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Building Social Support: A Mixed Methods Study Exploring How College Students Self-Disclose Emotions with Others in Order to Build Social Support

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A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

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Abstract

The purpose of this study was to examine the process by which college students self-disclose feelings of sadness or depression to create social support. This mixed methods study, which focused primarily on qualitative data, explored the lived experience of participants through an online survey and face-to-face semi-structured interviews. Results indicated that college students who are experiencing negative feelings grapple with challenges such as identifying someone to share their emotions with and choosing what information to share with others. Findings also demonstrated the importance of social support to college students who are dealing with feelings of sadness and depression in order to help mediate their negative feelings and ameliorate their sadness. Considerations for counselors and college student personnel who work closely with college students are included.
CHAPTER I

Introduction

College can be an exciting yet tumultuous time for many students. Most are leaving their family and friends for the first time and have to learn to adjust to a new set of norms, including increased personal responsibility and accountability, making new friends, and figuring out where they fit in at the place they will likely call home for the next four or more years. Most students thrive in their new environment, but approximately 1/3 of college students will struggle. According to the 2016 American College Health Association–National College Health Assessment, a nationwide survey completed by students at 2-year and 4-year colleges, about 39% percent of college students reported experiencing symptoms of depression that impeded their ability to function during the past year. The same survey also stated that about 15% of respondents reported being diagnosed or treated for depression within the past twelve months. Students typically enter college between the ages of 18-25 when their bodies and brains are still growing and developing. They are then thrust into a brand-new environment where it may be difficult to find and ask for help. For all of these reasons, college is a time when acute or chronic depression may appear. The following study sought to better understand the function of social support during times when students feel sad or depressed. Specifically, participants were asked to explore the types of social support that may be desired during times of sadness; discuss how social support is gained; and identify barriers to seeking social support.
The primary goal of this study was to explore how college students with self-identified symptoms of sadness or depression use self-disclosure to create social support. It is the researcher’s belief that increasing our knowledge base regarding college students’ perception of availability of social support and their motivation to seek social support can help mental health professionals better attend to their clients’ needs.

In order to better describe the purpose of this study, the following diagram shows the key concepts addressed in the literature review, research questions, and online mixed-methods surveys. This diagram illustrates two main relationships. First, it highlights that there is a relationship between depression and social support that has been explored by researchers and will further be explained in the following literature review. Second, it illustrates the primary goal of this study: to explore how social support is created by individuals who are feeling sad or depressed. The researcher hypothesized that social support will be sought when the positive benefits of self-disclosing feelings of sadness and depression outweigh the negative costs of sharing sensitive information with others. All interpersonal relationships have a mixture of costs and benefits that are in a constant state of flux. Social Exchange Theory (Homans, 1958; Thibaut & Kelley, 1959), which is further expounded upon in the literature review, provides a frame of reference for understanding the process of weighing costs and rewards when making decisions about what to self-disclose to others. Finally, the population, college students, is listed on the outside of the figure because the researcher hopes to develop from the results of this inquiry a model for clinical mental health professionals, college student personnel staff, and college students to use to encourage social support building.
Figure 1.1

Defining Depression and Depressive Symptoms

Similarities and differences exist in the ways mental health professionals and laypersons define depression, beginning with the language used by both groups. When mental health professionals talk about depression they are generally referring to aspects of major depressive disorder that have a clear set of identifiable criteria. Laypersons may use the term depression to mean sadness and isolation, but that may not meet the clinical diagnostic criteria of major depressive disorder. A key similarity, however, is that both
are referring to a group of symptoms that indicate either short term (acute) or long-term (chronic) sadness. In this paper, the researcher will typically refer to “sadness and depression” in order to encompass a range of feelings that may be experienced by those who chose to participate in this study.

Mental health professionals define depression based on the criteria established by the American Psychiatric Association. According to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) depression can generally be identified and defined by the following:

“Major depressive disorder represents the classic condition in this group of disorders. It is characterized by discrete episodes of at least 2 weeks’ duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions. A diagnosis based on a single episode is possible, although the disorder is a recurrent one in the majority of cases” (APA, p. 155).

Beyond a definition of how a typical depressive episode presents, the DSM-5 also indicates that while prevalence of depression in the United States is approximately 7%, it is markedly higher in the 18-29-year-old age group. Further, females experience depression at 1.5 to 3-fold higher rates than males (APA, p. 165).

The research on depression and its treatment is plentiful; however, there are still issues that have yet to be addressed. The following literature review and study examines one such area of research that is lacking depth and specificity: how social support is created and maintained by college students struggling with depressive symptoms. The existing research consistently shows that there is a relationship between depression and
social support (Grav, Hellzen, Romild, & Stordal, 2011; Lee, Dickson, Conley, & Holmbeck, 2014); however, it does little to explain how individuals who are depressed can build their social support system. Research examined in detail in the literature review has indicated that the strength of an individual’s perceived social support network can be a mediating factor in the number of depressive episodes a person experiences and severity of their depressive symptoms (Grav et al., 2011; Lee et al., 2014), but why that is the case and how a social support system is developed have not been explored through a qualitative framework by previous research.

**Social Support**

One of the most frequently cited definitions of social support describes it as “information leading the subject to believe that he [sic] is cared for and loved, esteemed and a member of a network of mutual obligations” (Cobb, 1976, p. 300). Although individuals may experience social support in a variety of ways depending on the relationship, four areas consistently emerge in the research: emotional/informational support; tangible support; affectionate support; and positive social interaction.

*Emotional/informational support* comes from asking another person for advice or suggestions, the other person engaging in active listening, and the individual seeking support feeling understood. *Tangible support* occurs when someone can do something for another person that has become difficult, such as preparing meals, assisting with childcare, and driving to appointments. *Affectionate support* happens though supportive touch such as hugging, holding hands, wiping away tears, as well as offering compliments and other kind words that lead a person to feel loved and cared for. Finally,
positive social interaction emerges when people are able to relax and have a good time together engaging in an activity.

In this study, perceived social support was explored in three different ways: quantitatively through the Medical Outcome Study (MOS) Social Support Survey (Sherbourne & Stewart, 1993); qualitatively through open ended questions in an online survey; and qualitatively from face-to-face interviews. The current study employs a convergent parallel design which can be described as “occurring when the researcher collects and analyzes both quantitative and qualitative data during the same phase of the research process and then merges the two sets of results into an overall interpretation” (p. 77, Creswell & Plano, 2011).

The primary reason to use a convergent design is to combine differing strengths and minimize weaknesses of quantitative methods and qualitative methods (Patton, 1990). Quantitative methods have benefits such as large sample size, observable trends in the data, and results that are generalizable to a larger population; however, the weaknesses include a lack of detail in responses and the inability of the researcher to ask other questions or inquire further about responses. Qualitative methods have strengths that include the ability to conduct in-depth interviews with follow-up questions that allow the researcher to elicit more details from participants compared to a survey; however, qualitative methods typically have a much smaller participant pool and increased challenges when trying to generalize the results.

The vast majority of previous research conducted on perceived social support has relied on solely quantitative research methodologies (Grav et al., 2011; Lee et al., 2014; Panayiotou & Karekla, 2012). While large numbers of subjects have completed the
surveys leading to strong reliability and validity outcomes, the lack of qualitative research on this subject leaves a gaping hole in the literature in understanding the process of how social support is created and maintained. Further, the quantitative data alone are limited in clarifying the lived experience of how social support functions to mediate depressive symptoms. By using a convergent design the researcher attempted to examine the construct of perceived social support from a combination of quantitative and qualitative data, in order to strengthen the reliability and validity of outcomes for the current study.

**Self-Disclosure**

In discussing how social support is created and maintained, particular attention was paid to the process of self-disclosure regarding the participant’s feelings of self-identified depressive symptoms. This study focused on self-identified depressive symptoms because the sample was nonclinical. In other words, participants in the study did not need to have a clinical diagnosis of depression given to them by a mental health or medical professional. The end goals of this study are to be able to construct a model of self-disclosure that could be used by clinicians to do the following: better understand how clients experience their depression symptoms; help clients identify individuals in their life who could provide the most viable forms of social support to clients when they are feeling sad and depressed; and clarify how those who are depressed or sad could self-disclose their feelings in a way that will lead to increased understanding and support from others.

Therefore, while discussing the existing literature it is also noted where the literature falls short in explaining the relationship between depression and perceived
social support. To further explore the relationship between depression and perceived social support, the methodology includes open-ended survey questions that were analyzed using a phenomenological approach. By exploring this topic through a phenomenological lens, the researcher was better able to explore the lived experiences of college students who have experienced depressive symptoms. Having a deeper understanding of these experiences was intended to assist the researcher in developing a model of self-disclosure that could support professionals who work with college students struggling with sadness and depression.
CHAPTER II

Review of the Literature

Depression

While *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) has iterated clear criteria for a formal major depressive disorder (MDD) diagnosis, a layperson’s understanding of depression may focus mostly on feelings of sadness. Self-attribution of feelings of sadness may or may not be true depression as defined by the DSM-V; however, individuals’ experiences of those feelings were still included in this study because the researcher did not use a pure clinical sample.

In order to better understand the development of depressive symptoms, it is important to understand the neuroscience behind depression and how it commonly manifests in the college student population.

**Neuroscience.** Major depressive disorder affects the functioning of several different systems in the brain. Specifically, there is a disruption between the communication in the limbic areas (e.g., amygdala, hippocampus) and the prefrontal cortex, which is responsible for executive functioning and rational decision-making. When this disruption occurs, the limbic areas, especially the hippocampus, become hyperaroused which causes further impairment in executive functioning (Maletic, Robinson, Oakes, Iyengar, Ball, & Russell, 2007). When the limbic areas of the brain are hyperactive, the brain will produce extra cortisol, a stress hormone. In small amounts, cortisol is beneficial to helping people stay alert and safe, however, an overabundance of
cortisol tends to exacerbate depressive symptoms and episodes (Lopez, 2000; Fischer, Strawbridge, Vives, & Cleare, 2017).

Maletic, et al., (2007) also noted that previous depressive episodes prime future depressive episodes. For example, if an individual begins having depressive episodes in adolescence then they will be more easily triggered in adulthood. There are several possible explanations for this, including learned helplessness (Seligman, 1972), broken neurotransmitters between the limbic area and prefrontal cortex (Maletic, et al., 2007), genetic factors that may predispose one to depressive episodes (Lopez, 2000), and other neurobiological factors such as a lack of serotonin and an overproduction of cortisol (Lopez, 2000).

It is important for mental health practitioners to have a basic understanding of the neuropsychology of depression, particularly when working with older adolescent clients such as college students, because early onset of symptoms and their recurrence indicate “stable vulnerabilities that place individuals at increased risk for experiencing recurrent episodes of major depressive disorder” (Singh & Gotlib, 2014, p. 61). Because the research indicates that early depressive episodes are positively correlated with later depressive episodes, clinicians need to be able to help adolescent clients establish as many resiliency factors as possible. Resilience can include the ability to ask others for support as necessary (Seligman, 1972; Tanigawa, Furlong, & Felix, 2011; Valez, Krause, & McKinnon, 2016).

**College students.** Many people report experiencing their first depressive symptoms while in late adolescence and early adulthood (Kessler, Berglund, Demier, Jin, Merikangas, & Waters, 2005), which happens to correspond to the age that most students
attend college. The American College Health Association-National College Health Assessment [ACHA-NCHA] (2016) conducted a nationwide survey of college students at 2 and 4-year institutions, and their results indicated that approximately 39% of college students self-reported feeling “so depressed that it was difficult to function” at some time in the past year. The same study also reported that 67% of college students “felt very sad” within the last twelve months. In addition, it is estimated that only one in four students diagnosed with a depressive disorder receives treatment (American College Health Association, 2008) and that the median delay to seeking treatment is 11 years from the onset of symptoms (Kessler, et al., 2005). In other words, nearly 1/3 of college students experience depressive symptoms, but they will likely wait for over a decade before seeking mental health treatment.

