the same email) to send me

three times within two weeks that they had available to meet for one hour. The email thanked participants and provided the location for the interview, my private office in the Student Affairs building. Once the interview time was set and students arrived for the hour-long interview, they were welcomed into my office. Upon arrival, I greeted them, briefly explained the study and their rights, and asked them to read and sign the “Consent to Participate in a Research Study” form. The consent form outlined the study’s potential risks and benefits, the participant’s rights, and steps to protect their confidentiality. Efforts were made to guard participant confidentiality. These efforts included conducting interviews in a private room, using a sound machine, and using a coding system that excluded identifiers (e.g., names, contact information) on all study documents (i.e., interview materials, transcriptions, and demographic questionnaires). Additionally, all coded interview materials were kept in a locked cabinet within a locked office at the Counseling Center. The consent forms with student names on them were kept in a separate locked cabinet in Student Affairs reserved for confidential clinical material in order to keep material with student names separate from transcriptions. Finally, recording devices were locked with the coded interview material and once transcribed, were kept as computer files that were password protected and encrypted. All data were deleted on or before April 28th 2016.

A potential benefit for students participating in the study includes having a space designated to tell their individual story. By reflecting on the research questions, participants may gain some further insight into their experience of mental health. Participants may also benefit from knowing that their experience is contributing to future research that may benefit other college students with mental health issues. Possible benefits to the social work profession include broadening and deepening social workers’ understanding of the meaning students make of their mental health experiences. Shedding light on the inner psychological life of students

(i.e., their cognitions about it, performance of it, and meaning made of it in relation to the contexts they derive a sense of purpose) may support administrators, staff and counselors in responding to the often unspoken aspect of student experience, the internal resources and processes that are being tasked to experience and cope with psychological distress.

There is some risk in participating in the current study due to the nature of the material. Students may experience uncomfortable feelings while reflecting on their experience of mental distress during the interview. Prior to the study, participants were made aware that their participation was completely voluntary and that they could stop at any time or decline to answer specific questions. Participants were also given a resource at the start of the interview. Participants may have also experienced discomfort by walking into a counselor's office due to mental health stigma. Risk was minimized as much as possible by my prompt retrieval of students from the Student Affairs waiting area, and also, by allowing participants to schedule interviews outside of regular business hours.

Data Collection

Data were collected using semi-structured interviews. As described above, the purpose of using semi-structured interviews was to build a thorough perspective on an understudied aspect of student mental health that emerges directly from student experience. It is important to permit participants to “describe in their own words the internal and interpersonal processes by which they defined their identities” (Jones & Abes, 2013, p.64). When there is a paucity of research about some phenomenon, such as the meaning people give to their lives and actions, they are best understood outside of a structured or controlled setting (Engel & Schutt, 2013). The open-ended nature of the questioning prompts participants to respond on their own terms and allows them the space to reflect on their personal thoughts, feelings and experiences (Lofland, 1995).

While semi-structured interviews utilize question prompts, they also allow for the order of and specific content of questions to vary based on the answers respondents give throughout the process (Engel & Schutt, 2013). For example, rather than presenting standard questions in a fixed order, the researcher can ask follow up questions based on how the conversation unfolds. The broad, open-ended questions allow for analysis of new meanings of mental health to emerge from the day-to-day experience of students. The goal of this kind of thematic analysis is to expand what is known beyond common rhetoric and theories of mental health. Question prompts are listed in an interview guide (see Appendix C). The semi-structured approach allowed for flexibility in the flow of the interview and at the same time, all questions were asked in similar wording of all participants.

In order to learn about the participants' interpretations of the world, "you have to be free to follow your data where they lead," and let the interview progress uniquely for each participant (Rubin & Rubin, 2011). While follow up questions were geared toward individual responses, due to the limited number of interviewees, question prompts were not formally altered based on feedback from earlier interviews. Any themes that emerged outside of the original interview prompts were carefully noted but did not significantly influence changes to the following interviewees question guides. However, in line with thematic analysis, I left room for data collection to evolve as I heard different accounts of student mental health experience. As new properties of mental health experiences emerged, I asked follow up questions to the data that sought to explore these new properties, including students' feedback around what they would hope for from their environments to better support their mental health experiences and combat stigma.

The interview questions were developed to engage in dialogue with participants about their mental health experiences as they relate to core themes of identity, performativity, and mattering (see Appendix C). The interview questions move through the three topic areas of the current study, exploring student perceptions of mental health and identity, the meaning students make of their coping behavior, and the way mental health relates to their sense of purpose and mattering to others. A brief ten-item survey was also administered at the end of the interview to gather more information about student mental health and demographics (Appendix D). These questions were asked in survey form to gather standard information about students and their experience and did not necessitate interpretation from the intensive interview format.

The interview took 45 minutes to one hour to complete per participant, and the participant spent about five minutes completing the 10 survey questions. I generally tried to be mindful of the time and left five minutes at the end of the hour for the participant to fill out the survey. When participants arrived, I first attempted to make a connection with them by asking if they found the office ok and if they needed any water before beginning the interview. Next, I explained an overview of the interview timeframe, including information that I may be more directive with questions at times to make sure we complete all of the questions within the 50 minutes. I also explained confidentiality before asking the participant to sign the form. As soon as the introduction was complete, I informed the participant that I would be turning on the recorder and the interview began. After I completed the interview questions with participants, I administered the demographic survey and sat with the participant while they filled it out before thanking them and ending the interview. After the interview was over, I promptly took the confidentiality forms and surveys and locked them in their respective filing cabinets.

I used a Sony digital recorder to capture student responses as fully as possible. In order to begin the process of analyzing themes, I took down notes during the interview of participant answers that appeared to be key to my analysis. Audio recordings were saved on the Sony device before they were transcribed onto a locked and encrypted computer within my locked office. Transcription took place in my office and the audio recording was erased as soon as it was transcribed. Interviews were transcribed, encrypted and saved on my computer with a password protection.

Data Analysis

Data was organized using thematic analysis because of the study's focus on understanding student perceptions and processes and my interest in creating themes about mental health based on student's lived experiences. Thematic analysis relies on interpretation of raw data which allows for close attention to the experiences of the students being studied and their context (Engle & Shutt, 2013). In taking an inductive approach, I developed themes through a recursive examination of the data, meaning that further follow up interview questions were shaped based on themes that began to emerge from completed interviews. Conceptual categories were created from the start of the interviews and were refined and linked as observations of the interviews continued. Through continuous observation, interviewing and reflection, themes were created based on relationships between the data (Engel & Schutt, 2013).

I used the following process to analyze my data. In my initial or open coding, I read through and simply looked at what was happening with the data. Next, I used line-by-line coding and read through data several times to develop tentative labels to group together examples of participants' words into large conceptual categories. With line-by-line coding, I was looking for codes that stood out that seemed to speak to the data. Codes were continuously

adjusted throughout the process of reviewing material to account for the emergence of more relevant codes. Finally, I used axial or focused coding to identify relationship between open codes. The question I asked was, “What story am I making out of the codes?” For example, I may look at the conditions that influenced students to have certain perceptions about their mental health. In summary, my analysis organized the student data according to the most important themes derived from the open ended questions. The outcome of this process was an evaluation that incorporated the most significant themes from the data.

CHAPTER IV

Findings

This chapter presents findings from data that was collected from open-ended qualitative interviews with nine college students about their mental health experiences. These findings are organized around four content areas: identity, performativity, mattering, and social discourse. The first three content areas reflect sections of the interview guide, while the fourth area emerged during the interviews. The new topic of social discourse about mental health was developed from a recursive examination of the data from initial interviews, which led to the addition of questions in subsequent interviews on this topic. Open and axial coding were used to identify potential relationships between students' various mental health related experiences.

In brief, all nine participants self-identified as having a mental health issue or diagnosis and actively participated in actions to cope. All participants had experiences of added psychological distress they attributed to mental health stigma, and most participants made suggestions for how they could imagine social contexts that met their mental health needs. The respondents were a diverse sample of College students. Before describing major themes, the following section will outline demographic information about the sample gathered from the brief questionnaire asked to each participant.

Participants ranged in age from 18 to 29, with an average age of 23. In terms of grade level, the students ranged from first year undergraduate students in the Bachelor of Fine Arts program to second and third year students in the Master of Fine Arts program. Four participants

identified as White, one identified as White and Hispanic, one identified as Asian, one identified as Asian American, one identified as Mexican, and one identified as Hispanic. Three participants were international students. In terms of gender, three students identified as female, two as cis female, two as non-binary gender, one as a-gender, and one left this survey question blank. In terms of sexual orientation, one identified as pomo-sexual, one as straight, two as pansexual, two as bisexual, one as pan-romantic/asexual, and two did not identify their sexual orientation. Throughout the findings section, participants will be referred to with the singular “they” in an effort to be inclusive of students’ varying gender identities. The duration that students had mental health issues ranged from one month to twenty years, averaging nine years. Finally, participant mental health issues included: social and school work stress, depression, cyclothymia, anxiety, post-traumatic stress disorder (PTSD), borderline personality disorder, schizoaffective disorder, and dissociative identity disorder. Out of nine participants, seven had two or more mental health issues. Levels of intensity of the issues ranged from moderate to severe, and from acute to persistent over the students’ lifetime. Four of the five participants were currently taking psychotropic medications.

