DISSERTATION

DEPRESSION AND THE COLLEGE TRANSITION: THE LIVED EXPERIENCES OF

FIRST-YEAR COLLEGE STUDENTS WHO SELF-REPORT AS HAVING DEPRESSION

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ABSTRACT

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The transition to college is a transformative time in a student's life. The first year of college is especially critical as the transition from secondary education to college can determine whether a student succeeds or fails in in college (Gale & Parker, 2014; Taylor & Harris-Evans, 2018). Students with depression enter their first year of college with symptoms that create difficulties with work, home, or social activities (Pratt & Brody, 2014). Depressed mood results in a lack of energy, concentration, self-worth, and interest in daily activities (Auerbach et al., 2018; National Institute of Mental Health, 2019; Vanderlind, 2017).

This phenomenological study examined the research question: *How do students who recently completed their first two semesters describe their lived experienced with depression during their first-year transition to college?* The 11 student participants who participated in this study had graduated from high school in the spring and transitioned to college the next fall, recently completed their first two semesters at a public university, and self-reported having depression prior to and during their first year of college.

Using Schlossberg's Transition Model as a framework, the study's ordinate themes were captured within the 4S's: Situation, Self, Support, and Strategies. The ordinate themes of Situation consisted of: Transition Recognition, Adulting, Loneliness and Isolation, Questioned College, and Hopeful. Self consisted of: Comparing to Others, Minoritized Identities, and Self-Discovery. Support consisted of: Family Support and Friend Support. Strategies consisted of:

Changing Strategies, Detrimental Coping Strategies, and Inability to Cope. The study provided

implications for higher education and future research.

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CHAPTER 1: INTRODUCTION

Background

Nearly 19 million students are enrolled in higher education institutions in the United States, including 2-year, 4-year, graduate, and professional degree-granting institutions (Education Data Initiative, 2022b), accounting for roughly 6.5% of the population (Laidlaw et al., 2016). Of the 19 million students, 42.1% are between 18 and 24 years old (Education Data Initiative, 2022b). In 2017, more than 13 million people attended a 4-year college in the United States (National Center for Education Statistics, 2017). Parents, employers, and members of the public expect institutions to produce an educated workforce and civically engaged citizens. High standards mean that college graduates will be skilled in critical thinking, communication, teamwork, resiliency, and problem-solving while committing to personal and social responsibility, intercultural competency, and civic engagement (Douce & Keeling, 2014).

College students must have physical, psychological, emotional, intellectual, social, and spiritual health to succeed in higher education (Douce & Keeling, 2014). These factors of well-being have an influence on how much students learn, retain, persist, and graduate. During the first few months of the higher education experience, these factors of well-being are especially critical for successful adjustment to college (Tinto, 1993). For many emerging adults, transitioning from high school to college presents distinct challenges. A successful transition to college positively impacts students' academic success and persistence (Campbell, 2018; Tinto, 1993). Higher educational institutions must, therefore, focus on the successful college transition of emerging adults.

Arnett (2015) coined the term "emerging adulthood" to indicate the stage of life between adolescence and young adulthood, spanning the time when young people finish secondary school

until they make moves toward a structured adult life that consists of marriage, parenthood, and a long-term job. Arnett acknowledged five distinguishing features of emerging adults: identity exploration, instability, self-focus, feeling in-between, and possibilities. Compared to adolescents, "emerging adults have reached sexual maturity and often pursue a range of educational and occupational opportunities" (Auerbach et al., 2018, p. 625), such as full-time work, higher education, or a combination of education and work. Arnett stated that compared to adults, emerging adults have not had time to establish stable life structures, including long-term romantic relationships or stable jobs. According to Arnett, during emerging adulthood, social and institutional structures are at their weakest. As emerging adults enter college, they must build new social networks and navigate institutions by themselves. The transition to college presents even more challenges due to weakened social networks and new, complex institutional structures.

According to Schlossberg (1981), a transition is any event or nonevent resulting in a change in relationships, routines, assumptions, and roles. Additionally, "a transition is a transition if it is so defined by the person experiencing it" (Schlossberg, 1981, p. 7). The transition into college is a critical time for college retention. The Education Data Initiative (2022a) found that 24.1% of first-time, full-time freshmen dropped out of college between the fall 2019 and 2020 semesters. During fall 2016, the National Center for Education Statistics (2019) found that 19% of first-time, full-time degree-seeking undergraduate students did not return to their institutions the following year.

Tinto (1993), a leading theorist on college transition, named three stages in college adjustment: separation, transition, and incorporation. During separation, students distance themselves from past communities, schools, workplaces, and homes. In the transition stage,

students have not fully integrated into their new environments and strive to find their place between their old and new communities. When students enter the incorporation stage, they fully integrate into their environments. According to Tinto, students in this stage have become fully involved in their academic and social communities and have less risk of dropping out of school.

Theorists like Astin (1993, 1999) focused on students' involvement as they transition to their new environments. With the theory of student involvement, Astin (1999) highlighted the quality and quantity of physical and psychological energy students devote to their academic experiences. The theory of student involvement provides a framework for higher education practitioners and policymakers to help guide students to successfully transition to college. Even with the knowledge and implementation of student development theories and transition theories for helping students adjust to college, college transition remains difficult for some, especially students with mental health conditions. The transition from secondary education to college, also called the first-year experience (FYE), can play a significant role in whether a student succeeds or fails in higher education (Gale & Parker, 2014; Taylor & Harris-Evans, 2018).

A traditional-aged, first-year college student with depression enters school with symptoms potentially detrimental to successful college transition. Individuals with depression can face difficulties with work, home, or social activities (Pratt & Brody, 2014). Their depressed mood results in a lack of energy, concentration, self-worth, and interest in daily activities (National Institute of Mental Health, 2019). Unrecognized and untreated depressive symptoms can lead to high-risk behaviors, physical health problems, and suicidal ideation (Brandy et al., 2018). Although student development theories address the college transition process for emerging adults, mental health conditions are topics overlooked in college transition literature. With the rising rates of depression, understanding the transition experience for students

diagnosed with depression before entering college could contribute to students' collegiate success and the mission of higher education.

Statement of the Research Problem

Mental health conditions are a growing concern on college campuses (Brandy et al., 2018; Eisenberg et al., 2013; Fink, 2014; Sarmento, 2015) as more than one third of first-year college students show signs of mental health conditions (Auerbach et al., 2018). The Centers for Disease Control (CDC; 2013) definition of a mental health condition is "collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (para. 1). Individuals with the same diagnoses can have different experiences. Mental health conditions such as depression and anxiety can influence people's abilities to function each day and relate to others.

The term mental health describes a state of well-being in which individuals realize their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. According to the CDC (2013), only about 17% of U.S. adults are considered to be in a state of optimal mental health. Students managing mental health conditions and transitioning into higher education face additional challenges that affect learning, such as a lack of energy, concentration, and interest in daily activities (Auerbach et al., 2018; National Institute of Mental Health, 2019; VanderLind, 2017), placing them at a higher risk for academic failure (Fink, 2014).

Depression, a condition caused by genetic, biological, environmental, and psychological factors, is one of the most common mental health problems in the United States (National Institute of Mental Health, 2018). Each year, about 17.3 million adult Americans, or 7.1% of the

U.S. population, experience major depressive disorder (National Institute of Mental Health, 2019; Substance Abuse and Mental Health Services Administration, 2019). Traditional-aged and emerging adult college students are at significant risk for depression. Of the age ranges, adults aged 18 to 25 had the highest prevalence of major depressive episodes (National Institute of Mental Health, 2019). There is a wealth of research on the transition to college and, separately, college student mental health. However, few scholars have studied the relationship between the transition to college and college student mental health. More specifically, there is a gap in the understanding of how college students with depression experience the transition to college.

Significance of the Study

Mood disorders are some of the most prevalent mental health conditions among college students (Auerbach et al., 2018; Sarmento, 2015; Zivin et al., 2009). Mood disorders include major depression, anxiety, some psychotic disorders, and bipolar disorder. Depression is the second most common mental health condition in the United States (National Alliance on Mental Illness, 2022). Each year, an estimated 17.3 million adult Americans, 7.1% of the U.S. population, experience major depressive disorders (National Institute of Mental Health, 2019; Substance Abuse and Mental Health Services Administration, 2019).

According to the National Institute of Mental Health (2022), the highest prevalence of major depressive disorder is between the ages of 18 to 25. The age range for traditional-aged college students is 17 to 24 years old. Thus, traditional-aged college students begin their higher education careers at the peak of major depressive disorders. Individuals between the ages of 18 to 29 have an incident rate of major depressive disorders three times higher than people 60 years old or older (American Psychiatric Association, 2013). College students have more than twice the rate of depression (20.2%) than the general population (American College Health

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Association, 2019). Additionally, depression is a disorder more prevalent in women. The National Institute of Mental Health indicates that 10.5% of women between from 18 to over 50 have a prevalence for a major depressive episode compared to 6.2% of men the same ages.

In 2020, the COVID-19 pandemic caused extraordinary changes to higher education and additional harm to college students' mental health. Many college and university leaders decided to evacuate campuses, suspend in-person classes, and move classes to online formats due to the growing number of COVID-19 cases (Zhai & Du, 2020). Although this was a decision made for students' physical health, the consequences resulted in many students feeling frustrated, anxious, betrayed, lonely, and isolated. The COVID-19 pandemic resulted in the loss of the structure that students once had with collegiate academics, work, and social routines, causing their anxiety and depression to worsen (Carapezza, 2020; Son et al., 2020). Students halted research projects and internships and experienced uncertainty in their job searches due to position eliminations and hiring freezes (Zhai & Du, 2020). Worried about their health and that of their loved ones, students struggled to concentrate (Son et al., 2020). As college and university leaders scrambled to figure out plans for their students, mental health service providers switched to phone or online therapy (Carapezza, 2020). Higher education looked vastly different when colleges and universities reopened for the Fall 2020 and Spring 2021 semesters. These types of situations highlight the urgent need for understanding the college transition especially for those students dealing with depression. Gaining additional information about the transition could help these students succeed and complete their education goals.

Purpose Statement

The purpose of this study was to explore the lived experiences of the college students who self-report having depression during their first-year transition to public universities in the

United States. Most of the research on college student mental health has occurred with a quantitative lens and many studies that use a mixed methods lens; therefore, this study focused on students' experiences of depression using a qualitative approach with interpretative phenomenological design and analysis. Investigating the transition experience for college students with depression could inform the policies and practices of higher education administrators.

Research Question

The overarching research question for this study was: How do students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college?

Delimitations

The participants were college students who had recently completed their first two semesters and self-reported having depression prior to and during their first academic year of college. In addition, they were students who transitioned directly from high school, graduating in the spring to attend college in the subsequent fall. Participants were recruited from public universities in the United States. Using the PHQ-9 question tool (Kroenke et al., 2001), students self-reported their recollection of their level of depression as they entered their first year of college. To qualify, participants must have scored a minimum of 10 (medium) on the tool. In addition, students were to have transitioned directly from high school and graduated high school in the spring to attend college in the subsequent fall. First-year college students are individuals with a variety of backgrounds and experiences. By limiting this study to focus solely on college students who entered college directly after graduating high school, I sought to understand a unique experience of those who experience the first year of college having no other work or

transition experience. These specific students experience similar transitions away from their high school environments, situations, and supports.

Assumptions and Limitations

Through the constructivism paradigm, knowledge is constructed from culture, contextual factors, and individual meaning-making experiences (Jones et al., 2014). First-year college students dealing with depression understand their world through these factors. They may navigate the transition from high school to their first year of college, they may make meaning of their depression in relation to the college transition and the identities they hold, they may identify supports and their understanding of self, and they may develop coping strategies. This study focused on students' individual stories; therefore, the findings cannot be generalized to the larger population.

This study incorporated Schlossberg's (1981) transition model, which focuses on the Four S's—*situation, self, support,* and *strategy*—that shape one's understanding of and movement through transitions. The Four S's for each individual is highly personalized. Schlossberg (2008) noted that individuals differ in how they cope through seemingly similar transitions. Although Schlossberg's (1981) transition model provided a framework for this study and helped in the understanding of the college transition for first-year students dealing with depression, it is important to remember the personalized nature of understanding and navigating a transition.

Lastly, all interviews took place virtually and, given the nature of online interviews, different dynamics might have occurred. The human interactions of the interviews could have influenced the shared lived experiences, perceptions, and thought processes of the students.

Efforts to establish reliability are addressed in Chapter 3, and it is important to note this accepted limitation of the study.

Researcher's Perspective

For the past 11 years, college student mental health conditions have been a passion of mine as a person, professional, and researcher. I recall my first significant professional interaction with a student with a mental health condition when I served as a residence director at a university. In this role as a residence director, I responded to many crises, many of which included first-year students struggling with ongoing mental health conditions or the onset of mental health conditions. During one particular student interaction, I identified possible mental health concerns. I worked with the student and the student's parent to make the difficult decision to withdraw from school so the student could focus on mental health. I left this job to pursue a career at a different university supporting students struggling with mental health conditions. In this role, I connected students in mental health crises with campus support resources and helped them navigate the impacts of their mental health conditions on their academic careers.

In the past 9 years, I identified changes and themes in the campus mental health culture. Over time, I noticed college students have become more open to discussing their mental health conditions and seeking help. Each year as I managed my office's reports, the number of students hospitalized for mental health issues, most of them first-year, rose. As I worked with these students, I discerned that college transition theories or student development theories did not address mental health conditions. I wondered about how higher education addresses the challenges and barriers students with mental health conditions face in their college transition. Although running end-of-year reports was a helpful task for my job and the university, I found myself asking deeper questions unaddressed by the quantitative data. Does the university

environment negatively contribute to mental health conditions? How do students struggling with their mental health view the support from their universities? To whom do students turn for help when they struggle with their mental health? Do students see impacts of their mental health conditions on their academic experience and grades? What factors contribute to the persistence or withdrawal of higher education students with mental health conditions?

As someone who has never struggled with a mental condition, I have had to consider my privilege and how mental health conditions can present unique challenges to students' academic careers. I have developed a passion for helping students struggling with their mental health. My goal for this study was to understand the experiences of traditional-aged, first-year college students who transitioned into college while dealing with depression. With this study, I hope that my work, and the work of other higher education administrators, contributes to supporting the college transition of these students.

Conclusion

With the rising use of college counseling centers, mental health conditions remain a complex and critical issue in higher education. The traditional-aged college student begins college at the peak age of major depressive disorders. Additionally, given that depression is a condition more than twice as prevalent in college students than the general population, there is a need to research college student mental health. Understanding the transition experience of first-year college students experiencing depression as they enter college provides crucial information that fills a gap in the literature.

CHAPTER 2: FRAMEWORK AND REVIEW OF THE LITERATURE

The purpose of this chapter is to discuss the framework and review the literature on the transition to college and college students with depression as it relates to the research question: How do students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college? First, the chapter presents an examination of the framework, Schlossberg's model of transition, and how the model relates to the research on the college transition as well as several key student development theories related to the college transition. Next, there is a review of the literature on college student mental illness, depression, stigma, and help-seeking behavior. Last, the chapter provides a focused critique of the literature and the identified gaps in the research.

College Transition

Transition is more than a process (Gale & Parker, 2014). Morgan (2012) stated that college transition "is the result of conscious and intentional efforts to address challenges and pursue goals" (p. 32). Gale and Parker (2014) defined transition as "the capability to navigate change" (p. 737). This definition included the aptitude to utilize resources to influence change; create agency, structure, and routine; observe the connection between agency and structure; and benefit from higher education by attaining mobility, aspiration, and voice. Terenzini et al. (1996) defined transition in higher education as the "human relationships, experiences, and themes characteristic of the processes by which students become (or fail to become) members of the academic communities on campus" (p. 57). The transition into college can be a challenge, as students experience changes in study situations, a higher demand on their use of time, new social situations, moves away from homes and families, new financial stresses, and new friends (Gale & Parker, 2014). Scholars have focused on student development theories and transition theories

to better understand this crucial time of change for emerging adult students (Social Science Research Council, 2006). The following section presents Schlossberg's (1981) transition model and student development theories.

Schlossberg's Transition Model

Although not a student development theory, Schlossberg's (1981) transition model addresses various life events and how individuals navigate change. Schlossberg assessed adults' ability to adapt to transitions. Schlossberg (1981) stated,

> A transition is like a trip. Preparation for the trip, the actual trip, and its aftermath all elicit feelings and reactions. But the feelings at the start of the trip differ from reactions to it later. In the same way, the reactions to a transition continue to change as the transition is integrated into one's life. (p. 15)

Even though Schlossberg's (1981) model does not specifically address higher education, scholars have used it in the higher education context to examine different types of transitions (DeVilbiss, 2014; Vernon White, 2021). With Schlossberg's transition model as the theoretical framework, DeVilbiss (2014) researched how traditional-aged, first-time, full-time, conditionally admitted students experienced the transition from high school to college. The phenomenological study included a sample of eight college students who participated in two interviews. There were six themes identified: increasing independence, intensifying demands and difficulty, learning what works and what does not, leaving loved ones behind but keeping some in one's life, uncovering new support, and finding one's place. DeVilbiss found Schlossberg's model helpful in making sense of the data and identified the theory across the themes.

Vernon White (2021) used the model to study the transition between graduate preparation programs and community college student affairs by researching how individuals experienced the

transition between graduate school preparation programs and community college student-affairs work as two separate but related cultures. Vernon White also researched the external facilitating factors for new student-affairs professionals' transition from graduate school into community college work and the internal or personal factors supporting this transition between graduate school and community college work. In the narrative inquiry, the scholar recruited five participants who engaged in interviews about their transition experiences. Vernon White found that participants held multiple roles throughout their transitions and into their new professional roles, identifying a specific focus on local culture. The participants also viewed community colleges relative to or different from other higher education institution types. In their transitions, the participants interacted within organizational dynamics not necessarily addressed by graduate school preparation programs. These two studies showed how transitions occur with students and professional staff in higher education.

Schlossberg (1981) stated that perception has a significant influence on transitions; thus, only the person experiencing a transition can define it as such. According to Schlossberg (1981, 2008) and Chickering and Schlossberg (1995), a transition is an event or nonevent that results in changes in relationships, routines, assumptions, and roles. Given this definition, there can be different types of transitions. Anticipated transitions are predictable events, such as graduation from high school; in turn, unanticipated transitions are unpredictable or unscheduled events, such as the death of a family member (Chickering & Schlossberg, 1995; Schlossberg, 2008). Schlossberg (1981) and Chickering and Schlossberg defined nonevents as an expected transition that does not occur. For example, a nonevent is when an individual expects to go to college but fails to secure admission. In addition to events and nonevents, there is a need to consider the context, an individual's relationship to the transition, the setting in which the transition occurs,

and the impact or the degree of the alteration caused by the transition in the individual's daily life (Chickering & Schlossberg, 1995; Schlossberg, 2008).

For college students specifically, Chickering and Schlossberg (1995) defined the transition process as moving in, moving through, and moving out. When moving in, students enter a new campus, find new teachers and friends, pay for classes, choose and register for classes, and have more homework. In the moving in stage, students learn the rules, norms, and expectations of a new system (Schlossberg et al., 1989). In moving through, students balance school, work, and social life while paying for school, trying to stay focused, and maintaining grades to transfer or graduate (Chickering & Schlossberg, 1995). Students spend most of their time in the moving through stage, a lengthy period when they may need assistance maintaining their energy and commitment (Schlossberg et al., 1989). Lastly, students moving out apply for jobs or graduate schools, review where they want to live and work, look for new places to live, and move away from friends (Chickering & Schlossberg, 1995). The moving out stage is the end of one transition and a look forward to the next; however, a transition's end can include mourning and grief as students work through the loss of structures, friends, and goals (Schlossberg et al., 1989). As students move away from their previous structures and social networks, a period of disruption might occur with the creation of new routines.

One of Schlossberg's (1981) contributions within the discussion of transition literature was identifying four influential factors. The factors influencing an individual's ability to cope with transition are the four S's: situation, self, support, and strategies (Chickering & Schlossberg, 1995; Evans et al., 1998). Schlossberg et al. (1989) stated that predicting how an individual will cope with change entails analyzing the balance of resources and deficits within the four S's (see Figure 1). Differences in individual experiences can occur due to unique combinations of the

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variables associated with each of the four S factors. The situation factor consists of the

contextual elements of a transition, such as location and family dynamics. The internal aspects of

an individual, such as an individual's values or characteristics, comprise the self factor. The

support factor consists of networks and systems that contribute to the facilitation of a transition.

Finally, the strategies factor includes the actions taken to enact, cope with, or facilitate a

transition (Chickering & Schlossberg, 1995; Evans et al., 1998; Schlossberg, 2008).
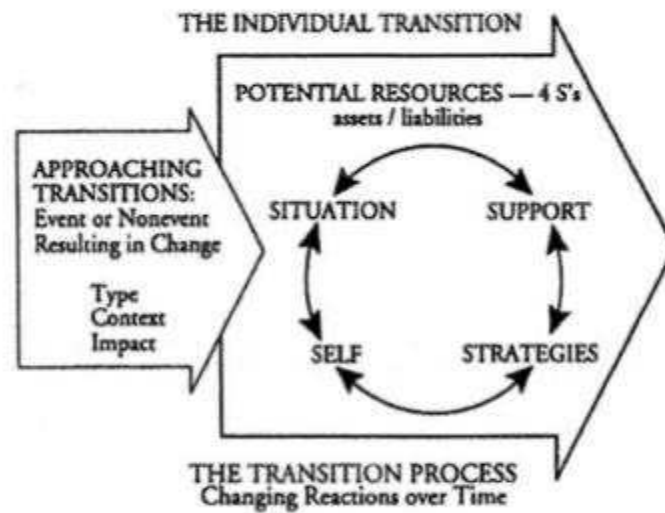
Figure 2.1. Schlossberg's Transition Framework

Note. From *Counseling Adults in Transition: Linking Practice With Theory*, 2nd ed., by N. K. Schlossberg, E. B. Waters, and J. Goodman, 1995, p. 27. Copyright 1995 by Springer Publishing Company. Used with permission.
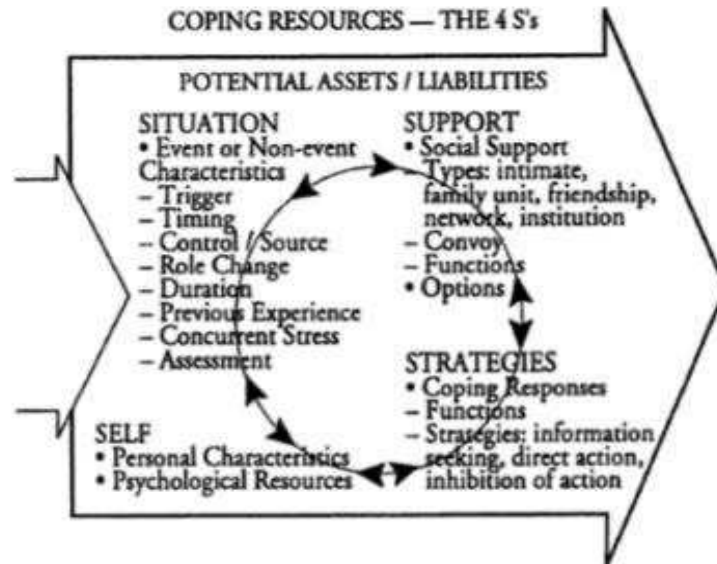
Figure 2.2. The Transition Framework's Coping Resources

Note. From *Counseling Adults in Transition: Linking Practice With Theory*, 2nd ed., by N. K. Schlossberg, E. B. Waters, and J. Goodman, 1995, p. 48. Copyright 1995 by Springer Publishing Company. Used with permission.