The transition from high school to college involves a lot of changes. The enormity of those changes frequently induces stress that can trigger symptoms of mood disorders (Royal College of Psychiatrists, 2011). Acute stressful life events such as leaving home and starting college appear to be more strongly associated with the first onset of depressive symptoms rather than the recurrence of depression (Lewinsohn, Allen, Seeley, & Gotlib, 1999). For individuals who experience their first bout of depression while at college, an additional challenge is that they are physically removed from the social support system they relied on in high school. While the reasons for not seeking out treatment vary from person to person, some commonly reported barriers are the cultural stigma of mental illness (Barney, Griffiths, & Banfield, 2011), failure to recognize the symptoms of depression, underestimating the severity of symptoms, lack of access to
mental health professionals, and noncompliance with treatment that has been received in the past (Hirschfeld, Keller, Panico, Arons, Barlow, Davidoff & Wyatt, 1997).

When college students leave home to pursue their education they are also leaving their primary support system: family of origin. While adolescents are typically portrayed as wanting to differentiate from their parents in order to become more independent, most adolescents actually desire a close relationship with their parents (Fuligni, 1999). Guassi Moreira & Telzer (2015) examined the effects of parent-child relationship on the child’s well-being by distributing surveys to three hundred and thirty-eight (338) college freshman prior to attending college and again after being at school for two months. The results indicated that for students who experienced an increase in depressive symptoms during the transition, the level of family cohesion was a mediating factor. Specifically, if the student reported that family cohesion had increased when they went to college, they also reported that their depressive symptoms had decreased. If perceived family cohesion had decreased, then their depressive symptoms tended to increase. An interesting finding from this study was that family cohesion was related to a change in depressive symptoms for females, but not for males. The authors posited some possible reasons for this difference including: amount of family cohesion is more likely to affect females due to increased interpersonal sensitivity (Rudolph, 2002), family cohesion can buffer internalizing depressive symptoms, and the possibility that there are qualitative differences in the way parents interact with female children and male children that may encourage providing more emotional support to females.

In sum, research indicates that most individuals experience their first depressive episode during late adolescence or early adulthood which correlates with the time that
students traditionally begin college. A basic knowledge of neuroscience along with the common events that trigger a depressive episode can help clinicians better understand the experience of a college student experiencing their first bout of depression and also provide a framework for helping the client establish a support system that mediate future depressive feelings or episodes.

**Self-Disclosure**

It is the belief of the researcher that self-disclosure is the primary mechanism for building social support. This study examined specific types of self-disclosures used by college students when they were feeling sad or depressed, the process for determining to whom they would self-disclose, and how they used reactions to their self-disclosure of sadness to build social support. Self-disclosure can be defined as, “making the self known to others” (Jourard & Lasakow, 1958, p. 91). While there are several academic theories on self-disclosure, Uncertainty Reduction Theory (URT, Berger & Calabrese, 1975) is typically viewed as a classic and widely accepted explanation of the communication phenomenon of self-disclosure. Through their research, Berger and Calabrese found that uncertainty, information seeking, and uncertainty reduction are key variables that need to be addressed, typically in a sequential manner, when forming an interpersonal relationship. Nearly all relationships start with a great deal of uncertainty. When individuals are uncertain, they will seek out information in order to lessen their uncertainty. The more information they have about others, the more likely they are to be able to predict their behaviors, and this predictive ability is a type of uncertainty reduction. The researchers posited that as uncertainty decreases, intimacy and attraction
will increase; and when levels of uncertainty are high, intimacy and attraction will diminish.

Sunnafrank (1986) argued that although URT was important for understanding self-disclosure it was limited because URT did not address the *valence* of the self-disclosure. In other words, the act of self-disclosing alone will decrease uncertainty about a person, but the type of information that is shared is an important factor in whether or not intimacy and attraction increase or decrease. The current study examined feelings of sadness or depression which typically have a negative valence. Talking about emotions with a negative valence is often difficult for the sender and is also equally challenging for the receiver. Frequently, the receiver of the information may not know what to say, feel uncomfortable, or place judgment on the sender. Although valence is not specifically addressed by URT, it is attended to, in part, by Social Exchange Theory (Homans, 1958; Thibaut & Kelley, 1959) which is discussed later in this literature review.

Many studies have been conducted to both confirm and further understand URT. One such quantitative study, developed by Theiss and Solomon (2008), analyzed longitudinal data collected over 6 weeks from college students (N=297) who were in romantic associations. Specifically, participants needed to have a “romantic interest in another person with whom they had previously interacted and with whom they anticipated future interaction” (p. 632). The vast majority of respondents identified as White/Caucasian, age 18-25, and heterosexual. The questionnaires in the study were administered via an Internet Web site where students were emailed a new password to access the surveys each week for 6 weeks. All questions were closed-ended questions where responses were given on a Likert-type scale. The survey questions were designed
to measure the variables of *relational uncertainty*, *decrease in relational uncertainty*, and *openness of communication about uncertainty* as a way to understand how the uncertainty reduction process promotes intimacy. Survey questions were borrowed from other surveys, so confirmatory factor analysis was conducted to ensure that the multi-item scales had acceptable levels of internal consistency, parallelism, and face validity. Results indicated “when all three variables were considered as predictors in the same model…a decrease in relational uncertainty is the only significant predictor of intimacy“(p. 625) (Theiss & Solomon, 2008). Essentially, when an individual felt more certainty about the state of his or her relationship continuing in a positive direction, intimacy would increase, and if an individual felt increased certainty about his or her relationship moving in a negative direction then intimacy would decrease.

In a discussion of the results the researchers attempted to explain their findings, however, there are several limitations to their analysis. First, the study was completely quantitative, which meant that the participants did not have the opportunity to expound on their answers to provide more depth to their responses. Second, the surveys were administered online, which took away all nonverbal cues that may have been addressed in face-to-face interviews. Finally, only one member of the dyad was surveyed, so all of the results are predicated on the perceptions from ½ of a dyad, which means it is impossible to ascertain the importance of all three variables from the perspective of both communicative partners.

An objective of the current study was to explore how individuals self-disclose their depressive symptoms to others. Based on the results of the Theiss and Solomon (2008) research as well as the original URT research from Berger and Calabrese (1975)
the researcher expected that participants would feel increased levels of intimacy as they share feelings of sadness or depression with others. However, the opposite is also likely to be true in that if individuals are experiencing symptoms of depression they may isolate themselves and may struggle to make meaning of and define their depression in a way that they can feel comfortable self-disclosing to others. The qualitative data obtained from this study was intended to provide additional information to help illuminate the process of self-disclosure related to depressive symptoms.

While there are many benefits to self-disclosure, such as higher levels of intimacy in social relationships and increased levels of trust, self-disclosure can be a difficult process for individuals who struggle to express themselves well to others. Alter and Oppenheimer (2009) conducted four different studies, both online and in person, and explored themes related to cognitive fluency and self-disclosure. Existing theories in self-disclosure such as URT and Social Penetration Theory (Altman & Taylor, 1973) suggest that individuals will change their mode of self-disclosure depending on the situation. These studies sought to identify a cue that could more accurately predict self-disclosure patterns. The authors identified fluency (or metacognitive ease)/disfluency as a factor that they found to be important in making such predictions. The term metacognitive ease refers to how an individual understands his or her own psychological state and then how capable she or his is to fully explain it to others. The results from the study found that higher levels of metacognitive ease are positively related to higher levels of self-disclosure, and those with lower levels of fluency exhibited lower levels of self-disclosure.
This research is important to consider in the current study because those who are currently experiencing depression are likely to also be experiencing lower levels of fluency which, according to Alter and Oppenheimer (2009), will lessen their levels of self-disclosure. In addition, they may also be having difficulty in making meaning of their feelings, which can make it challenging to put them into words. If fluency can be practiced in a therapeutic setting where clients feel safe, they may be able to then generalize that skill and use it as a way to build stronger social relationships where they can be more comfortable with self-disclosure related to their depression.

A final consideration that provides a framework for understanding why individuals may choose to self-disclose information to others is Social Exchange Theory (Homans, 1958; Thibaut & Kelley, 1959). Exchange theories, much like in behavioral psychology, use the concept of costs and rewards in social relationships. Rewards are the benefits, pleasures, and gratifications that are derived from interpersonal relationships, whereas costs can be any punishment involved from interacting with another person, such as feeling shamed, cheated, or not respected (Thibaut & Kelley, 1959). In Social Exchange Theory, the following diagram illustrates the basic principle:

Figure 2.1

In all social interactions individuals are constantly weighing the pros (rewards) and cons (costs) of self-disclosing information with others. The decision to self-disclose is based on the anticipated outcome. After choosing to self-disclose, if the outcome was positive
then the rewards will outweigh the costs and an individual will be more likely to self-disclose more personal information in the future. If the outcome was negative then the costs will outweigh the rewards and the individual will be less likely to self-disclose personal information in the future. For the purpose of the current research, Social Exchange Theory provides an additional framework for the researcher to better understand why individuals may or may not choose to self-disclose their feelings of sadness or depression to others. Also, examining possible costs, rewards, and outcomes with participants in this study could provide valuable information for creating a model that can help mental health professionals discuss the topic of self-disclosure with others.

**Social Support**

A study conducted by Lee et al. (2014) examined the relationship between several different variables that may help explain depressive symptoms that appear during the transition to college. The researchers surveyed 1,118 first-year college students by giving them measures for depressive symptoms (Depression Anxiety Stress Scale, 1995), self-esteem (Rosenberg Self-Esteem Scale, 1965), perceived social support, (Social Support Appraisals Scale, 1986) and disengagement coping (Brief COPE, 1997). The subjects were measured at three different time points during their first year at college, and the results were analyzed using structural equation modeling.

The results indicated that self-esteem predicts depressive symptomatology via perceived social support and disengagement coping (e.g., avoidance, denial, fantasy). In other words, perceived social support and disengagement coping strategies are important indicators to ascertain a college student’s level of depressive symptoms. In addition, the relationship between self-esteem and perceived social support was bidirectional, so one
will predict the other. Finally, disengagement coping moderated the effect of self-esteem on depressive symptomatology in that increased levels of disengagement coping led to greater depressive symptoms for both individuals with high self-esteem and those with low self-esteem.

This study introduced an important variable to consider when explaining how college students experience depression: disengagement coping versus engagement coping. Engagement coping includes approaching a difficult situation head-on in order to achieve a sense of personal control over the situation and/or adapting to a challenging situation. While the study discusses the two types of coping, it does not explain how students use these strategies, how they are communicated to others, or their utility in creating social support.

Researchers in Norway (Grav et al., 2011) were interested in social support and mental illness, focusing their research on depression. Specifically, they looked at types of support and also sought to examine whether or not age was a factor in the importance of social support. Grav et al. (2011) surveyed 40,659 men and women between the ages of 20-89 with valid ratings of depression on the depression subscale from the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983). Subjects were asked two additional questions to determine low, medium, or high levels of social support. The questions were, “Do you have friends that can help you when you need them?” which was intended to measure tangible support, and “Do you have friends that you can speak to confidentially?” which was intended to measure emotional support. Results indicated that self-rated perceived functional social support is associated with lessening depressive symptoms and that the effect of emotional and tangible support differed between the
genders, with women experiencing greater effects from perceived emotional support and men experiencing greater effects from perceived tangible support.

This study advances two important notions. First, there is a relationship between a depression diagnosis and perceived social support; and second, the type of social support that is appropriate may differ based on gender. A shortcoming of this research is that the nature of the relationship between perceived social support and depression was not adequately explored and/or explained. Also, only two questions were asked of the participants to ascertain the interactions between gender and social support type, which allows for the possibility of multiple mediating variables left unaccounted for.

Panayiotou and Karekla (2012) posited that individuals with an anxiety disorder would feel higher levels of perceived stress, depression, health problems, and stressful life events, and would have a greater tendency to seek out social support compared with non-anxiety disordered individuals. Further, they also hypothesized that individuals with comorbid depression and anxiety would report the lowest quality of life. Adult participants (N=326) completed several surveys including the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983), Social Support Questionnaire (Sarason, Sarason, Sheerin, & Pierce, 1987), the Stressful Life Events Scale (Panayiotou & Karekla, 2012), and the Brief-COPE (Carver, 1997). Bivariate correlations were conducted to examine the degree of association between the dependent variables, and then ANOVAS were conducted between the groups that reported an anxiety disorder and the control groups. Results indicated that in the area of perceived stress, perceived social support emerged as a significant direct predictor in determining psychological and environmental quality of life. In other words, believing that supportive social
relationships will be there when they are needed had an important positive impact on wellbeing across all participants. However, there was no indication that perceived social support alone could improve anxiety symptoms. As a quantitative study, this research could be conducted with a large number of subjects and showed a clear relationship between perceived social support and psychological quality of life; however, it is lacking information about why social support is important and how it can be created.