The following sections present themes that emerged in each of the four content areas covered during the interviews. The first section explores student conceptions of mental health and identity including the length of time that mental health has been important to them and their reasoning for its importance, as well as where mental health is situated within their intersecting identities. The second section presents participants’ coping behaviors and the contexts in which they occur. For example, participants describe the influence that other people and that the College had on their reaction to their own mental health, namely, performativity of coping behaviors. The third section displays student responses to questions about the relationship

between having mental health and their sense of purpose and belonging, based on the historical and current cultural contexts in which students are embedded. The fourth and final section of the chapter highlights students' perspective on the nature of a social discourse that would contribute to them feeling more comfortable identifying as a person with mental health. This section also includes descriptions of the pain participants experienced due to misunderstanding or devaluation of their experiences about their mental health from their environment.

Findings Section 1: Students Conceptions of Mental Health and Identity

This section explores how students describe their mental health and how they view mental health in relation to their identity. As described in the first section, student mental health experiences varied greatly in quality, intensity, and persistence over time.

Feelings about having mental health issues. Of the nine respondents, four described having mental health issues as being either difficult or a struggle, stating that it is, "like a fight with myself," that "it feels like really, I don't like it first of all, second I refuse to have it...I'm trying to avoid it," that, "it makes a lot of stuff hard for me," and finally that, "it's crippling." The other respondents also reported negative experiences, such as feeling isolated, apathetic, trapped, and "like not really knowing all of the time." These responses illustrate the negative feelings described by participants about their mental health issues and the strong presence it has in their lives.

When asked about the reason(s) mental health mattered to them, the participants described the ways mental health greatly impacted their functioning and the necessity of attending it to minimize suffering. Rather than sharing reasons it mattered most, participants tended to share what happens when they ignored it. They described the devastating outcome of *not* viewing mental health as an important aspect of their everyday life, and subsequently what

happens when they do not engage in sufficient positive coping. For example, participants shared struggles from their past including impulsivity, suicidality, feeling held back and being unable to function. One student shared, “I’ve struggled with it for most of my life, so um (pause), so I’ve seen what it’s like for me looking back when I’m in a bad mental health state, as compared to when I’m in a good mental health state.” Another student expressed, “... I spent most of my teenage years super depressed and suicidal. And it’s kind of, like I never ever in my life thought I was going to live past 25. It never occurred to me. So like now, I’m 27 and I have to manage all of these really kind of bad decisions that I made, like getting into hundreds of thousands of dollars in debt (laughs). That, at the time I was like, ‘who cares, I’m going to be dead, so it doesn’t matter.’” Another stated, “I can never erase traumas from my past, I can only live with them. So it’s important to recognize that and to also recognize there’s room to grow and room to be a functional human being.”

Mental health and identity. Participants shared very mixed perspectives on the placement of mental health within or outside of their overall identity. Students ranged in their responses from hesitantly not considering it as an aspect of their identity, to strongly asserting that it was. Within this range, some students felt mental health affected their identity as a person rather than being a defining characteristic of their identity (four students), while others saw it as a salient identity category (three students) that was as important as others such as race and gender. One participant felt that mental health was both an identity and a barrier, and the final student thought it should not be an aspect of identity, because stigma itself becomes the identity rather than the mental health issue. This final participant felt it was really important for people impacted by mental health not to see their mental health issues as their identity, and stressed the importance of combatting the added negative effects of stigma.

In addition to defining mental health in relation to their personal identities, some participants talked about mental health as identity more broadly. As one example, a student shared that identifying mental health experiences needs to be left up to the individual and that the salience of the identity can depend on their other intersecting identities, as well as the sense of safety or lack thereof derived from their environment to understand and express mental health. Another student shared that the decision of whether or not to incorporate mental health as identity should depend on whether or not that incorporation, “leads to self-growth or a negative sense of growth.” And finally, one participant shared that they wanted mental health to be part of their human experience but not something they want to be categorized with.

In terms of the way participants answered questions about mental health and identity, they often appeared unsure about their views, starting their answer in this section with phrases like, “I think I do,” “I think I don’t,” “I kind of think,” and, “Uh, I would say.” A theme of open and closed communication about mental health and its impact on identity began to emerge in responses to questions in this section. Students described a need for people in their environment to talk openly about mental health experiences so that others understand what it is like to have mental health issues, to prevent microaggressions and stigma against people with mental health issues, and to increase acceptance and expression of mental health identity.

While an important aspect of this study, only some participants talked directly about what it is like to acknowledge their mental health identity. One participant shared their process of mental health identity acceptance by first sharing how this aspect of them is misunderstood by their mom: “she thinks it was just one thing.” They went on to say, “And it's like not something you can just remove from your life and it will be all hunky dory or whatever.” Furthermore, they described their process of identity acceptance, stating, “I kind of feel like it's always there, but I

just learn how to manage it or kind of be aware that it's getting, kind of to me. Like trying to just be ok with being myself and pretty quiet but then also in those situations having to push myself.”

Another participant shared ambivalence, conveying that while they thought mental health was a defining part of them and they felt it was important for people to be less uncomfortable dealing with it, they did not want to be labeled with mental illness. Another student talked about their shift in perspective on mental health, in which they first saw it as a sickness that goes away with treatment and later seeing it as an ongoing process that requires making choices that align with their mental health identity, like going to bed early and not smoking cannabis. And finally, one participant spoke about how stigma can become the identity. They stated, “I think it’s really important for people with mental health issues to see that they aren’t their issues as their identity,” and went on to say, “When I’ll tell people about my mental health issues then they, sometimes will kind of look at me differently.” When asked a follow up question about the impact (positive or negative) of incorporating mental health identity on self-growth, they stated, “I think it can really do either. Depending on the person and depending on how it’s effected them during their life. Right now I’m trying to look at it though as more of a positive thing. And I’ve been trying really hard to not be ashamed of it. And um, trying to talk about it more.” Finally, one participant described the importance of mental health identity acceptance on her sense of community, saying that, “It puts me in a position where I can reach out to other people with the same um, like issues and almost create like this safe space and community, so that in itself makes it feel like an identity and not just something that I have.” These responses show the complexity and different process students go through as they grapple with mental health as aspect of their identity, particularly as it relates stigma and the perceptions of others.

Mental health experiences over time. In general, participants' awareness of their mental health and engagement in coping activities increased over time. Many described mental health experiences beginning in childhood to late adolescence. Students varied in their description of the factors precipitating their emerging knowledge of their own mental health needs, including finding themselves in acute mental health situations, witnessing others struggle with mental health, or coming to terms with years of personal struggle. Students often became emotional during this question as they recalled moments of, or years of, internal struggle and pain leading them to reach out for help for the first time. One participant noted, "It took me a lot of time to figure out, because I was actively in a pretty abusive situation till I was about sixteen so I figured I was just reacting to that." Participants described their painful struggles to find healing and the difficulty in recognizing mental health as a matter needing attending to. One participant illustrated this by saying, "It's definitely a recognition thing, because you don't, especially in my family, all mental stuff was kept really hush, like don't talk about feelings or brain stuff or whatever." Another student said that they tried to share a sense of unhappiness to their pediatrician when they were seven but was invalidated and told, "Oh you'll grow out of it, don't worry about it." This student did not get help until years later: "It wasn't actually until I was 17 and actually had to drive to the ER because I was about to kill myself." Mental health coping increased for students as the mental health experiences became more salient for them. Another example demonstrates this: "After high school I think that's when I was more interested in it just because I went through a harder time...and I used to read a lot of self-help books and stuff."

Students described mixed experiences of the impact of the College on their mental health experiences. One international student viewed it as having a positive impact, where they saw students and teachers as almost "overly" focused on people's emotional life. Another

international student felt the College had a negative impact—that the lack of community left students feeling isolated and without access to mental health resources. Other students felt that their mental health improved since being at college, and one was not sure what to attribute it to, entertaining the possibility that the impact was from a well-matched therapist and age rather than the College. One student described that since being in college they shifted their perspective in seeing mental health as a problem to be solved to more of a lifelong process. Many students described the freedom they felt to explore their own mental health experiences when not immersed in the belief systems or abuse of their family and home prior to college. Thus, students' responses about their evolving views of mental health since college may be due to a number of factors including aspects of the College, experiences they had while at college, students' developmental process including increased self-awareness, a combination of these factors, or still other reasons.

Findings Section 2: Students Performativity of Mental Health

This section reports on students' engagement in activities and behaviors to cope with their mental health experiences. The themes explored reflect the types and amount of treatment participants engage in, their reasons for doing so, and the barriers and positive experiences that have influenced their coping behavior. Students had varied perspectives on whom and what were supportive to and inhibiting of their mental health.