Situation

Each transition is a different experience. Schlossberg (2008) noted that some transitions hold more significance than others. An individual can view a significant transition as irrevocable or permanent, with some resulting in altered lives and others not. Schlossberg recommended understanding the situation by asking several questions: "Can you plan for it? Is it at a good time in your life? Can you control it? Is it fleeting or permanent? And how does it fit into the rest of your life?" (p. 46). Lazarus and Folkman (1984, as cited in Schlossberg, 2008) found that individuals want to know if a transition is good, bad, or neutral and if they have the resources to cope. Individuals want to know the good, bad, or neutral nature of a transition. However, recognizing the transition's nature is not possible until individuals know what it means to them. The assessment of a transition includes previous experiences, details associated with the transition, and assumptions about life and the future. Schlossberg found that individuals were

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more likely to embrace change if they saw it as neutral or as a means for betterment instead of viewing the change as unfavorable. Understanding the situation is a way to help individuals navigate the transition experience.

Self

The two factors used to define self are personal demographics and characteristics and psychological resources (Chickering & Schlossberg, 1995). Personal demographics and characteristics are the factors that influence how an individual views life, such as gender, age, socioeconomic status, ethnicity, stage of life, and state of health (Chickering & Schlossberg, 1995; Evans et al., 1998). Psychological resources include the elements of ego development, outlook, commitment, and values. Personal demographics and characteristics and psychological resources occur in unique, individualized combinations in how a person approaches a transition.

Schlossberg (2008) described several ways to take stock of self. Hardiness is an attitude and approach to life. Hardy individuals are involved and committed, feel in control, and challenge negative consequences. In contrast, a person who isolates, remains passive when challenges occur, and avoids facing the issue lacks hardiness and has less resilience. Schlossberg described another way to take stock of inner resources of self: Identify the degree to which individuals feel good about themselves. For example, people who believe they have control of their lives or a portion of their lives tend to experience less depression and achieve more in school or work. Schlossberg believed that flexibility and resiliency traits could contribute to the number of coping strategies an individual has when faced with a transition. The self domain can be a means of identifying and understanding the individualized factors in higher education that students use to inform their majors or academic career paths, how they interpret their transition or college experiences, and the connections made based on their identities (Vernon White, 2021).

Support

Critical in transition, the supports to which an individual has access are formal and informal social networks and systems that provide energy and advice in navigating a situation (Schlossberg, 1981). The factors that comprise support can be in several areas of an individual's life: intimate relationships, family units, networks of friends, and institutions and communities (see Figure 2; Chickering & Schlossberg, 1995; Evans et al., 1998; Schlossberg et al., 1995). These factors provide support for individuals, contribute to psychological and emotional security, offer navigational assistance, and provide feedback. Individuals might need different supports depending on age, gender, circumstance, and more (Schlossberg, 2008). Additionally, a transition can cause change in an individual's supports. In the context of the college transition, changed parental support can result when students leave home and interact with their parents less frequently or differently than before college. In these cases, students may find more appropriate support for their transition in new friends or mentors in college.

Schlossberg (2008) found that although support can be a positive factor during an individual's transition, it can also be harmful; in many cases, there is an exchange of some measure of control with the support provided. Schlossberg identified the unspoken statement as "I'll support you, but you need to behave as I think you should" (p. 63). Additionally, people may provide support in unhelpful ways. Positive support consists of affection, affirmation, assistance, or aid.

Strategies

According to Schlossberg's (2008) transition framework, strategies are the specific tactics, actions, and coping mechanisms that individuals use to make meaning of and navigate transitions. Strategies are the means of navigating transitions seen as positive, negative, or both.

Strategies, or coping responses, require individuals to (a) change or modify the transition, (b) change or modify the meaning of the transition, (c) manage reactions to stress, and (d) take deliberate inaction.

When individuals rely on tactics, actions, or coping mechanisms to change or modify the situation (Chickering & Schlossberg, 1995), they draw upon resources. For example, individuals negotiate, take optimistic action, learn resiliency, seek advice, assert themselves, and brainstorm a new plan. The second category of strategies is when individuals change the meaning of the problem. These strategies include applying knowledge of the transition process, rehearsing the transition, developing rituals, making positive comparisons, rearranging priorities, relabeling, forgiving, selective ignoring, and exercising denial, humor, and faith (Schlossberg, 2008). In the third category, individuals focus on stress management during and after the transition through physical activity, finding emotional release, and attending therapy or seeking support (Chickering, 2008; Chickering & Schlossberg, 1995). Individuals who choose to do nothing represent the fourth category of strategies in the Schlossberg model. According to Schlossberg (2008), effective coping occurs when the individual implements multiple strategies, depending on the situation.

Student Development Theories

The transition to higher education has been a topic of research on adult transitions (Ingram et al., 2009). Researchers overwhelmingly suggest that the FYE is crucial, affecting whether a student succeeds or fails in the higher education setting (Gale & Parker, 2014; Taylor & Harris-Evans, 2018). The college transition is an especially sensitive period because it includes the co-occurrence of major developmental and ecological shifts (Rogers et al., 2018). Researchers of the college transition have addressed several key aspects, including higher

education access, retention, and the FYE, by studying student development (Crede & Niehorster, 2012). Because the college transition includes developmental and ecological shifts as well as access, retention, and FYE, scholars often use student development theories instead of pure transition theories in higher education. This section presents three student development theories related to the college transition: the theory of student retention (Tinto, 1993), theory of identity development (Chickering, 1969), and theory of student involvement (Astin, 1993).

Tinto's Theory of Student Retention

One of the leading theories on college student development and transition to college is Tinto's (1993) theory of student retention. Based on this theory, a successful first-year transition to college positively correlates with degree completion. Tinto described the college transition in three stages: separation, transition, and incorporation. In the separation stage, students distance themselves from their previous community memberships. For example, students at college no longer spend time in their prior communities, jobs, schools, and homes. In the second stage, transition, students attempt to hold onto their precollege values while appropriating those of their new environments (Tinto, 1993). Students in the transition stage have not fully integrated into their new environments, as they could still be looking for connections to collegiate norms. In the third stage, incorporation, students fully engage in their new environments (Tinto, 1993). In this period, students have found social and academic connections and are less likely to drop out of college and more likely to succeed in their new situations.

According to Tinto's theory, student retention is more likely to occur when students integrate into university culture. The theory suggests that the best way for students to transition is through higher education institutions' management of the FYE through staff interactions, out-of-class activities, and engaged learning (Gale & Parker, 2014). The theory of student retention

suggests that for a successful transition to college, students must navigate an institutional system not inclusive to all students, instead favoring students with more privileged identities (Gale & Parker, 2014).

Tinto's (1993) work is a socialization model that does not address the additional adjustment challenges faced by minority students (Nora, 1987; Nora & Rendon, 1990; Tierney, 1992, 1999) and nontraditional-aged or community college students (Ashar & Skenes, 1993; Bean & Metzner, 1985). Moreover, Tinto's theory suggests a fit between an individual and the institution. Institutional leaders might disregard students' individual needs as the leaders work to bring students into the institution's systems. In this case, higher education institutions have a hidden curriculum influencing the values, language, and knowledge necessary to succeed (Gale & Parker, 2014). Such a curriculum does not provide the transitional needs of a diverse student body; rather, the hidden curriculum is structured to benefit those with privileged identities.

Other scholars have critiqued the theory of student retention for not addressing the factors external to the college environment affecting college student transition (Braxton, 2000). Although Tinto (1993) explained the importance of social and academic integration into higher education, the theorist did not account for specific student developmental needs (Guiffrida, 2009). The theory's linear framework does not address barriers, personal crises, repeated courses, or breaks from school. These critiques show why Tinto's theory of student retention is not an ideal framework for examining students experiencing mental health conditions during their college transitions.

Identity development theories focused on minority student populations have provided a framework for institutional leaders to support diverse students' transition processes and

contribute to students' understanding of the college transition (Social Science Research Council, 2006). Chickering's (1969) theory of identity development is one such approach.

Chickering's Theory of Identity Development

Gale and Parker (2014) described student identity development, or transformation, as a transition from youth or adolescence to adulthood. Contrary to Tinto (1993), Chickering (1969) shifted the focus of student development from institutional programs and policies to student development (Taylor & Harris-Evans, 2018; Terenzini et al., 1996). With the theory of identity development, Chickering identified seven different stages of student development as vectors, which are: (a) developing competence, (b) managing emotions, (c) moving through autonomy to interdependence, (d) developing mature interpersonal relationships, (e) establishing identity, (f) developing purpose, and (g) developing integrity. Because the vectors address feelings, thoughts, beliefs, and relationships with others, Chickering posited that students pass through the vectors at various rates but not in any particular order. Because the vectors are likely to overlap or interact, students can negotiate multiple vectors at once or reevaluate vectors already worked through. According to Chickering, students moving through vectors gain skills and understanding to support successful college transitions. Chickering argued that students who develop in multiple vectors have a higher capacity for intellectual complexity and greater stability for college retention.

Time is a loose framework for development with Chickering's (1969) theory as students' lives might not align with the time frames of higher education (Gale & Parker, 2014). Students may negotiate vectors outside of the higher education setting. Regardless, with the theory of identity development, Chickering acknowledged the difficulty of the first year of college. Transitioning to college creates significant changes in students' lives. There are even more

tumultuous changes for students from disadvantaged backgrounds who, in addition to the normative difficulties in the college transition, often experience significant culture shock in attending college (Gale & Parker, 2014; Nora, 1987; Nora & Rendon, 1990; Tierney, 1999).

Although Chickering's seminal work focused on the importance of students developing their identities while transitioning to college, Chickering and Reisser (1993) added depression to the managing emotions vector. To date, scholars have not used Chickering's theory to examine the college transition experience for students dealing with depression. Departing from Tinto and Chickering's theories, Astin (1999) took a different approach to transition. Astin argued that quantity and quality of student involvement could be indicators of a successful transition to the collegiate environment.

Astin's Input-Environment-Outcome Model

Using the theory of student involvement, Astin (1993) created the input-environment-outcome (I-E-O) model, which shows the interactions between the three variables of input, environment, and outcome. In the I-E-O model, the input variables are the characteristics, experiences, and motivations students bring to college. The model shows that input variables have a direct impact on the environment and output variables. The environment variable consists of different programs and educational experiences, policies, faculty members, and peers with which the students interact. The outcome variable is the result of the student's exposure to the environment. Within this model, Astin argued that controlling the input characteristics is a way to see the true impact of college. The environment variable is not the same for all students and varies based on how they engage and get involved in the college environment. As shown in the model, environment and input characteristics can influence the outcome characteristics.

Student involvement is important in this model. Astin (1999) provided examples of involvement and explained,

> A highly involved student is one who…devotes considerable energy to studying, spends much time on campus, participates actively in student organizations, and interacts frequently with faculty members and other students. Conversely, a typical uninvolved student neglects studies, spends little time on campus, abstains from extracurricular activities, and has infrequent contact with faculty members and other students. (p. 518)

The theory consists of five postulates: (a) involvement is the devotion of physical and psychological energy; (b) involvement occurs on a continuum with the understanding that different students have differing involvement in an object and the same student could have different levels of involvement in an object at different times; (c) involvement is measurable both quantitatively (e.g., the number of hours a student spends studying) and qualitatively (e.g., a student's level of understanding of an academic assignment); (d) there is quality and quantity of involvement in an educational program directly proportional with the amount of student learning and student development within the program; and (e) an educational policy or practice's effectiveness directly relates to how it results in increased student involvement (Astin, 1999).

Although Astin's (1993) model provided students with flexibility and freedom, many factors must align for students to find balance in their involvement for a successful transition. While each student has a unique collegiate experience, the model's postulates remain true for all students during the transition to college. The I-E-O model suggests that students are responsible for their involvement on college campus environments and that colleges provide avenues for students to engage in campus events and programs and interact with faculty, staff, and other students. Similar to Tinto's (1993) theory, the I-E-O model requires students to navigate existing

institutional systems that might not include underprivileged identities (Gale & Parker, 2014). In addition, involvement might not be a priority for a student experiencing depression. Although the theory provides some flexibility for students' involvement based on their preferences, scholars have not used the theory of student involvement (Astin, 1993) to examine the transition to college for students with depression.

College Student Mental Health

The onset of many mental health conditions often occurs in the age range of traditional-aged college students. Mental health conditions can significantly impact a student's ability to excel academically and persist in college (Auerbach et al., 2018; Fink, 2014; VanderLind, 2017). Mental health and student dropout rates impact not only students but also the country's influence and economy. College graduates are significant contributors to human capital, economic growth, and a country's success (Auerbach et al., 2018; Bruffaerts et al., 2017). Although a student might not struggle in the transition to college, research suggests that mental health conditions can persist throughout the student's educational career (Zivin et al., 2009).

Zivin et al. (2009) provided context for mental health condition numbers over the years at a large Midwestern public university. They found that more than one third of college students self-identified as having one or multiple mental conditions. Zivin et al. used a questionnaire to examine the longitudinal effects of mental health conditions on 763 randomly selected undergraduate college students to understand the longitudinal course of mental health and its treatment. The questionnaire was an extension of the Healthy Minds Study and included questions on depression, anxiety, suicidal thoughts, and eating disorders. Specifically, Zivin et al. examined the persistence and change in student mental health status and help-seeking behaviors over the span of 2 years. The study showed that students who reported having mental health

conditions in 2005 also had the conditions in 2007. Also, the type of mental health problem impacted college persistence at different levels. Students with depression reported less persistence in college.

The results from online questionnaires at the Instituto Politecnico de Coimbra (IPC) in Portugal showed approximately one third of IPC students suffered from mental health conditions (Sarmento, 2015). Sarmento (2015) collected data from 1,031 college students between the ages of 18 and 62. The goal was to create a mental health profile to aid in specifying remedial actions and initiatives to support college students' mental health. Sarmento created the mental health profile by incorporating several inventories and surveys into the questionnaire, including questions from the Brief Symptom Inventory (Derogatis, 1982), the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983), the Risk Behaviors Questionnaire for University Students (Santos, 2011), the Assessment of Interests Healthy Practices of University Students (Pereira, 1999), and the National College Health Risk Behavior Survey (CDC, 1997). Sarmento found college students had a higher rate of depression than the general population in Portugal. Additionally, the researcher observed higher levels of mental health conditions in students who did not engage in regular physical activity and those who engaged in alcohol and drug use. Sarmento (2015) suggested developing programs and actions to limit the risk behaviors of substance use and address the lack of regular physical activity; however, this was not a generalizable study as the sample consisted of 71.7% female participants.

Auerbach et al. (2018) found that 35% of respondents from Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States entered college with at least one mental health condition. This study had several goals, the first to determine if the World Health Organization World Mental Health International College Student (WMH-ICS)

project's survey would show similar results across a convenience sampling of 21 different countries and institutions. The purpose of the study was to determine the ability to successfully implement a large-scale cross-national survey to first-year college students with a web-based screening assessment of common mental health conditions. From an overall sample size of 14,371, country representation ranged from 633 in Australia to 4,580 in Belgium. The substantive analysis showed results similar to earlier surveys conducted in the United States, with about one third of college students identifying as having mental health conditions. These different studies at public higher education institutions in the United States, technical schools in Europe, and colleges in other countries worldwide consistently showed roughly one third of students with mental health conditions.

Many college student mental health researchers focus on the topic with a deficit lens; however, some have taken different perspectives. Fink (2014) explored and identified predictors of college experiences and environments with a positive effect on student mental health. Fink hypothesized that predictors of positive mental health included factors of faith, life purpose, optimism, academic self-efficacy, importance of community service, lack of abuse of alcohol and other drugs, physical health, exercise, and nutrition. Using 2 years of data from the National Study of Living-Learning Programs, Fink surveyed random samples of undergraduate students from nine institutions during the spring 2008 and 2009 semesters with 2,620 participants.

Fink (2014) used Astin's I-E-O model to assess the influence of precollege factors, including high school involvement and academic achievement, demographic characteristics, parental education and income, students' residential arrangements, peer and faculty interactions, institution size, curriculum, relationships with mentors, and involvement in student activities, on students' college-related outcomes. Additionally, Fink used Keyes's (2002, 2007) mental health

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continuum to operationalize Astin's I-E-O model and define mental health as the absence of a mental health condition. Keyes conceptualized mental health on a continuum to measure emotional, psychological, and social well-being. Additionally, the application of Keyes's theory of mental health to Astin's model "suggests that both students' individual characteristics (inputs) and their experiences in college (environments) contribute to their mental health" (Fink, 2014, p. 381).

Although Fink (2014) hypothesized student engagement with college environments as a predictor contributing to positive mental health, the factor was not significant in the findings. However, Fink found a supportive college climate a predictive factor for positive mental health. Alcohol use and identifying as bisexual, gay, or lesbian were significant negative predictors to mental health and flourishing. Further, students' ease of academic transition to college, professional confidence, sense of belonging, and sense of civic engagement were positive predictors for student flourishing or positive mental health. Conversely, Fink defined languishing as a student who "more frequently screen[s] positive for generalized anxiety, major depression, and panic attacks" (p. 381).

Because most research on college student mental health has a deficit viewpoint, Fink's (2014) study was unique. The findings informed higher education administrators of the effects of a supportive college environment on student flourishing, contributing to student retention. Fink scored students with a mental health condition as languishing because the researcher used Keyes's (2002, 2007) continuum. However, Keyes's continuum is not an ideal means for identifying a languishing or flourishing individual. Although the continuum could indicate students as languishing, the students might not classify their status that way. Further, the study is a snapshot of students at a given time. It did not address various curricula or courses of study, the

time of the semester or year, or changes in student demographics. It is possible these factors could have an impact on a student's mental health condition. Thus, the continuum developed by Keyes is not an adequate means of predicting languishing and flourishing.

Overall, despite application to student retention, Auerbach et al.'s (2018) and Fink's (2014) studies do not include data from former students or students who have dropped out of college. The existing studies provide data on the students who persisted through their first year of college and lack essential data from those who did not. Additionally, due to the nature of quantitative studies, the extant research does not address students' state of mind or thoughts about dropping out. Further, a comparison of the studies on mental health and college transition shows another gap. There is a clear need for research on the college transition and student mental health.

Depression

The National Institute of Mental Health (2019) defined depression as "a loss of interest or pleasure in daily activities or having a depressed mood and having a bulk of symptoms which consist of problems sleeping or eating; or having a lack of energy, concentration, or self-worth" (para. 4). Depression is one of the most common mental health conditions in the United States (National Institute of Mental Health, 2018). According to the National Institute of Mental Health (2019), a major depressive episode is a period of 2 weeks or more when a person experiences "a loss of interest or pleasure in daily activities or having a depressed mood, and having a bulk of symptoms which consist of problems sleeping or eating; or having a lack of energy, concentration, or self-worth" (para. 4).

Each year, major depressive disorder affects about 17.3 million adult Americans, or 7.1% of the U.S. population (Kessler et al., 2003; National Institute of Mental Health, 2019; Substance

Abuse and Mental Health Services Administration, 2019). Traditional-aged college students are at significant risk for depression. Of the age ranges, "the prevalence of adults with a major depressive episode was highest among individuals aged 18–25" (National Institute of Mental Health, 2019, para. 9). Caused by genetic, biological, environmental, and psychological factors, individuals often begin experiencing depression in adulthood (National Institute of Mental Health, 2018). Those with depression face difficulties with work, home, or social activities (Pratt & Brody, 2014). Not only are many college students within the age range for a higher prevalence of a major depressive episode, but they must also deal with a significant change that can cause further difficulties in their lives. College students have more than twice the prevalence of depression at 16.7% than the general population (American College Health Association, 2017).

Brandy et al. (2018) used grounded theory to describe and understand the social and structural processes of adjusting to university life for first-year college students with depression. The purpose of the study was "to learn about students' perceptions of what they identified as the experience of depression" (Brandy et al., 2018, p. 46). In the pilot study, second-year students reflected on the meaning of their experience with depression in their first year of college. Of the 12 participants selected from a private, faith-based, Midwestern university, 11 were women of whom nine were White, two were Hispanic, and one was Black. Through face-to-face interviews, Brandy et al. identified four subcategories of the effects of depression on first-year college students: expressions of stress, changes in eating habits, sleep issues, and procrastination. The study's findings that first-year college students experience depression or psychological distress aligned with other research; however, the qualitative approach allowed for unprompted descriptions from the student participants. Although this study had a sample with demographics

similar to the overall institution, there is a need for further research to expand on Brandy et al.'s findings by including more diverse institutions and different areas of the country.

Classroom Experience

Mental health conditions can have a negative effect on a student's experience in the classroom. Wyatt and Oswalt (2013) explored mental health conditions by comparing undergraduate and graduate students. Specifically, Wyatt and Oswalt asked, "What differences exist between undergraduate and graduate students concerning mental health issues, diagnoses, services, and academic performance?" (p. 97). They conducted a quantitative study and surveyed 27,387 undergraduate and graduate students either enrolled part-time or full-time at 55 two- and four-year universities within the United States. Wyatt and Oswalt found that undergraduate students "reported experiencing traumatic situations within the last 12 months" (p. 102) at higher rates than their graduate student counterparts. Undergraduate students consistently reported higher rates of feelings and behaviors related to poor mental health than graduate students. Consistent with other studies, Wyatt and Oswalt found that a strong social network, good physical health, and a sense of control over one's personal life and academics were factors beneficial to undergraduate students' ability to tolerate stress. The authors found high levels of stress can negatively contribute to mental health conditions. Additionally, poor academic performance in undergraduates was correlated with mental health challenges and health risk behaviors. The authors identified a limitation in the study's methodology, as quantitative research does not allow for context in student responses; context is critical for stress and mental health.

Using a sample of 896 college students at a large, public university in the U.S. Southwest, Shelton et al. (2017) found that first-year students were more likely to report suicide

contemplation than third- and fourth-year students and more likely to report suicide attempts than fourth-year students. The findings showed that 17.1% of undergraduate students and 17% of graduate students had diagnoses of depression. Further, of the students experiencing depression or anxiety, about half did not experience the related adverse impacts on academics. However, of those students who experienced stress, about 38.5% reported negative academic impacts as a result.

Sarmento (2015) gathered data from 1,031 IPC students ranging from 18 to 62 years of age in order to create a "mental health profile" of college students. The "mental health profile" was then created by Sarmento to help identify remedial actions and initiatives to support students' mental health. Through the use of the profile, Sarmento suggested a need for research to identify "concrete programs/actions that meet the real needs of the students" (p. 13). The researcher recommended that higher education institutions inform students of the characteristic symptoms of mental health conditions, encourage students to use psychological support services, and promote programs to alert students about anxiety and depression.

Bruffaerts et al. (2017) focused on first-year college students and the impact of mental health conditions on academic performance. Using the World Health Organization-International College Student survey, Bruffaerts et al. gathered data from 4,921 first-year students at Katholieke Universiteit Leuven. Because the study occurred in Belgium, there were final grades set to different standards than those in the United States. Regardless, the results showed the relationship between a mental health condition and academic performance. Bruffaerts et al. found decreased academic performance in approximately one in three first-year students who had mental health conditions and either externalized or internalized their problems, with both groups

showing a drop of 0.2 to 0.3 grade point average (GPA) points. Bruffaerts et al. suggested that lower GPAs correlate with higher dropout rates.

Similarly, Goldman (2018) conducted a literature review to examine the relationship between mental health conditions and the college classroom. Goldman argued that educators must alter their classroom narratives regarding media portrayals of student mental health conditions by concentrating on significant events of school shootings, such as Virginia Tech, Northern Illinois University, and Columbine. Goldman argued that instructors hold power in influencing discussions on mental health and stigma in the classroom and should promote health and psychological resources. Additionally, instructors can encourage students' self-regulation, such as help-seeking, metacognitive awareness, or learning orientations, preferences, and other characteristics. Encouraging students' self-regulation requires instructors to have a basic understanding of the effects of mental health on academic performance.