In another study (Sangalang & Gee, 2012), researchers wondered if social support might not be universally desired or recognized as positive by some ethnicities when grappling with mental illness. They examined data from 2,066 (N) Asian Americans that was taken from the 2002-2003 National Latino and Asian American Study, which was the first nationally representative study of mental health outcomes among Asian Americans.

Similar to the previously mentioned Grav et. al. (2011) study, gender differences were found when examining support, as well as strain. Specifically, friend strain and family strain were both associated with an increased chance of a major depressive disorder and generalized anxiety disorder for women, but only family strain was associated with an increased chance for generalized anxiety disorder for men.

This study focused strictly on Asian Americans, so it is unclear whether their findings may or may not be generalizable to the overall population. However, it is worthwhile to consider generally whether it is the quality of relationships, family and friend, that matters when predicting the severity of symptoms of a major depressive disorder or generalized anxiety disorder diagnosis. In future research that involves interviewing subjects it seems to be important to ask about the quality of the relationship
and have a way to categorize positive, ambivalent, and negative relationships and then relate them to perceived support as yet another way to understand how social support is created and how it can be used by clinical practitioners in therapy.

Another study that examined social support also looked at perfectionism, depression, and anxiety to see if there were any relationships (Zhou et al., 2013). Researchers surveyed 426 college students from two colleges in China (45% men, 54% women) who ranged in age from 17-26. Students were given the Positive and Negative Perfectionism Scale (PANPS; Terry-Short et al., 1995), the Depression Anxiety Stress Scale-21 (developed by Lovibond & Lovibond, 1996; revised by Anthony, Bieling, Cox, Enns, & Swinson, 1998), and the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) which is used to measure perceived support from family, friends, and significant others. Significant correlations were found between depression/anxiety and perfectionism. In other words, the higher the score for perfectionism, the higher the scores for either depression, anxiety, or both. Researchers also found that perceived social support moderated the influence of perfectionism on both depression and anxiety, which the researchers assert may be a “protective effect in preventing perfectionists from experiencing depression and anxiety” (p. 1141). While the last assertion might be making a bit of a leap, this study also provides more evidence for social support as being important in lessening, and possibly preventing, depression and/or anxiety.

In sum, research has been conducted on the subjects of self-disclosure and social support independently, but the two topics have yet to be connected in a meaningful way in relation to depression/sadness, self-disclosure, and social support. In terms of scholarly
implications, this mixed methods study seeks to examine the process of self-disclosure in relation to creating and maintaining social support specifically when depressive symptomology is present. It builds upon the largely quantitative body of existing research by incorporating qualitative responses to enrich and integrate the current body of literature in a new way that can have clinical importance.
CHAPTER III

Methodology

Introduction

As noted in the previous chapter, there are several gaps in the existing body of research that the current study sought to address. First, while depression and social support have been researched simultaneously with consistent results indicating that social support mitigates depressive symptoms and episodes, the process of how social support is created has been neglected. Second, the current literature is largely quantitative in nature, which has enabled researchers to establish a relationship between depression and social support; however, it has not been an approach that has encouraged a deeper understanding of how social support is built or why it is an important factor for those experiencing depression.

The purpose of this study was to examine the process whereby social support is developed by college students when they are experiencing feelings of sadness or depression. The researcher posits that self-disclosure will be an important variable in the process. Specifically, in order to build social support individuals need to determine what they are comfortable sharing about their sadness/depression and to whom they are able to confide. Based on Social Exchange Theory, if the perceived costs of self-disclosing outweigh the benefits, then the individual will not self-disclose and will be less likely to build social support. If the perceived benefits of self-disclosure outweigh the costs, then the individual will self-disclose and will have an increased likelihood of building social support.
Participants

Participants from this study were recruited from a convenience sample from the Communication Studies research pool. All students at the university are required to take a Basic Human Communication course so the researcher’s hope was that the diversity of the pool would likely mirror the diversity of the university. The Communication Studies research pool enables students to receive research credit, which is required for many Communication Studies courses, for participation in academic research studies. The researcher invited all eligible participants in the pool to complete the study, which includes any student aged 18 or older.

Procedures

This mixed methods study was conducted in two parts. For the first part, participants (N=416) completed an online survey containing both quantitative and qualitative questions. In the second part, the researcher conducted face-to-face semi-structured interviews with participants (N=5). From here on, “part one” will refer to the online survey and “part two” will refer to the face-to-face interviews. Both parts of the study were conducted during the timeframe of one semester and analysis was done separately on each element. Convergence occurred during the interpretation stage of the process. The following methodological aspects of each part of the research are described in detail below: research design, part one quantitative data collection, part one qualitative data collection, part two semi-structured interview data collection, and the data analysis procedures for all quantitative and qualitative data.

Research design. To answer the overarching question, “What is the process by which college students with depressive symptoms build social support through self-
disclosure,” this study used a convergent parallel design in which quantitative data collected from participants was examined separately from qualitative data in order to provide a more nuanced understanding of the participants’ current levels of depressive symptoms and social support. The qualitative data collected through surveys and interviews were the primary data source of analysis for the current research. The study involved two independent phases of research: 1) an online survey followed by 2) face-to-face semi-structured interviews with randomly selected participants from the online survey pool.

**Part one design description.** In the first part of this research, the participants completed an online survey (Appendix B) containing two quantitative questionnaires, and then they answered several open-ended qualitative questions. The quantitative surveys assessed 1) the participant’s current level of depressive symptomology and 2) types of perceived social support that are available to the participant if needed. The qualitative questions examined how and from whom participants have experienced social support when they have depressive symptoms. The survey was administered online to participants through Qualtrics and all responses were anonymous. Respondents were not forced to answer all of the questions in order to participate in the research. While this study is looking at an all-encompassing question of “What is the process by which college students with depressive symptoms build social support through self-disclosure,” the researcher has broken-down this bigger question into four smaller research questions. The following four specific research questions were addressed through the quantitative and qualitative questions:

*RQ1: How do college students choose to self-disclose negative feelings, such as depression or sadness, to others in order to gain social support?*
RQ2: *In these situations, how do college students decide with whom to self-disclose?*

RQ3: *What types of support are college students seeking when they self-disclose?*

RQ4: *What barriers do college students encounter when considering whether or not to self-disclose negative feelings?*

**Part one: Quantitative measures.** The quantitative data were from two sources: the Medical Outcomes Study (MOS) Social Support Survey Instrument (Sherbourne & Stewart, 1993) (Appendix B) and Beck’s Depression Inventory (BDI; Beck, Steer, & Brown, 1996) (Appendix B). First, participants completed the MOS Social Support Survey Instrument, an 18-item survey that asks respondents to answer Likert-type questions about the four areas of functional support (emotional/informational, tangible, affectionate, and positive social interaction). The MOS Social Support Survey questions have a .91 or higher reliability for each of the four areas and construct validity hypotheses have been supported. Second, participants completed Beck’s Depression Inventory (BDI), a 21-item self-report questionnaire. For this study, the purpose of the BDI is to provide insight into the participant’s current level of depressive symptomology which was expected to affect their responses to questions in the study. The BDI has been shown to have high internal consistency with alpha=.91. Results from the BDI can also be used as a systematic method to group the participants, particularly if there are marked differences in responses.

Because the qualitative data on perceived social support was the focus of this study, the quantitative data from the MOS Social Support Survey was examined after the qualitative data responses and used to provide a more nuanced understanding of the
participants’ open-ended responses. The results of the MOS Social Support Survey were then compared to the qualitative responses about social support to help the researcher to further classify and organize the open-ended responses.

**Part one: Qualitative measures.** After completing the BDI and the MOS Social Support Survey, participants answered a series of open-ended written prompts which allowed them to share their own lived experiences of how they experience sadness or depressive symptoms; to whom they have self-disclosed their feelings; what challenges for self-disclosure they face; and how they have successfully built social support.

The qualitative questions were introduced to participants with the following statement:

Sometimes, when people are feeling sad or depressed, they reach out to others for social support. Social support can be understood as having friends, family, or other people that provide you with feelings of being loved and cared for which, in turn, promotes positive self-esteem.

Then, the following open-ended questions were asked of all participants who engaged in the study:

1. How likely are you to reach out to others for social support when you are feeling sad or depressed?
2. To whom do you reach out when you’re feeling down?
3. How do you let others know what you need from them?
4. What outcomes are you hoping for when you reach out?
5. What types of responses have you found to be the most helpful?
6. What types of responses have you found to be the least helpful?
7. When is it most difficult to seek social support from others?

8. What, if anything, holds you back from asking for support when you’d like to have it?

9. How have you reached out to others through social media/online support?

10. What suggestions would you have for someone else who is feeling sad about reaching out to others?

11. Is there anything else that you would like to add regarding social support during times when you feel sad or depressed?

**Part two: Semi-structured interview.** Because of the online nature of the survey it was expected that participants may provide limited information when answering the survey questions. In order to subvert this limitation, semi-structured interviews were conducted with five (5) individuals who did not fill out the survey in order to supplement the survey data with richer qualitative data. Interviews were scheduled to take up to 60 minutes and were conducted at the Student Success Center during times when the Counseling Center was open in case a participant was deemed to be in crisis or felt the need to debrief with the on-call counselor. Initially, six (6) participants signed up, but only five (5) showed up and participated in the interview. All five (5) participants were interviewed with the intention that if content saturation was not achieved, then the researcher would recruit additional participants from the pool until no new themes emerged from their interviews. The following questions were asked of all participants:

1. Tell me about a time when you remember feeling really sad or depressed.

2. Were you able to reach out for social support?
   a. If so, from whom? What did they do or say that was helpful? What did they do or say that was not helpful?
   b. If not, what prevented you from seeking out support?
3. Has there ever been a time where you have sought support from others online?

Other comments and questions were derived from the participants’ responses so they varied in each interview. All interviews were audio recorded with a digital recorder after the interviewee gave informed consent. Immediately following the interviews, the audio files were uploaded onto the primary researcher’s password protected computer and saved as encrypted files. The original files were deleted from the recording device, and the audio recordings were deleted after they had been transcribed. The identity of all interview participants was kept confidential by the researcher, and all identifying information was removed from transcripts.

**Data Collection**

**Part one.** In part one, all surveys were administered online using Qualtrics. Participants were required to complete the survey in one sitting. The survey took less than twenty minutes for most participants to complete. Qualitative data were weighted more heavily than quantitative data because the researcher expected that the most illuminating information would be extracted from the qualitative data, which would allow the researcher to gain insight into how individuals build and maintain social support by using their own words, and lived experience. The quantitative data from the MOS Social Support Survey helped enrich and provide a more nuanced understanding of the qualitative data, specifically related to social support, and allows for a common categorization of the types of support participants seek. The BDI results enabled the researcher to categorize responses based on whether the participants indicate that they are currently experiencing depressive symptoms and the degree to which they are being
experienced, thereby offering one more layer of categorization for conceptualizing the qualitative data.

**Part two.** For phase two, the semi-structured interviews were audio recorded with a digital recorder after the interviewee had given informed consent. Immediately following the interviews, the audio files were uploaded onto the primary researcher’s password protected computer and saved as encrypted files. The original files were deleted from the recording device and the audio recordings deleted after they had been transcribed. The identities of all interview participants were kept confidential by the researcher and all identifying information removed from the transcripts.

**Analysis**

**Part one data analysis.** Qualitative survey responses were analyzed using three sequential coding methods: a priori coding, open coding, and in vivo coding. After the data was collected, the qualitative data was analyzed first with Nvivo software using a priori coding to identify themes in the content. A priori codes are pre-set codes that are expected to be found in the data and are determined based on the researcher’s expertise in subject, previous research findings, and the current research questions. After conducting an initial analysis using a priori coding, the researcher then used an open coding method (Charmaz, 2006), which was finally supplemented with an in vivo coding method (Saldaña, 2009). Open coding allows the researcher to examine the qualitative data looking for categories and distinct concepts that may be different than the categories identified in the a priori coding process. After identifying the salient categories and themes through a combination of a priori and open coding, in vivo coding was used by the researcher to find key words or phrases that can be taken directly from the data in
order to use the participants exact words. By using multiple compatible methods of coding the data it is more likely that the participants’ stories will be told in a way that maintains fidelity and is consistent with a phenomenological approach to analyzing qualitative data (Creswell & Plano Clark, 2011).