Actions to cope and what coping behaviors communicate. When asked what kinds of activities and behaviors participants engage in to cope with their mental health, participants shared what they used to do that did not work, what is currently working for them, and what they imagine might improve their mental health if they incorporated activities that they are not currently engaged in. Two themes emerged. First, participants generally chose a multi-modal

approach. Second, therapy was one of the most important activities participants felt positively impacts their mental health. Participants described taking anti-depressant medication, using art as therapy, talking to mental health therapists, practicing meditation, eating healthily, exercising, reaching out to friends and family, and noticing or paying attention to their feelings. One participant shared:

“I try to be really aware of my actions and just my state in general which, is kind of basic, I think, but it’s a really important part for me at least, to notice how I am feeling and if my symptoms are getting a little bit worse, to know that I do have to deal with them; if I’m getting stressed then do something relaxing or get rid of something that’s stressing me at that moment.”

When asked about their coping, one student talked about the barriers they have experienced: “For dissociative disorders, it’s really really difficult to find any help...overall the way I feel about the mental health system in our country is pretty garbage. A lot of it, people don’t really pay attention to the individual, that’s why there’s so many misdiagnoses.” When asked about the goal of their coping behaviors, participants shared a desire to to manage or improve their mental health experiences, to take things one day at a time (“I’m just going to try and be ok today”), stability and peace of mind, and to function better.

When asked what their behaviors communicate about their beliefs about mental health, most participants highlighted that taking action shows that they believe mental health is important. One participant shared that they are sending a message that mental health is real and is something that can be lived with. A few other participants shared that their actions to cope show their belief that mental health is a lifestyle, a process, rather than a problem to be solved.

One participant went on to share that seeing their mother respond to mental health only when it became severe made them realize that mental health needs constant, daily maintenance.

The influence of others on participants' coping behaviors. Student narratives showed variation in what they deemed were the most influential factors leading them to engage in mental healing or coping behaviors. Students tended to answer questions in this section straightforwardly without expressing much visible emotion. Three participants mentioned their mothers were positive influences on their coping behaviors. For example, two participants shared that their mothers encouraged them to get treatment, and one participant remarked that their mother's mental health problems were an indicator that mental health requires constant upkeep. Another participant shared that their family positively influenced their own coping based on the family's teaching that the student should not to be ashamed of their mental health. A couple of other participants described finding the desire on their own, or based on things they had heard or read, rather than their family or friends influencing their coping behaviors.

In response to the follow-up interview question about whether they ever considered not engaging in their coping behavior because of the opinions of others, all students except one said "no." Some of the dialogue around the "no," was that sometimes they chose not to cope, but that it was never because of perceived negative opinions from others. The one student who responded affirmatively felt a need to minimize coping so as to not weigh on others, stating, "I want to make my troubles as small as possible to not burden others."

While students mostly felt that their coping was not impacted by the opinions of others, they had a diverse range of perspectives on the impact of the College on their coping behavior. About half of participants felt the school was supportive and friendly in their efforts to respond to student mental health needs. One student felt that the school was "a tie between doesn't affect

and inhibits,” and went on to mention their struggle to maintain a holistic lifestyle while juggling work and school. A few participants had more negative perceptions. Three participants felt that there were not enough services provided; two shared that that services were inaccessible or too limited, and the other respondent expressed that the school did not support students with more serious mental health issues. In one example, a student felt that finding resources on their own was costly and time consuming once they discovered that the school was not the best fit to provide treatment for the student’s mental health issue. Another student’s response illustrates their own pain in considering the devastating reality of some of their peers who are not accessing the colleges’ mental health services. In tears they stated, “Just because I have a good support system doesn’t mean everyone else has, you know and it’s like that’s like really fucked up for people to be struggling alone and the institution not doing anything about it. I mean it happens but it shouldn’t happen.” The Discussion chapter will further address some of the implications for this last example, for instance, the impact of dominant social discourses on students’ sense of agency in responding to their mental health experiences.

Findings Section 3: Students’ Beliefs about the Role of Mental Health in their Sense of Mattering

The previous section summed up students’ help seeking behavior and the thoughts, beliefs, people, and experiences that impact it. This section describes students’ beliefs about the role of mental health in their sense of mattering. As mentioned in the introduction, mattering is defined as people’s sense of purpose based on feeling that others depend on and are interested in them (Schlossberg, 1989). Most students did not describe how mental health related to the way others depended on them or were interested in them. This may have been due to the way the questions were worded or there may be other reasons that will be discussed in the Discussion

chapter. Instead, students described contexts in which they derive purpose and mental health's impact on their sense of purpose.

The contexts students feel a sense of purpose and the people who matter to them.

Students described engaging in purposeful activities, including where their voice mattered, through creating things, writing, storytelling, animating, practicing their art, and making others happy. Six out of nine students derived purpose through their art practice, for example, “being around my artwork and making art and being in an art community is just where I feel most purposeful I think.” One student responded with, “I have no idea. Like I don't know. I don't think I really feel a sense of purpose. I don't even really know what a sense of purpose is. Like I don't really know what that means.” One shared, “Well, I think generally our existence does not have a purpose. So for me I think it's really up to myself to create a purpose. I guess I'm struggling with that a lot.” Students described how engaging in purposeful activities supported mental health. For example, one student reported that their writing, “allows me to reflect on where I'm at with things, and that's in a mental health aspect and in a growing aspect.” Similarly, another student felt engaging in purposeful activities was made possible by and helped them manage their mental health. For example, “in the past it [mental health] made me feel like I don't quite have a purpose, um, just because of self-doubt or depression or anything like that, um. But being around artwork as well makes it a lot easier to cope with it.”

As described above, despite my intention, only two participants' narratives address how purposeful activities impacted their mental health experiences. The scenarios described by other participants shed light on mattering but not on its impact on mental health in particular. The activities that were mentioned that increase feelings of mattering include meaningful conversations, making others happy, and volunteer work in participants' communities. Two

students did talk about how their mental health issues relate to their sense of purpose from others depending on them and being interested in them and explained that mattering facilitated their own positive mental health experiences. Both students described how their mental health experiences improved when they were in volunteering contexts over the summer where they experienced mattering to others. One of the participants shared, “When you’re loving someone you don’t necessarily, it’s not all by yourself. You know there’s someone there you want to be a better person for.” The other participant shared:

“I have yet to find something that mixes my art and kind of the volunteering stuff I did. I think that’s my purpose, to find that... The moment when I realized something was wrong with me, was when I worked on this teaching campaign and we went there [Mexico] for two months, to teach people in the countryside, how to read and write, adults. And I was so happy those two months. I think it really when you do stuff like that it makes you evaluate yourself a lot. I think if you, that’s also a mental health. If you only see yourself and you don’t get out of yourself you can’t really see yourself.”

Other students described how mental health can have a negative impact on their capacity to perform their purpose and on their perception of self. In terms of self-perception, one student shared that their mental health has made them feel like they do not have a purpose due to self-doubt. Another student shared that while their experience of mental health does not affect their purpose, their worry of the social perception of mental health, or stigma, does impact their emotional experience. This student responded in relation to their art, stating that, “I’m more concerned about the way people think that it impacts it which is not necessarily correct to how it impacts it...for me it’s more just internal stress rather than external stress.”

The next question, “Who matters most to you and do they know about your mental health?” was the least answered question in the interview, with only four participants providing responses about people who matter to them. The reactions of students who did not respond included describing sadness, showing hesitation, expressing interest in not thinking about this kind of question, and asserting their independence. Students appeared less interested in exploring their experience as it related to this question than other questions. Possible reasons and implications will be explored in the Discussion section. Student responses to this question include, “That’s the sad thing when you ask who matters most to you, my mind just went blank. There was no one there. It used to be my family.” Another student responded with, “People? I can’t think of any people,” and finally, “I try to kind of not think about that, and just think about myself mattering to myself.” Three students shared that either their family or friends mattered most to them, and that they did know about their mental health. The next question captured greater detail around when and with whom students share their mental health experiences.

When and with whom students feel comfortable sharing about their mental health.

Student responses illustrate selectivity in their personal decisions of when and how much they share information about their mental health experiences. While a few students talked about who they feel comfortable disclosing to, such as teachers, close friends, or people they do not know well, most talked about who and in what contexts they *do not* feel comfortable disclosing. Five student responses included never disclosing, rarely disclosing, or being very selective about disclosure. Three students talked about only sharing their mental health in what they perceived to be open environments, including: where they felt people would not give them pity, where they anticipated they would not experience microaggressions, and where they felt they would not be judged. One of these students shared feeling that art school was an open environment. Student

responses indicate two facets of disclosure: social perception and personal experience of mental health.

Reasons students gave for withholding or omitting information about their mental health include: experiencing microaggressions from peers (people are not comfortable with it), feeling worried that disclosure will compromise their career (internalized stigma), feeling trepidation about being judged as they were in the past when they disclosed their mental health issues to others, and finally, perceiving that certain people in their life cannot handle hearing about it. One student said they disclose, “very, very, very rarely.” Another said, “You have to find a balance with who you tell and who you don’t,” and explained that they will refrain from sharing when they anticipate people will give them pity. Another student shared that they, “only disclose in generally open environments where people are encouraged to express themselves.” These responses show students need to protect themselves from perceived and real stigma by selecting when and when not to communicate to others the part of themselves that relates to their mental health experiences.