Othering

In reviewing the literature, the concept of othering was a common theme. Researchers like Sarmento (2015), Lamis and Lester (2013), Wyatt et al., (2017) and Shelton et al. (2017) examined differences in how depression affected different genders and races, ethnicities, and cultures. Within the concept of othering, students who do not hold certain dominant identities experience additional challenges related to their mental health and depression.

Gender Differences

Differences in the effects of mental health conditions by gender is a consistent theme in the research. Many studies conducted within a gender binary of men and women have consistently shown that women reported higher levels of depression than men. Given this finding

(American Psychiatric Association, 2013; CDC, 2013), Sarmento (2015) suggested that the high number of women who participate in studies may have contributed to these findings.

Lamis and Lester (2013) studied mental health conditions and suicidal ideation by gender. The authors administered an online survey to 303 male and 691 female undergraduate students, with first-year students comprising 48% of the sample. Lamis and Lester found compared to women, men had significantly lower scores of depression and reasons for living and received less support from individuals who were not family. Additionally, men had significantly higher scores of thwarted belongingness and alcohol-related problems than women. The authors suggested men might underreport their depressive symptoms and coping strategies for suicide. Participants of both genders identified predictors for suicidal ideation as hopelessness, burdensomeness, and reasons for living; however, women's predictors for suicidal ideation also included depression.

Using the Spring 2011 American College Health Association-National College Health Assessment, Wyatt et al. (2017) conducted a secondary data analysis to study "the prevalence of mental health challenges across genders and ethnicities" (p. 179) and the influence of mental health conditions on first-year college students' academics. The authors focused solely on heterosexual male and female students due to a significant amount of research on mental health conditions and sexual orientation. From a population of 66,159 undergraduate students from 129 institutions across the United States, Wyatt et al. found that women were significantly more likely to be diagnosed or treated for anxiety and depression than men. In addition to the plethora of research on the nuances of men and women with mental health conditions, other studies have focused on classroom experiences and the differences between undergraduate and graduate students.

Race, Ethnicity, and Cultural Differences

Race, ethnicity, and cultural differences were also themes in the research on college students' mental health. Race makes up an individual's physical traits. Ethnicity is the classification of a group of people based on their culture or nation of origin. While culture encompasses values and beliefs of a group of people. Wyatt et al. (2017) found a decreasing likelihood of students engaging in self-injury with each year in college. However, biracial/multiracial and students indicating "other" as their ethnicity were significantly more likely to self-injure in the last 12 months of completing the survey than White students. Black students and students who indicated "other" as their ethnicity were significantly more likely to attempt suicide than White students.

Additionally, Shelton et al. (2017) noted that greater cultural diversity across campuses correlated with increased awareness of mental illness in the college population. Because of this, the researchers evaluated the "impact of cultural self-construal on the association between perceived social support and mental health" (p. 197). Shelton et al. used the term "self-construal" to describe how students define themselves among others; thus, the researchers examined how students who define themselves amongst a cultural group perceived social support and mental health. To do this, Shelton et al. recruited 896 college students from large, public universities in the Southwestern United States and conducted a survey questionnaire using Markus and Kitayama's cultural orientation theory (1991). Participants of low socioeconomic status reported significantly greater depression and lower life satisfaction. Although most scholars have found higher levels of mental health conditions among students of color, Shelton et al. found that Latinx participants reported lower rates of depression than White participants; less stress than White, Black, and Asian American participants; and more life satisfaction than Black and Asian

American participants. Additionally, the White participants reported higher life satisfaction than Black and Asian American students. Overall, low social support was a significant predictor for depressive and anxiety symptoms, stress, and life satisfaction.

Various research studies have found that mental health conditions are a significant variable in a college student's experience. Researchers of mental health and ethnicity and culture have not discussed the college transition phenomena. Studies have shown that mental health conditions can influence the classroom experience and a student's ability to succeed academically (Shelton et al., 2017). There are apparent gender differences, with women reporting mental health conditions at higher rates than men (Lamis & Lester, 2013; Sarmento, 2015; Wyatt et al., 2017). There are also varying rates of mental health conditions across ethnicities and cultures (Shelton et al., 2017; Wyatt et al., 2017).

Social support has been shown to have a positive influence on student mental health (Wyatt & Oswalt, 2013). Shelton et al. (2017) examined differences in social support and cultural identity; however, they lacked the foresight to disaggregate the data between ethnicity and culture, gender, age, and year in school. Exploring demographic areas, Wyatt et al. (2017) saw the need to include biracial/multiracial and other; however, they did not disaggregate the data between other identities. Including cultural identity, other demographics could impact how students experience mental health and depression in the college setting. Shelton et al. and Wyatt et al. did not go far enough to understand depression, mental health, and culture and ethnicity. The following section presents the research on students' behaviors in seeking help for themselves.

Help-Seeking Behavior

Research on college students' mental health has often focused on the help-seeking behaviors of students with mental health conditions. Higher education institutions cannot require a student with a mental health condition to engage in mental health resources; thus, there is a need to understand the help-seeking behaviors that college students exhibit. Researchers have approached the topic of help-seeking behavior in multiple ways. Furr et al. (2001) examined what college students thought about counseling services. The researchers surveyed four colleges and universities: a Southeastern state university, a Southeastern community college, a major Midwestern research university, and a small, private Southwestern liberal arts college. The college student participants were 32% first-year students, 25% second-year students, 22% third-year students, 16% fourth-year students, and 5% graduate students. Of the 962 college students who indicated suicidal ideation, 20% sought counseling services; of these students, about half found counseling helpful.

Eisenberg et al. (2007) examined the likelihood of college students perceiving the need for and using services, the prevalence of unmet needs for services, the factors (e.g., awareness, beliefs, financial or insurance constraints, and sociodemographic characteristics) in the perceptions of the need and use of services, and other prominent factors that college students identify as significant barriers to using services. Eisenberg et al. administered a web-based survey to undergraduate and graduate students at a large Midwestern public university in fall 2005. Of the sample of 2,785 participants, 66.1% were undergraduate students. Eisenberg et al. found that 15% of college students had received psychotherapy or psychotropic medication at some point within the last 12 months. Also, the students who screened as positive for depressive or anxiety disorders were more likely to use services than their counterparts. Further, although

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nearly all the participants had universal health insurance and access to free basic medical services and short-term therapy from on-campus mental health providers, 36% of students who screened positive only for major depression had received therapy or medication in the past year. When the researchers examined all the student participants who screened positive for major depression, they found that 45% sought services for their mental health conditions.

Even with steps to address barriers to help-seeking, such as universal health insurance, access to free basic medical services, and short-term therapy on campus, college students with major depression seek help at much lower rates than the general adult population (Eisenberg et al., 2007). Only 36% of college students seek help compared to 57% of the general adult population. Interestingly, Eisenberg et al. (2007) also found that college students were unaware of or lacked familiarity with their options for available services; they also believed medication and therapy were only somewhat helpful or not helpful at all. Students under the impression that stress is a normal occurrence in school are less likely to receive services because they might lack the time or do not perceive the need.

Other researchers have examined the effects of help-seeking behavior on college student persistence. Zivin et al. (2009) conducted a longitudinal study to research college students' mental health conditions and help-seeking behaviors at a large Midwestern public university. A sample of 763 college students completed a baseline survey in fall 2005 and fall 2007. Zivin et al.'s findings were consistent with other studies (Martin, 2010; Sarmento, 2015; Wyatt & Oswalt, 2013), showing that mentally healthy students are more likely to persist in college than students with mental health conditions. Ziven et al. found that students with depression were less likely to persist than students with eating disorders. Additionally, the authors noted a large

proportion of students with mental health concerns that are "more than transient issues related to adjustments or other temporary factors" (p. 184).

Rosenthal and Wilson (2016) wanted to understand the underutilization of mental health services by first-year college students. The authors used a questionnaire and gathered data on 847 first-year students ages 18 and 19 at a public, urban college. Rosenthal and Wilson found that only 20% of the 18-year-olds and 19% of the 19-year-olds "would probably or certainly use" professional mental health services if they had emotional problems and "might seek help"; however, 34% of the 18-year-olds and 27% of the 19-year-olds "would probably not seek help" or "would certainly not seek help." Of the participants, 87% shared that they had not visited a counselor in the past 6 months. Rosenthal and Wilson found logistical barriers to seeking mental health resources and securing help and a lack of understanding of what mental health professionals do. Additionally, more than half of the participants believed that stigma had an impact on using mental health services.

Levin et al. (2018) examined the use of and level of interest in online self-help resources related to professional and informal mental health support. Two online surveys commenced with 354 undergraduate students 18 years or older from a midsized university in the U.S. Mountain West. Levin et al. found that the participants were more likely to seek help from intimate partners, friends, or parents than mental health professionals. Further, participants were significantly less likely to seek help via phone helplines, primary care doctors, psychiatrists, religious leaders, self-help books, mobile applications, or self-help websites. The study showed that participants lacked familiarity with mental health mobile applications and had low interest in them; however, participants in therapy or after a therapy session were likely to prefer mental health mobile apps as support. The highest-rated barriers to the use of mental health apps were

that the students had little interest in using applications, did not find applications that addressed

their main problems, did not receive guidance on the credibility and effectiveness of mental

health applications, and had concerns about and distrust of the credibility of the application

developers.

In summary, although the studies on help-seeking behaviors contribute to each others'

findings, the data suggest the need for educational campaigns about mental health services to

break down barriers and address misinformation or lack of information about access to services.

Zivin et al. (2009) noted that mental health conditions and help-seeking behaviors could be more

than just transition or temporary issues. However, the quantitative nature of these studies restricts

students' answers to predetermined study parameters. Schlossberg's transition model provided a

framework for the present study for garnering anecdotal data from students on how and when

they seek help. There are many barriers to students seeking help for their depression or other

mental health conditions; stigma is a heavily researched barrier.

Stigma

According to Martin (2010), stigma is "a socially constructed mark of disapproval, shame

or disgrace that causes significant disadvantage through the curtailment of opportunities" (p.

261). Stigma has four subcategories, which Eisenberg et al. (2009) defined as public stigma,

personal stigma, perceived public stigma, and self-stigma. Public stigma consists of a society's

or community's collectively held negative stereotypes and prejudices about mental health

conditions. Personal stigma is an individual's stereotypes and prejudices about mental health

conditions. Perceived public stigma is the individual's perception of public stigma. Finally, self-

stigma is when individuals identify with stigmatized groups and apply corresponding stereotypes

and prejudices to themselves. Stigma results in college student disempowerment through a loss of confidence, poor self-esteem, and lowered self-expectations (Martin, 2010).

Martin (2010) gathered information on the stigma and mental health of college students. Martin found that depression and anxiety were the primary mental health conditions self-disclosed by Australian college students. The sample consisted of 54 participants who responded to an anonymous online survey. Whereas most research was quantitative, Martin used a mixed methods approach with a significant focus on open-ended questions. The findings showed that college students felt stigmatized by their mental health conditions and would not disclose their situations to staff. However, the college students reported that staff members in academic, administrative, counseling, disability, student union, and housing services helped the study participants work past the stigma they felt when it came to their mental health conditions.

Eisenberg et al. (2009) conducted an online study to explore the nuances of stigma and a myriad of college students' mental health topics. The researchers examined the associations of perceived public stigma and personal stigma with help-seeking behavior, compared the levels of perceived and personal stigma, and researched the influences on stigma and help-seeking at various campuses. The study had 5,555 student responses from 10 public and three private U.S. universities. The researchers found that students have a higher level of perceived public stigma than personal stigma. Additionally, Eisenberg et al. found certain demographic characteristics (i.e., younger students, international students, students who identified as male, Asian, religious, and from low-income families) correlated with higher levels of personal stigma. Last, perceived stigma did not have a significant relationship with help-seeking behavior; however, personal stigma factors, such as perceived need and use of psychotropic medication, therapy, and nonclinical sources of support, correlated with lower help-seeking behavior.

To summarize, stigma has a significant impact on students' experiences of mental health conditions. Stigma can be a barrier to seeking help and talking about the challenges that mental health conditions present in students' lives. Martin (2010) explored stigma in Australia; however, it remains unknown if the stigmas in that study present in a similar manner in different countries or cultures. Follow-up questions were not part of the studies on stigma for further exploration of mental health and stigma in college students.

Conclusion

Through an examination of Schlossberg's transition model, specified needs of an individual navigating change were offered within the four S's: situation, self, support, and strategies (Chickering & Schlossberg, 1995; Evans et al., 1998). The model analyzes the unique combination of resources and deficits within the four S's. Situation is defined by the contextual elements of a transition. Self is made up of an individual's internal aspects. Networks and systems contributing to the facilitation of a transition makes up support. Lastly, strategies are the actions made to enact, cope with, or facilitate a transition.

The literature review indicated a gap in studies on the relationship of college students' mental health conditions, specifically depression, with the transition to college. Tinto (1993) and Chickering (1969) described student development during the college transition as a time of crisis. Tinto and Astin (1999) developed student development theories with a linear progression of institutional programming or opportunities to transition to college successfully. Although scholars often use student development theories to understand the college transition, transition theories may provide a better framework for understanding the college transition time in students' lives. Schlossberg's transition model provides flexibility for students' transitions to be rhizomatic and a time of change and learning or difficulty and unproductivity. College transition

researchers have not used Schlossberg's transition model when studying college students diagnosed with depression.

There is research on college student depression with the identified themes of classroom experiences and othering which was made up of gender differences and race, ethnicity, and cultural differences. Although these themes present valuable information on college students' experience with depression, the college transition is an overlooked topic of the college student experience. To date, there is mostly quantitative research on college students' mental health and depression. Therefore, this study had a qualitative approach to focus on the transition experience of students dealing with depression with the framework of Schlossberg's transition model. The literature review showed the need for a qualitative study on the college transition experience for first-year students who self-report dealing with depression upon college entry.

CHAPTER 3: METHODOLOGY

The purpose of the study was to explore how students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college. As indicated in Chapter 2, individuals in the 18-to-29 age range are significantly susceptible to incidents of major depressive disorder (American Psychiatric Association, 2013). Although this age range includes the high school students transitioning to college, researchers have not addressed the lived experience of high school graduates with depression transitioning to college. In transition, a period of disruption occurs due to the evolution of structures, social networks, and routines (Schlossberg et al., 1989).

A review of the literature on college students and mental health conditions showed a mostly quantitative approach to the topic. There is a lack of qualitative research on students' experiences with depression while transitioning to college. Therefore, this study's goal was to address the gap in the literature and answer the following research question: How do students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college?

In this chapter, I present the rationale for using phenomenology and interpretative phenomenological analysis (IPA) in this study and discuss the use of Schlossberg's transition model as a framework to understand the findings. As the author of this dissertation, I present my positionality and the inclusion criteria for student participants. Finally, I discuss the data collection, data analysis, trustworthiness, and ethical considerations for this study.

Rationale for Phenomenology and Interpretative Phenomenological Analysis

Scholars use qualitative research when asking the question, "What's going on here?" (Locke et al., 2007). Husserl stressed the importance of focusing on the unique experience and

individuals' perceptions (Smith et al., 2012; Wertz et al., 2011). As cited in Smith et al. (2012), Philosophers Heidegger, Merleau-Ponty, and Sartre expanded on Husserl's work by examining the person and the view as someone immersed and interacting "in a world of objects and relationships, language and culture, projects and concerns" (p. 21). Heidegger argued for qualitative research, stating that the understanding of "our being" initially presents as "nebulous and undeveloped" (as cited in Crotty, 1998, p. 97) before breaking down the preunderstanding and making the explicit implicit. Heidegger introduced the concept of phenomenology as a qualitative design (as cited in Crotty, 1998).

Within psychology, phenomenology applies to the first-person experience in any research, theory, or practice (Wertz et al., 2011). The case for phenomenology is that it is always anchored to the individual's world (Jones et al., 2014), with an emphasis on understanding the perspective of participant in the lived world (Smith et al., 2012).

Husserl deemed the phenomenological design an appropriate approach for studying the conscious experience, enabling researchers to use science to overcome the confines of objectivism (as cited in Wertz et al., 2011). The argument for phenomenology is that laying aside the initial understanding of a phenomenon and revisiting and critiquing that experience enables possibilities for new meaning (Crotty, 1998). The data analysis process in phenomenology requires the inquirer to turn away from the existence of objects to focus on the process and meanings from the participants' experience (Wertz et al., 2011). In qualitative methodology, the researcher complements the participant (Guba, 1990) by making it whole. Similar to bracketing in the natural sciences, phenomenological data analysis enables the researcher to investigate with subjectivity.

Phenomenological research has different analytical approaches. The IPA approach is "committed to the examination of how people make sense of their major life experiences" (Smith et al., 2012, p. 1). Researchers using IPA take particular interest "in what happens when the everyday flow of lived experience takes on a particular significance for people" (Smith et al., 2012, p. 1). Within the reality that people try to make sense of their experiences, IPA enables individuals to reflect and share their accounts of the experience (Smith et al., 2012). Thus, in this study, participants who had just completed their first two semesters of college had time to reflect and gain perspective on their transition to college while dealing with depression.

This was a study anchored in the world of students and their experience. With this understanding of phenomenology, this study focused on the phenomenon of the college transition through the perspectives of college students who were dealing with depression during their first year of college. Asking students to reflect and critique their first-year transition to college permitted me to take a subjective role in the study, with the students describing their life experiences in ways a quantitative study would not allow. The researcher's role in the inquiry extended into the analytical stage to identify new meaning and understanding of the phenomenon of the college transition for these students who experienced depression during this transition.

Positionality

As the researcher for this study, I provide my position of interest on this topic for insight into the data analysis process (Jones et al., 2014). I have worked at a public university for nine years. I recently changed jobs; however, the primary purpose of my previous position was to assess potential human risk to the institution and prevent possible campus crises, such as campus shootings or suicides. In this role, I sat on the university's behavioral intervention/care team and oversaw the university reporting system that enabled individuals to report and refer people of

concern to receive resources, support, early intervention, and risk assessment. While performing my job functions, I was acutely aware that I do not have any mental health conditions that I know of and that I played a role in the college experience for students with mental health conditions. Thus, I recognized that I had a transition to college different from those of the students with whom I worked. This was my interest in better understanding this phenomenon.

Smith et al. (2012) pointed out that in the growing number of IPA studies, identity becomes a central concern when participants link the topic to their sense of identity. Smith et al. observed that IPA studies often have identity issues throughout the findings even when the studies themselves are about other topics. Given this observation by Smith et al., I hope this study served as an example, with student participants given permission to talk about their identities in relation to their mental health. I approached this study as a researcher with many identities. I identify as a multiracial (White and Mexican) cisgender man. While I do hold identities of privilege, I hoped that by sharing my race and ethnic identity with participants, I served as an example and gave permission for students to talk about pertinent parts of their identities related to their mental health and their transitional experience in their first year of college. Research findings indicate women report higher levels of depression than men. I hope that my identity as a multiracial individual helped the participants who identified as women feel comfortable and empowered to talk about their identity in relation to their mental health and their first-year college transition experience.

Student Participants

Participants were students who graduated from high school in the spring then transitioned to college the next fall, recently completed their first two semesters of college, and self-reported having had depression prior to and during their first year of college. I used purposive

convenience sampling to recruit students who fit these criteria from public universities in the United States. Recruitment was from university campus networks and communities, including university counseling centers and student case management offices, and through student affairs professional development networks. Purposive sampling is an ideal method for recruitment of a closely defined group of participants that find significance and meaning in the research question (Harper et al., 2014).

Due to the COVID-19 pandemic and the safety measures implemented at universities, I asked mental health providers and case managers at university counseling centers to recruit participants for this study. Recruitment also took place through student affairs professional development networks. These people received informational emails and talking points to distribute to potential participants. The informational email (see Appendix A) indicated several key issues: the purpose of the study, the time commitment, the requirements for participation, and participant appreciation gift ($25 Amazon gift certificate) after completing the interview. In addition, the informational email provided my name, email address, and phone number, with instructions for interested students to contact me for an initial telephone or email screen. Interested students who contacted me received additional details about the study, time commitment, and mental health resources (see Appendix B). The interested students confirmed that they met the study's criteria by clarifying their year in school, if they had depression prior to and during their first year of college, and if they attended college directly after graduating from high school. Although not necessary, the recruitment goal was to obtain a sample of diverse gender, race, and ethnicity. This goal was somewhat met with race and ethnicity, but not with gender. Eleven student participants identified themselves as women, with one reclassifying as nonbinary during the second semester, and one chose not to provide a gender; all were in their

second semester of college. Participating students identified as White, Latinx, Jewish, or a mix of these races and ethnicities.

When students confirmed they met the study's criteria, they also completed the PHQ-9 Questionnaire (Kroenke et al., 2001) that was adapted for this study. The questionnaire includes nine items, with each question scored between 0 and 3 points. A low depression score was 1–9 points on the PHQ-9 Questionnaire, a medium depression score was 10–14 points, and a high depression score was 15–27 points. Students whose scores fell between 10 and 27 points were invited to participate in the study. These potential participants received consent forms and scheduled interviews via email. The two interested students not selected for the study received a communication thanking them for their interest.

Smith et al. (2012) argued that there is not a correct answer when it comes to the question of sample size. Some researchers stated that IPA requires a small sample size for rich idiographic analysis (Reid et al., 2005; Smith, 2004). This is because IPA's primary concern is detailed accounts of the individual experience (Smith et al., 2012). Smith et al. (2012) suggested a sample size of three to six participants as reasonable for student projects and experienced IPA researchers. Fusch and Ness (2015) recommended 10 to 12 student participants for an IPA study to achieve data saturation and produce rich and thick data. Weller et al. (2018) argued that a small sample size of 10 can elicit the most salient of information when there is extensive probing and prompting during the data collection. Guest et al. (2006) found that saturation could be achieved with 12 to 16 interviews.

Van Rijnsoever (2017) stated that within the process of reaching saturation, most novel information is collected early in the qualitative process, followed by a sharp decline in new information after a small number of interviews and data analysis events. Rather than attempting

to gather all the items, Weller et al. (2018) defined saturation as gathering the most salient items in qualitative research. Additionally, researchers argued that saturation is determined by the discretion of the researcher who uses their judgment and experience (van Rijnsoever, 2017). This study attempted to reach the most salient items for saturation through semistructured interviews that allowed for probing and prompting of topics and new information.

For this study, 10 to 12 student participants was the minimum sample size, with the potential for additional student participants if data saturation had not been met. After recruitment, I identified 12 students as meeting the study's parameters; however, only 11 completed the consent form. These 11 student participants made up the study's sample, with the 12th student's interview data not used. I achieved data saturation through the rich data gathered from the 11 student participants who signed consent forms and completed interviews.

Table 3.1 shows the student participants and the provided demographics. Before each interview, students selected a pseudonym for use throughout the study to keep their identities confidential. Students' college, geographic location, and other characteristics from which their identities could be derived were omitted from this study to bolster confidentiality.

Table 3.1. Student Participant Summary

Pseudonym	Race/ethnicity	Gender	LGBTQ	First generation
Alexis	Latinx/White, multiracial	Female	No	No
Ashley	Latinx	Female	No	Yes
Catiline	White	Female	No	No
Emilia	Latinx/White, multiracial	Female	Yes	Yes
Eve	Jewish/White	N/A	No	No
Evelyn	White	Female	No	No
Jane	White	Female/nonbinary	Yes	Yes
Jen	Latinx/White, multiracial	Female	Yes	No
Liz	White	Female	No	No
Mabel	Latinx/White, multiracial	Female	Yes	No
Mona	Latinx	Female	Yes	Yes

Data Collection

Data collection for this study commenced directly after the spring semester of the students' first year transition to college. At this time, students could provide a detailed reflective account of their transition experience while dealing with depression. Qualitative researchers frequently use dialogue or interviews to gather data (Jones et al., 2014). I used Jones et al.'s (2014) guidelines for phenomenological research and semistructured interviews with open-ended questions to investigate the students' transition to college while they were experiencing depression (see Appendix C). The semistructured interviews enabled data collection through an organic conversation between the student participant and me. The interview questions were formed in part by wanting to understand the lived experience of transitioning to college and in part by using Schlossberg's (1981) transition model as a framework. Open-ended questions were appropriate to explore how students with depression understood their *situation*, *self*, *supports,* and *strategies* during their first-year transition to college (see Appendix C).