The quantitative data from the MOS Social Support Survey and the BDI were analyzed using descriptive statistics and used to supplement the qualitative data. Aggregate results from both surveys were used to help further identify and verify themes found within the qualitative survey data.

**Part two data analysis.** Coding of the semi-structured interview responses took place in three phases. First, after reading each transcript in its entirety, the researcher coded the qualitative responses through horizontalization (Moustakas, 1994) in order to highlight and zero in on statements or language that conveyed meaning about the lived experience of the respondent. During the coding process of horizontalization, all responses were initially viewed as equally valuable. After the initial analysis, the responses that were most salient to the research questions were given more weight than other responses. The researcher used the coding software Nvivo to assist in identifying themes that emerged from participant answers. Second, the researcher was assisted by a co-coder who was a doctoral student from the Counseling & Supervision program. The co-coder, who had completed James Madison University’s IRB training, independently coded the responses using horizontalization and identified themes independent from the researcher. Those themes were entered into Nvivo. Finally, the researcher and co-coder collaborated to determine a textural description of salient themes as well as pinpoint specific quotes that are indicative of the themes. The identified themes are discussed in
detail throughout Chapter 4 and Chapter 5.

Figure 3.1

QUAL
- Semi-structured interviews
- Open-ended survey questions

quan
- BDI
- MOS Social Support Survey

Interpretation based on QUAL + quan
CHAPTER IV

Results

Participant Demographics

The online survey was completed by 416 participants (N=416). The average age of participants was 18.5 years old. Table 4.1 shows the age breakdown of all study participants.

Table 4.1

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>253</td>
</tr>
<tr>
<td>19</td>
<td>106</td>
</tr>
<tr>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td>Over 22</td>
<td>16</td>
</tr>
</tbody>
</table>

Participants were asked how they best described their race. The majority self-reported their race as white. The following races and percentages were reported (Table 4.2):

Table 4.2

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.72% (n=3)</td>
</tr>
<tr>
<td>Asian</td>
<td>6.01% (n=25)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>6.73% (n=28)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.96% (n=4)</td>
</tr>
<tr>
<td>White</td>
<td>78.85% (n=328)</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>5.05% (n=21)</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>1.68% (n=7)</td>
</tr>
</tbody>
</table>
Participants were asked to report their gender. The majority of respondents indicated that they were female, which is consistent with the demographics of the University where data were collected. Reported gender of the participants are listed in table 4.3.

Table 4.3.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>36%</td>
</tr>
<tr>
<td>Female</td>
<td>64%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0%</td>
</tr>
<tr>
<td>Gender fluid</td>
<td>0.24%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>0.24%</td>
</tr>
</tbody>
</table>

Part One: Quantitative Results

MOS Social Support Survey. The MOS Social Support Survey that was presented to the participants as part of the online survey asked participants to indicate which types of support they perceived were available to them if they needed it. They did not have to answer every question in order to continue with the survey, so not all of the 416 participants responded to each question. They were asked to rate each type of support on a likert-type scale indicating if they have that type of support not at all, a little of the time, some of the time, most of the time, or all of the time. Participants overwhelmingly indicated that they believe they have strong emotional/informational support. Emotional/informational support comes from asking another person for advice or suggestions, the other person engaging in active listening, and the individual seeking
support feeling understood. Table 4.4 contains the questions and number of responses for each with the aggregate totals presented at the bottom of the table.

Table 4.4

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Someone you can count on to listen when you need to talk</td>
<td>7</td>
<td>20</td>
<td>62</td>
<td>140</td>
<td>182</td>
</tr>
<tr>
<td>2</td>
<td>Someone to give you information to help you understand a situation</td>
<td>6</td>
<td>23</td>
<td>63</td>
<td>174</td>
<td>145</td>
</tr>
<tr>
<td>3</td>
<td>Someone to give you good advice about a crisis</td>
<td>5</td>
<td>17</td>
<td>69</td>
<td>164</td>
<td>155</td>
</tr>
<tr>
<td>4</td>
<td>Someone to confide in or talk to about yourself or your problems</td>
<td>5</td>
<td>20</td>
<td>57</td>
<td>150</td>
<td>176</td>
</tr>
<tr>
<td>5</td>
<td>Someone whose advice you really want</td>
<td>5</td>
<td>25</td>
<td>76</td>
<td>141</td>
<td>160</td>
</tr>
<tr>
<td>6</td>
<td>Someone to share your most private worries and fears with</td>
<td>14</td>
<td>42</td>
<td>70</td>
<td>131</td>
<td>152</td>
</tr>
<tr>
<td>7</td>
<td>Someone to turn to for suggestions about how to deal with a personal problem</td>
<td>4</td>
<td>22</td>
<td>76</td>
<td>134</td>
<td>175</td>
</tr>
<tr>
<td>8</td>
<td>Someone who understands your problems</td>
<td>13</td>
<td>31</td>
<td>76</td>
<td>140</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>59</td>
<td>200</td>
<td>549</td>
<td>1174</td>
<td>1295</td>
</tr>
</tbody>
</table>

Participants indicated that they had the other three types of social support available much less frequently. The next most available type of support was positive social interaction support. *Positive social interaction* occurs when people are able to relax and have a good time together engaging in an activity. Because the sample for this study was college students, it was expected that they would perceive this type of support to be available as most live with one or more other students and they live in dorms or apartment buildings full of other college students. Table 4.5 contains the questions and
number of responses for each with the aggregate totals presented at the bottom of the table.

Table 4.5

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Someone to have a good time with</td>
<td>3</td>
<td>15</td>
<td>57</td>
<td>136</td>
<td>200</td>
</tr>
<tr>
<td>2</td>
<td>Someone to get together with for relaxation</td>
<td>3</td>
<td>19</td>
<td>61</td>
<td>140</td>
<td>188</td>
</tr>
<tr>
<td>3</td>
<td>Someone to do something enjoyable with</td>
<td>2</td>
<td>16</td>
<td>59</td>
<td>141</td>
<td>192</td>
</tr>
<tr>
<td>4</td>
<td>Someone to do things with to help you get your mind off things</td>
<td>4</td>
<td>20</td>
<td>54</td>
<td>141</td>
<td>192</td>
</tr>
</tbody>
</table>

Total: 12  70  231  558  772

The next most reported type of perceived social support was tangible support. *Tangible support* occurs when someone can do something for another person that has become difficult, such as preparing meals, assisting with childcare, and driving to appointments. College students typically live with one or more roommates so this type of support may be more attainable than for those who live alone. Table 4.6 contains the questions and number of responses for each with the aggregate totals presented at the bottom of the table.
Table 4.6

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Someone to help if you were confined to bed</td>
</tr>
<tr>
<td>2</td>
<td>Someone to take you to the doctor if you needed it</td>
</tr>
<tr>
<td>3</td>
<td>Someone to prepare your meals if you were unable to do it yourself</td>
</tr>
<tr>
<td>4</td>
<td>Someone to help with daily chores if you were sick</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>28</td>
<td>90</td>
<td>135</td>
<td>149</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>24</td>
<td>65</td>
<td>143</td>
<td>172</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>37</td>
<td>82</td>
<td>131</td>
<td>146</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>40</td>
<td>82</td>
<td>138</td>
<td>137</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>129</td>
<td>319</td>
<td>547</td>
<td>604</td>
</tr>
</tbody>
</table>

The final type of support that participants indicated was affectionate support. 

*Affectionate support* happens though supportive touch such as hugging, holding hands, wiping away tears, as well as offering compliments and other kind words that lead a person to feel loved and cared for. Touching can be perceived as very intimate and because college students are away from home they may not have developed a level of closeness with others that would allow for a more intimate type of social support. Table 4.7 contains the questions and number of responses for each with the aggregate totals presented at the bottom of the table.
Beck’s Depression Inventory (BDI). Participants were asked to fill out the BDI as part of the online survey. As noted in the literature review, feelings of sadness and depression can lead to withdrawal and isolation from others which can exacerbate depressive symptoms. The purpose of having students complete the BDI for this study was to explore whether self-reported depressive or sad feelings may serve as a barrier for reaching out to others for social support as referenced in RQ4. The researcher used 14 questions from the BDI. The results from each question are included below, with the number listed indicating how many participants chose the corresponding response (Table 4.8). For the purposes of this study, all of the survey responses were viewed as equally
important so aggregate results are presented. Categories with an asterisk (*) are the five most frequently self-reported areas of depressive symptomology.

Table 4.8

<table>
<thead>
<tr>
<th>BDI Category</th>
<th>Absence of symptom</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>294</td>
<td>106</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Pessimism</td>
<td>281</td>
<td>110</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>*Past failure</td>
<td>262</td>
<td>117</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>Loss of pleasure</td>
<td>303</td>
<td>95</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Guilty feelings</td>
<td>277</td>
<td>119</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Punishment feelings</td>
<td>347</td>
<td>46</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>*Self-dislike</td>
<td>264</td>
<td>105</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>*Self-criticisms</td>
<td>229</td>
<td>139</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>Crying</td>
<td>305</td>
<td>74</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>*Agitation</td>
<td>250</td>
<td>140</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Loss of interest</td>
<td>301</td>
<td>96</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>*Indecisiveness</td>
<td>273</td>
<td>93</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Worthlessness</td>
<td>326</td>
<td>57</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Irritability</td>
<td>289</td>
<td>106</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

Reliability Statistics

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>.888</td>
<td>.892</td>
<td>14</td>
</tr>
</tbody>
</table>

Results from the BDI indicated that a majority of participants were experiencing little to no depressive symptomology at the time they completed the online survey. However, consistent with previous research, 25-30% of college student respondents were experiencing mild, moderate, or severe depressive symptomology. The five most frequently reported depressive symptoms from the survey pool were: self-criticisms, agitation, past failure, self-dislike, and indecisiveness. These responses were consistent
with the qualitative responses. The quantitative and qualitative responses are integrated and further explained in the Discussion chapter.

**Part One: Qualitative Results**

After filling out the BDI and the MOS Social Support Survey, participants were asked to respond to eleven (11) open-ended questions designed to allow them to discuss their own lived experiences with various aspects of social support. Question #11: Is there anything else you would like to add regarding social support when you are feeling sad or depressed elicited very few responses. Of the responses given, it was determined by the researcher that they did not contain information that could enrich the findings of this study so it was not included in the Results or Discussion chapters. In this section, each question is listed and the thematic responses are discussed. For some questions, the responses were easily categorized by the researcher because the responses were 1-2 words. For those questions, the responses are presented in a table format.

**Question #1: How likely are you to reach out to others for social support when you are feeling sad or depressed?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>160</td>
</tr>
<tr>
<td>Somewhat Likely</td>
<td>88</td>
</tr>
<tr>
<td>It depends</td>
<td>18</td>
</tr>
<tr>
<td>Unlikely</td>
<td>69</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>46</td>
</tr>
</tbody>
</table>

Most of the respondents wrote one to three word responses such as “very likely” “not very likely” or “somewhat likely.” Others expounded more upon their answers, particularly if they responded with a version of “it depends.” Some examples include:

*Very likely or likely*
• Most of the time I will reach out. When I am sad or depressed, being very rare, I usually reach out to a close friend or family member for help and advice.

• I am pretty likely to reach out to others for social support if I am feeling sad or depressed, I just have to know that I can trust them.

• I am fairly likely to reach out to others for support. I personally feel that talking to someone I trust or can confide in, helps the situation or help to improve how I feel.

• I am pretty likely to do this. I always feel better when I talk about problems with other people instead of keeping them to myself.

• I'll talk to my friends, but I don't want to bother them too much, so I'd probably ask if I could talk to them, but if they're busy, I wouldn’t say anything.

• It is very likely I will reach out because I use to be depressed and I never want to go back to that place. It was a long road to discovery.