Students went on to describe what the experience is like for them to see others hide their mental health. When asked what it is like to see others hide their mental health, four participants said they did not know anyone who hides their mental health, one described not knowing whether people are hiding or not, a couple of participants felt they know people who might not “actively hide” mental health but who may not acknowledge it, and the last two participants shared that they know people who actively hide their mental health. One student illustrates the dynamic between social perception, stigma, and the visibility of mental health when they stated, “I actually don’t really know anybody who hides their mental health. Which is either amazing or really sad that someone is hiding it and they just hide it that well.” Another student spoke to the

challenge navigating this invisibility (based on internalized stigma): “people trying to hide it because of stigma has also made me feel a lot more alone sometimes.” This participant describes how concealing mental health impacts their sense of aloneness:

“Not knowing that people are dealing with mental health issues because no one really wants to talk about it so um, kind of feeling like you’re the only one who is dealing with it, um, and then like later I’ll find out that a lot of people that I’ve known have always been dealing with it the same way I have or at the same time I have and that’s really disappointing because we could have talked about it and helped each other out.”

This quote exemplifies shows how stigma and internalized stigma can serve to maintain the lack of mental health visibility and acceptance. The next paragraph outlines students’ decision making processes of concealing their mental health and the impact this has on their own psychological pain.

When asked about situations where students’ hide their mental health, all but one student shared that at least in some situations they hide their mental health. Of the students who hide their mental health in some scenarios, two shared that it does not add extra psychological pain to hide it while the others felt that it did. Two participants shared that they hide their mental health all of the time, and one shared that hiding it is “super exhausting.” Among students who hide it sometimes, one student shared that they are trying to hide it less, while another shared that they hide it and do not know why they do. For example, one stated, “I don’t think any of my employers know...it’s not like I think they’d have a stigma or anything attached to it but I just don’t want, I don’t know, I don’t know why I do it, or why I don’t mention it but, I don’t know.” The uncertainty and ambivalence in the two previous responses further illustrate effects of internalized stigma. Students also expressed added psychological pain from hiding their mental

health. One student shared that hiding it makes them feel isolated because they avoid situations in order to conceal their symptoms. Three others shared that hiding it was exhausting, did not feel good and contributed to increased suicidal tendencies. Another student shared that it does not add pain to hide their mental health stating, “I’m just like, ‘ah well it’s work,’ you don’t have to spill your guts out at the workplace...”

In response to a follow-up question, students went on to further describe the experience of hiding mental health as it relates to social stigma. Participants were asked if they personally ever considered hiding their mental health because of the opinions of other people. Due to the similarity of this question to previous questions, it did not glean much additional information. In summary, when asked if they ever hide their mental health because of the opinions of other people all but one affirmed they do. Students described hiding it in the following scenarios: for job opportunities, when meeting new people, always, and with employers and some teachers. One student shared that when and with whom they disclose depends on the situation, and the final students said that the opinions of others do not impact their concealment of mental health at this time.

Social identity considerations with mental health expression. Three respondents with non-dominant (i.e., non-white, international students) ethnic and racial roots shared how mental health is conceptualized and experienced differently in their culture. One student spoke to this, saying, “I feel like my culture does not accept mental health as a thing.” Another student shared that in their home country, none of their friends are depressed or are using antidepressants where in the U.S., “everybody’s on antidepressants...it is kind of worrisome.” Another student spoke to how feelings were not talked about openly in her family or culture growing up and that that was an adjustment moving to this state and to the College. These student examples illustrate the

intersection of multiple identities with experiences of mental health and stigma. Additionally, student responses indicate reasoning for studying mental health from an intersectional lens that attends to the impact of dominance, oppression, and difference in one's understanding of mental health identity.

Perception of the College's climate towards students with mental health issues.

Participants' perceptions of the College's climate towards students with mental health issues was generally positive. Some positive responses include: "it is pretty good," "there is more love," "people seem to be pretty open," "it is better than other environments but it is not perfect," and "that it is improving a lot." Two students felt mixed, indicating that the school was only inclusive of certain kinds of mental health issues but not others. One student shared, "I think certain kinds of mental health issues get glamorized here...only the pretty kinds of mental health issues, you know like the kinds that Winona Rider can play a character of in movies." Another student went on to describe the added stress from an exhaustive workload that was not relieved when the student asked the school for accommodations. This student found they needed to exceed the course credit limit each semester in order to fill their requirements, and when they requested accommodations (take one less critical studies course), the request was denied unless they gave up their scholarship. While some students found the College unaccommodating of their particular mental health needs, most found several ways the school was inclusive of mental health.

In response to the question about what good things the college is doing to support students with mental health and ways the school could improve, most students described a range of ways the College promotes inclusion of mental health while two students only described ways they felt the school could improve. Students were happy with the free therapy services including

group therapy, the option to take a leave of absence, the College's health insurance plan, and the mental health information session provided to students during their orientation to the school. Students were then asked to share ideas for how the College could improve their receptivity and responsiveness to mental health. Students felt the school could improve by making services less intimidating, providing resources for students with more severe and persistent mental health issues, changing the intensity of the critical studies course load and providing more, and more accessible counseling. One student shared, "If we're going to have a campus where most of our campus is dealing with this then we should probably have enough resources for every single student so that there's not a waitlist." Another student spoke to the pervasiveness of mental health issues on campus, "I'm completely sure that a lot of people are having problems and if help was more accessible than more people would come." Another student felt that more group services would support students in finding community and realizing that they are not the only one who struggles with mental health.

Experiences of ridicule, bias or exclusion based on mental health. When asked whether students ever experienced mental health discrimination or bias, five students said that they had not experienced bias, although one reported experiencing it as a child. Among the four students who did experience bias or ridicule, the common experiences include: family members making fun of them for their mental health symptoms, people telling them that they were weak, and roommates expressing hostility toward them for perceiving their mental health symptoms as the student being passive-aggressive. One student shared that their friends would not set them up on a date for fear the student was "crazy." Another student shared that they experienced discrimination about their mental health from their primary care doctor.

When asked they have ever been excluded because of their mental health, most participants said that while they had not been excluded by others, they had excluded themselves from social situations due to their mental health. Along those lines students shared that, “Dealing with it has made me feel alone,” and, “I personally excluded myself,” or, “I separated myself.” Two students did share that they had been excluded by others, with one participant stating, “It’s hard to accommodate because if I opt out then I’m no longer invited.” The accounts of the nine responses to this section suggest the pervasiveness of self-exclusion in their experiences living with mental health.

Findings Section 4: Students’ perspective on what kind of discourse or communication style might empower them as a person with mental health.

This section includes participants’ descriptions of the pain they experience due to misunderstanding or devaluation of their experiences from their environment about their mental health, as well as their beliefs about what social discourse would create an environment more accepting of their mental health experience.

Desired responses from others. While there was not a direct question addressing students hope for a world more inclusive of mental health experiences, many spoke to this at various points throughout the interview, and these reflections will be summarized here. This section aims to give voice to a vision for the future illustrated by students who struggle with mental health. One student’s experience illustrates the nature of a challenging response about their mental health, the impact of the interaction and what it is like to feel like they have to hide a part of who they are. In response to their mentor saying, “You know, I’m your mentor but I’m not your therapist,” they felt that the mentor was only willing to listen to their mental health experience to a certain extent, and that this made them feel that they needed to disguise their

mental health. The interaction made them “feel (pause) disappointed and sad and angry. It made me feel like she doesn’t want me to be who I am right now.” This student explicates how negative responses from others contribute to their withholding of mental health experiences, which results in a perpetuation of added psychological pain for people with mental health.

Students shared that rather than the responses they currently receive from people regarding their mental health, they hoped for more openness to communicate about their experiences. For example, one respondent stated, “I would just like for her [my mom] to be like, not trying to solve it or maybe not even trying to understand it and just kind of being like, ‘what can I do to help you in this thing?’” Another student shared, “I think empathy is really good,” and finally, “more understanding and acceptance of a range of mental health issues... just being able to have dialogue or asking questions I think might be super helpful but, when it comes down to it I think it’s just understanding individuals needs because I can speak for what I would like but maybe that’s the opposite of what someone else would like.” In summary, students spoke to the necessity of engaging in dialogue about mental health, whether one has a mental health issue or one cares about someone who does. The next chapter will go into further detail about what some of the implications might be for clinicians and other service providers in addressing mental health in an inclusive and supportive way.

Summary

This chapter summarized the findings from nine interviews with college students experiencing and coping with mental health issues. A summary of findings were presented alongside direct quotations in order to center student voice and to remain in line with the project’s constructivist theoretical framework. In light of this framework, it is also important to acknowledge that my social position as a researcher undoubtedly shaped the way I constructed

interview questions, engaged in conversations with the interviewees (and how the interviewees viewed and engaged with me), and made meaning from my findings. This will be explored further in the next chapter.