Conducting the interviews via Zoom ensured safe conditions during the pandemic. While measures were taken to ensure security through Zoom, students were notified of the security limitations of the platforms. Students were provided with their own Zoom interview link to prevent the possibilities of "Zoom bombings" and enhance the privacy and confidentiality of the study. To further bolster security and to prevent data sharing with a third-party platform such as Zoom, interviews were recorded on a separate, personally owned recording device. The interviews promoted a natural, conversational dynamic between the researcher and participant. The interviews lasted 45 to 60 minutes. The interview recordings allowed for software-based transcription and data analysis.

The first interview was a pilot test to assess the effectiveness of the interview protocol and questions. The use of a pilot study is a practical strategy in many aspects of research (Glesne, 2011). The pilot study allowed me to clarify the research statement and questions, challenge the assumptions about the context and topic, and test the research methods. If there had been a need for modifications to the interview protocol and questions based on the pilot interview, I would have submitted the modifications to the Colorado State University Institutional Research Board and implemented the changes into future interviews; however, no changes were necessary. The study's findings include the data collected from the pilot interview.

At the beginning of each interview, each participant received more information about the study for a deeper understanding of the study's purpose and to build rapport. There were open-ended questions asked to encourage the participants to describe their transition to their first year of college, with dealing with depression as the focus of the particular phenomenon of the transition (Jones et al., 2014; see Appendix C). As the participants responded to the questions, I took notes to document their expressions, inflections, and nonverbal communication to inform the interpretations of their words. There were audio-recordings taken of all the interviews and verbatim transcription using Rev.com. At the end of the interviews, the participants could ask questions.

Data Analysis

The procedure of intentional analysis was a critical step in this study. Through intentional analysis, an inquirer reflects on, gains insight into, and describes the "how" and the "what of the subject's experience" (Wertz et al., 2011, p. 126). With the IPA method, the initial analysis used a broad inductive approach to the topic. A secondary analysis took place after the initial analysis and used a deductive approach using Schlossberg's transition model as a framework.

Following IPA's six steps, the initial inductive analysis examined the data using a broad lens examining themes and patterns. Once themes and patterns were identified in the inductive analysis, a deductive analysis took place, again using IPA's six steps to identify themes and patterns specifically related to Schlossberg's transition model's four S's. According to Smith et al. (2012), the first step of analysis is to read and reread the interview transcripts and write down thoughts as the interviewer. Repeatedly reading the interview transcripts enabled me to understand how to use the narratives to bind data together. Through this process, there were no initial conclusions made to allow the data's meaning to take priority. Again, I completed Step 1 multiple times by first using an inductive approach followed by a deductive approach.

The second step of IPA was initial coding of how the participants talked, understood, and thought about their experience dealing with depression while transitioning to their first year of college. The second step provided me the opportunity for additional reviews of the transcripts, with exploratory comments made. Table 3.2 provides an example of the initial coding completed with an excerpt from Catiline's interview. Exploratory commenting has three processes: descriptive comments, linguistic comments, and conceptual comments. According to Smith et al. (2012), researchers use descriptive comments to describe the content of what the participants said. In turn, linguistic comments enable exploration of the language used, and conceptual comments focus on the researcher's engagement at interrogative and conceptual levels. Like Step 1, the second step first used an inductive approach followed by a deductive approach to the analysis of the exploratory comments.

Table 3.2. Initial Noting

Original transcript	Exploratory comments
I: Tell me about your first year at college. How did it go?	
C: Mental health-wise, it was not the best at all. …I know it was hard connecting on campus a lot, and part of it was just not really feeling the motivation to go out and see people. I felt like I didn't have the energy to put on a mask, basically, and pretend that I'm just like the super happy, bubbly person, and basically be somebody that I wasn't at that time. I can go out and have conversations and be fine. Due to last year, just an overwhelming sense of schoolwork along with not taking mental health breaks. I did not realize you can ask for an extension because of mental health. It was just, for me, I was definitely, I'm just going to push through it. Then I can worry about my mental health. I know I spent a week where I got 4 hours, and the next day I'd pull an all-nighter. I'd get 4 hours the next day, pull another all-nighter. In my mind, it was just like, well, I have to get my homework done. I just have to do this. I didn't realize it wasn't so much about homework, just me feeling mostly helpless in a sense where completing homework was the way that I felt good about myself, and I wasn't taking care of myself mentally at all. I know my sleep schedule was completely messed up, and, like, eating… I didn't have any consistency whatsoever in my life.	*Seems to relate her integration to campus to meeting people and creating a new social network.* *She lacked energy and motivation to get out of her room and meet people. Some of her lack of motivation appears to be tied to changing her personality or pretending to be happy and bubbly.* *She felt a lot of pressure academically.* *She did not know norms and practices around advocating for oneself. For example, did not know she could ask for extensions.* *In order to meet her academic goals, she did not prioritize her mental health. "Push through it" appears several times in how she talks about her mental health.* *She pulled multiple all-nighters which contributed to throwing off her sleep schedule.* *It appears she did not realize it at the time, but she put a lot of focus on her academics because she did not feel good about herself, but could control her response to homework and her courses.* *Even with the structure of classes and homework deadlines, she still felt a lack of consistency in her life.* *Depression seems to show up in several ways in her story. She lacked energy and motivation and felt helpless. She did not feel good about herself or perhaps tied her self-worth to positive academic outcomes. She had an unhealthy sleep schedule and did not have consistency around her diet. She did not have a social network to support her.*

Note. I = Interviewer; C = Catiline

The third step of IPA is developing essential themes and balancing the research context by considering parts and the whole (Jones et al., 2014). In the third step, there was an expansion of the exploratory comments by breaking down the interview transcripts into complex and interrelating themes. I conducted the third step several times to reduce the volume of details while maintaining the data's complexity in repeating each step. Table 3.3 is an expansion of the work from Table 3.1 by including the emergent themes from the inductive analysis.

Table 3.3. Emergent Themes From Inductive Analysis

Emergent themes	Original transcript	Exploratory comments
	I: Tell me about your first year at college. How did it go?	
Difficulty connecting on campus *No social network support* *Pretending to be someone she is not* *No mental health breaks* *Lack of energy and motivation* *"Push through it" – did not prioritize mental health* *Did not know self-advocacy practices in college specifically* *Unhealthy sleep patterns* *Inconsistent schedule* *Feeling helpless* *Depression apparent in all areas of her life*	C: Mental health-wise, it was not the best at all… I know it was hard connecting on campus a lot, and part of it was just not really feeling the motivation to go out and see people. I felt like I didn't have the energy to put on a mask, basically, and pretend that I'm just like the super happy bubbly person, and basically be somebody that I wasn't at that time. I can go out and have conversations and be fine. Due to last year, just an overwhelming sense of schoolwork along with not taking mental health breaks. I did not realize you can ask for an extension, because of mental health. It was just, for me, I was definitely, I'm just going to push through it. Then I can worry about my mental health. I know I spent a week where I got 4 hours, and the next day I'd pull an all-nighter. I'd get 4 hours	*Seems to relate her integration to campus to meeting people and creating a new social network.* *She lacked energy and motivation to get out of her room and meet people. Some of her lack of motivation appears to be tied to changing her personality or pretending to be happy and bubbly.* *She felt a lot of pressure academically.* *She did not know norms and practices around advocating for oneself. For example, did not know she could ask for extensions.* *To meet her academic goals, she did not prioritize her mental health. "Push through it" appears several times in how she talks about her mental health.*

Emergent themes	Original transcript	Exploratory comments
	the next day, pull another all-nighter. In my mind, it was just like, well, I have to get my homework done. I just have to do this. I didn't realize it wasn't so much about homework, just me feeling mostly helpless in a sense where completing homework was the way that I felt good about myself, and I wasn't taking care of myself mentally at all. I know my sleep schedule was completely messed up, and, like, eating… I didn't have any consistency whatsoever in my life.	*She pulled multiple all-nighters, which contributed to throwing off her sleep schedule.* *It appears she did not realize it at the time, but she put a lot of focus on her academics because she did not feel good about herself, but could control her response to homework and her courses.* *Even with the structure of classes and homework deadlines, she still felt a lack of consistency in her life.* *Her depression seems to show up in several ways in her story. She lacked energy and motivation and felt helpless. She did not feel good about herself or perhaps tied her self-worth to positive academic outcomes. She had an unhealthy sleep schedule and did not have consistency around her diet. She did not have a social network to support her.*

Note. I = Interviewer; C = Catiline

I repeated the third step using a deductive analysis informed by Schlossberg's (1981) transition model of the Four S's. Table 3.4 presents the emergent themes identified from Step 3 with the deductive approach.

Table 3.4. Emergent Themes From Deductive Analysis

Emergent themes	Original transcript	Exploratory comments
	I: Tell me about your first year at college. How did it go?	
Support: Lack of social network and support *Self: Loneliness* *Strategies: Lack of energy and motivation* *Situation and strategies: Does not know college self-advocacy practices with academics* *Strategies: Mental health was not prioritized* *Situation and strategies: Lack of consistency with their college schedule* *Self: Not feeling good about self*	C: Mental health-wise, it was not the best at all… I know it was hard connecting on campus a lot, and part of it was just not really feeling the motivation to go out and see people. I felt like I didn't have the energy to put on a mask, basically, and pretend that I'm just like the super happy bubbly person, and basically be somebody that I wasn't at that time. I can go out and have conversations and be fine. Due to last year, just an overwhelming sense of schoolwork along with not taking mental health breaks. I did not realize you can ask for an extension, because of mental health. It was just, for me, I was definitely, I'm just going to push through it. Then I can worry about my mental health. I know I spent a week where I got 4 hours, and the next day I'd pull an all-nighter. I'd get 4 hours the next day, pull another all-nighter. In my mind, it was just like, well, I have to get my homework done. I just have to do this. I didn't realize it wasn't so much about homework, just me feeling mostly helpless in a sense where completing homework was the way that I felt good about myself, and I wasn't taking care of myself mentally at all. I know my sleep	*Seems to relate their integration to campus to meeting people and creating a new social network.* *She lacked energy and motivation to get out of her room and meet people. Some of their lack of motivation appears to be tied to changing their personality or pretending to be happy and bubbly.* *She felt a lot of pressure academically.* *She did not know norms and practices around advocating for oneself. For example, did not know she could ask for extensions.* *In order to meet her academic goals, she did not prioritize her mental health. "Push through it" appears several times in how she talks about her mental health.* *She pulled multiple all-nighters which contributed to throwing off her sleep schedule.* *It appears she did not realize it at the time, but she put a lot of focus on her academics because she did not feel good about herself, but could control her response to homework and her courses.*

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Emergent themes	Original transcript	Exploratory comments
	schedule was completely messed up, and like eating…I didn't have any consistency whatsoever in my life.	*Even with the structure of classes and homework deadlines, she still felt a lack of consistency in her life.*
		Her depression seems to show up in several ways in her story. She lacked energy and motivation and felt helpless. She did not feel good about herself or perhaps tied her self-worth to positive academic outcomes. She had an unhealthy sleep schedule and did not have consistency around her diet. She did not have a social network to support her.

Note. I = Interviewer; C = Catiline

The fourth step, abstraction (Smith et al., 2012), entails identifying connections across themes related to the overall research question. In this step, themes from the inductive and deductive analysis were examined together with the intention of making connections across the themes. It was necessary to discard some emergent themes in this process while further exploring and innovating the analysis directly related to the research question. The goal of Step 4 was to draw together emergent themes and produce a structure for identifying the most interesting and important aspects of the participants' accounts. Table 3.5 shows an example of the fourth step, examining the emergent themes and making connections between the inductive and deductive analyses.

Table 3.5. Connections Across Emergent Themes

Connections across emergent themes	Emergent themes inductive analysis	Emergent themes deductive analysis
Situation	• *Difficulty connecting on campus* • *Feeling helpless* • *Inconsistent schedule* • *Did not know self-advocacy practices in college specifically*	• *Situation: Does not know college self-advocacy practices with academics* • *Situation: Lack of consistency with her college schedule*
Self	• *Pretending to be someone she is not*	• *Self: Loneliness* • *Self: Not feeling good about self*
Support	• *No social network support*	• *Support: Lack of social network and support*
Strategies	• *No mental health breaks* • *Lack of energy and motivation* • *"Push through it" – did not prioritize mental health* • *Did not know how to self-advocacy norms in college specifically* • *Unhealthy sleep patterns*	• *Strategies: Lack of energy and motivation* • *Strategies: Does not know college self-advocacy practices with academics* • *Strategies: Mental health was not prioritized* • *Strategies: Lack of consistency with her college schedule*

In the fifth step, I repeated Steps 1 through 4 for the next participant's interview. Step 5 was repeated for each participant's interview data before the sixth and final step. In this final step, I searched for patterns based on themes across participant interviews to answer the research question: How do students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college? Once these steps were completed for the inductive and deductive analysis, I cross analyzed the themes from each analysis. The themes identified from the cross analysis provided this study's results and recommendations.

Trustworthiness

Practices to strengthen validity and trustworthiness occurred throughout the study. Member checking and self-reflection produced rich, thick data for addressing trustworthiness and validating the study. Determining the accuracy of a study's findings from the researcher's, participant's, or reader's perspective is validity, a necessary component of strengthening qualitative research (Creswell & Miller, 2000). Transcript checking is a way to ensure trustworthiness. In transcript checking, the participants received the transcript of their interview and reviewed it for accuracy, adding information or clarifying unclear or misinterpreted parts of the interview. Participants did not have differing interpretations of the interview transcripts and there was no need to resolve or clarify the transcripts. In addition to providing their interview transcript, I also sent participants an analysis report and narrative summary so they could provide additional insight into the analysis and interpretation to further validate their transition experiences.

Glesne (2011) shared four questions posed by Hollway and Jefferson (2000) for establishing trustworthiness: "What do you notice, why do you notice what you notice, how can you interpret what you notice, and how can you know your interpretation is the right one?" (p. 211). Ongoing self-reflection throughout the study allowed me to understand the impact of my identity, background, and experience on interpreting the data (Creswell, 2014). I have a connection with the subject material through my previous job and research interest; therefore, I needed to self-reflect on how I understood the data to mitigate the risk of personal bias. For example, when student participants critiqued any university support resources that I collaborated with, I took a moment to validate the participant's experience against my personal and professional experiences.

Triangulation reinforces validity. The multiple data sources triangulated in this study were interview transcripts, participants' comments from reviewing the transcripts and narrative summary, and notes documenting my thoughts and observations during the interviews. Using multiple data sources in the analysis helped bolster the study's rigor (see Smith et al., 2012). In addition to attaining validity and trustworthiness throughout the study, ethical considerations were made to address issues of confidentiality, focusing on student well-being and researcher obligations.

Ethical Considerations

I took steps to protect the participants before, during, and after the study. The first ethical consideration addressed was confidentiality, which Jones et al. (2014) defined as the handling of information an individual knowingly shares through a research relationship or context in which there is an expectation that the information will not be dispersed to unauthorized parties without the individual's consent. Maintaining confidentiality entailed protecting the participants' identities by encouraging them to provide pseudonyms for the study. In addition, there were no demographic data other than gender and race collected or presented with the findings. Further, I destroyed the recorded interviews after I reviewed and edited the interview transcripts for accuracy. Interview transcript identification was with the participants' pseudonyms, thus keeping the data anonymous.

According to Jones et al. (2014), qualitative researchers should do good in addition to do no harm. This is an ethical situation unique to qualitative research due to the relationship between the researcher and participant. Unexpected feelings of sadness or pain could have occurred during the interview and while reviewing the interview transcripts. In keeping with my obligation to do no harm, I provided the student participants with information about available

mental health resources. This information, including counseling services and numbers to free crisis or suicide hotlines, was an addendum to the informed consent form (see Appendix D). These were resources offered verbally, on the informed consent form, and through the provision of website addresses of mental health resources. Providing these resources was one way to build trust and rapport with participants and create a structure for support throughout their participation.

There were exceptions to the need for confidentiality in research. If a participant had shared information about harm to self or others, I would have assessed the imminency of the comments, explained the need for reporting statements about harm to self or others, and reported the information to emergency services. The participants also signed informed consent forms (see Appendix D) to verify their awareness of the study and their involvement and that they understood and agreed to participate (see Jones et al., 2014). I saved the screening information, informed consent forms, and interview transcripts in my Dropbox account, which has a secure username/email and password that only I know. After the study, the dissertation advisor held onto the informed consent forms.

Conclusion

As shown in the literature review, there is mainly quantitative research on college students' mental health conditions. There is a lack of scholarly inquiry on the lived experience of students with mental health conditions. In addition, the literature does not address the transitional experience of students entering their first year of college while dealing with mental health conditions.

This chapter presented the approach, methodology and framework for the present study. I used an IPA approach to better understand the phenomenon of the first-year transition to college

for students with depression. Schlossberg's transition model provided the framework for the approach and analysis. In addition, the sampling approach, participation criteria, data collection, and data analysis were discussed. After I recruited and surveyed possible participants to confirm they met the study's requirements, I selected 11 student participants for the study. Incorporating IPA, an inductive analysis approach, took place followed by a deductive analysis using Schlossberg's transition model. After I completed the inductive and deductive analyses, I performed a cross-analysis of the identified themes to produce the results and recommendations. Finally, there was a discussion of trustworthiness and ethical considerations. I ensured trustworthiness through transcript checking, self-reflection, and triangulation of multiple data sources. I took several steps to ensure student participants' confidentiality throughout the study. Additionally, due to the nature of the topic of mental health, student participants received a list of mental health resources.

CHAPTER 4: ANALYSIS AND FINDINGS

The first-year transition to college is an important topic for higher education administrators, faculty, students, and families. This study's findings contributed to the understanding of how students with depression experience their first college year. The guiding research question was, *How do students who recently completed their first two semesters describe their lived experiences with depression during their first-year transition to college?* The analysis and findings provided insight into the first-year college experience phenomenon.

The participants provided rich data via descriptive reflections on their first year of college, with data analysis giving insight into each participant's understanding and navigation of the college transition. Inductive and deductive data analyses produced four major themes aligned with one of the four S's of Schlossberg's (1981) transition model: situation, self, support, and strategies. Ordinate themes emerged to support the superordinate themes of the four S's (see Table 4.1).

Table 4.1. Summary of Superordinate Themes and Ordinate Themes

Superordinate themes	Ordinate themes
Situation	Transition recognition
	Adulting
	Loneliness and isolation
	Questioned college
	Hopeful
Self	Comparing to others
	Minoritized identities
	Self-discovery
Support	Family support
	Friend support
Strategies	Changing strategies
	Detrimental coping strategies
	Inability to cope

Superordinate Themes

The situation includes factors that impact how individuals define a transition (Schlossberg et al., 1989). Situations can differ by individual because a transition can vary based on location, family dynamics, and experience with transitions. In this study, the situation theme's ordinate themes were transition recognition, adulting, loneliness and isolation, questioned college, and hopeful.

The superordinate theme of self, the second S of Schlossberg's (2008) transition model, included the ordinate themes of comparisons to others, minoritized identities, and self-discovery. The ordinate themes aligned with Chickering and Schlossberg (1995), who defined the self as the personal demographics, characteristics, and psychological resources available to an individual. Gender, age, socioeconomic status, ethnicity, life stage, and health are personal demographics and characteristics that can affect how individuals view life (Chickering & Schlossberg, 1995; Evans et al., 1998). Ego development, outlook, commitment, and values are psychological resources. The unique combination of personal demographics, characteristics, and psychological resources can impact how individuals approach transitions.

According to Schlossberg (1981), support includes the formal and informal social networks and systems that provide energy and advice to individuals navigating transitions. Support includes intimate relationships, family units, friend networks, institutions, and communities that offer support, psychological and emotional security, navigational assistance, and feedback (Chickering & Schlossberg, 1995; Evans et al., 1998; Schlossberg et al., 1995). Individuals might need different types of support depending on age, gender, circumstance, and more (Schlossberg, 2008). Further, transitions can result in a change in an individual's support.

Support, this study's third superordinate theme, included the ordinate themes of family support and friend support.

Strategies, the fourth of Schlossberg's four S's model, includes the tactics, actions, and coping mechanisms that individuals use to make meaning of and navigate transitions (Schlossberg, 2008). Another strategy is not to act at all. Strategies are coping responses requiring individuals to change or modify the transition, change or modify the transition's meaning, manage reactions to stress, and take deliberate inaction. Changing strategies, detrimental coping strategies, and the inability to cope were the ordinate themes identified under the strategies superordinate theme.

Situation

Schlossberg (2008) defined the situation as the contextual elements of a transition, such as location and family dynamics. In essence, the situation is a person's ability to describe and identify a transition. Each participant in this study had unique experiences and diverse descriptions regarding their transition situations. Further, how the participants described their situations changed during their first college year. The student participants had varying descriptions of their second semester of college based on their first-semester experiences. Ordinate themes emerged from the data analysis: transition recognition, adulting, loneliness and isolation, questioned college, and hopeful.

The ordinate themes showed how the participants understood their college transitions. Many participants' ability to recognize and navigate the college transition was delayed due to depression. Adulting, loneliness, and isolation were significant stressors and circumstances during the first year of college that caused depressive symptoms and impacted the participants' sense of control over their college transitions. The participants assessed their transitions as good,

bad, or neutral and considered whether attending college was the right choice. Despite their depression, the participants reflected on their first year of college and felt hopeful they could improve their college experiences and achieve their career goals. The situation theme showed how the participants identified and defined their college transitions.

Transition Recognition

The participants had different expectations of the college experience. Before enrolling, the participants understood that college would differ from high school; however, they underestimated how life-changing it would be, which contributed to depressive symptoms. Most participants felt mentally and emotionally unprepared for college but physically prepared for college necessities, including laptop computers, linens, and notebooks. Some participants, particularly the first-generation students, felt they had no one to advise them on what to expect in college. Emilia described her transition preparation:

> I guess I was physically prepared because I bought everything I needed, I felt like, but I didn't know what I was going into, so it was like a blank slate when I was going in. I didn't really prepare because I didn't know what to expect.

The lack of mental preparation led to an abrupt college transition. Eve described her transition, saying, "I went from one distinct thing to another distinct thing, as opposed to, 'Oh, we're going to slowly inch you into everything.'" Eve's academic and social structure and living situation entirely and abruptly changed in college.

Other participants shared similar reflections. Although the students received some advice on the college transition, they still felt underprepared. Mabel found the sudden change in environment difficult:

Everyone always talks about how weird the transition from that last summer of high school to college is. And I was still completely blindsided by it. Really, nothing in this world can prepare you for having all of your friends, your family, everything you love taken and just switched up. So, it was difficult.

Like Mabel, many participants did not feel equipped to live away from family and friends. Mabel described her college transition as "difficult," saying, "My whole life I was told, 'Just wait until college. It'll be so much fun. You won't even miss us. It's going to be incredible.' And that just wasn't there for me." The excitement of starting college dissipated quickly upon moving away from family and friends. For many participants, depression contributed to the difficulty of the college transition.

The participants discussed how depression resulted in a delayed transition to college during their first year. Liz said,

I feel like [depression] definitely made things harder and slowed down the transition, just because it was another hurdle to kind of get over along with everything else that was being thrown. And I think that, because it wasn't in the foreground before, I struggled doubly, because I struggled with the validity of it, because I was like, since when is this a thing? Because on paper, technically, people say this is a thing, but I have not experienced that yet. It was definitely a struggle that, once I realized it was going to be a struggle, was a struggle.