_Unlikely or very unlikely_

• Extremely unlikely. I feel that telling other people my problems only burdens them--as if once I tell them my problems, they become their problems as well. Plus, it makes me vulnerable when people know about my sadness. I hate being vulnerable.

• Not very likely. I recently had a tragic event happen to me and when I am sad, I usually try and hide it and overcome it by myself.
• I actually stay to myself when I get sad most of the time. I don't feel like bothering people with my problems if they're not a huge deal. If it becomes a huge issue then I am very likely to reach out for help.

• Not a lot. I feel that sometimes I'm just a bother and I don't like forcing people to hear about my problems. There are only a few people I'd reach out to and even those people I feel uncertain about reaching out period.

• I used to feel comfortable talking to my husband about those things, but he doesn't understand my sadness so now I don't really like to talk about it. He still helps me do things though. I don't really talk to anyone because nobody really understands, so I just move on.

• Not very likely. I try to handle my problems myself and have a sense of shame when reaching out to others.

*It depends*

• It depends on the severity of the feeling. If it is really bad, then yes.

• When I am feeling sad or depressed I usually like to be by myself first. It's how I process better but then I will go to someone else. Depends on how serious.

• Depends on the day. If I'm really depressed ill just shut myself off but coming out of the sad feelings is when I will reach and talk to people about what happened.

**Question #2: To whom do you reach out when you’re feeling down?**
Because this question was open-ended, participants could indicate more than one person, so the researcher analyzed it using several methods. The responses were analyzed with Nvivo using a word frequency search. Prior to running the word frequency search the researcher compiled a list of expected responses as well as synonyms for those responses. For example, synonyms for “significant other” included boyfriend, girlfriend, partner, husband, and wife. The researcher then did a cursory exploration of the qualitative data to identify any other words that appeared often. After compiling a final list of recurring words, the word frequency search was completed and results were recorded. Finally, a second analysis was conducted by the researcher looking for words or themes that did not come up in the word frequency search. *Friends* and *family* were indicated at a far higher rate than any of the other responses. *Significant other* and *roommate* were chosen by a fair number of participants (see Table 4.10)

<table>
<thead>
<tr>
<th>TO WHOM DO YOU REACH OUT WHEN YOU’RE FEELING DOWN?</th>
<th>NUMBER OF RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRIENDS</td>
<td>329</td>
</tr>
<tr>
<td>FAMILY</td>
<td>215</td>
</tr>
<tr>
<td>SIGNIFICANT OTHER</td>
<td>80</td>
</tr>
<tr>
<td>ROOMMATE</td>
<td>46</td>
</tr>
<tr>
<td>CLERGY/MENTOR/TEACHER</td>
<td>5</td>
</tr>
<tr>
<td>GOD/PRAY</td>
<td>3</td>
</tr>
</tbody>
</table>

**Question #3: How do you let others know what you need from them?**

The vast majority of participants responded with “I tell them,” “I communicate it,” or something very similar. Others elaborated more about their self-disclosure process and mentioned different methods of reaching out such as talking to someone face-to-face, calling, texting, dropping hints, having someone else do it for them, or hoping others will pick up on their nonverbal cues.
• If they're in my family I normally tell them myself or have my mom do it. If it's someone outside my family, I sometimes tell them or I let my actions do it.
• I ask them if they are willing to listen to me and if they have any advice to help me get better.
• I tell them, whether by text, phone, or by discussion.
• If I reach out at all, I usually just ask one specific friend if he wants to get cookies and walk around or watch stand-up comedy or something. I offer "I'm sad" as an explanation but don't elaborate on it and don't talk about it while we're hanging out because of the vulnerability thing. He never asks for an explanation, just hugs me and distracts me from being sad. It's good. Otherwise, I don't ask for things from people when I'm sad. It feels selfish.
• I usually drop hints or just ask.
• I text them. I am not good with face to face conversations.
• I sometimes tell them directly or insinuate it.
• Sometimes I tell them, other times I hope they will ask me what they can do to help.

**Question #4: What outcomes are you hoping for when you reach out?**

The researcher performed a content analysis using an open coding method and identified several different themes listed in descending order of frequency in the following table (Table 4.11). These themes will be further examined in the Discussion chapter when they are integrated with responses from the face-to-face interviews.
Question #5: What types of responses have you found to be the most helpful?

After using an open coding method on the data, several categories emerged that encompassed a majority of the respondent’s words.

Listening. While some of the respondents revealed specific things they were seeking from another person, the word listen showed up more often than any other word. Regardless of what else the other person might do or say; the simple act of listening can go a long way towards helping someone work through their difficult feelings. Other words frequently paired with listening were comfort and understanding although those words were also listed as independent responses.

- I like when people just listen and offer no judgement.
- When people listen to me it makes me feel better because I get things off my chest.
- I don’t like to be the center of attention, so it is important that I talk it out, but I need them to talk about their own personal experiences as well. This allows me to feel a connection to people, and not feel as alone.
• Just people giving me attention. It’s nice to know that even though I feel terrible, people still care about me and think I’m worthy of their time.

• Listening. Offering truth and scripture.

• The most straightforward but caring responses. If someone seems uninterested in helping me than I begin to feel self-conscious and like I should not have disclosed what I was going through with them.

• Someone who is good at listening, and asks good questions.

• Responses that are optimistic and comforting.

• Listening to me and helping me talk things out.

• Someone who simply listens and doesn’t try to fix or judge the situation.

• Responses that either give you advice if you are asking a question or responses that will listen to you talk.

• Responses that typically show a deep, understanding, genuine care for me as an individual and what task or trouble I am going through.

Advice based on similar experiences. Besides listening, the next most common responses were those that sought advice and/or someone who had a similar experience. In examining the responses, advice was frequently used as a response all on its own; similarly, someone who had a comparable experience to share was also listed on its own, but was more commonly paired with advice.

• I have found that positive responses and ways to improve, as well as mutual disclosure. Being told what others would do during the given situation or reflect on a time they felt similarly is also helpful to know I’m not alone.
• Ones that suggest small, but good, actions to make, as well as personal stories and how they dealt with similar situations.

• Giving me advice or telling me that many people go through this with examples.

• Active help and advice on how to change.

• Advice and help that makes me feel good about myself.

**Hugs.** Hugs were mentioned many times in the responses and were generally used in conjunction with another form of responding such as listening, comforting, or reassuring words.

• Comforting; when someone is there for you, hugs you, and listens to you.

• The people who give me hugs and tell me everything is going to be okay.

• Physical touch, like a hug or a cuddle puddle watching Netflix with my friends seems to work best. Even if we don’t really talk, it makes me feel better to know that they’re physically there for me.

• Hugs and head pats make me feel better after I’ve finished. Words of affirmation really do encourage me to keep going day to day.

• Just listening and then giving me a hug.

• When there is nothing said and I get a hug. Physical help has always been a number one for me.

**Words of encouragement/reassurance.** Words of encouragement existed on their own, but frequently the word *reassurance* was used in combination with other responses such as listening. Even from the small amount of information provided in the responses,
there was a clear theme that the college student participants have a need for others to boost up their egos when they are feeling down.

- You’re the best, you’re smart, you can do this, etc.
- I like when friends try to make me feel better by saying things like, "you’re perfect" or "don’t worry about it". Even though these things may not necessarily be true, it feels good to hear them.
- The responses that I have found to be the most helpful is having someone say how great I am and what I have accomplished in the past.
- From my mom, I like her to tell me it will all be okay and that she is proud of me. From friends, I like if they tell me they are going through similar things.

**Distractions.** While this was mentioned the least frequently, it appeared enough times in the data for it to be noted as a theme. Several participants noted that they did not want to think about their feelings too much so having someone that they could do something with was preferable to talking about their negative feelings.

- When someone suggests we do something new and exciting.
- Doing something fun or telling jokes and stories, something to lighten the mood. Or sometimes talking about what is going on. Just not wallowing in feelings for too long.
- Doing stuff to take my mind off things.
- Someone who knows how to relax me and knows what to do to distract me.

**Question #6: What types of responses have you found to be the least helpful?**

After using an open coding method on the participant responses, six distinct themes emerged: advice, not listening/lack of interest, making it about themselves,
platitudes, minimizing feelings, and criticisms. For each theme, several participant responses are listed to provide insight into the theme using the participants own words.

**Advice.** One of the most common responses was that participants did not want others to tell them what to do. Many of the responses around advice dealt with participants feeling like others would not really understand their situation before giving them advice about how to solve the issue at hand.

- When people talk down to me or give me advice that I don’t want to hear.
- People who try to tell me about things about my situation that they know nothing about.
- My mom sometimes makes me more stressed out when she tells me to be active and do more (go to professors or gym more)
- Advice from people who don’t care.
- People who try to give advice right away without really listening to what I have to say.
- Ones that try to analyze my problem and give a solution.

**Not listening/lack of interest.** Another frequent response had to do with the perception that others might not really care about their concerns.

- When people say "Well, I don’t know what to say," or "I can’t help you with that," and legitimately don’t seem to care.
- When people just tell me what I want to hear.
- When they aren’t really engaged.
- Not letting me explain my feelings fully or the situation, basically not listening.
- Negative comments that don't help me have a positive outcome.

**Making it about themselves.** Another response was that it is common for others to turn the topic to themselves. In other words, a person self-discloses their experience of sadness with another person, they then turn the topic over to themselves.

- When the person tries to focus on his/herself to relate, but it ends up making it worse.
- When people respond with too much information about themselves or get off topic and not enough about the person who initiated the conversation in the first place.
- Telling me their problems in return. As selfish as it sounds, it makes me feel like they are disregarding what I am going through because they have their own problems and don't want to deal with me.
- When people almost competitively tell me their problems to try to show me that mine aren’t "that bad."

**Platitudes.** According to the participants, cliché phrases and statements are common and feel contrived and condescending. They seem to be particularly vexing when a person is really struggling with something internally.

- "It could be worse"
- Replying that "I know how you feel," or "I am sorry for...."
- "It'll all be ok" When someone doesn’t offer practical advice or wisdom
- I have found someone saying they are sorry and then leaving the topic alone least helpful.
• When people tell you things you know they are saying just to make you feel better, but don't actually mean what they say.

• "Everything will be okay" because it's not easy to believe this when you are depressed or sad.

_Minimizing feelings._ Based on the responses to all of the questions from the survey interviews, one of the biggest concerns participants consistently mentioned was that they will reveal thoughts that make them feel vulnerable and those statements will be minimized by the other person.

• Ones where they act like I'm being silly for feeling a certain way.

• Responses where the person often says just to get over it and move on.

• Having my problem dismissed easily and readily by the person I am reaching out to.

• Try harder, you're over-exaggerating.

• People who make you feel that you have no right to feel how you do or put off how you feel as nothing.

• I get annoyed sometimes when I tell them why I am sad and they try to rationalize it. For example, I was sad because I was missing my ex-boyfriend and my friend just tried to tell me why I shouldn't miss him. I know why I should not miss him but that does not change the fact.

_Responses that feel critical._ The final theme that emerged from participant responses were that people are concerned that when they self-disclose to others they will feel like others are yelling at them or criticizing their thoughts, decisions, and actions.

• When people criticize my actions instead of offering solutions.
• Responses that sound like scolding.
• Yelling at me and making me sad.
• When people negatively criticize when I am already feeling down or sad.

**Question #7: When is it most difficult to seek social support from others?**

An open coding method was used to identify themes for the responses to this question. Nearly every response given was a short phrase such as “When I’m embarrassed” or “When others are too busy.” After the researcher read and coded all of the participant responses, six distinct categories emerged. First, participants most frequently cited *embarrassment* as the reason they have a difficult time asking for help. Second, feelings of *shame and guilt* about themselves or something they have done. Third, many respondents mentioned being afraid that they would be *judged* by the other person if they reached out for support. Fourth, many participants mentioned *concerns about the person they wanted to reach out to*. Specifically, that they felt like the other person may also be stressed out or not have the time to listen to their problems. A couple of people gave the example of during final exam time all students are busy so they are reticent to talk to others about their problems. Fifth, another response that came up repeatedly was a concern that the *other person* “*wouldn’t get it*.” And sixth, *feelings of depression, loneliness, or failure* also hold the participants back from opening up to others. Because the responses to this question were very brief with limited specifying details, these results are integrated with results from the face-to-face interviews in order to provide a deeper, more nuanced understanding of their meaning in the Discussion chapter.
Question # 8: What, if anything, holds you back from asking for support when you’d like to have it?