With careful consideration to my own participation in the process, I came up with the following key findings. First, all participants described mental health as a pervasive and troublesome part of their experience, and in general, shared that their awareness of their mental health and engagement in mental healing behaviors increased over time. Furthermore, while participants all acknowledged the tremendous impact mental health had on their lives, participants had varying ways of describing mental health's relationship to their identity. Some participants saw mental health as a solid component of their social identity, others perceived it as a factor that affected their identity, and still others view it as a part of their life they feel is important *not* to be conflated with identity. Next, participants generally chose a multi-modal approach to manage their mental health, and overall, felt that therapy was one of the most important activities to support their healing, coping, and growth. Additionally, most students did not talk about who matters most to them or the impact of mental health on mattering, possibly because of the sensitivity of the subject. They did, however, describe activities that provide a sense of purpose, with the most frequently stated activity being their art practice. Finally, participants voiced selectivity in their decisions about when and how much to disclose their mental health experiences with all but one student, who stating that they hid mental health in at least some scenarios. In summary, the most detailed findings were gleaned from student responses around their mental health identity and their experience with mental health disclosure. The next chapter will further reflect on these findings and will discuss implications for service providers working with students with mental health issues as well as thoughts for future research.

CHAPTER V

Discussion

The purpose of the present study was to examine the lived experiences of college students with mental health issues and how mental health relates to their identity. Qualitative interviews with students at an arts college were used to answer questions about how students conceptualize mental health and its relation to identity, what students' performativity and positive coping behavior communicates about their beliefs about mental health, and finally how students' perceived mental health relates to their sense of mattering. While some of the key findings confirmed what previous literature has found about mental health, stigma, identity formation, and mattering, other findings shed light on aspects of student experience that have not been previously studied, including how they grapple with integrating mental health into their experience and identities and the impact this might have on help seeking, self-acceptance, and sense of mattering. This chapter presents the key findings of this study and situates these findings in the context of existing literature, indicates the strengths and limitations of the study's research methodology, describes the implications of the key findings for the field of social work, and proposes recommendations for future research in this area.

Summary of Key Findings

The key findings of this thesis pertain to how participants: integrated mental health into their identities, conceived of mental health, viewed their own and others' engagement in mental healing behavior, thought of mental health disclosure and mental health visibility, reflected on

how mental health related to their sense of purpose and mattering, and suggested ways to improve paradigms of mental health discourse in varying contexts. Next, the findings will be reviewed in relation to previous literature.

Mental health identity. Students' mixed responses about their view of mental health as part of their identity can be understood in light of the literature on both identity development and mental health. Students' lack of assuredness in response to questions about mental health and identity, as well as the wide variation in their responses about where mental health fits into their identity, may reflect some elements of Erikson's moratorium stage and also mirror constructivist conceptions about the fluidity of identity development. Students exploratory rather than fixed responses, (e.g., "It's hard to say because I'm very young, I don't want to make decisions for my life (laugh),") make sense in light of Erikson's theory that in moratorium, people in late adolescence and early adulthood tend to explore their identities without making commitments (Erikson, 1968). In the stage of moratorium or role exploration, students curiously try out new mental health roles rather than make fixed identifications, especially identifications that conform to labels authority have placed on them. Constructivism offers another explanation for students' lack of certainty in their identification with mental health. Constructivist theory asserts that students make sense of their identities differently within multiple contexts, and "their perceptions change as they become developmentally complex and as contexts shift" (Abes, 2012, p.188). As such, students are in a process of thoughtfully positioning themselves in relation to their mental health. While this study allowed the researcher to capture student experience in one place and time, their narratives give indication that they are in a constructive, fluid, and evolving process of making sense of their mental health.

In addition to connections drawn from the research on identity formation, student responses on identity and mental health can also be examined in their relation to the research on conceptions of mental health. Students' responses about mental health and identity were grouped together, with most falling into two major categories: mental health affected them but was not part of their identity, and that mental health was a salient identity in and of itself. While the study hypothesized that the salience of mental health as a social identity would depend on the level of distress experienced based on prior research by Quinn and colleagues (2014), the findings do not conclusively support this expectation. While levels of distress were difficult to assess, the findings showed variation in levels of mental integration that were not necessarily linked to the severity of distress. While distress levels did not appear relevant to mental health integration in student narratives, stigma was clearly related to integration. As one student shared,

“I think the stigma can become a really big part of that and become the identity...I think it's really important for people with mental health issues to not, to see that they aren't their issues as their identity. And to realize that it's just stigma and it definitely doesn't define them as a person...When I'll tell people about my mental health issues then they, sometimes will kind of look at me differently, or it's kind of hard to describe specifics, um, but...”

Prior research found that mental health issues are difficult to incorporate as a positive social identity given the amount of stigma that is associated with it (Haslam et al., 2006). Stigma and participants' desire for engaging in more accepting conversations about mental health were topics that came up a lot in the interviews. This sheds light on the dynamic of power and

oppression, in and the subsequent limitations that students' social environments place on their own process of internal identity acceptance as it relates to mental health.

Contrasts existed between student responses about mental health identity and the message espoused by the Mad Pride Movement. Despite prior research describing the existence of movements like Mad Pride working to confront stigma and build acceptance of mental health as a "culturally meaningful and active sociopolitical minority identity," student reports did not indicate that they had gone through a process of "active and thoughtful positioning of the self with respect to dynamic social narratives regarding mental difference and diversity" (Schrader et al., 2013, p.62). One interpretation may be that, despite efforts like the Mad Pride movement, groups like Mad Pride were not active on campus and therefore students may not be made fully aware of alternative conceptualizations of mental health. While the College makes efforts to offer services to support people with mental health issues, students are still faced with the oppressive stigmatizing culture around mental health and may not have the resources to participate in such a dynamic and active process of mental health identity formation.

One final reflection on participant differences in seeing mental health as affecting identity versus being an aspect of identity versus being unrelated to identity, is that these differences may point to the prevalence of the medical, diagnostic perspective of mental health that permeates social discourse on what it means to encounter and manage mental health. The medical model emphasizes mental health as a static phenomenon, which stands in contrast to the constructivist vision that frames mental health as a process of ordering and reorganizing (Mahoney & Granvold, 2005). While students see mental health as a "dynamic structure of human experience" (Mahoney & Granvold, 2005, p.74), they may also continue to hold (with perhaps varying levels of awareness), that they are influenced by deep-seated and long-standing

cultural narratives from the biomedical paradigm that characterizes mental health problems as disorders. Student responses showed ambivalence in thinking about their own mental health issues based on different messages they are receiving about the nature of mental health. New perspectives on mental health as a positive identity in a college student population can continue to be explored by future research that links the dynamic between mental health diagnosis and constructivist perspectives of mental health. Constructivism may contribute to students letting go of a notion that they have a fixed issue to seeing mental health as a dynamic process of becoming more of who they are. The findings on mental health and identity suggest that more research may be needed to understand the process of positive mental health identity formation in college students.

Conceptions of mental health. The complexities of student experience of mental health were explored through participants' feelings about having mental health issues. Given that all nine participants describing their experience of mental health with strong negative language (i.e., crippling, as a fight, as a struggle), it is clear that mental health weighs heavily in their lives. These data reflect large-scale epidemiologic research that mental health accounts for half of the disease burden by young adults in the U.S. (Hunt & Eisenberg, 2010). The findings also suggest that although there are social and political movements to change the discourse around mental health, there is much room for growth in introducing positive perceptions of mental health, as well as research on the interaction between positive perceptions of mental health and one's experience of it.

Another significant finding was that all nine participants explained their mental health in terms of a diagnosis. This finding suggests that the Diagnostic and Statistical Manual of Mental Disorders continues to be one way that students continue to conceptualize their mental health

experiences. Most students described a dialectic between seeing mental health as static to seeing it as an ongoing process requiring choices on a daily basis that align with their value in becoming more of themselves. Students' accounts reflect that they grappled with different narratives about mental health as they described their process confronting a narrative of diagnosis, stating that they do not see mental health as a problem to be solved or a sickness that goes away with treatment. These findings are consistent with Andersen and Larson's (2012) assertion of how common it is for people to see mental health from the medical model and ways diagnostic labels in the common rhetoric can contribute to stigma. Prior data shows that labels like "illness" and "disease" contribute to public feelings of prejudice (Haslan, 2006). A cultural shift in seeing mental health as a disease or static phenomenon to seeing it as an aspect of ones' lifestyle is present in the way students grapple with mental health in the current data. For example, one client asserted "I kind of feel like it's always there, but I just learn how to manage it."

Mental health healing behavior. There are commonalities between students' engagement in mental healing behavior and prior research on help seeking by Eisenberg, Hunt & Speer (2012) who assert that help seeking is less impacted by stigma and negative attitudes about mental health, and more about other reasons. For example, all students shared that stigma did not impact their help seeking but that there were other reasons they did not engage in positive coping, such as not having enough time or not feeling they need the coping behavior to maintain their mental health at that time. Data are consistent with previous research in that students generally felt that while stigma impacted their experience overall, it did not impact their decision to seek help as much as other factors (e.g., the cost of seeking help as outweighing the benefit of spending the time and energy to engage in the behavior). Furthermore, despite some students expressing problems in mental health discourse and feelings of stigma within the university,

when asked about the its influence on help seeking, students felt the university was not an inhibiting factor but was rather accepting and promoting of their mental health help seeking.