Liz had experienced depression before college; however, it became more prevalent when she entered college. The college environment caused her to experience more depression, resulting in a slowed transition and difficulties overcoming challenges. Liz stated,

I think [depression] also slowed down every other hurdle that was being thrown. Like, for example, figuring out what college classes look like and what is required to be successful in a college class. There was constantly that looming, well, this sucks, and there's so many other things I'd rather be doing right now, and most of them include not leaving this room. So, I think that if [depression] wasn't there, it would have been smoother, and that rollercoaster would have looked much shorter.

The participants noted that they faced new obstacles, situations, and expectations in college and began looking for reasons to avoid difficult situations. The participants believed they could have gotten involved in college and built robust social networks to support their transitions if depression had not given them reasons to avoid challenges and changes. All the participants faced the challenge of a delayed college transition and struggled to learn how to complete adult tasks.

Adulting

Adulting is "the practice of behaving in a way characteristic of a responsible adult, especially the accomplishment of mundane but necessary tasks" (Oxford Languages, 2022). The study participants described their first-year college transition and the responsibility of becoming an adult. They discussed navigating a new college environment while learning how to be adults. Adulting was a heavy weight for the participants, and many felt they had to figure out how to be adults on their own. Alexis said, "My first year of college was really rocky. It was a rocky transition. I mean, it's just a weird time period in life where you're kind of an adult but still a kid." As Alexis learned to navigate a new stage in her life, she realized that college was not causing stress. However, she found learning to complete adult responsibilities while transitioning to college with depression more difficult than anticipated. Alexis said, "College wasn't as scary

as I thought, but at the same time, I didn't realize how much responsibility came with being an adult. Being self-reliant, too." The additional responsibilities caused Alexis to feel unstable in her college transition. She worried about money and food, which also contributed to her depression. Alexis said,

> Sundays, I had classes, and then I had to figure out meals for myself. I don't know why it feels so much to have meals figured out for myself rather than coming home to a family dinner. I had to worry about learning how to cook and then worry [about how] to pay for food, and just little things like that that add up.

The participants found adulting challenging because they had never done it before and had to learn how. Emilia discussed how learning how to be an adult impacted her:

> It's like in America, once you turn 18, you're suddenly an adult. I turned 18, and all of a sudden, I had to start worrying about a whole bunch of things. Had to worry about filling out my FAFSA and filing taxes and doing all these things. Worrying about scheduling my own doctor's appointments. Now I'm used to it because it's been almost 2 years, but it's still a little hard. I think one of my biggest challenges was having to grow up, I guess.

Emilia struggled to handle new responsibilities while transitioning to her first year of college with depression.

Emilia also described how additional responsibilities caused her to feel alone and depressed. She said, "I think [college] just made me feel more alone and responsible, I guess, because I realized I had to actually care for myself now." Additionally, Emilia did not have the academic performance she expected, and she started to feel a loss of control over her situation. She said,

I lost control a lot of the time, like with the eating and sleeping, and time management was a big issue. Then I used to have a therapist at school that tried to get me focused on things that I could control instead of the things that I couldn't, because I'm a worrier. It got to a point where I just didn't even care about the things I could control anymore.

Emilia's weak academic performance contributed to her feelings of worthlessness and helplessness. Her feelings of losing control of academics, diet, and sleeping habits and a lack of interest in what she could control were depressive symptoms that directly and negatively impacted her college transition. However, at the time of her interview, Emilia no longer found adulting as worrying as when she first transitioned to college, but it was still difficult for her.

Contributing to the difficulty of learning how to be an adult was seeing other students on campus who appeared to know how to handle adult responsibilities. Mona dreaded adulting and did not find it helpful to see other students handling their responsibilities. She began to feel worthless and struggled to make decisions and follow through on responsibilities. Mona said, "There's also this foreboding sense of, like, having to be an adult or grow up or knowing everything." Mona and other participants wanted to be like the students they saw on campus who appeared to take care of their responsibilities. In addition to dread, the participants found it arduous to meet adult responsibilities because of their desire to be like others. Wanting to be like others and being unable to match other students' adulting contributed to the participants' depression and self-perceptions of worthlessness. Although adulting was difficult, the participants felt more independent when they could complete their adult responsibilities.

The participants saw being an adult and adulting as signs of their independence from their parents. Alexis said,

I had to learn adult things eventually. But again, I definitely learned a lot about independency. I mean, I thought I was independent before because my mom kind of raised me to be independent. I've always been the independent one. But there was just things that I definitely had to learn to be independent for. There's so many factors of going into college. You have to worry about actual adult stuff, like car, food. And then it's not just, like, the college school and everything. It's like I felt like a totally different lifestyle.

With her depression, Alexis struggled to complete new adult responsibilities and a new lifestyle. Although Alexis considered herself independent before college, attending college and adulting felt different than her independence in high school. Being a first-generation college student also contributed to Alexis's responsibilities.

The participants who thrived with adulting entered college with an understanding of and experience with adulting. Liz noticed the difference between independence in high school and college but attributed her success with adulting to her precollege practice and preparation. She credited her comfort with adult responsibilities to her parents, saying,

I think my parents did a good job of, senior year and the summer before college, just kind of saying, "We're not doing your laundry anymore. You're cooking dinner. You're going to find food for yourself." They did a really good job of saying, "We're not sending you to college unless you're ready. We're not going to just throw you in the deep end and watch you struggle." So, I think that was really helpful, but nothing can prepare you for the unknowns of mental health.

Despite her preparation, Liz described her first semester as out of control, causing her mental health to worsen. She said, "I just kind of felt like things were happening to me, and I couldn't

really do much." She felt more in control during the second semester because she could take on more adult responsibilities and advocate for herself. Liz stated,

Looking back, now that I'm here, only because [the transition has] helped me to be a better advocate for myself. Just— It's made me kind of take responsibility for myself a little bit more, which I feel like, if I hadn't gone through this transition, I don't think I would have felt the need to. I would have been like, well, I'm still here in my childhood home, and I can just go downstairs and ask for help if I need it. So, I think that was a positive. Positive lessons were learned, but [it was] a rough road getting there.

Liz's "rough road" included handling academic and social struggles and navigating adult responsibilities. She felt a lack of control during her first semester, which negatively affected her mental health and depression. In later semesters, she felt more in control over her abilities to complete adult responsibilities because of her parents' preparation. Looking back, Liz described her transition as positive because she had support and experience with adulting. However, not all the participants had parents who provided such support for the adulthood transition.

Mona was a first-generation college student who lacked familial and collegiate support for adulting. She struggled with academics, the college transition, and adulting and could not turn to her family for help. Another struggle was the use of campus support resources. Additionally, her high school did not provide her with adulting preparation. She said,

I feel like high school doesn't really prepare you for things that are actually in college. They focus only on, like, learning stuff like math, science, biology, all that other stuff, but they don't like prepare you for other things that you have to deal with, like relationships, bills, credit cards, stuff like that. It's just, "Learn this. Go into the real world and figure it out yourself."

Mona tried managing her depression, the college transition, and taking care of her adult responsibilities. However, despite her efforts, the lack of preparation and the inaccessibility of support made her feel isolated and overwhelmed.

Loneliness and Isolation

Analyzing the participant responses indicated the recurring ordinate theme of loneliness and isolation. The student participants described their transition situation and noted how depression and the COVID-19 pandemic created a lonely and isolating environment. As a result, they struggled with or felt complacent about developing robust social networks during their first year of college. Depression, the pandemic, and physical distance from family and high school friends contributed to their loneliness and tendency to isolate. College administrators took drastic measures to promote safety during the pandemic. Most classes were converted to online classes and as a result participants had few in-person classes and limited in-person time around other people. Participants rarely left their residence halls or rooms to get necessities such as food, as the dining halls were often attached to the residence halls. The participants soon realized they could stay indoors for days, which created a lonely and isolating environment. Mabel discussed her loneliness:

I have never felt lower in my life. I was, every day, isolated in my room: no classes in-person, no people to talk to. Anxiety kept me from going and getting out there and eating food in the dining hall, even though I wasn't even eating in the dining hall. I was picking up my food and bringing it back to the room.

Catiline shared a similar experience of taking online classes and living in a residence hall:

I know what I started to run into in that first semester. I only [had] one class in person every other week. I could honestly go almost 2 weeks without having to step outside of

my dorm because [of how] everything's placed: the dining hall's there. And since I wasn't going to activities, I could live literally in my dorm for 2 weeks and not have to go outside. At first, it was like, "Haha, this is funny. I want to see how long I can go." Then I realized, It's not okay. You do need to go outside. In [the residence hall], they have, like, outside eating. I would do that once in a while, but it's not the same as walking around campus, actually seeing how beautiful things can be, with all the squirrels. That was difficult, realizing that's not something you should do.

Catiline understood she needed to change her environment to improve her mental health and mitigate her depression. However, the realization took time, and she had to make an effort to leave her room. Although the participants soon knew they needed to leave their residence halls, they still faced challenges in their social lives.

Many of the participants felt excited about the prospect of going to college and making new friends. However, COVID-19 restrictions, community guidelines, and depression were barriers to building new social networks. The barriers caused by depression included the inability to leave their rooms for socialization and to control their thoughts. The participants often worried about what others thought about them. Jen described being uncomfortable about opening up to others about her depression because she did not want to feel she was a burden. Additionally, she did not want to open herself to abandonment with a new social network, resulting in further isolation and depression. Jen said,

The loneliness— Despite being around a bunch of people, I still felt lonely a lot, and it's probably because I couldn't open myself up for fear of abandonment or fear of [being a] burden, I guess you could call it. I wanted people to know about me, but I also didn't

want to be treated, like, as fragile, or like they needed to be careful around me, or like

they needed to help me somehow.

Jen felt she could not open up to others to talk about life or mental health, which increased her feelings of loneliness and isolation.

The participants with marginalized identities faced additional barriers to socializing, as they already felt lonely and isolated in college and with family and friends and the pandemic created further socialization challenges. For example, Ashley feared opening up about mental health and did not want to feel like a burden to her family. Ashley recalled her first-year experience with loneliness and isolation as a first-generation Latinx student:

With, like, COVID and everything, that was definitely a situation because when I would

want to go home, I was considered a risk because I was around people, so I didn't really

feel welcome there. And then when I would be on campus, I didn't have very many

friends, so then I would just be by myself. And I am a very social person, so that kind of

affected that.

Ashley's Latinx identity, college education, and the pandemic contributed to her depression, isolation, and loneliness. Additionally, her college situation did not align with her outgoing personality, and she could not foster a social network; thus, she experienced increased depressive symptoms. Further, Ashley's family saw her as different because of her college education. As a first-generation college student, she did not feel she could turn to anyone for college guidance and support. The cultural stigma around mental health and her family's lack of college experience also led to unintentional isolation, contributing to her depression.

The Latinx participants often considered campus support resources when their families could not provide guidance and support. However, they perceived campus support as inaccessible. Mona described accessing mental health support and resources as hopeless:

> It felt like I was hopeless because I was already struggling with a lot of stuff, and I had recently had an event that put me in this depressive episode, so I was struggling with that. But I couldn't reach out to anyone here at school because I felt like everyone was too far to reach out to. And I didn't have any friends yet because I couldn't go outside to make any. And my family doesn't really understand issues like this, or I couldn't tell them, so it was just me having to deal with these issues.

Combined with the college transition, Mona's recent depressive episode led her to perceive on-campus support resources as unreachable. Mona did not make supportive friends on campus, and her Latinx family was not an option. Thus, she felt isolated and lonely.

Questioned College

During the first year of college, the participants questioned whether college was the right choice. The students blamed depression for their poor college experience and questioned whether higher education was the best place for them at this time. Jen explained,

> Well, [depression] definitely made it worse. It could have been better. It just made it a little less bearable. Some days, I wish I hadn't even gone to college. It made me question a lot, like a midlife crisis kind of thing. It just made me wonder if this is what I really wanted, if I could do it. If I could do it came up a lot. I didn't think I could do it. Like when my GPA dropped, I was like, I can't do this, I'm not smart enough, or I don't apply myself enough. I didn't put [in] enough effort, and I'm never going to be able to. It made me have feelings of—there's a word for it; I'm trying to think of what it is. Not longing.

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Feelings of hopelessness; there we go. A lot of feelings of hopelessness around almost everything I did.

Because of Jen's depression, she felt hopeless when her GPA dropped. She believed she was not smart enough for college and questioned whether college was right for her.

Some participants wished they had attended other colleges and wondered if they would have had different social lives at different colleges. For example, Mona attended a large university but wondered what her experience would have been like at a smaller school where the pandemic safety measures did not feel as restrictive to their social life and college experience. Mabel believed she would have felt less depressed and could have gotten more involved at a smaller school with a closer community. Mabel stated,

> I found myself really wondering if I had gone to [a smaller school] with a smaller bubble and stuff, if I would've had a closer community, been able to go to classes in person, been able to have those activities where people… Because [my college] is just such a big school, and you can under no way with the pandemic happening have everyone come together. So, yeah. I found myself really longing for something like what [the smaller colleges] had.

Alexis described her transition to college as chaotic. She told herself there was too much going on, and she could not do it all. Alexis shared,

> When I was transitioning, that was just the whole chaotic period in my life. So usually, I have a more negative outlook and things that are happening. I mean, there's just so much going on for me that I remember telling myself, "I can't do this. It's another day. I can't get out of bed," and stuff like that. I think I had a lot of negative thoughts, like, "Oh, I can't do this," or "Is it really worth it?" And stuff like that.

Alexis explained that she struggled to get out of bed and complete her responsibilities due to depression and negative thoughts. Evelyn also had negative thoughts about her college transition and felt she could not handle college. Evelyn said,

> There was a point where I was just, I don't want to do this. I called my mom, and I cried, and I was [like], "I want to drop out. Please let me drop out." She was [like], "No, maybe that's just not your passion. Maybe you just need to change your major." She was trying to convince me, "Now, you need to stay in this." At that point, I was [like], do I even want to be a teacher? Why am I doing this? Why am I in school? I could have a different job right now. Be full time and just be making money. Why do I need this? So, I didn't think it was setting me up for a good future, because I was [like], I can have a job right now. I can have a full-time job. I don't need this.

Evelyn questioned her ability to be a college student and whether college was worth it.

All 11 participants considered dropping out at some point during their first year of college. Mona attributed these thoughts to her depression. Although she had wanted to be a doctor since childhood, her first year of college made her doubt herself. Mona said,

> [Depression] made me question whether or not I should even go to school. I was considering dropping out, and I didn't know if I still wanted to be a doctor. And I've always wanted to be a doctor since I was a little kid, so it was a really hard period of questioning.

Hopeful

Despite their first-year experiences, the participants hoped they would have better experiences later in college. Catiline reflected,

I'd say [the transition was] positive mostly because this semester, I feel I'm mentally at a better place. So, now I am able to look back and realize there are lessons to learn through what I went through. And I think part of it's also just my mindset where I like to think everything is some sort of takeaway. So, that helps me, I'd say probably more so cope where I can validate my emotions and not be like, "Wow, I really hated college. I should have just not gone. Why did I go?" and realizing, "Hey, you work through that and now you can enjoy." …I feel like, for me, I'm so glad that I did transition from straight out of high school to college, even though what I went through, I'm upset with myself that I let it get to that point at the same time.

Catiline was proud she had persevered despite adversity and mental health struggles. She thought about leaving college during her first year but was able to learn from her experiences. Although she was upset that depression impacted her first year significantly, she had learned from her transition experience.

Reflecting on their first year of college, the participants discussed what they had learned about themselves and school. They felt stronger after completing their first year of college. Mabel shared,

[The transition] has made me an infinitely stronger person. As horrible as this experience was, I'm so grateful for it. I love the person I'm becoming, truly, and I…think if I wouldn't have had this setback that my character growth wouldn't have been able to begin. So, it's affected me a lot, but I'd say in a pretty positive way, because it's no longer a part that I cover up and I need to hide. It's just a part that I have to deal with sometimes.

Like Catiline, Mabel appreciated her first year of college despite its challenges. She had improved her character, self-acceptance, and beliefs about depression as part of her identity. As she progressed through her first year, Mabel stopped hiding her depression when talking to others. Recognizing she would sometimes have to deal with depression, she began talking about it—a coping strategy she learned in her first year. Mabel reported loving who she was becoming based on how she responded during setbacks in college.

Evelyn had a similar epiphany, stating that she felt optimistic and excited about the future because she had completed a difficult first year of college. Evelyn elaborated,

I think [the transition's] made me think about the school year and the following, just my future in general, very differently. I feel getting through last year was really hard, but it also taught me a lot about myself. I did go through all these doubts. I'm like, "I want to drop out of college," or, "I don't think this is right for me." But I got through it, and at the end of the day, I do know this is what I want to do. I feel it just made me hope for the future a lot more and be more excited for my future. Get more excited about having my— Being a future teacher and helping those future students that might need someone like I needed. I just feel it made me a lot more passionate about what I want to do, too, because I made it through my first year of when I doubted all of it, and now, I just want to get to the end.

Evelyn learned about herself and how she responded to doubts in her difficult first year of college with depression. Importantly, her first year of college made her feel hopeful and excited about her future. Because she persevered through her first year of college and difficult periods with depression, she was more confident and passionate about college and her career choice. She

wanted to support other students with depression and felt motivated to graduate so she could help others.

The situation superordinate theme had five ordinate themes: transition recognition, adulting, loneliness and isolation, questioned college, and hopeful. The ordinate theme of transition recognition showed how the participants described their transition from high school to college. The participants realized their first-year experiences differed from their precollege expectations and felt mentally unprepared for college. Thus, they described their college transitions as abrupt, noting that depression impacted their shift to the higher education environment.

Another ordinate theme, adulting, pertained to how the participants learned how to handle adult responsibilities during their college transitions. The participants experienced increased stress and a more difficult first-year transition when assuming additional adult responsibilities. The stress of adjusting to their first year of college and adulting contributed to the student participants' depressive symptoms.

The third ordinate theme was loneliness and isolation, feelings that contributed to the participants' depressive symptoms. The participants faced several barriers to creating a social life during their first college year. One major barrier was the COVID-19 pandemic. The students rarely left their residence halls because depressive symptoms caused them to isolate and compare themselves to other students, and they believed they would be a burden to others if they tried to make friends. The Latinx participants experienced additional loneliness and isolation on campus because they could not talk to their families about the college transition.

The participants questioned whether they made the right decision to attend college, which led to the last ordinate theme of questioning. Because of depression, the student participants felt

uneasy during their first year of college. Although they experienced adversity and depression in their first year, they felt hopeful about college overall. The following section presents the superordinate theme of self and how the participants saw themselves during their college transition.

Self

Schlossberg (1981) defined the self of the four S's as an individual's demographics, characteristics, and psychological resources. In this study, the participants' psychological resources were significant factors during the first year of college. Ego development, outlook, values, and commitment are psychological resources (Chickering & Schlossberg, 1995; Evans et al., 1998). Under the superordinate theme of self, the ordinate themes were comparing to others, minoritized identities, and self-discovery.

The college transition allowed participants to learn about and explore their identities, values, outlooks, and perceptions of themselves compared to others. In measuring themselves against others, the participants examined their identities as they related to depression. The participants also changed their values in response to new or challenging situations. Personal demographics and characteristics impacted each participant's college experience, and those with minoritized identities faced significant barriers and microaggressions that impacted their mental health. However, the participants with minoritized identities found students with similar identities in college. As the students progressed through their first year, they began understanding their values and outlook. In the first year of college, they underwent intense self-discovery and redefined the role of depression in their lives. The situations they faced enabled them to define their values and social circles.

Comparing to Others

As the participants transitioned to college and began exploring the world, they observed other college students to learn how to behave. The participants' observations contributed to their self-doubt, depression, and fear of missing out on a positive college experience because they compared themselves to their peers. Mona said,

> I see people around campus that look like their lives are together, and then I'm here. Like, I struggle to get up on time. I have issues with attendance and stuff, and it's like, I wish I could be like them.

Similarly, the other participants experienced self-doubt when comparing themselves to other students.

Some participants compared themselves to their high school friends who went to different colleges. Mabel shared,

> But those few people who had those weird friend groups, they kind of were having [all-nighters and parties] a little bit more. They'd go, and they'd drink in someone's dorm room. Or they'd, I don't know, just go to a house. But then I've got friends at smaller, more religious universities, and they were having the time of their lives, and even they had held back because of COVID. But, yeah. They were having— I mean, the grass is always greener on the other side. So, to me, they were having such a good time. They were having that ideal college experience that I just was missing out on.

Mabel compared her less-than-ideal college experiences to those of other college students and her high school friends. She perceived the ideal college experience as having an active social life. She regretted and felt sad about her college choice because she lacked the ideal college experience, resulting in increased depressive symptoms.

As the participants advanced through their first year of college, they began to change how they thought about and compared themselves to other students. They identified similar challenges and found other students were not as perfect as they appeared. Jen explained,

> So, I definitely became more mindful, depression-wise. My collegiate experience made me realize that I'm not the only one going through everything. People who seem like they have it together typically don't, and someone may seem perfect, but I found out through a lot of people I met, whether we stayed close friends or not, they really don't have all their shit together like I thought they did. Everyone's going through it rough. It's not just me.

Jen realized that comparing her life to others affected her mental health. When she understood that other students had similar challenges, she became more aware of her depression and how to care for herself.

Minoritized Identities

The participants had diverse experiences regarding their identities, the college transition, and depression. The students who identified as White did not think about their race and ethnicity as they navigated their first year of college. However, those representing minoritized races and ethnicities and LGBTQ+ status reflected on how their identities impacted their first year of college.

The participants with minoritized identities joined communities with people who looked or identified like them. They perceived the college environment as more diverse and accepting than in high school and found solace in a shared community. As they slowly created new social networks, they gravitated toward other students who looked like them or had similar identities. Because they could relate to their networks' collective life experiences, they felt less lonely and

isolated. Further, the participants began to feel comfortable talking about their life experiences, depression, and mental health. Mabel found solace in being around people with similar identities:

> I personally identify as a bisexual woman, and so being able to find other people specifically who also identified the same way, I found a lot of solace in that, in being able to talk to them about their experiences with it and just little interests here and there that I feel make me *me*. Those tiny things were able to build a bridge to another person. So, yeah. That was good.

Mabel experienced better mental health when surrounded by people with similar identities.

Like Mabel, the participants who identified as LGBTQ+ found support in their communities; however, they also dealt with daily microaggressions. These microaggressions often caused negative thoughts about self-worth and depressive episodes. Jane discussed pronouns in different workplaces during the first year of college:

> I would say my gender both positively and negatively [impacted my college experience], just because coming to terms with who I am was really difficult. But once I started being able to express myself the way that I actually wanted to express myself, dress the way I wanted to dress, present myself the way I wanted to, and come to terms with that identity, that was really positive for my mental health. But the journey of being discriminated against and being misgendered and things like that definitely did not help [my depression]. My workplace situation when I changed my pronouns and people started treating me differently…was an awful experience because I didn't think that college students of my generation would treat people that way. I thought we were very open and very positive toward people becoming more who they are. Granted, I did work with many older adults, like Gen X, but then when I transitioned into my second workplace, they

were very, very accepting of who I was, and that was a very positive aspect. Now my

workplace, as a peer mentor, is the most accepting workplace that I've ever been in. So,

overall, after the struggles of coming to terms with who I was and the other people

coming to terms with who I am, that is when it became a very positive experience, but

that journey of trying to figure out who I am and the other people trying to figure out who

I am alongside me was difficult.

Jen struggled with mental health and depression in a workplace with microaggressions. Conversely, a work environment with people who respected Jen's pronouns and identity resulted in a more positive experience. The positive workplace enabled Jen to experience improved mental health, self-worth, and self-discovery.