Open coding was used to analyze responses to this question and the following general themes emerged: concerns related to the self and concerns related to the perception of the other person. Specific themes related to the general themes were delineated and are accompanied by a sample participant response for each theme (Table 4.12).

<table>
<thead>
<tr>
<th>Table 4.12</th>
<th>Category</th>
<th>Themes</th>
<th>Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td>Others will not understand</td>
<td>I hold myself back because I believe no one will understand except for me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appearing weak</td>
<td>Looking incompetent or overly dramatic or too emotional and weak.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Embarrassment</td>
<td>When I am embarrassed or too sad to talk about it.</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Being a burden</td>
<td>I don't want to burden other people with my problems. I try to take care of myself.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Judgment or rejection</td>
<td>I feel like when I'm opening up to someone that I'm being judged.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seen as needy</td>
<td>Fear of being judged or that someone will tell or look at me differently.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fear of the other person thinking I'm weak for relying on them, or too needy if I have recently reached out to them for assistance.</td>
</tr>
</tbody>
</table>
Many responses to this open-ended question were one or two sentences so the categories and themes that emerged will be further explored after integrating other data results in the Discussion chapter.

**Question #9: How have you reached out to others through social media/online support?**

Most participants indicated that they did not use social media for the purpose of self-disclosing negative emotions and there were two main reasons: 1) they did not want their personal issues made public and 2) they felt they had others that they could talk to face-to-face and that was the preferred option. While the majority of respondents in the online survey and the face-to-face interviews indicated that they do not use social media as a way to gain social support when they are feeling down, some did. One online survey respondent stated,

> When I was really depressed about a year ago, I only reached out to people online. They will always be there for you and are usually really nice, and caring. This is especially true if you like the same things, and can connect with them. I used sites like tumblr, instagram, and kik.

Participants who did talk about using social media as a way to seek support mostly did so anonymously. They wanted to get positive feedback and doing so anonymously felt safer than if they would have used more public forms of social media. In addition to anonymous posts, many participants mentioned reaching out to others who have posted their feelings of sadness or depression through direct messages. Direct messages cannot be seen by anyone except the person who receives them so that is another way of keeping the development of online social support a secret process.
Question #10: What suggestions would you have for someone else who is feeling sad about reaching out to others?

All of the 416 participants in the study indicated that it is important to reach out to others. Many of the comments were short and direct, “Just do it!” or “Reach out before it gets too bad.” But participants mentioned other important issues such as how difficult it can be to hold difficult emotions inside, how that can lead to more problems in the long run, and talking to someone in the meantime can help. Specific themes that emerged were 1) the importance of talking face-to-face, 2) trust in the other person, and 3) being open to speaking to a mental health professional (Table 4.13).

Table 4.13

<table>
<thead>
<tr>
<th>Themes</th>
<th>Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking in person</td>
<td>Recognizing that someone would care, but making sure that they have found the correct person. Also, not doing so via the phone or texting because you never know what could happen and they might not fully understand you. It is best to reach out in person or maybe a phone call. I would always surround yourself with people that make you laugh and you care about. Don’t just put your face in your phone.</td>
</tr>
<tr>
<td>Trust</td>
<td>I would say you will feel better a lot faster if you reach out to someone you trust instead of just sitting and waiting for your problem to be solved. The best thing you can do for yourself is have a few close friends who know how you feel and know how you like to deal with it. And to have some sort of personal vent for yourself. Self-care is essential even if it hard. Suggestions I would give to someone else</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>I would suggest that if you do not feel comfortable reaching out to someone then go to counseling. I would also use online support websites to make you feel better. The most effective way through experience is face to face conversations with the people closest to you.</td>
<td></td>
</tr>
<tr>
<td>I would tell them to just seek help because if they let their emotions build up it could be dangerous.</td>
<td></td>
</tr>
<tr>
<td>Just to know that there are always people out there that their jobs are to give support and help people.</td>
<td></td>
</tr>
<tr>
<td>Reach out to people you feel comfortable with who give good advice and listen. Always recommend seeing a good counselor/therapist/expert</td>
<td></td>
</tr>
<tr>
<td>It gets better, you'll find someone out there who legitimately cares about what you're going through. Go to counseling.</td>
<td></td>
</tr>
</tbody>
</table>

who is feeling sad about reaching out to others is to be sure to trust the person you are reaching out to and that the person knows you well so they offer you advice that will be useful to you specifically.

While it may be hard, you know deep down who actually cares for you and who doesn't. They WILL make time for you, and your problems can always be a priority.

Find someone who you trust and who you know cares about you, and have a conversation with them about how you feel. If they care they will always make the time to help you out.

Don't be afraid to reach out to others. They are not there to judge you, and they probably are struggling too.
Part Two: Semi-Structured Interviews

Themes about how participants choose to self-disclose

One of the benefits of mixed methods research is the ability to glean information from one methodology that cannot be obtained from another. For example, in the case of RQ1, the word *how* in the question makes it difficult to ascertain responses from either quantitative or qualitative survey responses without a specific question on that topic. However, when conducting face-to-face interviews the researcher intentionally talked to participants about the *process* by which they obtain social support. After the researcher and co-coder independently coded the transcripts and discussed the outcomes, two clear themes emerged: proximity and availability.

**Proximity.** All five participants who were interviewed discussed self-disclosing with people who were in close physical proximity. One participant recounted an incident of receiving very sad news from home:

I guess the girl who lives next to me in my hall heard me crying because I could not stop crying and she came in and asked, ‘Are you okay? Do you need a hug?’ I was like, ‘Yes, I do. I need a hug right now.’ That was nice to have someone right there so that I didn’t feel so alone at the time.

Another participant talked about his experience during orientation week with his hall mates:

During the week, we had things we only did with our orientation group. We had to do a write up about where we’re from and then we told each other stuff that
you don’t normally tell people. You know, personal facts. My father died when I was in second grade and I’m not one for sympathy so I don’t usually tell people and so that was mine. And some other people had bouts with suicide and other things like that… I guess just spending time together. We were just with each other pretty much 24/7 during that week.

All of the participants discussed the importance of having friends at college because the people they would normally self-disclose to are no longer nearby when they are at school.

*Availability.* In addition to proximity, it also came up in every interview that they want to have easy access to others when they need to talk about an issue that is making them sad or stressing them out. Several participants referenced the importance of their fraternity as a source of social support on campus. Based on the responses of participants, one of the benefits of Greek life is that an individual can walk into their fraternity house at any time of day and there will be people around. One participant stated:

In a group of 80 guys you’re not going to be best friends with all of them. I’d say that I’m pretty good friends with all of my brothers and so if I needed help I know that I could call any of them, but I guess that for more specific, deeper stuff there’s guys that I hang out with every day.

Another mentioned that it was important to him to have a lot of people around to talk to if he needed it in addition to a close friend who is also on campus:

I’m in a fraternity so when I hang out with my brothers we’ll always be talking and having fun. I also have two friends from home here and they’ve been my friends my whole life and one of them is in my fraternity so I’m with him pretty
much every day. So even talking to him can relieve stress because he’s got the same stuff going on.

Finally, all five participants talked about availability related to distance communication with people at home. Texting and talking on the phone with friends and/or family from home were mentioned in each interview. For example, one participant talked about how he was feeling after a particularly difficult day:

I remember this one day, after a day of class, I had two tests that day and another class and I got back to my room and thought, ‘Wow, I’m stressed out right now and I need to talk to someone about what I did.’ So I normally call my mom or my grandparents just to tell them what happened throughout the day, it really reduces some of my stress…I just, it didn’t feel good. I just really needed to talk to someone. My stomach was hurting, I had a headache coming on and stuff like that.

An international student, who has multiple challenges with self-disclosure including her family and friends being back in her home country and English as a second language, stated:

I call them (friends) when I know they’re not going to have a lot of work so that I can just take my time and explain whatever is happening instead of just calling them to talk for 2 minutes to say there’s something wrong and then hang up the phone. So, I have to call them or Facetime them when I know they will have a lot of time and they’re not distracted with any other things so I can just get their full attention and their full feedback.

**Themes about with whom they self-disclose**
In the semi-structured interviews, each participant discussed talking to friends and family members. One talked about a significant other and one talked about the importance of God and prayer when they are feeling down. One of the benefits of face-to-face interviews was to gather additional information about how and why participants chose these individuals to self-disclose their negative feelings. Several themes emerged from the interviews including (1) how the participants compartmentalized who they self-disclosed to, (2) their interpersonal history with the person, and (3) a general consensus of feeling uncomfortable with online disclosures.

**Compartmentalization.** First, students indicated that they tended to compartmentalize who they talked to about certain topics. The way they compartmentalized were based on a few criteria that revolved around what they felt like they needed in that particular moment of sadness. Some of those needs included talking to someone who would 1) be objective and provide advice, 2) be encouraging, 3) be a distraction and take their mind off of their negative feelings, and 4) not view them as a disappointment. A couple of excerpts from interviews are included as examples of how the participants chose to self-disclose to different people depending on the situation.

- Definitely when I’m stressed I’ll text my mom and see how she’s doing and then just let her know that I’ve got a lot on my plate. She’ll usually send me some encouraging words or something and that’s always nice.
- When you’re around everyone (fraternity brothers) and everyone is just smiling and having fun it’s hard to be stressed out. You want to be involved in all of this laughing and fun and that helps alleviate it a lot.
• (international student) They (college friends) might understand the frustration and all of the disappointment stuff but they won’t understand when it comes to the family perspective. It requires people from my country or people who have similar cultures.

**Interpersonal history.** A second theme that emerged from the face-to-face interviews was that they were most comfortable talking to people with whom they had a long **interpersonal history.** For all of the participants this included friends from home and family. Along with history, it was also important to talk to people who had **shared experiences** which may be why the respondents typically talked about opening up to their friends/peers more than their family. One participant talked about the difference between opening up to her roommate and her best friend from home:

I have my roommate who I’m very close with and she (best friend from home) sees I’m always with my roommate so she might feel like she’s being replaced and I know that’s really hard on her. But I would go to my best friend with a problem before I would go to my roommate. I still go to her more than anybody—more than my boyfriend, more than my sister, she was that one person for me at home that I would go to with stuff and I was that person for her.

One participant talked about feelings of sadness around a friend from home that has been going through some serious medical issues. This participant said,

I talk to my roommate about it a lot. He went to high school with me and knows the same person as well. He always reassures me that even now there’s nothing I can do except be a support for her.
Uncomfortableness with online self-disclosure. Finally, the last theme to emerge was on the topic of online self-disclosures. Although one person discussed their experiences of seeking support online, the other four participants rejected the idea stating that they “don’t share personal stuff online” or they would “rather talk face-to-face about problems.” There was a clear theme of wanting to keep personal feelings and issues private and putting them online felt uncomfortable because they could not control how others would perceive the self-disclosure and who it might be shared with.

The one participant who found social support through self-disclosing online had previously received a MDD diagnosis from a mental health professional whereas the other participants had not. The participant shared that her depression and feelings of loneliness were the reason she reached out online:

When I was a high school freshman I would go on tumblr and that was the thing that I did. And I would talk to people on tumblr which is kind of weird thinking about it now, but I was very into my tumbler. I loved it. And you can talk to people anonymously and I used to do that because I didn’t have someone to talk to. I didn’t have a friend. And just to be able to talk about what was going on with me and with my parents—I was having a really difficult time with my dad—and I was just talking to people. I don’t even remember what I would say but I just had to use it as an outlet. I would just go to my room and talk to people and I wouldn’t know their name and they wouldn’t know my name, but it was someone who would talk to me and say, “It’s going to be okay” because I didn’t have that from anyone else.
Themes of what participants are hoping for when they self-disclose

Understanding. A common theme that emerged when conducting the interviews was that all of the participants wanted people “to get” what they were saying. They all worried about being judged by others, but believed that if there was a mutual understanding about their specific situation then they were less likely to be judged. One participant, an international student, discussed the differences between talking to friends from the U.S. and friends from her native country about her challenging experiences in school,

I mean they (U.S. friends) might understand the frustration and all of the disappointment stuff, but they won’t understand when it comes to the family perspective. It requires people from my country or people who have similar cultures.