Mental health discourse. Student reflections on mental health discourse and mental health visibility can be understood in light of social constructivism, which asserts that identity is formed by and forms a person's social context. Social constructivism's reflexive process maintaining the way stigma shapes student experience of mental health explains student experience of hiding their mental health and the burden this causes. Findings illustrate the social constructive process of mental health in a few ways. Students' many examples of their experience of mental health microaggressions and stigma point to the prevalence of their lived experience of social stigma. In turn, students described the necessity of hiding parts of themselves in certain or many contexts to avoid discrimination while also feeling saddened by the lack of community they find due to mental health invisibility. These findings shed light on how negative discourse, or a lack of mental health dialogue altogether, contributes to anticipated and real stigma, as well as feelings of isolation. While prior research in this area is lacking, negative and absent discourse may be restricting the amount that students with mental health are able to engage in a process of personal discovery about mental health as a positive identity. Students' anticipation of stigmatizing social discourse may contribute to mental health identities remaining hidden or unformed, considering previous research stating that socially constructed identities represent a self that is formed through ongoing interactions with people and contexts (Chen, 2009; Torres, 2009). Social stigma also contributes to the conflict some students expressed about identity acceptance, which will be described in the next section on disclosure.

Mental health disclosure. Participant reactions to mental health discourse relates to their responses around mental health disclosure. For example, two students shared that they are

conflicted about accepting mental health as an identity or disclosing it to others. On the one hand, it may benefit them to disclose their mental health status because doing so would support community building. For example one participant shared, "...it puts me in a position where I can reach out to other people with the same um, like issues and almost create this safe space and like community so that in itself makes it feel like an identity." Another participant spoke to the detriment of not disclosing:

"Also just not knowing that people are dealing with mental health issues because no one really wants to talk about it so um, kind of feeling like you're the only one who is dealing with it, um, and then like later I'll find out that a lot of people that I've known have always been dealing with it the same way I have or at the same time I have and that's really disappointing because we could have talked about it and helped each other out."

On the other hand, disclosure may increase the risk of experiencing mental health stigma. Participant choices to limit disclosure is unsurprising based on previous literature that documents societal prejudice against mental health and the perpetuation of internalized stigma (Quinn, et. al, 2014). Previous research affirms that mental health has limited potential for being integrated as an acceptable social identity category as long as the public views it as an illness with accompanying feelings of prejudice, fear, and a desire to maintain distance from the person assigned that label (Haslam et al., 2006).

Another significant finding was that all but one student affirmed that they experienced increased psychological pain by maintaining a hidden stigmatized identity. This finding was in accordance with previous research that concealing stigmatized identities can involve added psychological distress, and that the more salient the stigmatized identity, the more psychological pain one will experience (Quinn & Chaudoir, 2009; Quin, et al., 2014). Furthermore, students

shared negative consequences of disclosure, including in one example, “I’ve also had people refuse to set me up with people they know because they think I’m crazy.” This finding maintains the importance of understanding mental health experiences in an socially constructive way that privileges the interaction between negative mental health discourse and one’s decision to disclose or not and the added psychological distress caused simply by the exhausting effort of maintaining it hidden.

Mental health and purpose. Participants strayed from the intended focus of one of the study’s sections, which is the interaction between mattering, belonging, and mental health. Instead, students went into detail about the interaction between activities from which they derive a sense of purpose and mental health. One reason for this may be that the interview questions were worded in such a way that drew participants to describe intrapsychic experiences in relation to purposeful behavior, versus interpersonal experiences in relation to mental health. While most participants described the interplay between purposeful activities and mental health, two participants illustrated an interaction between purpose, mental health, and mattering to others. Student descriptions of the intrapsychic and interpersonal healing they experienced in response to volunteering in their communities is consistent with literature that describes mattering as a sense of personal motivation and social cohesion as well as a sense of others depending on them and being interested in them (Elliot, 2004). In terms of the intrapsychic effect of engaging in purposeful activities, six out of nine participants shared that they derived a sense of purpose from their artwork and that this was also a source of coping to maintain mental health. Although participants were not directly asked about this, it may be that engaging in art practice contributes to a sense belonging and mattering to others in the various and interlocking artist communities that students were a part of. It is significant to note that six students shared that their mental

health experiences benefited from engaging in their art practice and this may be an important area for future research.

Stigma also came up in a few participant responses around purpose. Stigma influenced participants in terms of a diminished sense of self-worth that interfered with their ability to carry out purposeful activities (e.g., creating art), as well as the added psychological burden of worrying that people will undervalue their capacity to carry out their purpose (i.e., their artwork). These findings were in line with the study's hypothesis that art students feel mental health compromises their sense of purpose as an art student. The response from one of the participants mirrors literature suggesting that internalized oppression leads to negative self-beliefs that decrease one's capacity to feel that they are not as good as others without mental illness and feel less motivated to perform their purpose (Holly et al., 2015). Inactivity around art may then perpetuate negative feelings as shame builds up around not creating, while also eliminating the supportive behavior of practicing art. The second participant's experience speaks to the documented experience of the added psychological strain experienced by people with mental health issues, including fear that others will think of them less. The participant responses highlight the multiple ways mental health stigma increases psychological burden and decreases one's sense of agency in engaging in purposeful activities.

Responses to questions about mattering. The interview question, "who matters most to you and do they know about your mental health?" was the least answered question in the study, with only four participants sharing who matters most to them. The five participants who did not respond instead shared sadness, hesitation, and disinterest when asked to think about their sense of mattering in relation to others. One possible explanation for this pertains to the larger issue of stigma. Participants may have felt it was too painful to imagine that the person who matters

most to them does not know about their mental health. Another implication may be that participants separate who matters most to them from their mental health experiences, since this may have been a source of added psychological distress in the past. While these interpretations are speculative, it is clear that there is likely more behind the participants' silence in response to this question. This reticence can be explored in future research, perhaps in studies that involve interviewing students multiple times so that more trust between the participants and the interviewer can develop. Two responses pointed to students' discomfort in their sense of not experiencing mattering and belonging, or not wanting to think about this aspect of their experience. One student remarked, "That's the sad thing when you ask who matters most to you, my mind just went blank. There was no one there. It used to be my family." And the second student said, "I try to kind of not think about that, and just think about myself mattering to myself." Research suggests that mattering matters to college students and identity formation (Finney, 2010). The findings from this study may be indicating that while mattering matters to students, some participants *feel* like they do not matter. It is possible that students' low sense of mattering is related to their level of psychological distress. Elliot (2005) describes the profound negative consequences on a person's identity and mental health when they perceive themselves as not mattering. It is unclear from the interviews whether students feel they do not matter, like they experience mattering but do not have a clear sense of who is most significant in their lives, or some other explanation. More research is needed to understand the relationship between one's sense of mattering and mental health.

Wishes for more inclusive mental health discourse. Another important finding that emerged from the data was students' hope for a world that was more inclusive of mental health experiences. The findings suggest the need for more research on the type and quality of dialogue

educators and service providers can promote to more appropriately and compassionately respond to students expressing mental health experiences. Research can also explore how positively received responses by students with mental health, such as dialogue with qualities of empathy and invitation, impact students' sense of belonging, positive mental health identity, and performativity of mental healing behavior. Participant responses highlight the various negative ways that their environments respond to their mental health experiences, including with avoidance or shaming. The current study found that students experience disappointment, sadness, and anger in response to invalidating, stigmatizing, and pathologizing responses from people in their social contexts about their mental health.

Constructivism and intersectionality. The prior research on a constructivist lens of identity and mental health was useful to the interpretation of this study's findings. With a diverse range of identities among students, it is no surprise that students constructed mental health differently within their own understanding of who they are. Many students also expressed the importance of including their other identities, like being a cis woman or the impact of their ethnic and racial identity, when describing their experience of mental health. For example, one participant shared that mental health was "not a thing" in her family and cultural upbringing and so it took her longer than she would have wanted to identify mental health as a problem or seek help. Another participant shared the increased negative burden she notices people experience in the current study's college setting as opposed to her home country because of a lack of effort to build community by the university and students. It was important to keep these frameworks in mind in order to invite participants to describe what it means to them to experience mental health and how mental health impacts who they are and shows up in their life. One limitation of this study was that the data did not clearly explicate the impact of power and oppression in student

identity outside of mental health. Furthermore, looking primarily at mental health could have distorted and erased the complexity and entirety of the student with their multiple other co-existing identities. For example, these issues are documented to come up in single-axis analyses of identity within Black women's experiences (Crenshaw, 1989). Future research with more sustained and in-depth contact with study participants, such as an ethnographic approach, may be needed to explore the multivocal, intersecting, and dynamic processes of identity formation among college students with mental health issues.

Using a constructivist and intersectional interpretation of findings necessitates an examination of the influence that I, the researcher, bring to the interpretation of findings. I am an independent researcher exploring mental health experiences in partial completion of my master's in social work. This project stems from my own positionality that includes experiences of grappling with what it means to or not to include mental health into my identity, and also considering how my other identities, like race, class, gender, and sexual orientation, have shaped and are shaped by mental health. In studying the experiences of others, it is important to note that from my social location I may lack awareness of the nuance of non-dominant racially and ethnically identified and international student experiences of negotiating mental health issues. Interpreting participants' stories from one's own subjective viewpoint is a fundamental aspect of qualitative research.