Like the participants who identified as LGBTQ+, the Latinx students' college experiences caused depression and loneliness. Alexis said,

A lot of times, I felt like I was alone. I know it's a very standard feeling, but there was a

lot of times I'd…I mean, I go to a predominantly White campus, too. And I'm Mexican

American, and it's pretty obvious with that, too, and I kind of stand out, and I recognize

that.

Because Alexis felt conspicuous at the predominantly White college, she found the Latinx community particularly welcoming.

The Latinx participants described a supportive Latinx community as critical for discussing mental health and depression. Some participants felt they could not discuss depression with their families. Ashley stated,

I always grew up thinking, being taught that anxiety isn't a real thing and depression isn't

a real thing. So, when you grew up doing that, and you experience those things, it's like

you always question what is wrong with you. You're like, "Why do I feel like this if everybody else says it's not real?"

Ashley also noted that talking about depression was not an accepted practice in her family:

> People around my age were going against everything that they were taught. So I've had discussions like that, and we would talk about, like, the whole idea of— the whole aspect of anxiety and depression and how was that viewed in your family, and then how…you feel about it going to college.

Because Ashley could not talk about mental health and depression with her family, she especially appreciated discussing these topics with the Latinx community she found in college. She said the community "really helped [her] out because it's really common to feel like this coming from that community, so they made it really positive to make me feel like I wasn't completely alone in that situation."

The student participants with intersecting minoritized and LGBTQ+ identities faced additional hardships, as Mona explained:

> My family, being Hispanic, really didn't believe in mental health, so it was really difficult. And I'm also bi, and my parents are pastors of a church, so it's, like, really difficult. I didn't, obviously, tell them because I'd be kicked out, but I find it weird how they, like, hate people who are LGBTQ, but then they accept other things happening in the family that are even worse, but they let it pass.

Mona identified as Latinx and LGBTQ and grew up in a religious household. She felt she could not come out to her parents and believed they would cut her off financially if she did so. Mona's parents also did not let her seek counseling because they did not believe in mental health. For Mona, the Latinx LGBTQ community in college contributed to her sense of self-worth and self-

discovery. The Latinx LGBTQ community also gave Mona the push she needed to find a therapist.

Self-Discovery

The participants described their overwhelming challenges with transitioning to college. However, they also underwent positive changes from experiencing and completing a year of college with numerous adversities and depression. Jen said,

> I think I'm a lot better. I'm a better person than I used to be. I'm happier generally. And I think I'm more ready to take on adulting. Every year, I feel more and more prepared because I know it's going to suck.

Jen formed values and explored her identities during her first year of college and, through reflection, felt happier. Other participants discussed how much they had grown over the past year. For example, Mona shared that she began reading philosophy and saw life less as a series of achievements and more as a journey. Mona explained that this new outlook allowed her to grow as a person with depression and enjoy herself more.

The participants also explored parts of their identity and began openly being themselves. Several participants came out as gay or bisexual the year before or during their first year of college. Some student participants found the college transition more manageable when they could be themselves openly. Mabel said, "Coming out, just being able to be more me was great, and that helped me find the smallest community. But I was grasping at straws. I needed anything, so that was really good. It absolutely helped my transition." Mabel found comfort and support in the LGBTQ community. Similarly, finding identity-based communities and support enabled Mona to cope with the transition to college and depression.

In college, the participants explored not only their identities but their values. They learned about who they wanted to be in the world. Alexis realized she had to unlearn behaviors she had developed before college. She shared how the transition to college affected her:

> I definitely learned maturity; I would say so. And I learned to take care of myself better or put myself first before grades, which is hard for me to say sometimes. I mean, it helped me learn to reach out, but [it] also helped me recognize a lot of red flags that happened during then. Because I think I had some severe depressive cycles sometimes, so it helped me learn those red flags. So, I had to force myself to come out of my shell, but I also found people who were just like me.

Alexis realized she wanted to take better care of herself and identify behaviors that had contributed to or resulted from her depression. Alexis's college transition enabled her to mature and reach out to family or friends for help.

> Jane also explored how college resulted in a change in outlook and values. She said, I definitely think [the college transition has] made me the person that I am today. I've gone through— like, even before college, I went through a lot of struggles that I wouldn't change for the world because I am who I am today because of them, and I like who I am today. And I think that's a really important step in any road or any journey, is to just…like, acceptance. Even if that transition was rough and you did go through that, but you made it out of that, and you made it through it, and that speaks worlds about who you are as a person. Because now I can confidently say that I am happy and I am proud of myself, and I do deserve to be in college and all these things that I didn't even believe coming into college. I love myself, and I love who I am, and I love being in college, and those weren't things that I could say in my first semester.

Jane described her college transition as rough due to her depression; however, the transition resulted in personal transformation and improved self-perceptions. Because of her first-year college experience Jane loved college and the woman she became.

Other participants had similar transformative experiences during their first year of college. Like Alexis, Ashley changed her outlook and values and became more mature and independent. Ashley said,

[The college transition] changed [my outlook] because it gave me a sense of my own self-worth a little bit more because, yeah, I did change because I felt like I needed respect at that point. When I was in high school and stuff, I would just take things. I would just be like, "Okay, whatever." I wouldn't cause problems. That's how I would look on it. But when it came to going to college and everything, it was like at some point I realized, like, "I'm doing this. I'm doing bigger things." I became more proud of myself, I guess. So when it came down to— like, I had moments where in the past, I would just take it and not do anything. Yeah, I would say something at this point.

During her first year of college, Ashley learned to recognize and appreciate her accomplishments. She saw growth and maturity in herself in comparing who she was in high school to who she had become in college.

The participants engaged in self-discovery during their college transitions, significantly changing their values when faced with new situations and challenges to their beliefs. The students with minoritized identities underwent significant change. For example, Mona explained she was very religious when she was younger, but college enabled her to explore her identities and adjust her beliefs and values. Mona said,

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I used to be really religious as a kid, and I used to also be, like, really against LGBTQ communities and stuff like that. I guess I realized [it] was, like, internalized homophobia. I started thinking more for myself instead of just listening to others around me, like what they were telling me was right and wrong. And then I realized that the hatred was coming from a place of insecurity.

Mona's exposure to others in college enabled her to reflect on and identify her insecurities. As Mona explored her LGBTQ+ identity, she adjusted her values and learned to love herself despite a challenging year with depression.

Other participants shifted from their parents' values. Catiline moved away from her parents' definition of success to define it on her own:

My values and outlooks of wanting to be the best I can be and, like, saying, well, I needed to find my own version of success and realizing that success doesn't mean 4.0 all throughout college. Like, no, but then with depression involved, it is the complete opposite where I want. It felt like depression made me say, "I want to be these things, but you can't be those things" type of deal. So, while transitioning, your values are changing, but because of depression, it makes you feel like your values just aren't attainable at all. Which is really hard because during rough times, you depend on your values, but with depression, it's basically telling yourself, "No, you are wrong."

Depression impacted the value-changing process for Catiline. She could adjust her values, no longer defining success as holding a 4.0 GPA throughout college.

The student participants also changed where they got their energy. When Mabel entered college, she considered herself an extrovert who received energy and value from being around

and interacting with others. However, the college environment and her depression caused her to change her views:

> I did a 180. I entered college thinking…I'm going to use the Myers-Briggs as, like, my thing of— I entered thinking I was this… Oh, the things were ESFP, like extrovert, sensing, and then feeling, obviously. But yeah. Once the depression hit, I did realize that I do need people but that I'm not necessarily an extroverted person. I did really find that I enjoy being alone in some places because when you go from 100 to zero so quickly, you have to find that calm in the storm. And my calm was just being alone, not having to put on a show for anyone else. So, yeah. So, I'm a more reserved person now. But then I also just, [with] each and every one of my friends, I really, really try to take the time and value them. I've never done this before, so my mindset has completely changed because of depression and college, frankly. Yeah. I don't even look the same as last year. I got pink hair now. I'm crazy.

Mabel had depression in high school; however, her depression in college impacted how she expected to experience college. She began to reflect on her values. She still noted the value of friendship in college but experienced different interactions with her friends. Mabel began to value being alone at times and engaging in more quality time with her friends.

The college transition caused the participants to change themselves and their values as they discovered who they were. The students compared themselves to others during their first year of college, which caused or heightened their depression and adversely impacted their mental health. However, as they finished their first year, they began to see the harm in comparing themselves to others and learned to empathize with others.

The participants also explored their identities, values, and beliefs. They interacted with people who challenged their values and beliefs and often adjusted their views upon reflection. Some participants reinforced their values but changed how they were present in the world. The participants with minoritized identities dealt with microaggressions and loneliness that contributed to their depressive symptoms. However, some student participants with minoritized identities found communities with similar identities.

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Support

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Support was a reoccurring theme in the data. Schlossberg (1981) defined support as the networks and systems contributing to the facilitation of a transition. Networks and systems include family or friends, structured schedules, or campus safety mechanisms, such as blue safety lights. To manage depression and the college transition, the student participants relied on supportive families and strong friend networks to navigate difficult periods. The participants' friends provided the physical support their families could not. This section presents the ordinate themes of family support and friend support.

Family Support

The participants valued having someone to talk to about their first year of college. Some participants went to their families for support, including parents, siblings, aunts, and grandparents. These participants explained that their family members identified changes in their behaviors and supported them during depressive episodes. Alexis described the support she received from her mother during a depression cycle:

> My mom is the one who [checked in on me] a lot. But my mom always has that mom instinct, kind of like she knows something is wrong. I feel like all moms do. Especially [then], I was in a really bad cycle before, and I tend to isolate myself from people, and so

she didn't hear from me for a few days. And I remember her reaching out to me because I didn't reach out to her.

Alexis' example of family support indicates the importance of having someone who checks in and recognizes changes in behavior when students do not reach out on their own.

The participants felt less isolated and lonely in dealing with depression and the college transition when their families checked in and supported them. Liz found it helpful for her parents to know about her depression and college experiences:

Having a really strong support system here at home and feeling comfortable— I mean, I probably called my parents every other day. And having that support of having them constantly in the loop of what's happening there, that was really helpful. Because there was never a moment of, "Gosh, nobody knows what's happening right now." And that really was helpful in the times when I would be alone for a week in the dorm. It was really nice having them either knowing, "Oh, she's alone. We're going to send her a care package, or we're going to just kind of reach out more." Having a strong support system here was really helpful.

Because Liz continually informed her family about her college experiences, her parents knew about her daily practices and depression and provided extra support when needed. Proactively supporting her, Liz's parents sent care packages when they knew she was alone. The care package showed Liz that people cared about her even when she was alone and experiencing depressive symptoms.

Some participants received family support regularly, not only during difficult times. Jane's mother texted her each morning and night and frequently sent pictures of her dogs

throughout the day to help her combat depression. As a result, Jane did not feel as alone and isolated. She shared,

> My mom was there for me 100%. Not a day went by that my mom did not tell me, "Good morning. Goodnight. I love you," and send me a picture of my dogs. I wrote up a pseudo-legal contract that my mom had to send me a picture of my dogs every day, and she signed it because I was not going to live without them. That was probably the most difficult part [of] moving away from home because you can talk to your family all the time on the phone, but you can't pet your dogs over the phone.

Jane's mother remained in continuous contact. Her mother's consistent affirmation and love provided Jane with the support needed for the college transition.

Some participants lived close to their parents, and visiting them impacted their mental health positively. These participants went home as often as they could. Evelyn explained,

> I [went home] a lot more than I should have, but I would always make time because, like I said in the beginning, my family is everything to me, and I grew up really close to my cousins. So, I would go home to see them, and we do family dinners every Sunday at my grandpa's house. So sometimes I'd show up to those and surprise them, be like, "Hey." I'd, like, stay there for a few hours, but I did really enjoy that. But I couldn't do that all the time only because I did have a lot of schoolwork I needed to get done. So, I only saw them a couple hours, and then I'd have to go back and get my schoolwork done. But I did try to see them as much as I could.

Going home and seeing family gave the participants a sense of normalcy during the college transition. The participants felt comforted by their families' physical presence. For example,

Evelyn considered family support a necessary component of her college transition. The student participants also sought support from college friends and roommates.

Friend Support

The participants also felt supported by friends who checked in and remained physically present during depressive episodes. Mabel said,

> I enjoy a good call, but nothing will be able to replace seeing my friends in person and being able to empathize and talk and hug over. It is just not the same. So, yeah. That proximity thing is real good. They're like— yeah. I use my friends and family as, like, a security blanket, genuinely.

Mabel found her friends' physical presence supportive.

The participants' friends provided support when their families could not be physically present. Some friends recognized mood shifts related to depression. Jen said,

> My friends, like my roommate and her friends, they're with me all the time. And they can tell when the mood is low, when it's set. It's just an unspoken thing, but it doesn't really affect anything because then it's over after an hour, and we just move on to what we were doing before. I guess it's funny to say my support system doesn't know unless I tell them, which sounds like a bad support system, but I also don't expect them to be at my beck and call 24/7… [One of my friends] knew everything. I guess [my friend] was my biggest impact, like, support-wise. Because she was always— we hung out a lot, and she always knew. She just knew.

Jen found the constant physical presence of her friends supportive. She did not always have to bring up her depression, as her friends remained perceptive of her mental health and provided

support. One of Jen's friends was particularly effective at noticing when she felt depressed and reached out or went out of her way to ensure Jen had what she needed.

Catiline developed a network of supportive friends who checked on her when she felt depressed. She said,

> As I got to know my friends better, they would check on me, and they'd be like, "Huh? Are you actually okay, though. Do you need help?" And that was good. It felt nice having people actually care about you.

Catiline's friends stayed in touch by messaging or asking her about her mental health. Catiline discussed her depression and college transition challenges openly and honestly with her friends, enabling them to intentionally reach out to support her mental health.

Often, the participants' friends provided more helpful mental health support than their families. Eve and Jane had close friends in college who also had mental health conditions. Eve and her friend supported each other during challenging times. Eve described their positive, supportive relationship:

> I had basically one friend who was consistently here, and I felt comfortable actually talking to, and she was basically my only support system. But it doesn't really help the fact that she, herself, is mentally ill. So, we kind of have to take turns in the way of being the person who is emotionally and mentally capable of helping the other.

Eve empathized with her friend's experiences with mental health, and her friend could identify with Eve's depression. Thus, Eve and her friend developed a support system.

Support from friends included more than physical presence and check-ins. The participants' friends taught them new ways to care for themselves, particularly coping mechanisms for depression. Jane shared,

In the first semester of college, I actually self-harmed, but not in the way that most people

think. So, I would scratch my skin until it was raw, and then I would I just keep

scratching it, and then when I would take showers, it would hurt even more to take hot

showers, and so it discouraged me even more to take showers. So, I had the support from

my roommate because we both had mental health issues, so we supported each other as

best as we could. Eventually, I, with her help, I stopped self-harming and started taking

care of myself little by little.

In addition to learning about positive coping mechanisms and self-care, the participants

learned more about who they were. Jane changed after meeting new friends who supported her

mental health and encouraged spontaneity and trying new things. She explained,

Honestly, a lot of it was just good experiences with friends. My friends taught me how to

be more spontaneous. I used to be a very rigid person. I would not spontaneously go get

tacos for someone because I didn't have it in my plans. Everything had to be planned out.

But coming into college made me a lot more open to spontaneous plans and just having

fun because I'm allowed to have fun, and…I can go do something. I can do it because I

want to, and that's the only reason I have to have.

Jane's friends encouraged having fun and getting out of the residence hall for better mental

health. Like Jane, Emilia's friends encouraged her and made her feel she belonged in college.

Emilia said, "I think the friends that I made here helped a lot. They helped me feel more

comfortable about myself." Emilia's friends supported and affirmed her, helping her combat

depressive symptoms, loneliness, and questions about belongingness in college.

A strong support system was vital to the participants and their college transitions. The

student participants with supportive families relied on familial support, including frequent

communication, daily outreach and affirmation, and recognition of behavioral changes. When possible, these participants visited their parents' homes. If the visits did not obstruct the students' college responsibilities, they supported the first-year college transitions.

The participants who lacked family support or needed physical support turned to friends. The friends also frequently communicated with and reached out to the participants. Their friends remained physically present, helped them learn new coping mechanisms, and reinforced positive mental health through affirmations and feelings of belonging.

Strategies

According to Schlossberg (1981), strategies are actions to enact, cope with, or facilitate a transition. Strategies require individuals to (a) change or modify the transition, (b) change or modify the meaning of the transition, (c) manage reactions to the stress related to the transition, or (d) take deliberate inaction. Schlossberg's transition model presents strategies as important for transitions. This study found three ordinate themes that aligned with the superordinate strategies theme: changing strategies, detrimental coping strategies, and inability to cope.

The study participants tried to manage their mental health and depression in their first year of college using coping strategies they developed in high school. However, some strategies were ineffective in the college environment, necessitating change. Some coping strategies adversely affected the participants' lives. For example, the students coped with stress in college by focusing on one aspect, such as academics, without addressing mental health. The participants addressed their academic needs while overlooking their emotional ones, thus experiencing adverse mental health and depression. In turn, depression caused the participants to lack energy and motivation and struggle to use coping strategies. The inability to cope was a barrier to acting

to improve their transition to college. This section addresses the ordinate themes: changing coping strategies, detrimental coping strategies, and the inability to cope.

Changing Coping Strategies

Many participants relied on the support of family and friends during their college transitions. The participants changed their coping strategies when they recognized the importance of supportive family and friend networks. They became more intentional about asking for support from their networks. Catiline described asking for help as critical to her success in her first year of college:

> I felt like [my family] were there for me, and I know that my whole family's there for me, but I didn't know how to ask for support that first semester. And that's the main thing. Second semester, I knew on campus, my friend that I went with and all of our friends. When I realized if I had a problem, I'd go up to them and be like, "Hey, I just need for you to listen. I don't need advice. I honestly just need you to agree with me." And I'm like, "I know that sounds bad, but that's what I need." Or sometimes I'll be like, "Hey, can you actually help me through this?" And then I'd be like, "Can you help me see it through a different perspective?" So support changed second semester. And that's probably why I started to do better when I realized— I don't want to say demand support, but more so incur. I don't want to say control, because people can always say no, but I can guide people into what I need to be successful. And that definitely helps. It was probably one of the best strategies because even today, I still use it, and it makes me always end up feeling better. And sometimes you just need to rant, and I don't need a lecture. And I think that's what parents like to do, which is one of the reasons why I'm

close with my dad. He'll just listen, and he'll be like, "Yeah, that's tough." But I'm like, "Thank you for just hearing that and agreeing."

The participants surrounded themselves with supportive people and excluded those with toxic behaviors. Eve strove to get used to eliminating people from her life as a new practice. Eve identified as Jewish; therefore, she quit associating with students who made insensitive and antisemitic comments. She said,

I think that parts of my identity helped with weeding people out in terms of— a lot of times, people will say, "Oh, finding out someone's toxic is bad." Well, it's also great because then you don't have to deal with them ever again. And you know that you're not obligated to do so. And I think that, especially as someone who has marginalized identities, that did really help me weed people out because it's like, "Oh, wow. You're incredibly anti-Semitic. I don't want to be around you. I'm not going to be around you, and I don't have to waste my time."

Although Eve could not remove people from her life in high school, she considered it necessary during her first year of college. Eve surrounded herself with people she enjoyed who supported her mental health and helped her combat depression.

The participants found they could no longer access the coping strategies they used in high school in college. Evelyn noted the lack of access to strategies to cope with depression and how that forced her to change her approaches. She said,

I think [my coping strategies] were a lot different because when I was in high school, my coping strategies was going to the soccer club I played for… I would go kick a ball around and shoot some goals, and get out of the house and go do something. But here, I don't know places like I do back home, so I don't know where to go. So …I'd go home

on my night drive and I'd stay the night there, and then I'd come back to class. Because

being at home made me feel better, just being in that environment. So sometimes, I'd just

go home, spend the night there, and then I [would] drive back in the morning for my

class.

Because Evelyn did not have access to her soccer club, she colored, did puzzles, or went on night

drives. In college, Evelyn had to plan around going home because she lived in a residence hall.

Spending the night at her parents' house was a new coping strategy for her.

Some participants discovered or rediscovered the benefits of therapy and medication

management to combat depression and promote mental health. Using professional mental health

resources was a positive coping strategy during the college transition. Jane explained,

Before I started doing therapy in college, my coping mechanisms were very unhealthy,

like stress eating and sleeping. Those were the kinds of things that I would do to destress,

and while destressing is destressing, they are, at that point, unhealthy coping

mechanisms. Then, once I started getting treated three different ways for my mental

health, I jumped all in to taking care of myself because I was so tired of living the way I

was living, I was so tired [of] living with an eating disorder and living with depression

and not being able to do anything about it, but I took charge of my mental health and

started learning really healthy coping mechanisms from therapy.

Through therapy, Jane learned new coping strategies to address her depression and eating

disorder and take control of her mental health.

The participants with marginalized identities faced barriers to using coping strategies

such as therapy. As a Latinx student, Mona struggled to find a therapist and get on medication.

She said,

My parents didn't let me see a therapist before. I guess it's like…in Mexican culture, mental illness doesn't really exist, so I had to find that myself independently without my family. And I couldn't let them know either, so I had to talk to my insurance. I had to separate my insurance from their insurance. I had to go through a bunch of hoops and stuff like that. So, it took a long time. And I have never done this before, so I have to schedule it myself, find my insurance card, sign up for it, all this other stuff— It was really difficult, but I was able to sort of figure it out… I think it was in, like, January or February when I decided to put in my— I started talking about a planned leave with my advisor. And then, I think, in March was when I took the planned leave. And then I did all that research. And then, I applied through one of the programs…in my hometown that I was a part of. And I was able to get a therapist through them… I feel like the medication has really helped a lot.

Mona faced numerous challenges searching for a therapist. Because of her Latinx identity and cultural beliefs about mental health, Mona kept her depression a secret from her family and could not ask them for help finding professional mental health. Despite challenges with accessing professional resources, Mona found a therapist and benefited from medication management. However, she could only begin seeking a therapist by becoming aware of her depression.

Most participants drew on their self-awareness to understand when to use or change coping mechanisms. The participants actively focused on their mindsets, mental health, and situations to make appropriate changes. Liz and Ashley identified when they had poor mental health and adjusted their coping strategies to fit their needs. Liz discussed self-awareness in different situations:

For me, the biggest thing is just kind of being self-aware, because I think that's what I've noticed is, once I identified a situation accurately, that's the hardest part. So, I think that's the biggest thing, because then from there, I can take action to change the situation, and whether that be I'm laying in bed, being like, "Wow, I haven't really gotten up in a couple days," or even just I find myself procrastinating for a class, and then I can say, "Okay, well, wow. I have done three other things other than what I'm supposed to be doing." So, yeah, becoming self-aware and then taking the proper steps.

During Liz's first year of college, she often realized she had not left her room for several days. As a result, she made efforts to get outside. Similarly, Ashley said,

So, some things I would do to focus on myself, I guess. Because I realized if I'm focusing on other situations in my life too much, I wouldn't be focusing on myself and my health. So, when it came down to that, I just took some time away from everything. Like, I had to shut everything off and just shut out, and then just focus on what I needed to do to get my head right, I guess. I did a couple of things. Sometimes I would go to the little study rooms in the halls, but I would take— Something that's always helped me, and I sound like such an old lady when I say this, is puzzles. I love puzzles. So, I would take those, and I would just put my headphones on and just do those for hours, like, get it through until I felt like I was okay. Or, I would just draw. And then, sometimes, when it was really bad, I would just sit there. No music. No nothing. Just sit there in silence just to figure it out—figure my own thoughts out, I guess.

When she struggled with her mental health, Ashley used coping strategies by devoting time, energy, and focus to herself. Liz also drew on self-awareness, describing the acknowledgment of mental health as important as coping strategies. This section showed ways the participants

adjusted their coping strategies for their mental health. However, some still struggled to identify and change detrimental strategies.