Another participant, when discussing a medical condition of a friend at home that is causing him a great deal of stress and sadness said,

Yeah, I talk to my roommate about it a lot. He went to high school with me and knows the same person as well. He always reassures me that even now there’s nothing I can do except be a support for her.

Encouragement. A second theme that emerged about what participants hope for when they self-disclose is encouragement and/or a confidence boost from others. One participant talked about communicating with his mom when he was feeling down or stressed out about school and stated,

Definitely when I’m stressed I’ll text my mom and see how she’s doing and then just let her know that I’ve got a lot on my plate. She’ll usually send me some
encouraging words or something and that’s always nice. I mean other people (students) will say, “We’re all in this together,” but my mom is more motivational, I guess.

Another participant revealed that he calls his grandparents when he is feeling down because they always say nice things to increase his self-esteem and make him feel like he can overcome things that may be getting him down. The participant said about his grandparents,

They normally say that they’re proud of me and they’re proud of what I’ve been doing my whole life. And just hearing they say that they’re proud of me is pretty big. I guess after one of those days you need to hear something nice. At the end of the semester having them say things like, “You’re almost done. You’ll be home in a couple of weeks” is a good reminder that I get to go home and relax and it will be worth it after I work hard.

**Comfort.** The final theme that appeared in several of the semi-structured interviews dealt with seeking comfort from those the participants shared self-disclosures of sadness or depression. Some participants actively sought to be comforted during difficult times by others such as one participant who talked about his parents and grandparents,

Well, they’ve always been there to comfort me my whole life and I know they’re able to do the same over the phone. Like, they tell me to relax and they always have the right things to say.

Others felt comforted by *not* talking about deep emotions or topics that might
bring up difficult feelings. They know that the other person is available to them if they need to talk and that is enough. One example came from a participant who shared this about talking with her boyfriend,

Um, just a lot more comfort. We don’t necessarily talk a lot about my depression and stuff like that because he’s going through a ridiculously hard time right now in his life. We’re just there for each other and we don’t really talk about the negative things and are just in the moment. I’m always happy when I’m with him and it’s just always positive. It’s a way to forget about everything else that’s going on. I don’t know, like a get-away sort of.
<table>
<thead>
<tr>
<th>Research Question</th>
<th>Qualitative (survey)</th>
<th>Qualitative (interviews)</th>
<th>Quantitative</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ1: How do college students choose to self-disclose negative feelings, such as depression or sadness, to others in order to gain social support?</td>
<td>N/A</td>
<td>Proximity</td>
<td>N/A</td>
<td>Participants sought support people who were in close physical proximity and/or people who had time to listen and respond.</td>
</tr>
<tr>
<td>RQ2: In these situations, how do college students decide with whom to self-disclose?</td>
<td>Friends (329) Family (215) Significant Other (80) Roommates (46) Mentor/Clergy/teacher (5) Counselor (4) God/pray (3)</td>
<td>Compartamentalize who they talk to (e.g., academics, relationships, depression) Those who have had a similar experience Long interpersonal history (high school friends) Share online when feeling disconnected and alone</td>
<td>Participant responses in descending order of availability: Emotional/information support Positive social interaction support Tangible support Affectionate support</td>
<td>Talk to peers about topics that might disappoint family members Talk to family members when they are looking for encouragement or comfort</td>
</tr>
<tr>
<td>RQ3: What types of support are college students seeking when they self-disclose?</td>
<td>Support (60) Advice (83) Understanding (44) Positive outcome (44) Help (95) Feel better (102) List (42) Reassurance (10) Comfort (31) Caring (6) Love (15) Kindness (4)</td>
<td>Objective feedback (no judgement) Time to fully explain what is going on People who will “check-in” on them Encouraging words Recounting positive memories from the past Hugs/deep breaths Someone who will listen</td>
<td>N/A</td>
<td>Participants want to feel cared for and not judged by others</td>
</tr>
<tr>
<td>RQ4: What barriers do college students encounter when considering whether or not to self-disclose negative feelings?</td>
<td>Embarrassment “personal topic” (90) Feeling alone, sad (27) Not wanting to burden others (11) Times of high stress for everybody (ex: exam week) High emotions (ex: crying, depression) (19) Fear of judgment (5) Physical distance (10) Too many people around Feel like others won’t understand</td>
<td>Challenges reaching out to people they do not really know Receiving dismissive comments in the past (ex: “Just forget about it”; “It’s not the end of the world”; “Get over it”) The other person bringing up issues that are stressful Tend to bottle things up because they don’t feel too bad and want to deal with it on their own Do not want to be treated differently by others</td>
<td>Feelings of failure Agitation Self-dislike Self-criticism Indecisiveness</td>
<td>Concerned about being judged if they show strong emotions or reveal something perceived to be embarrassing Feel unable to share feelings when it is a time that peers are also under pressure</td>
</tr>
</tbody>
</table>
CHAPTER V

Discussion

In the previous chapter, thematic results of the face-to-face interviews and online survey questions as well as quantitative data were presented. This chapter examines each research question by applying relevant data and summarizing the results, explores how this research can be used by counselors, highlights areas for future research, and addresses limitations of the study.

RQ1: How do college students choose to self-disclose feelings, such as depression or sadness, to others in order to gain social support?

One of the benefits of mixed methods research is the ability to gain a deeper, more nuanced understanding of complex processes. In this case, the researcher was exploring how students self-disclose difficult emotions to others. The online survey contained the question “How do you let others know what you need from them?” which was designed to encourage participants to discuss the process of reaching out; however, their responses were limited overall in how much they wrote. The vast majority responded with, “I just tell them” or something similar. Some participants elaborated by saying that they tend to drop verbal hints or hope others will pick up on their nonverbal communication. While it is clear that self-disclosure is an important part of the process of sharing that they are struggling emotionally, the online survey responses did not provide an adequate level of depth to help the researcher better understand the process of self-disclosure, whereas the face-to-face interviews did.

Because the interviews were semi-structured the researcher had leeway with asking follow-up questions that would provide more depth in understanding the process
of self-disclosure during times of sadness and depression. Several themes emerged from these interviews. As with the online survey responses, the participants indicated that they do self-disclose when they are feeling down, but they were able to talk more about the process of how they do so. First, they are most likely to self-disclose with someone who is in close physical proximity as well as someone with whom they have a significant interpersonal history. This creates a challenging conundrum for college students because the individuals who are physically close to them are frequently people they have known for a very short period of time. This begs the question about how they navigate that challenge.

The participants also indicated that they will self-disclose to others when they believe the other person is available to listen to them. Because certain times in the academic semester are very busy for all students (e.g., midterms, final exam week), they are less likely to self-disclose to those who are nearby and will instead default to friends and family from home that will have the time needed to talk about their feelings.

One way to bypass the availability issue is to seek support online. It is important to note that the only face-to-face interviewee who openly admitted to posting about her feelings of sadness online was also the only interviewee who had received a Major Depressive Disorder (MDD) diagnosis from a mental health professional. A handful of the online survey respondents admitted to self-disclosing online, but it is not known whether they have an MDD diagnosis. There were commonalities among those who chose to self-disclose via social media, and the most consistent were anonymity and immediate support from others. All of the participants who shared that they had posted their feelings of sadness and depression online indicated that it was important to do so
anonymously. The face-to-face interviewee shared that there is a stigma associated with depression, and she was not comfortable talking to others about it in person because of how she might be judged. Nearly all of the participants who indicated that they had developed support online said that it was nice to have this support develop quickly. They would post their story and almost instantaneously others would comment and share their support. It did not seem to matter that none of the people knew each other in real life; social support was crucial regardless of where it was found.

Finally, there was consensus amongst the face-to-face interviewees that they all share their feelings of sadness when the situation has gotten really bad or feels out of control as well as when they cannot figure a way out of the situation on their own. During these times, all of the interviewees acknowledged knowing that it was time to ask someone for help.

**RQ2: In these situations, how do college students decide with whom to self-disclose?**

There was a clear consensus between the interviews and online survey responses regarding the preferred source for social support: *friends and family*. In both the online surveys as well as the interviews, significant others and God/prayer were both mentioned. The online survey also elicited other categories such as roommates, counselors, and mentor/clergy/teacher.

The online survey did not ask participants to elaborate on their responses so the vast majority did not; however, in the face-to-face interviews the researcher made a point of asking the participants why they chose certain people versus those they did not choose. One interesting theme that emerged was that all of the participants talked about *compartmentalizing what they will tell whom*. For example, because all of the participants
were college students there was a common thread of academic achievement, and each person identified that if they were struggling in school they would talk about it with their friends and not their parents because they wanted to save face and not feel as if they were disappointing their parents. The flip side is that if they are feeling sad, related to academics or other issues, a parent was the first person they mentioned talking to, specifically their mothers. One participant’s father was deceased and one participant talked about actively not self-disclosing difficult topics to his dad, but the other three participants did not talk about their fathers as a person they would talk to.

When discussing self-disclosure with friends, the themes of having a similar experience and a long interpersonal history emerged. Even when participants talked about people they spend time with at college, few talked about deep self-disclosures with those whom they met at school. It seems that most of the participants in this study relied on people they have known for most of their lives and shared experiences with to be their primary source for social support. One challenge for college students is that on one hand they want people who are proximal when they self-disclose about their feelings of sadness, but on the other hand many talked about their closest friends being long-distance. Based on responses provided by participants of this study, this is a unique challenge for college students and for counselors who might assist their college student clients in building their social support network.

The topic of online self-disclosures of sadness brought swift responses from four of the face-to-face interview participants who indicated that they have never used their social media platforms or any other type of online group to share feelings of sadness or depression. It may be important to note that none of those four participants revealed that
they have ever had a MDD diagnosis from a mental health professional. The one participant who did indicate that they shared their feelings of depression in an online forum had received a MDD diagnosis. That participant was very open about her feelings of loneliness and isolation. She felt that when there was no one physically present in her life who could understand, the internet would provide her with the support she needed.

Results from the online survey elicited similar results in that most respondents indicated that they do not use online modes for building social support, but there was a small cluster of responses that talked about finding comfort in an online community. The participants in the online survey were not asked whether they have ever received a MDD diagnosis from a mental health professional, however, several individuals did mention periods of great sadness in their life when they reached out to others in a virtual world.

Opening up to others online presents both opportunities and challenges for those who are experiencing sadness or depression. The diagnostic criteria for MDD of depressed mood, diminished interest or pleasure in activities, excessive guilt or worthlessness, and fatigue/loss or energy tend to lead those experiencing these feelings to become isolated. Isolation often begets focusing on negative feelings. If a person has isolated themselves, it may feel more difficult to reach out to others in their lives because of various fears and concerns which will be discussed later in this chapter. Reaching out to someone online may feel like the safest, and sometimes only, viable option. Because online communities are almost always anonymous, individuals who use them are able to feel protected and save face compared with facing the possibility of judgment or rejection from people they know in real life.
RQ3: What types of support are college students seeking when they self-disclose?

As indicated in the Results section table 4.11, twelve different categories emerged when the qualitative data from the online surveys was analyzed. It is likely that the categories could be further combined, however, with the limited amount of information provided by the respondents the researcher opted for a greater number of categories in order to better exemplify the lived experience of the participants rather than making assumptions about what they were trying to say with the purpose of collapsing categories together.

Overwhelmingly, the majority of participants in the online survey as well as face-to-face interviews indicated that they want to feel better as the outcome of a self-disclosure related to their sadness or depression. The other categories of responses seem to be specific ways that the process of feeling better might occur and included receiving: advice, help, support, understanding, listening, comfort, reassurance, caring, love, and kindness. Because the researcher could ask follow-up questions during the face-to-face interviews, when a participant indicated that they wanted to feel better the researcher asked what they meant by that. Several elaborated by saying that their moods would be lifted and they would not feel so sad. Specifically, they all discussed looking for understanding, encouragement, and comfort, which converge with all of the categories from the online survey participants. Essentially, participants want to know that the other person is paying attention, although each individual may have a preferred response that feels more helpful than another type of response (ex: advice vs. reassurance).