I undertook an interest in this study when I noticed that my social context, including graduate school classes on mental health, necessitated a process of negotiating different narratives about the nature of mental health issues. I asked myself how beliefs about the nature of mental health might impact one's experience of it and sense of agency in interacting with it. My own learning and unlearning about mental health through various paradigms, including first

a medical model and then a social constructionist and relational model, grew my interest in the topic of this thesis. Coming into the research process, I was curious about whether students shared similar processes of negotiating social paradigms of mental health. It is important to acknowledge that I interpreted student narratives from a particular subjective position within particular frameworks of mental health understanding. My own positionality led me to be more curious about, and perhaps more likely to pick up on, themes related to participants acts of resistance against the dominant narrative of mental health. I was somewhat surprised to find that all students, at least in part, used language from the dominant, medical and diagnostic social discourse to describe their mental health experiences. After reflecting on the data, however, I understand how power and dominance plays into language acquisition and the understanding of our experiences through that lens. While students described their experience of diagnosis and stigma, they also shared their process of making meaning about their mental health on their own terms. I was not surprised about the degree students were negatively impacted by stigma and hope captured in their narratives. Nor was I surprised about the impact of oppressive dominant narratives of mental health, and how this contributes to efforts that mobilizing an anti-ableist, mental health affirming discourse within art colleges and beyond.

Strengths and Limitations of the Study

This study's qualitative approach to studying mental health experiences has both strengths and limitations. The open-ended nature of the dialogue and the broad inclusion criteria allowed students with a variety of mental health narratives to unfold naturally as they occur within student experiences. As stated in the last paragraph, these findings are my own take on the responses of my participants, and contain elements from my own background and social positions. I worked to address the role of my own interpretive lens by: continuing to reflect on

the way my social location may be influencing my interpretations, by including direct participant quotes, and by offering interpretations as suggestions or impressions of the data rather than conclusive facts. The role of my social position was especially poignant in this study because, due to the study design, I was not able to have other researchers verify my coding or interpretation. A strength of the one-on-one interview approach is that I could form rapport with the participants throughout the one-on-one interaction and gain in-depth information from engaging empathically with them, bearing witness to their story as it unfolded in the moment. Another strength of this approach is that aspects of participants' experiences, such as their hopes for a more inclusive discourse and the pervasive impact of stigma, may not have emerged with a more rigid interviewing approach. Students could expand on or go back to issues they felt were important to bring up in the dialogue throughout the interview.

An aspect of the study that provides both strengths and limitations to the study design was limiting the population to students in a particular college who are all pursuing degrees in art. This allowed for data to emerge that was specific to experiences within a group of people who share some similarities in their present context as it relates to art, school, and location. While constricting the sample to a group with similar contextual and academic characteristics has its strengths, there are limitations to the study based on the small and diverse sample of students. Research on intersectionality has shown the challenge in trying to understand one aspect of identity without understanding it in the context of one's other identities. Thus, my attempt to hone in on mental health identity in particular did not give much room for students to show or give voice to their multiple intersecting identities. This could have been valuable in understanding more of the role power and oppression have in their identity formation. While there was one question around how mental health played out in relation to participants' other

identities, the majority of the study looked at experiences of mental health in particular and participants did not go into great detail about how mental health related to their other experiences. The parsing out of mental health experiences of identity, performativity and mattering, may have unintentionally replicated past studies that reify mental health rather than privilege it as a piece of a larger process of identity and experience.

Another limitation of this study can be found in the sample selection. While recruitment efforts were made to be as inclusive as possible to the entire student body meeting the study criteria, it is likely that the recruitment left out many important voices who could have contributed to this study. My sample likely does not reflect the larger body of students struggling with mental health issues at the College, particularly those students who are reluctant to acknowledge or disclose these issues to others. Another recruitment limitation was the language that was used on the flyer. One student ended up writing on one of the flyers, "I AM NOT A STATISTIC." The language on the flyer could have more clearly invited participants for an hour long conversation meant to honor the lived experiences of people with mental health and the stigmatizing oppression that accompanies it. Students may have felt the study was colluding with the dominant, ableist and stigmatizing discourse, evidenced by the writing described on the flyer, and therefore declined to participate.

A final limitation of the study was that the information from participants was only captured during one hour-long interview. Meeting with students on multiple occasions could have built deeper rapport, trust, and openness with the individuals and could have allowed me to go back and inquire further into areas that I may have missed. For example, I may have inquired more deeply into the silence behind the question "Who matters most and do they know about your mental health?" The time and increased rapport afforded by multiple sessions may have

allowed a richer perspective to emerge of students' identities as they show up in multiple contexts over time.

Considerations for Social Work Practice

There are several implications of this study for social work practice. The overarching implication is that there is much work to be done on multiple levels to support mental health experiences and decrease the added psychological impact of mental health oppression. With all participants describing their mental health experiences as a negative aspect of their life, this study affirms that mental health liberation is a goal that remains far afield. One of the major considerations for future social work practice is putting a focus on efforts that aim to change the discourse around mental health with college students. The pervasiveness of mental health oppression among the study's population of undergraduate and graduate art students was seen in the way it impacts their sense of community, their comfort with disclosure, and the added psychological burden of managing microaggressions and concealing parts of themselves to people that matter to them. In the midst of many different narratives around mental health that currently operate to inform student experience, this study suggests that there needs to be consciousness raising of mental health issues on multiple levels, in addition to traditional efforts that focus on counseling service delivery. Student Affairs staff and the College's mental health counselors may strive to implement efforts that support students in giving voice to their mental health experience in more settings than the traditional one-on-one therapy session.

The findings suggest that students may benefit from exploring their mental health in dialogue with others, including the meaning they might make of a mental health as a social identity. One strategy to implement creating this context for students is starting a Mad Pride movement (or similar movement) on campus. This movement might include two arms, both a

process group for students impacted by mental health, and a social action group to aim towards increasing inclusive mental health efforts on campus. Social workers, mental health counselors, and residence life staff may all take part in the “social action arm” by incorporating mental health workshops and information sessions at the College’s orientation, student health fair, and in each of the colleges’ art departments on an ongoing basis throughout the year. Finally, the importance of adopting an active stance toward anti-bias and non-reactive communication with students who hold marginalized identities is commonly understood within Student Affairs, and the findings highlight that these efforts are needed around mental health issues in particular.

Another practice implication involves supporting college students to seek mental health help. When students were asked what they felt the College could do to increase help seeking, students shared a wish that services were more accessible, and that the school was more receptive and responsive to mental health needs. Examples students expressed were: providing students with appropriate accommodations, increasing therapy and support groups and making them less intimidating, and minimizing the therapy wait list. In order to strategically implement the abovementioned practice implications it is important to keep in mind that implementation takes place within the College community and necessitates building partnerships among different departments who may all work together toward a common aim of fostering a more open dialogue about mental health on campus.

A final consideration for social workers when improving mental health services for arts college students is harnessing students’ interest in art. Social workers and therapists might consider starting an art group where students are encouraged to use their art as a vehicle for the exploration and expression of their mental health. Focusing practice implications on art is important considering most of the study participants expressed the meaningful role their art

practice played in their mental health experiences and sense of purpose. In conclusion, while stigma often stymied participants' communication about and expression of their mental health experiences to others, art groups may be an alternative and less vulnerable means of dialoging about their mental health.

Areas for Future Research

This study sought to broaden what is known about how students experience mental health, and future research can continue to explore the impact of mental health oppression on students' experience integrating mental health into their identity, on social belonging and on student engagement in mental healing behavior. One point from the findings that stood out was the lack of connection drawn between mental health experiences and students' sense of belonging or mattering to others. Considering the importance of both social belonging and mental health to the participants of this study and the lack of information gleaned from this connection in the data, it may be an important area for future research. Future research is needed to better understand how mental health and mental health identity influence students sense of who they are and their social connectedness. This study only scratched the surface in understanding how mental health fits into identity and future research can go beyond asking how students relate to mental health and identity, and ask what it means for them to be "a person with depression," for example. One question could be, "What was your process or journey like in coming to terms with your mental health?" Another question might ask, "In what ways does mental health contribute to your sense of self?" In addition to expanding the student identity literature to more explicitly include mental health, future research is needed to understand best practices to shift institutional and interpersonal oppression effecting students with mental health. In connection with practice considerations, research can be done on the effectiveness of

incorporating Mad Pride type groups on campus and can also explore the way this kind of effort contributes to student identifications with and experiences of mental health and healing.

In conclusion, conceptions of mental health and mental health's relation to identity is an important and understudied research topic. This study found that mental health remains a stigmatized and often invisible reality and more research is needed to further understand the ways experiences of mental health interact with perceived and real stigma to effect a person's sense of agency in responding to their own mental health experiences or building a positive sense of self and community.

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APPENDIX A: INFORMED CONSENT



SMITH COLLEGE

2015-2016

Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA

.....

Title of Study: A Qualitative Study of Mental Health Experience and College Student Identity

Investigator: Erin Frawley

Smith College School for Social Work

.....