Detrimental Coping Strategies

Some participants engaged in unhealthy coping strategies, such as ignoring their mental health as a means to cope with depression. However, this strategy only caused further mental health challenges. Jen engaged in the detrimental coping strategy of ignoring her mental health. She said,

> I'm not good at dealing with my emotions, with my mental health, a lot of issues in high school. So, I kind of ignored it, which is not a very good way to handle mental health in general, but that's kind of how I told myself I needed to just get past it, and we could deal with it later. And I just kept telling myself that. I still tell myself that. I'm not good at coping, either. We found that out in high school as well… I didn't want it to get in the way of my academics because those were important to me and always have been. And I didn't want to be a burden to anyone, including my parents, who are funding my college experience. So, of course, they didn't know. I mean, they kind of know. They see it here and there, but we just don't talk about it because I don't, and I get upset when I try to talk about it. Not upset. I just kind of shut everyone out, and the same thing happened if anyone tried to talk to me about it.

Jen ignored her depression and did not use healthy coping strategies to address her mental health, not wanting her mental health condition to burden others.

Some participants ignored their mental health and devoted their time and energy to academics. Eve shared,

For example, one of my coping strategies is essentially, like, "I'm just going to do this and try to ignore everything else that's going on in the world right now," which is good as well as it is bad, and I'm aware of that. But it's helpful to me because I could just then focus on exactly what I needed to do in that moment and not think about anything else. But then, at the same time— so my other coping strategies were basically, "I'm going to bury this, and it's not going to come up until months later." Not a great coping strategy and not something I think is particularly helpful in the long-term. The short-term, pretty helpful. And then, obviously, dealing with self-injury and self-harm, that's not a great coping strategy, not something I actively am trying to continue.

Eve understood she used some unhealthy and potentially harmful coping strategies. She weighed the positives and negatives of ignoring her mental health as a coping strategy and considered it more important to devote herself to her academics or other activities instead of her mental health.

The participants' views of depression also impacted how they coped with their mental health. For example, Mabel felt that addressing her loneliness and depression required her to become comfortable with being alone so she would not feel down. She explained,

[Depression] really convinced me that to fix being alone, I needed to be more alone. I needed to learn to be comfortable with it. I mean— and then almost every sign of depression is an attempt to cope. So, I'd just sleep a lot because I thought, "Hey, this will help." Or I'd just stay in my room watching Netflix for hours upon hours because I was like, "Yeah, this is supposed to make me happy. It's made me happy before." That's not how to do it.

In using this coping strategy, Mabel did not address her depression; instead, she became more alone and isolated.

In addition to self-harming, ignoring, and isolating, some participants had detrimental coping strategies regarding sleep. The participants slept to distract or separate themselves from challenges or situations. However, their sleeping habits caused them to miss classes and feel out of control during the college transition. Mabel elaborated on her sleeping:

> It is just a snowball when it comes to depression and college, I'd say, just because just any catalyst will just get you on this fall of, "You know what? I think I'm going to sleep more. I think I'm going to go to sleep early or sleep in till noon today." And then you wake up, and you're like, "I don't want to go to class." Then you end up missing more things because you didn't go to class, which then sends you into [an] even further "I'm just going to sleep forever"–type of mindset. So, it was difficult with depression.

Mabel's experience suggests that problems can worsen for students with depression due to missed classes and excess sleep.

Some participants coped with depression by self-harming, a strategy a few had used for prior coping and resumed during college. Jen, Alexis, and Jane discussed how the first year of college caused them to break their self-harm sobriety. Alexis returned to self-harm after years of abstinence:

> I feel like [self-harm] was pretty prevalent to me in high school and in middle school. But there was a 2-year break where I didn't, but I did break that. It was in last year during the transition. It was probably about October where I did break that being 2 years clean of self-harm. It was a pretty big wake-up call for me then; after that, I didn't engage in it after a while. So, it was kind of a one-time thing for me that happened. I remember I was just really stressed and overwhelmed about that.

Jane and Alexis recognized self-harm as a detrimental coping strategy; however, they continued to use it during difficult times. Jen discussed breaking her 2 years of self-harm sobriety:

I self-harm. I haven't in a while. I broke my 2-year sobriety freshman year for self-harm because… I can't remember what specific situation caused it, but I was just very upset one night, and my roommate was asleep. So, I knew she couldn't bother me. So, that happened.

Other participants coped with their mental health by not talking about or lying about depression. Ashley believed her depression led to shunning people who could help. Ashley stated, "I can also say that depression also made me close off toward people because, me personally, I would be like, 'Why? Why am I… Why bother?' I guess."

Similarly, Emilia explained that she struggled to ask for help with her depression:

I think [depression] impacted it because I was afraid to ask for help. And since I didn't want to ask for help, it got to a point where it was so bad that I ended up having to ask for help, and it was too late, because a lot of times when I asked for the help, I was already sobbing and going through episodes and convinced myself I was dying.

Emilia and Ashley feared seeking help, believing others would see them as a burden. They often lied about how they were doing to avoid worrying others. However, for Emilia and Ashley, not talking about depression resulted in serious depressive episodes.

The participants used coping strategies during their first year of college, with some adjusting or using new coping strategies. However, detrimental coping strategies did not help participants' mental health and caused additional problems. Regardless of the coping strategy,

the participants frequently struggled with a lack of energy and motivation to seek help or cope with their mental health.

Inability to Cope

At times, the participants' lack of energy and motivation negatively impacted their ability to respond to their college transitions. Feeling listless and unmotivated impacted their self-care, coping strategies, relationships, and college experiences. Mabel explained,

> A lot of sleep. Just, oh my gosh, total lack of motivation, and lack of motivation to do basic human things. I wouldn't eat just because I didn't feel like it. Sometimes I would…. This is going to be gross, but sometimes I wouldn't pee for days just because I was like, "I don't want to get up and go out of my room to do that." Yeah, it was basic human needs.

Mabel's lack of energy and motivation caused her to oversleep, which impacted her basic human needs. She did not eat or relieve herself because she did not feel energized or motivated to take care of herself during her first year of college.

Some participants experienced a delayed college transition due to the inability to unpack and set up their rooms at the start of the year. Eve said,

> [Depression] made it harder for me to be able to just live my life. It also made it harder, because part of the transition of college is also unpacking all of your stuff and making your room your own. But I didn't really have the energy to do that, so I wasn't really doing that.

Eve did not unpack her boxes and arrange her room; therefore, she did not feel at home or comfortable at college. Although she eventually felt a sense of belonging when she organized her

room, it took time for this to occur. Additionally, she felt that other students had already created a sense of belonging in college.

The participants described being in control of their college schedules and excited to use their time as they chose. However, some felt they could not manage their schedules because of low energy and motivation. Structure was vital when they lacked energy and motivation. Catiline initially believed she could control her schedule; however, she struggled due to a lack of energy and motivation. Catiline stated,

> Transition-wise, for me, I liked having the structure of going to class but then being able to do homework whenever. At first, it was really nice because, like, I get to make up my schedule, but what I ran into [was] if I don't have the motivation, then it's really hard for me because I don't want to do my homework. But it's not like, "Oh, I don't want to do it." It's like, mentally, I cannot push myself to do this. I would sit in the study rooms with my friend, and she would be working from 11 to 8 on homework, and we would take breaks and whatnot. I could just sit there the whole time and like not do anything at all. I would just go through an email and then stare at my screen, and it wasn't like, "Oh, you're just being distracting by watching Netflix and whatnot." I could just sit there, like, all day and not do anything. Then I ask myself, like, well look at my friend over here. She is fine. She's motivated. I just couldn't figure out why my brain… It was gaps, almost.

Catiline was not the only participant whose lack of motivation and energy impacted her academics. Emilia believed she "probably could have done way better if I [wasn't] so unmotivated and uninterested because I had four classes, so I had 12 credits, and I only passed two of them." Emilia's lack of energy and motivation created several problems and impacted her second semester:

Mostly, second semester is when I completely gave up. Like, February came around, and I stopped doing stuff altogether. I stopped going to my Zoom classes, stopped checking Canvas. I had no idea when any of my classes were…when anything was due, and I got, like… I think my highest grade last semester…or, yeah, spring semester for 2021, my highest grade was like a 20% or something.

Emilia stopped attending classes and doing homework amid a semester-long lack of energy and motivation, significantly impacting her grades. She felt her depression and academic performance adversely affected her college transition.

Ashley wanted to earn good grades in college; however, their lack of energy and motivation caused her to lack focus when she sat down with schoolwork. Ashley said,

You couldn't focus. That's the hardest part I struggled with is, like, you would be trying to say… Say you had a paper to write or just something, just small assignments. It would just be hard to focus, so you wouldn't be able to.

Ashley's lack of energy and motivation resulted in a lack of focus.

The participants' lack of energy and motivation also impacted their college experiences outside of academics, such as their social life and campus involvement. Jane shared,

I would definitely say I didn't get to go do as many things as I wanted to do. I wasn't as involved on campus as I could've been—and part of that was obviously the pandemic— but I would miss out on events because I physically couldn't get out of bed, or I would miss even just going to get lunch with a friend because I had said no because I felt very depressed and that I was going to be, like, a Debbie Downer.

Jane entered college hoping to become involved and create a robust social network. However, depression, a lack of energy, and poor motivation were barriers to acting on these hopes.

The participants struggled with unavailable or ineffective coping strategies in college, with many changing or adapting their strategies to manage depression and navigate college. Some student participants reported using harmful coping strategies during the college transition, such as self-harming, ignoring mental health to focus on college, isolating, and developing erratic sleeping schedules. Lastly, some participants could not use coping strategies due to depression. Due to their depression and lack of energy and motivation, the participants avoided coping with the college transition.

Summary

The superordinate and ordinate themes provided insight into the college experiences of first-year students with depression. Schlossberg's (1981) four S's (situation, self, support, and strategies) were an effective framework for the superordinate themes. Thoroughly understanding the four S's within the study's context required identifying clear ordinate themes.

Situation was a complex theme with five ordinate themes. The two specific to challenges participants faced while dealing with depressive symptoms were loneliness and isolation and questioned college. The ordinate theme transition recognition showed how depression impacted the participants' ability to recognize the changes of starting college. The adulting ordinate theme provided examples of how adult responsibilities stressed the student participants as they navigated the college environment and culture. The ordinate theme of hopeful indicated the participants' pride in how they persisted through adversity in their first year and felt excited for the rest of their college careers.

The superordinate theme of self included ordinate themes regarding the participants' psychological resources and personal identities. The participants compared themselves to other college students, resulting in depressive symptoms and low self-esteem. The minoritized

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identities theme included the shared experiences of students with minoritized identities. Despite initially facing barriers to mental health resources and social networking, these participants built mental health support networks after finding other students who shared their minoritized identities. The self-discovery theme showed how the participants came to understand themselves after their first year of college., feeling happy and proud of who they were becoming.

Support was an important superordinate theme for the participants. The theme included the ordinate themes of family support and friend support, with family the preferred type. However, this support changed in college. The participants who could not access family support during depressive episodes turned to their college friends for support.

The superordinate theme of strategies reflected the changes in the participants' lives. During their first year of college, the participants changed their coping strategies in their new environment, which led to the ordinate theme of changing strategies. Depression had an essential role in the ordinate theme of detrimental coping strategies. Some participants turned to self-harming, oversleeping, and ignoring their mental health to cope with depression during their first year. Lastly, the inability to cope ordinate theme showed how depression impacted the students' abilities to use coping strategies. Chapter 5 is a general conversation of the findings and their implications for research and practice.

CHAPTER 5: DISCUSSION

This study's purpose was to explore the lived experiences of college students who self-reported having depression before and during their first-year transition to public universities in the United States. Because this study focused on a major transition experience, Schlossberg's (1981) transition model was the framework for understanding the findings. The overarching research question was, *How do students who recently completed their first two semesters describe their lived experiences with depression during their first-year transition to college?* Eleven interviews occurred with students who met the study's criteria. This goal was to explore how the participants made sense of major life experiences; therefore, IPA (Smith et al., 2012) was an appropriate approach to analyze the participant data. The following sections show how this study's findings compared to the literature reviewed in Chapter 2. The chapter includes the implications and suggestions for future research and practice.

Findings Related to College Transition

When asked about their college transition, the participants used words such as "rocky," "horrendous," and "rough." Their stories and the study's findings aligned with the college transition literature. Gale and Parker (2014) indicated that the college transition could be challenging due to new social situations, financial stressors, and distance from home and family; the study participants also mentioned these areas. A smooth transition to higher education requires college students to make an effort to attend to challenges and tackle goals (Morgan, 2012). Schlossberg's transition model and the four S's provided a lens to examine the participants' narratives.

Schlossberg's Transition Model

This study's themes aligned with the four S's of Schlossberg's transition model: situation, self, support, and strategies. Each student participant navigated their first year of college with unique combinations of the four S variables. The participants discussed how depression resulted in a delayed ability to describe and make meaning of their college transition. Knowing the nature of a transition requires individuals to define what it means to them (Schlossberg, 2008). Some student participants evaluated their college transition's meaning over the entire first year. Other participants continued to process and define their college transition at the time of their interviews, the summer after their first year.

The participants' experiences in this study aligned with DeVilbiss (2014). DeVilbiss found six themes: increasing independence, intensifying demands and difficulty, learning what works and what does not, leaving loved ones behind but keeping some in one's life, uncovering new support, and finding one's place. The participants in this study used the term adulting to describe their increased independence and intense demands in college. They overwhelmingly identified family as critical support and often had supportive roommates or close, supportive friends in college. The participants' descriptions of their support aligned with DeVilbiss, who found that the college transition included keeping some loved ones in one's life and discovering new support.

The college transition includes moving in, moving through, and moving out (Chickering & Schlossberg, 1995). College students spend most of their time in the moving-through stage (Schlossberg et al., 1989). However, in contrast with the previous research, this study's findings suggest the participants perceived themselves as existing in the moving-in stage throughout their first year of college. The participants described the college transition as abrupt and their ability to

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move through and out of the transition as hindered due to the transition's suddenness, the pandemic, and their depressive symptoms. Some student participants with depression delayed moving in and unpacking their belongings to start making their residence hall rooms more comfortable.

Situation

The situation is a person's ability to describe, identify, and make meaning of a transition. Every transition differs, and individuals describe and make sense of their transitions differently. Individuals in a transition want to define the shift as good, bad, or neutral and know if they have the resources to cope (Lazarus & Folkman, 1984, as cited in Schlossberg, 2008). Similarly, Schlossberg (2008) found that individuals who perceived change as a means for betterment or neutral instead of unfavorable were more likely to embrace the change associated with the transition.

This study's findings suggest that the participants with depression perceived college as a means to improve their lives. However, depression and the new college environment impacted their ability to use effective coping strategies. The participants had a delayed ability to identify and make meaning of their transition due to depression; therefore, they did not define their college transition until late into or after their first year. The student participants struggled to understand their college transition, as depression impacted their ability to embrace the associated changes. During their first year, the participants also questioned their decision to attend college.

Although they struggled to define the changes in their college transition, the participants remained hopeful. The participants reflected on their first year of college and felt proud about the challenges they had overcome. The participants believed college would enable them to pursue

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their passions and careers. This study's theme of hope aligned with Schlossberg (2008), who found that individuals embraced change when they viewed it as a means for betterment.

Self

The self includes demographics, characteristics, and psychological resources (Chickering & Schlossberg, 1995; Schlossberg et al., 1989), with psychological resources comprising ego development, outlook, values, and commitment (Chickering & Schlossberg, 1995; Evans et al., 1998). Individuals take stock of themselves with hardiness, an attitude and an approach to life (Schlossberg, 2008). Schlossberg indicated that individuals who isolate, remain passive during challenges, and avoid issues have less hardiness and resilience than those who remain committed, feel in control, and challenge negative consequences.

In this study, the participants altered their sense of self during the first year of college as they looked to others to learn college rules, norms, and expectations. The participants observed other college students to determine how to move in, move through, and move out. However, comparing themselves to other college students caused self-doubt, low self-worth, and depression, as many participants felt they could not measure up to their peers.

This study's findings suggest that the participants did not have an abundance of hardiness. Dealing with depression and the impact of the pandemic, the participants frequently felt lonely and isolated, used harmful coping mechanisms, or struggled to cope. The participants struggled to see themselves possessing flexibility and resiliency during their transition because they compared themselves to other students. Further, the participants with minoritized identities faced microaggressions and other barriers during their college transition, which contributed to their isolation, loneliness, and inability to cope. However, the college environment enabled the participants with minoritized identities to find supportive communities and students with similar

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identities. Regardless of their challenges with self, they reflected positively on their sense of self, their journey and exploration of their values, and who they were becoming.

Support

The support factor of Schlossberg's (1981) transition model includes the networks and systems that contribute to transition navigation. Support is critical during a transition and includes formal and informal social networks and systems that provide energy and advice in navigating situations. Networks and systems often include the family and friends of the individual experiencing the change associated with the transition. Schlossberg (2008) indicated that individuals might need different support depending on the situation, which aligned with this study. The participants in this study experienced a change in the style of their support and support networks.

This study found that the participants received support from family and new friends made in college. The participants' family support changed when they entered college, as they could no longer rely on their families' physical presence. Thus, they adjusted the support they received from family and used new networks of college friends and roommates to address their physical support needs. Supporting Schlossberg (2008), this study found that the participants received positive support via affirmation and assistance. However, positive support, affection, and aid were not consistent among the participants.

Strategies

Strategies are the tactics, actions, and coping mechanisms used to navigate and make meaning of a transition (Schlossberg, 2008). Schlossberg (2008) described strategies as (a) changing or modifying the transition, (b) changing or modifying the transition's meaning, (c) managing the reaction to stress, and (d) taking deliberate inaction in response to change. This

study's findings showed that the participants with depression rarely changed or modified their transitions. The participants rarely took optimistic action, learned resiliency, sought advice, or brainstormed new plans in response to their college transition. However, they sometimes negotiated or asserted themselves by requesting academic extensions. Because of depression, the participants also struggled to change or modify the meaning of their transition. Thus, the participants did not rehearse the transition appropriately, make positive comparisons, or healthily rearrange priorities. This study found that the participants rarely prioritized their mental health, choosing to focus on college or adulting. The participants also compared themselves to other college students, and their negative self-perceptions contributed to depressive thoughts and symptoms.

Some participants managed their stress in unhealthy ways, such as oversleeping, undersleeping, or overeating. They realized that their precollege coping strategies were ineffective for preventing or addressing depression in college. Some participants changed their coping strategies to fit the college environment and their needs. Finally, this study found that the participants often did not act during a transition due to depression; as a result, they overslept, remained in their rooms for long periods, or ignored their responsibilities when they felt hopeless.

Findings Related to Student Development Theory

The FYE is a crucial time in college students' academic careers that can impact whether students succeed or fail in higher education (Gale & Parker, 2014; Taylor & Harris-Evans, 2018). The cooccurrence of major developmental and ecological shifts during the college transition identified by Rogers et al. (2018) aligned with this study. The participants not only found the college transition to be a change in their lives but also learned how to complete their

adulting responsibilities, make new friends, and identify effective coping strategies in their new environment. Scholars have used student development theories to study the college transition.

Tinto's Theory of Student Retention

Tinto's (1993) theory of student retention indicates that degree completion positively correlates with a successful first-year college transition. This study's findings aligned with the theory's three stages of separation, transition, and incorporation. The participants described the separation as abrupt and felt emotionally unprepared for their college transition. The student participants also struggled with the second and third transition stages. Some felt they did not transition to college; thus, they could not progress to the incorporated stage due to the linear nature of Tinto's theory.

Tinto (1993) suggested that student retention is likelier when students integrate into university culture. Gale and Parker (2014) found that integration occurred in the FYE via staff interactions, out-of-class activities, and engaged learning. However, this study's participants rarely interacted with staff or took part in out-of-class activities due to the COVID-19 pandemic and their struggles with depression.

Scholars such as Nora (1987), Nora and Rendon (1990), Tierney (1992, 1999), and Ashar and Skenes (1993) have critiqued Tinto's (1993) theory, indicating that the socialization model does not address the adjustment challenges faced by minority students. This study's findings aligned with the authors' assertions. This study found that the participants with minoritized identities faced barriers in their college transition and rarely took advantage of the university resources designed to support their college transition and success.

Chickering's Theory of Identity Development

Instead of focusing student development on institutional programs and policies, such as Tinto's (1993), Chickering's (1969) theory of identity development applied more to student development (Taylor & Harris-Evans, 2018; Terenzini et al., 1996). Chickering grouped student development into seven identity development vectors: developing competence, managing emotions, moving through autonomy to interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity. Students can negotiate several vectors at once or revisit vectors. Chickering argued that students who develop in multiple vectors are likelier to have a higher capacity for intellectual complexity and remain in college.

According to this study's findings, the participants negotiated multiple vectors at various times throughout their first year of college. They managed emotions, moved through autonomy to interdependence, established identity, and developed a purpose. Later additions to Chickering's (1969) theory included depression in the managing emotions vector. The experiences shared in this study aligned with this important addition. The participants experienced depression during their first year of college and continued negotiating the managing emotions vector well into their second year. They learned how to conduct adult responsibilities, which aligned with moving from autonomy to interdependence.

The first year of college is a critical time for student identity development. This study's participants discussed how their identities impacted how they showed up in and their interactions with the world. The participants also enjoyed the autonomy of college, which gave them space to study and pursue their interests instead of taking advice from those around them. Working through this autonomy enabled the participants to develop their purpose and feel excited about

the career possibilities that college provided. Managing emotions, specifically depression, occurred throughout each vector negotiation.

Astin's Input-Environment-Outcome Model

In the I-E-O model, Astin (1993) carefully grouped three variables to show student involvement as a factor in a successful college transition. The model's inputs are the characteristics, experiences, and motivations brought to college. This study's participants had never experienced a transition as abrupt and life-changing as their college transition and it is important to note that their transition took place during a pandemic. However, their first year motivated them to graduate and begin their careers. Each participant brought unique characteristics to college; however, depression was a consistent characteristic that significantly impacted the I-E-O model's other variables.

Specific to the environment variable, most participants did not engage in or with their colleges' programs, educational experiences, policies, and faculty. The participants felt isolated and did the bare minimum for class during depressive periods. Thus, they had only light exposure to the university environment.

The I-E-O model shows that environment and input characteristics impact the outcome characteristics. In this study, the participants entered college with depression and little experience preparing for the college transition. Further, while dealing with depression and the pandemic, most participants did not get involved on campus, resulting in a lack of knowledge of navigating, coping, and succeeding in college.

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Findings Related to Student Mental Health

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Previous studies on college student mental health found that mental health conditions impacted academic ability and college persistence (Auerbach et al., 2018; Fink, 2014;

VanderLind, 2017). Zivin et al. (2009) found less college persistence among students with one or more mental health conditions. Zivin et al. also noted that students with depression reported less persistence in college than their peers. The participants in this study persisted from their first year of college to their second year. The findings suggest that depression's impact on academics does not always present as low grades, as depression negatively impacted how the participants studied and engaged in their courses.

As explored in Chapter 2, numerous scholars have examined mental health and college students through a deficit lens. However, Fink (2014) investigated and identified the predictors of college experiences and environments that positively affected students' mental health. Fink explored how faith, life purpose, optimism, academic self-efficacy, community service, alcohol and drug abuse, physical health, exercise, and nutrition impacted positive mental health.

In this study, the participants rarely identified faith, academic self-efficacy, community service, alcohol and other drugs, and nutrition as factors impacting their first year of college. A factor in this study that aligned with Fink (2014) was a supportive college climate, which Fink found was a predictive factor for positive mental health and flourishing. The participants in this study identified their small, supportive friend networks in college as contributing to their persistence in their first year; however, the supportive college environment was limited to the friends they made. The student participants rarely mentioned collegiate programs or policies as positive variables for their mental health.