Introduction

- You are being asked to participate in a research study about the experience of mental health as a college student
- You were selected as a possible participant because you are a current undergraduate or graduate student enrolled at least part time who self identifies as having mental health issues or mental distress of some form, and who is taking some action (for example but not limited to: attending individual therapy or group therapy, taking medication, following a self-help book addressing mental health, practicing yoga, and engaging in spiritual or religious activities) aimed to manage the distress and/or support your mental health.
- Read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is learn about the experience of navigating mental health experiences as an art student in college from the perspective of the student.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences, but the identities of individual participants will not be revealed.

Description of the Study Procedures

- If you agree to be in the study, you will be interviewed individually by the researcher for 45 minutes to one hour. The interview will be audio recorded in a private office within the Office of Student Affairs.

- The audio recording is done only to make sure that I have the most accurate information possible when collecting data for my thesis.
- If you prefer that the interview not be audio recorded, you can indicate this to me and I will take notes instead. Additionally, if you initially choose to have the interview audio recorded but later change your mind during the interview, you can indicate this to me and the audio recording will stop.

Risks/Discomforts of Being in this Study

- The study has little foreseeable risk, but asking you to discuss your mental health experiences may bring up some uncomfortable feelings in the moment. You can decline to answer any question, or end the interview at any point in time, if the discussion causes you discomfort and you do not wish to continue.
- I will provide you a list of mental health resources at the end of the interview, if for any reason you feel that you would like to talk to someone now or in the future.

Benefits of Being in the Study

- Participants may benefit from having a space designated to telling their individual story. By reflecting on the interview questions, participants may gain some insight into an important aspect of their experience, the way mental distress plays out in their sense of identity and mattering.
- The benefits to social work/society are: to provide information for future research and to identify areas to improve responsiveness to student mental health experiences.

Confidentiality

- Your information will be kept confidential. The researcher will be the only person who will know about your participation. The interview will take place at the researcher's office.
- All research materials, including recordings, transcriptions, analyses and consent documents, will be stored in a locked cabinet and then promptly destroyed when they are no longer needed for the study on or before April 28th 2016. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.
- I will be the only one who will have access to the audio recording, with the exception of a potential transcriber, who will sign a confidentiality agreement.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will be entered into a drawing for a \$20 Amazon gift card. One participant from the study will be randomly selected at the end of the study. They will be notified by email and asked to set up a time to meet at my office in the Office of Student Affairs. Otherwise, you will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is voluntary. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study, the College or Smith College. Your decision to refuse will not compromise your access to Counseling Services. You have the right not to answer any single question, as well as to withdraw completely and can withdraw up until April 1st 2016. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2013. After that date, your information will be part of the thesis and final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study at any time feel free to contact me at [efrawley@\[College\].edu](mailto:efrawley@[College].edu). If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be [audio] taped for this interview: (Please check options which apply)

 audio taped

Name of Participant (print): _____

Signature of Participant: _____ Date: _____
Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____
Signature of Researcher(s): _____ Date: _____

APPENDIX B: RECRUITMENT POSTER/FLYER TEXT

[College] Students! Are you:

- a current undergraduate or graduate student
- currently experiencing mental distress or issues with mental health in some form
- involved in any activities to manage your mental distress or mental health
- at least 18 years old or older

If you answered “yes” to all of the above, then you qualify to participate in a research project on college student experiences of mental health. I am a master's student at Smith College School for Social Work and for my thesis I am exploring how college students perceive and engage in activities related to their mental health, and how they feel mental health impacts their experience with others. College student mental health identity is an understudied aspect of the college experience, so by participating in my study you would be contributing to research that might someday be very helpful to other students.

Note: This study protocol has been reviewed and approved by the **Smith College School for Social Work Human Subjects Review Committee (HSRC)**.

Please contact Erin Frawley at [efrawley@\[College\].edu](mailto:efrawley@[College].edu) to set up a 45-60 minute in person interview that will be confidential and will take place in a private office in Student Affairs.

Participants will be entered into drawing for a \$20 Amazon gift card. There will be one gift card recipient.

APPENDIX C: SEMI-STRUCTURED INTERVIEW QUESTIONS

Conceptions of Mental Health and Identity

1. How would you describe your mental health/psychological issue, as it is right now?
2. What does it feel like to have [expressed issue in question one]? (for example, what are your feelings about the experience?)
3. Considering your mental health is important to you (outlined in eligibility requirements for this study), what are the reasons it matters to you the most?
4. Do you view mental health as a lifelong part of your identity? If so, how salient is it in comparison to other identities or parts of your identity? If not, how do you view it? As an acute experience?
5. How long have you considered mental health important? How has that changed over time? Since being in college?

Performativity of Mental Health

6. What kinds of actions do you do to manage or cope with your mental health issues/experiences/diagnosis (formal or informal)? What is your goal in doing [expressed actions]?
7. What do your actions to cope with/manage your mental health say/communicate about (how you think about) your mental health?
8. Is there anyone (such as a friend, clinician, parent), or any thing or experience (such as impactful mental health experience, a self help book, an idea about mental health) that has been influential in you choosing to do [expressed actions] to manage or cope with your mental health?
9. Are there ever times you consider not doing [expressed actions] because of the opinions of other people?
10. What impact does college have on your engagement in things to manage/cope? Does it affect you, is it supportive or does it inhibit you in some way?

Beliefs about the Role of Mental Health in Perceptions of Mattering

11. In what situations do you feel a sense of purpose? How does mental health impact your sense of purpose in these contexts, if at all?
12. Who matters most to you and do they know about your mental health? Why or why not?
13. When, to whom and in what contexts do you feel comfortable disclosing (or, talking about) your mental health? What about with people who are important to you in college?
14. Do you know others, or of people, on campus for example, who hide their mental health? What is it like for you to see/know this is happening?
15. Are there situations where you hide your mental health? If so, how does it feel to hide your mental health? (stigma/added psychological pain)
16. Have you personally ever considered hiding or withholding your mental health because of opinions of other people?
17. What is your perception of the College's climate toward students with mental health issues?
18. What are some good things the college is doing, and what are some things the college can do better to make a more inclusive community?
19. Have you ever experienced ridicule, bias or discrimination because of your mental health?

20. Have you ever felt excluded because of your mental health?
21. Is there anything else you want me to know or feel is important that you have not yet shared?

APPENDIX D: DEMOGRAPHIC AND RESEARCH QUESTIONS

Please provide the following information about yourself.

1. What year are you (e.g., freshman, sophomore, etc.)?
2. What department are you in, and what is your major?
3. What is your age?
4. What is your gender identity and sexual orientation?
5. What is your ethnic and racial identity?
6. What is your current mental health issue or issues (can be a diagnosis from a medical/mental health professional or a self-defined mental health issue)?
7. Do you have a diagnosis from a medical or mental health professional? What is the diagnosis or diagnoses?
8. Are you currently taking medication that was prescribed by a doctor or mental health professional to help you manage your emotions or mental health issues/diagnosis? If so, what medications are you taking?
9. Have you had any other mental health issue/diagnosis since you started college, but that you are not currently facing?
10. How long have you been managing your mental health issues/diagnosis with activities (e.g., therapy, medication, spiritual activities, self-help books, or other things)?

APPENDIX E: HUMAN SUBJECTS REVIEW CHANGE APPROVAL LETTER



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

April 2, 2016

Erin Frawley

Dear Erin,

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Nathanael Okpych, Research Advisor

APPENDIX F: HUMAN SUBJECTS REVIEW CHANGE FORM

2015-2016
RESEARCH PROJECT PROTOCOL CHANGE FORM
Smith College School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

«A Qualitative Study of Mental Health Experiences and College Student Identity »
Erin Frawley
Nathanael Okpych

.....
Please complete the following:

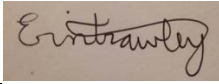
I am requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

I am requesting to include my thesis recruitment flyer in a weekly email newsletter sent out to students. The purpose is to increase visibility of my project to support recruitment. The study and poster content remain the same. The email text introducing the poster will include, "Mental Health Research Study Opportunity, Deadline to Participate April 15th, one participant will receive an Amazon gift card."

[DESCRIBE ALL PROTOCOL CHANGES BEING PROPOSED IN NUMERIC SEQUENCE; BE BRIEF AND SPECIFIC]

-
- I understand that these proposed changes in protocol will be reviewed by the Committee.
 - I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
 - I have discussed these changes with my Research Advisor and he/she has approved them.

Your signature below indicates that you have read and understood the information provided above.

Signature of Researcher: _____  _____

Name of Researcher (PLEASE PRINT): Erin Frawley Date: 3/30/16

PLEASE RETURN THIS SIGNED & COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

****Include your Research Advisor/Doctoral Committee Chair in the 'cc'. Once the Advisor/Chair writes acknowledging and approving this change, the Committee review will be initiated.*

APPENDIX G: HUMAN SUBJECTS REVIEW APPROVAL LETTER



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

February 3, 2016

Erin Frawley

Dear Erin,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project

during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine Kersten". The signature is written in a cursive style with a large initial "E".

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Nathanael Okpych, Research Advisor