Findings Related to Depression

Depression affects 7.1% of the U.S. adult population (Kessler et al., 2003; National Institute of Mental Health, 2019; Substance Abuse and Mental Health Services Administration, 2019). The American College Health Association (2019) reported that 16.7% of college students

had depression, more than twice the prevalence of the general population. Pratt and Brody (2014) found that individuals with depression struggled with work, home, or social activities. Brandy et al. (2018) sought to understand the social and structural process of adjusting to university life among first-year college students with depression. The authors identified four subcategories for how depression affects first-year students: expression of stress, changes in eating habits, sleep issues, and procrastination. The participants in this study also struggled with the four subcategories identified by Brandy et al.

Like Pratt and Brody (2014), this study found that depression affected the participants' work (schooling), home (living context), and social activities. The participants also experienced changed eating habits and sleep issues, a finding that aligned with Brandy et al. (2018). In addition to depression, some participants developed eating disorders during their first year of college. Several participants struggled to create healthy sleep habits, as they often overslept due to depression. The participants also used sleep to procrastinate or ignore their responsibilities. The participants struggled to manage their stress with healthy coping strategies. For example, some self-harmed as a means to cope with stress. Therefore, this study's findings aligned with Brandy et al. (2018).

Classroom Experience

Students with mental health conditions often have negative classroom experiences (Wyatt & Oswalt, 2013). However, this study did not indicate the participants had negative classroom experiences due to depression. Although depression affected how the participants studied outside of the classroom, they largely did not see their experience in the classroom impacting their mental health. The participants perceived academics as an area in their lives they could control.

The pandemic and virtual college classes likely produced an academic environment noncomparable to previous studies focused on in-person classes.

Wyatt and Oswalt (2013) found that strong social networks were a factor in undergraduate students' ability to tolerate stress. Similarly, this study found that a strong support network of friends was a positive factor that enabled the participants to manage depression. Goldman (2018) suggested that educators alter classroom narratives about mental health conditions; however, educators and the classroom experience were not significant factors mentioned by this study's participants.

Othering

When it came to the concept of othering, participants in this study faced additional challenges because they held non-dominant identities or did not fit into a box. Two students in this study would not have fit into the gender binary that previous studies worked within. Additionally, students whose race, ethnicity, and culture did not align with the culture of higher education faced additional challenges when it came to their mental health and depression. The pandemic also created more significant challenges for the students in this study.

Gender Differences

Within a male-female gender binary, women report higher levels of depression than men (American Psychiatric Association, 2013; CDC, 2013; Wyatt et al., 2017). Sarmento (2015) posited that the higher levels of depression identified in women could have resulted from more women than men participating in the research. Similarly, this study included female identified participants, one non-binary participant, and one participant who chose not to disclose their gender. The number of women identified participants in this study aligned with Sarmento's

hypothesis. Lamis and Lester (2013) found that women with depression felt hopeless and like a burden in their first year of college, something the participants in this study also reported.

Race, Ethnicity, and Cultural Differences

The literature showed a clear divide in the mental health of White and biracial/multiracial college students (Shelton et al., 2017; Wyatt et al., 2017). Even so, comparing this study's scope with previous studies was challenging. Although scholars have studied students with and without mental health conditions, this study included only students with depression.

Shelton et al. (2017) found that students with little social support were more likely to experience depression and anxiety symptoms, stress, and reduced life satisfaction. Similarly, this study showed that participants without social networks experienced depressive symptoms and had little support for coping with depression. The participants who identified as Latinx described how they overcame barriers to create social networks. Although some of the Latinx and multiracial participants were uncomfortable discussing their mental health and depression with their families, they found support in Latinx and multiracial student networks. The cultural support networks contributed to the students' positive mental health and coping strategies, a finding that aligned with Shelton et al. (2017) and Wyatt et al. (2017).

Findings Related to Help-Seeking Behavior

Help-seeking behavior is an area of college mental health that rarely receives attention. Higher education institution leaders cannot require students to engage with mental health resources or safety planning. Therefore, researchers have focused on how students seek mental health support. Furr et al. (2001), Eisenberg et al. (2007), and Rosenthal and Wilson (2016) found that students sought help from counseling services at lower rates than the general adult population. This study's findings aligned with the literature. If not already engaged in therapy,

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the participants often chose not to use mental health services or perceived access barriers to the services, resulting in a lack of engagement. Additionally, the participants did not engage with college counseling services even when they knew about on-campus services.

Other scholars of help-seeking behaviors, such as Martin (2010), Sarmento (2015), Wyatt and Oswalt (2013), and Zivin et al. (2009), found that students with good mental health were more likely to persist in college than students with mental health conditions. This study did not address the participants' college persistence. However, the findings included insight from the participants who had engaged in counseling services. Those who consistently engaged in therapy discussed depression, took medication for depressive symptoms, and developed more robust coping strategies.

Findings Related to Stigma

Scholars of mental health condition stigma have identified depression and anxiety as the primary mental health conditions experienced by students (Martin, 2010). Of Eisenberg et al.'s (2009) four subcategories of stigma, public stigma was the most apparent in this study. Specifically, the participants with Latinx or multiracial identities felt they could not disclose their depression to their parents due to cultural beliefs about mental health. Other than a cultural stigma of depression, the participants expressed their openness to discussing depression with their family and friends.

Implications for Higher Education

Students can succeed in higher education in several areas of health: physical, psychological, emotional, intellectual, social, and spiritual (Douce & Keeling, 2014). Tinto (1993) found the well-being factors critical to students' adjustment to college, impacting how they learn, retain, persist, and graduate. This study did not focus on the participants' journeys

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beyond their first year of college; however, it did find important areas for higher education policymakers and practitioners to consider: transition recognition, college expectations, barriers to mental health services, mental health stigma, and adulting.

This study's participants experienced a delayed recognition and lack of mental preparedness for college transition due to society's misrepresentation of higher education. The participants knew college would be different from high school; however, their first year differed significantly from their expectations. Their expectations were further subverted in part to the changes that higher education administrators made to promote a safe campus environment during the pandemic. Higher education administrators might consider discussing not only the physical needs of the college transition but also the psychological and emotional needs. Discussing college's psychological and emotional aspects could enable students to embrace the college transition earlier in their first year. Additionally, providing clear information about what to expect in college could be a way to counter the narratives that society creates about college.

Students face many barriers to seeking and using mental health resources. This study's participants knew about but rarely used mental health services, perceiving them as inaccessible. Additionally, the participants considered accessing mental health services daunting due to barriers such as insurance, cost, and a lack of experience with such resources. Even so, higher education administrators continue to fund mental health resources for students. Higher education administrators should also fund efforts to break down barriers to accessing mental health resources for students. In a survey of 962 college students with suicidal ideation, Furr et al. (2001) found that only 20% sought counseling services. Additionally, Eisenberg et al. (2007) noted that only 36% of the students who screened positive for major depression had received therapy or medication in the past year. Similarly, Rosenthal and Wilson (2016) found that only

20% of 18-year-olds and 19% of 19-year-olds surveyed "would probably or certainly use" professional mental health services if they had emotional problems.

College students are more likely to seek support from family and close friends than mental health professionals (Levin et al., 2018). Higher education policymakers and practitioners could continue to address the barriers students face when seeking mental health services and address the stigma around depression. Another approach would be educating family members and friends on depression symptoms and methods for accessing mental health services. Bystander intervention programs are a way to educate family and friends, address the stigma about depression, and deconstruct barriers to the mental health resources students need.

Education for students' families and friends could also address information presentation and access. For example, educational efforts focused on culture and ethnicity could include student families unfamiliar with or skeptical about depression and mental health resources. Higher education policymakers and practitioners might also continue to encourage students to socialize. Socialization within the college culture could enable students to avoid loneliness and isolation, build support networks, and find people with similar identities.

Adulting was a major stressor and contributor to depression among this study's participants. The participants did not feel prepared to transition to college while learning how to fulfill adult responsibilities. Therefore, higher education policymakers and practitioners could create resources for students to learn how to complete adult tasks free from judgment and shame. Minoritized and first-generation students could use these resources to identify individuals who can support them in navigating challenging adult responsibilities, such as obtaining insurance, shopping and cooking, and understanding finances.

Implications for Future Research

This study reduced the literature gap on the phenomenon of the college transition of students with depression; however, there is a need for further research on the topic. While there are studies that use qualitative and mixed methods approaches, most researchers of college student mental health and the college transition have used quantitative methods to gather data. As discovered through this study, there are numerous benefits of using a qualitative approach to examine this phenomenon. Additionally, this study produced new questions for exploration: How do students' expectations of entering college compare to their first-year college experience? What is the second-, third-, and fourth-year college transition experience of students with depression? What is the college transition experience of students with depression who engage in mental health services? What is the college transition experience for students with depression who do not engage in mental health services? What is the college transition experience for students with depression who identify as men? What is the college transition experience for students with depression who identify as non-binary?

This study indicates that depression can significantly impact students' college transition. The findings suggest that the college transition is not limited to specific semesters and that depression and other mental health conditions might not resolve after the first year of college. Future researchers could address the continuing college transition for students with depression who have progressed beyond their first year of college. Similarly, future scholars could examine the transition experience of students with depression who withdrew from college at any point in their academic careers. Auerbach et al. (2018), Fink (2014), and this study did not include data from students who dropped out of college. Thus, there is a research gap on such students.

This study included mostly female participants, one non-binary participant, and one participant who chose not to disclose their gender, much as previous research on college students with mental health conditions has had mostly female participants (American Psychiatric Association, 2013; CDC, 2013; Lamis & Lester, 2013; Sarmento, 2015; Wyatt et al., 2017). There has been imbalanced research on gender, mental health, and the college transition. Therefore, scholars could research college students who identify as men and non-binary with depression.

Future researchers could examine the relationship between depression, self-authorship, and self-discovery in the college transition. This study focused on the complex changes in students' lives during the first year of college. The participants experienced a change in the support received, adjusted their coping strategies, compared themselves to other college students, and felt hopeful as they changed their values and beliefs.

Students with Latinx and multiracial identities could be the focus of further research. Students with marginalized identities face additional barriers to accessing support, adulting, and dealing with loneliness and isolation. This study included students who identified as White, Latinx, and multiracial White and Latinx. Future researchers could explore the college transitions of students with depression from other races and ethnicities.

Researchers could examine how mental preparation for college impacts the college transitions of students with depression. Studies of mental preparation for college could address the subtopics of transition recognition, adulting, and questioning college. In this study, the participants experienced delayed college transitions due to depression. Therefore, scholars could explore students' ability to identify factors of the college transition.

This study found that adulting was a major stressor for students transitioning to college. Future researchers could examine how students with depression address adulting during the college transition. This study's participants questioned their decision to attend college due to depression. Thus, researchers studying mental preparation for college could also examine the interaction of mental preparation, depression, and questions about college.

Conclusion

The findings in this study have furthered our understanding of the phenomena of the college transition experience for students with depression. The college transition topic is complex and is further complicated when exploring the college transition through the lens of a mental health condition like depression. The findings largely support previous literature. They also broaden our understanding of the college transition while opening the door for more questions to be asked and explored. There are three key takeaways from this study: Schlossberg's Transition Model and its 4S's are wide-ranging categories which broadly answered the research question, students with depression have specific needs for a successful transition to college, and the first year of college does not complete a full transition to college.

First, each student participant shared unique college transition experiences where depression was consistently present throughout their first year of college. While each student entered college under their own distinct circumstances and with their unique identities, shared themes were present in the data. Depression found its way within each theme related to the transition to college. The themes were captured within the 4S's of Schlossberg's Transition Model. Because the model is broad, it was able to incorporate each of the unique student experiences related to depression and the college transition.

Second, student participants were honest, vulnerable, and generous in their participation in this study. Because of this, data was rich and provided opportunities for deep analysis of depression and the transition experience. Student participants' responses to interview questions highlighted the specific needs their transition to college. Student participants shared transition experiences that aggravated depressive symptoms. Additionally, they shared times where their depression complicated their transition to college. Depression weaved its way into all areas of the transition and at times it was difficult to determine whether depression was affecting the transition or if the transition was affecting participants' depression. For student participants to navigate their first year of college while depression was impacting all areas of their lives, their persistence was even more impressive. While their persistence was impressive, higher education must make efforts to ease the transition for this population of students. It is imperative for higher education administrators and practitioners to heed the stories of students with depression to ease their integration into the college environment.

Third, this study was limited to reflections on the first year of college. From student participants' responses, it is clear the transition continues beyond the first year. The college transition beyond the first year is an area of needed research. Previous research and higher education institutions put a large amount of resources towards the first year experience; however, the student participants in this study exemplify the importance for resources to extend to the second year of college as well. Through the interviews it became apparent that student participants' depression was likely to be present going into their second year, and they would still be navigating their transition.

These student participants overcame great adversities because of depression during their transition to college. For higher education to be a means for social advancement, it must continue

to strive to be accessible and navigable to all people. To do this, it is important to first understand the makeup of the college transition experience. It is my hope that this study has helped to shed light on the complex transition experience for students with depression.

Researcher Reflection

When I started this dissertation, the world was dealing with the COVID-19 pandemic. In response, higher education institutions responded by moving instruction online and reimagining their services. Students were allowed to return home while online instruction was in effect and student involvement and social experiences dwindled. As vaccines rolled out and the stranglehold of the pandemic seemed to ease, it appeared that the mental health of college students had been seriously impacted. Because of this, I feel that this study is even more timely and important.

I never imagined conducting this study during a pandemic. Not only has higher education changed with the pandemic, but also, I have changed. The changes in my life include starting a family with the birth of my first son and starting a new job working in career services. Throughout the time it took me to complete this dissertation, I had questioned my abilities, purpose, and drive. As I looked back on the past few years, I believe I had more in common with the participants in this study than I originally thought. It is possible that I was managing my own symptoms of depression over this time. As I reflected, I recognized experiences of isolation, loneliness, feelings of inadequacy, a lack of motivation, and an irregular sleep schedule. This reflection was critical. It reinforced my passion for this topic and these students. It was also the push I needed to complete this important dissertation.

The transition to college is difficult regardless of a pandemic. It is even more difficult for students with depression. I am proud of this study, and I believe it truly helps us better

understand what students with depression experience during their first year of college. Some of the findings were not surprising. For example, family support is critical for a successful college transition. Other findings instilled a curiosity in me to learn more about the college transition. I found the ordinate theme of Adulting to be a fascinating factor of the college transition for students with depression.

The process of learning about the college transition for students with depression was difficult and rewarding. Incorporating Schlossberg's Transition Model into my study gave me a starting point to understanding the college transition and I now see how broad and all-encompassing the model is. Additionally, I am proud of my efforts conducting a study using IPA. As a novice researcher, it was humbling to hear feedback from my committee to consider implementing an inductive and deductive analysis given the use of the Transition Model and IPA. I sincerely believe I have come a long way in my understanding of what it means to be a researcher. During a time of unprecedented world events and intense personal change, I am proud of this dissertation and what it means to me. This document is not only a milestone in my academic journey, but it is also a testament to the students' journeys and their unique stories. Additionally, it is also a call for higher education administrators, policy makers, practitioners, educators, and scholars to be more empathetic to the mental health of college students and to create new practices that will ease the transition experience for students.

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APPENDIX A

Informational Email

Hello! My name is Joshua Alvarez, and I am a doctoral student in the Higher Education Leadership Program at Colorado State University. I am conducting a qualitative study on the first-year college transition as experienced by those with depression.

The motivation for this study is my passion for helping and supporting college students and an aspiration to better understand depression and the first-year transition to college.

I will conduct my research beginning in Spring 2021. For the study, I am looking for students who meet the following criteria:

- Must have graduated high school and entered college the ensuing year
- Must be in your second year of college
- Must report as having depression prior to entering college
- Must be willing to participate in one virtual interview via Zoom or Microsoft Teams to discuss depression and your college transition experience

Students interested in participating in this study should email me at joshua.alvarez@colostate.edu or call or text me at XXX-XXX-XXXX. Of the interested students, there will be three to six selected to participate in an approximate 60-minute individual interview.

Upon selection for the study, we will review the informed consent process, which will detail the study's timeline, confidentiality, and process. After completion of all the interviews, the participants will receive a $25 gift certificate to Amazon.com as a small token of appreciation for participating.

Thank you for your consideration.

Sincerely,
Joshua Alvarez

APPENDIX B

Study, Time Commitment, and Mental Health Resources

Hello,

Thank you for your interest in participating in this study. First, because the topic of this study is serious and discussing mental health may be difficult, I want you to know there are resources available for you here:

- CSU Health Network: www.health.colostate.edu or 970-491-6053 for routine services or 970-491-7111 to speak with a counselor now
- SAMHSA's National Helpline: 1-800-662-HELP (4357) or www.samhsa.gov/find-help/national-helpline
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- National Alliance on Mental Illness HelpLine: 1-800-950-NAMI (6264) or info@nami.org
- Crisis Text Line: Text MHA to 741741

The main question this study will be examining is how do students who recently completed their first two semesters describe their lived experience with depression during their first-year transition to college? Your time commitment to help me better understand the college transition is participation is a roughly one-hour-long recorded interview and a review of the interview transcript.

Please complete this brief survey (Kroenke et al., 2001) designed to collect basic information about you as a participant, which I will use to ensure you meet the criteria for this study. This information will also be used to introduce your profile as one of the participants in the study, along with the data collected from your interview. Once you have completed this survey, reply to me here at joshua.alvarez@colostate.edu with your results. After I have your survey results and you meet the study's criteria, I will reach back out to you to schedule a time for an interview.

1. To protect your identity, please select a pseudonym that will be used in data collection and throughout the study.
2. Did you attend college directly after graduating from high school?
3. Have you completed the first two semesters of college?
4. Please complete the following questions:
   a. Thinking back to when you entered college, how often per week were you bothered by any of the following problems?
      i. Had little interest or pleasure in doing things.
         1. Not at all.
         2. Several days.
         3. More than half the days.
         4. Nearly every day.
      ii. Felt down, depressed, or hopeless.

1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
iii. Had trouble falling or staying asleep, or slept too much.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
iv. Felt tired or had little energy.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
v. Had a poor appetite or overate.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
vi. Felt bad about yourself, or that you were a failure or let yourself or your family down.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
vii. Had trouble concentrating on things, such as reading the newspaper or watching television.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
viii. Moved or spoke so slowly that other people could have not noticed.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.
ix. Thought that you would be better off dead, or thought of hurting yourself.
1. Not at all.
2. Several days.
3. More than half the days.
4. Nearly every day.

APPENDIX C

Interview Questions

1. Tell me about your first year of college.

   a. How would you describe your transition to your first semester of college? And your second semester?

   b. Was your transition to college what you expected it to be? Why or why not?

   c. Based on the depression survey, you were [student's level of depression from PHQ-9 questionnaire]. What was that like for you during your first semester? What was that like for you during your second semester? How would you describe your first year with depression?

2. Situation: characteristics of this particular transition (timing in your life, your control of it, its permanence, presence of other stresses in your life). Tell me about your transition from high school to college.

   a. How would you describe your situation prior to entering college? How would you describe your situation after entering college?

   b. How was this transition different from other transitions you have experienced?

   c. Would you say this transition has been positive? Negative? Neutral? Something else?

   d. How would you describe your control of your transition to college?

   e. What incidents and people stand out to you? These can be positive or negative incidents and people.

   f. What feelings stand out to you?

   g. How did depression impact your transition situation?

3. Self: personal demographics and characteristics such as gender, age, ethnicity, and stage of life; psychological resources such as outlook, commitment, and values. How would you describe the impact depression had on your collegiate experience?

   a. How would you describe the impact depression and your collegiate experience had on yourself?

   b. What identities (gender, age, ethnicity) positively impacted your college experience? How so? What identities negatively impacted your college experience? How so?

   c. How did depression impact you during the transition?

4. Strategies: specific tactics, actions, and coping mechanisms that individuals use to make meaning of and navigate transitions. How would you describe your coping strategies during your transition to your first year of college?

   a. How did you prepare for the transition to college?

   b. What made the transition to college easier?

   c. What made the transition harder?

   d. How did depression impact your strategies during the transition?

5. Support: formal and informal social networks and systems that provide energy and advice in navigating a situation. How would you describe your support during your transition?

   a. Who served as a support to you?

   b. What did the support look like?

   c. How did depression impact your support during the transition?

6. How has the transition to college affected you?

7. Have you shared all that is significant regarding your transition from high school to college?

APPENDIX D

Colorado State University
Informed Consent to Participate in Research

Title of Study: Depression and the College Transition: The Lived Experiences of First-Year
College Students Who Self-Report as Having Depression

Introduction and Purpose

My name is Joshua Alvarez, a doctoral candidate in the Colorado State University School of
Education, Higher Education Leadership program. My faculty advisor is Professor Sharon
Anderson, PhD. I would like to invite you to take part in my research study. I am interested to
learn about your experiences as someone who self-reports having depression prior to and during
your first-year transition to college.

Procedures

If you agree to participate in my research, I will conduct an interview with you remotely via
Zoom or Microsoft Teams at the time of your choice. The interview will involve questions
about your experience during your transition to college while dealing with depression. For
example, I will ask you questions about your coping strategies during your transition and what
support looks like to you.

The interview should last about 45–60 minutes. With your permission, I will use a personal
recording device to record the Zoom or Microsoft Teams meeting and take notes during the
interview. The purpose of recording is to accurately capture the information you provide, and
the recordings will be used for transcription purposes only. If you agree to being recorded but
feel uncomfortable or change your mind for any reason during the interview, I can turn off the
recording at your request. Or, if you don't wish to continue, you can stop the interview at any
time.

After each interview, I will email you a one-page summary so you can be sure I correctly
understood what you shared with me. You will be invited to comment and add suggestions to
make this summary as close as possible to what you intended to share with me.

Benefits

There is no direct benefit to you from taking part in this study. It is hoped that the research will
give some insight into how students with depression experience the first-year college transition.

Risks/Discomforts

While not designed to do so, some research questions might make you uncomfortable. You may ask me at any time to clarify the question or the reason I am asking you this question. You are free to decline to answer any questions you don't wish to or to stop the interview at any time.

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Confidentiality

Your study data will be handled as confidentially as possible. If the results of this study are published or presented, individual names and other personally identifiable information will not be used.

To minimize the risks to confidentiality, I will:

- Ask you to choose a pseudonym (a made-up first name) before the interview begins. I will refer to you by this pseudonym during the interview.

- I will keep all written materials on the CSU password-protected server.

I will transcribe the audio recordings as soon as possible after our interview, and then destroy the audio files once the research is completed.

We may be asked to share the research files with the CSU Institutional Review Board ethics committee for auditing purposes. Your identity/record of receiving compensation (NOT your data) may be made available to CSU officials for financial audits.

Compensation

To thank you for participating in this study, you will receive a $25 Amazon gift card from me immediately after you complete the interview. The Amazon gift card will be sent via www.amazon.com. The only information I will need to collect from you is your email address.

Rights

Participation in research is completely voluntary. Should you decide to participate, you can decline to answer any of the interview questions and are free to stop taking part in the project at any time.

Questions

If you have any questions about this research, please feel free to contact me at 308-631-5760 or joshua.alvarez@colostate.edu. You may also contact Dr. Sharon Anderson, PhD, at 970-491-6861 or Sharon.Anderson@colostate.edu.

If you have any questions about your rights or treatment as a research participant in this study, please contact the Colorado State University Institutional Review Board (IRB) at 970-491-1553 or email RICRO_IRB@mail.colostate.edu.

****

CONSENT

Do you consent for your Zoom or Microsoft Teams interview to be audio recorded?

_____ Yes, I agree to be recorded.   _____ (initials)

_____ No, do not record my interview.   _____ (initials)

If you wish to participate in this study, please sign and date below. You will be given a copy of

this consent form to keep for your own records.

_____

Participant's Name (please print)

_____ _____

Participant's Signature   Date