One interesting area to note that is discussed later in the chapter is that many of the respondents indicated that when they reach out for social support they are looking for
advice or help. This is in direct conflict with online survey question #6: *What types of responses have you found to be the least helpful?* The most common response to this question was *advice*. In other words, participants frequently said that they were hoping for advice when seeking out social support, but when they actually received advice it was not reported as helpful.

**RQ4: What barriers do college students encounter when considering whether or not to self-disclose negative feelings?**

When examining what barriers or challenges college students might encounter when trying to decide if they want to disclose their feelings of sadness or depression, data were collected in several different ways, including face-to-face interviews, online survey open-ended questions, and Beck’s Depression Inventory (BDI).

While the BDI does not specifically ask about barriers, individuals who are experiencing depressive feelings may have symptomology that inhibits asking for support from others. The five most common responses from the BDI which approximately 25-30% of participants indicated had impacted them in the previous two weeks were: *feelings of failure, guilty feelings, self-dislike, self-criticism, and emotional reactions (crying)*. These feelings are likely to impact the choice to self-disclose as well as who people may decide to talk to. When discussing the outcomes for RQ2, it was noted that college students in this study reported compartmentalizing who they chose to talk to based on their relevant concerns. For example, feelings of failure were typically not discussed with parents because they did not want to disappoint them and wanted to be able to save face, so instead they may talk about their academic and vocational concerns with friends who might be experiencing similar struggles.
When participants answered the online survey questions and talked to the researcher in the face-to-face interviews, two clear themes emerged regarding barriers: 1) *fear of being judged* and 2) *not wanting to burden others with their problems*. First, the researcher looked at the responses to three online survey questions: What types of responses have you found to be the least helpful; When is it most difficult to seek social support from others; and What, if anything, holds you back from asking for support when you’d like to have it? There was an overarching concern of sharing something that made them feel vulnerable and having the other person respond in a way that felt judgmental. Specifically, the participants wanted to avoid feeling embarrassed, dismissed, or misunderstood. Many expressed concerns of being looked upon differently by those they self-disclosed with in the future by the other person either avoiding them or treating them with kid gloves.

Second, many college student participants mentioned not wanting to bother others or burden them with their problems. There appeared to be two key reasons for this. One reason was that they felt as if they did not know the person well enough to disclose something really personal because they did not know if the person would want to hear it or if they could handle it. The second reason was that they understand that it is common for college students to feel under pressure, and they felt bad about adding to their stress by self-disclosing something difficult. The perception of burdening someone with a self-disclosure about sadness or depression was a unique finding that complicates the ability of college students to seek out social support that is proximal and increases the likelihood of keeping feelings of sadness to oneself. This outcome may warrant further examination in future research of barriers to self-disclosure of negative feelings.
Summary

Very clear, consistent themes emerged from all of the data collected in terms of what participants were seeking when they self-disclosed feelings of sadness or depression and also what they did not want when they self-disclosed. One surprising finding was the prevalence of conflicting themes which seem to point towards some unique challenges college students face when trying to identify viable sources of social support.

The first unique challenge is to whom should they self-disclose? Having someone who is close by that they could talk to face-to-face was consistently noted as being preferable than talking over the phone or texting with someone who is long distance. However, this is diametrically opposed with having a long history with the person they self-disclose with. Many college students are fearful of being judged and sharing sensitive personal information with someone at college who is relatively new in their lives felt awkward to many participants in this study. When the relational component of Social Exchange Theory is applied, college students perceive fewer costs with self-disclosing to someone that they have known for a long time as opposed to someone they have only recently met at college due to fear of judgment. That being said, if something is difficult for them and they want to talk to someone face-to-face then they need to have established at least one connection at college that is strong enough for them to feel safe and secure when self-disclosing.

The second challenge that emerged was the enigma of what college students were looking for in terms of outcomes of self-disclosing their feelings of sadness or depression. They consistently indicate that they want help in order to lessen their feelings of sadness and want feedback from the other person that can facilitate a change in feelings. In the
online survey, they cite wanting advice for how to feel better, but then also clearly state that receiving advice is the least helpful outcome of self-disclosing. More information was gleaned in the face-to-face interviews on this topic and it sounded like “advice” is a broad term used by students and does not necessarily mean the standard definition of telling someone what to do. Rather, it can also includes getting encouragement and having someone who can show understanding. In trying to help a college student identify what outcome they are looking for when self-disclosing their feelings of sadness or depression, it would be important to assist them to find language that they can use to ask for specifically what they want.

Because the researcher began this study with the assumption that self-disclosure is a key factor in building social support, it is important to tie the results back into Social Exchange Theory (Homans, 1958; Thibaut & Kelley, 1959). In all social interactions individuals are constantly weighing the pros (rewards) and cons (costs) of self-disclosing information with others. According to Social Exchange Theory, the decision to self-disclose is based on the anticipated outcome. If the perceived rewards are greater than the perceived consequences, self-disclosure is more likely. Based on the data collected in this study, the following model (Figure 5.1) can be used by counselors or others in higher education who frequently work with college students. The model illustrates a way to help them explore their concerns about self-disclosure of feelings of sadness or depression, identify the rewards of self-disclosing those feelings, and think about possible outcomes and how they could respond to those outcomes or how they could try to set up the conversation in a way that would facilitate a more positive outcome. For example, if a person desires someone to listen and provide encouragement and not give advice, they
could practice saying that to the person to whom they are self-disclosing. In addition, college counselors and personnel could also work with students to start identifying people who are on campus that could be a source of social support for them. They could then begin the process of building their social support network during times when they are not necessarily sad or depressed and then access it during more emotionally difficult times.

Figure 5.1

**Limitations**

There are several limitations to this study. First, the most significant limitation was that for the online survey the participants submitted journaled responses to online survey questions, which means that the researcher did not have the ability to seek clarification or to ask follow-up questions. This shortcoming was addressed by conducting five face-to-face semi-structured interviews that allowed a wide breadth of questions to be asked and also allowed the researcher to achieve some depth by asking for more information when appropriate.

A second limitation of this study was the nature of the pool. It was a convenience sample and all participants were required by their basic human communication class to
participate in research, although they had a choice to participate in this particular study. According to data collected by Qualtrics, most participants finished the survey very quickly so many participants may not have spent much time thinking about and articulating their responses to the open-ended questions. Finally, because a non-clinical sample was used, the results may not be generalizable to a clinical population. The researcher had the participants take the BDI and one of the face-to-face participants self-identified a depression diagnosis so it is possible to extract a clinical sample from the existing data and this may be done in the future in order to compare the findings from a clinical and nonclinical sample and look for differences.

To increase reliability and validity the researcher has employed a mixed methods design with two quantitative surveys that have met assessment standards for reliability and validity with a variety of populations that differ in demographics such as age, socioeconomic status, gender, and ethnicity. In addition, the open-ended survey questions and the pre-set semi-structured interview questions have face validity in relation to the research questions. While the study limitations are significant, the researcher employed several measures to ensure academic rigor. The current study is important in bridging the gap in how counselors understand the meaning of social support for struggling clients and how they can help their clients build viable social support systems to help mediate depressive symptoms and episodes of sadness. It can also be used by other college student personnel who work with college students in areas such as residence life, athletics, or student organizations.
**Future Research**

First, because this study used a convenience sample of college students, the participants were not separated into a clinical and a nonclinical group. It would be helpful for future research to make a delineation between the two because the results from the current study may not be generalizable to a clinical population of college students.

Second, with only accessing traditional college students at a specific institution, it is unclear whether the results of this study are generalizable to the larger population or to a more diverse college student population. As noted, college students experience unique challenges for this brief period in their lives, and the challenges they have with building social support and self-disclosing feelings of sadness may only be relevant to this specific time and may not fit with their lives pre-college or post-college.
Appendix A

IRB Approval

From: Morgan, Cindy - morgancs
Sent: Thursday, December 3, 2015 2:39 PM
To: Brickner, Aimee R - bricknar
Cc: Staton, Renee - statonar
Subject: IRB Approval Notification

Dear Aimee,

I wanted to let you know that your IRB Protocol entitled, "Building Social Support: A Mixed Methods Study Exploring How College Students Self-Disclose Emotions with Others in Order to Build Social Support," has been approved effective from 12/3/2015 through 12/2/2016. The signed action of the board form, approval memo, and close-out form will be sent to you via campus mail. Your protocol has been assigned No. 16-0219. Thank you again for working with us to get your protocol approved.

All research must be conducted in accordance with this approved submission, meaning that you will follow the research plan you have outlined in your protocol, use approved materials, and follow university policies.

Please take special note of the following important aspects of your approval:

- Any changes made to your study require approval before they can be implemented as part of your study. Contact the Office of Research Integrity at researchintegrity@jmu.edu with your questions and/or proposed modifications. An addendum request form can be located at the following URL: http://www.jmu.edu/researchintegrity/irb/forms/irbaddendum.doc.

- As a condition of the IRB approval, your protocol is subject to annual review. Therefore, you are required to complete a Close-Out form before your project end date. You must complete the close-out form unless you intend to continue the project for another year. An electronic copy of the close-out form can be found at the following URL: http://www.jmu.edu/researchintegrity/irb/forms/irbcloseout.doc.

- If you wish to continue your study past the approved project end date, you must submit an Extension Request Form indicating a renewal, along with supporting information. An electronic copy of the close-out form can be found at the following URL: http://www.jmu.edu/researchintegrity/irb/forms/irbextensionrequest.doc.

- If there are in an adverse event and/or any unanticipated problems during your study, you must notify the Office of Research Integrity within 24 hours of the event or problem. You must also complete adverse event form, which can be
located at the following
URL: http://www.jmu.edu/researchintegrity/irb/forms/irbadverseevent.doc.

Although the IRB office sends reminders, it is ultimately your responsibility to submit the continuing review report in a timely fashion to ensure there is no lapse in IRB approval.

Thank you again for working with us to get your protocol approved. If you have any questions, please do not hesitate to contact me.

Best Wishes,
Cindy

Cindy Morgan
Administrative Assistant, Office of Research Integrity
James Madison University
MSC 5738, Blue Ridge Hall, Room 342
601 University Blvd.
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Office Email: researchintegrity@jmu.edu
Appendix B

Online Survey (BDI, MOS Social Support Survey, Open-ended questions)

What is your age?

Which best describes your race?
- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Some other race
- Decline to answer

What is your sex?
- Male
- Female
- Transgender
- Gender fluid
- Decline to answer

BDI
For the following 15 questions please read the group of statements carefully, and then pick the one statement that best describes how you have been feeling during the past two weeks including today.

Sadness
- I do not feel sad.
- I feel sad much of the time.
- I am sad all of the time.
- I am so sad or unhappy that I can’t stand it.

Pessimism
- I am not discouraged about my future.
- I feel more discouraged about my future than I used to be.
- I do not expect things to work out for me.
- I feel my fortune is hopeless and will get only worse.

Past failure
- I do not feel like a failure.
- I have failed more than I should have.
- As I look back I see a lot of failures.
- I feel I am a total failure as a person.

Loss of pleasure
• I get as much pleasure as I ever did from the things I enjoy.
• I don’t enjoy things as much as I used to.
• I get very little pleasure from the things I used to enjoy.
• I can’t get any pleasure from the things I used to enjoy.

Guilty feelings
• I don’t feel particularly guilty.
• I feel guilty over many things I have done or should have done.
• I feel quite guilty most of the time.
• I feel guilty most of the time.

Punishment feelings
• I don’t feel I am being punished.
• I feel I may be punished.
• I expect to be punished.
• I feel I am being punished.

Self-dislike
• I feel the same about myself as ever.
• I have lost confidence in myself.
• I am disappointed in myself.
• I dislike myself.

Self-criticisms
• I don’t criticize or blame myself more than usual.
• I am more critical of myself than I used to be.
• I criticize myself for all of my faults.
• I blame myself for everything bad that happens.

Crying
• I don’t cry anymore than I used to.
• I cry more than I used to.
• I cry over every little thing.
• I feel like crying, but I can’t.

Agitation
• I am no more restless or would up than usual.
• I feel more restless or would up than usual.
• I am so restless or agitated that it’s hard to stay still.
• I am so restless that I have to keep moving or doing something.

Loss of interest
• I have not lost interest in other people or activities.
• I am less interested in other people or things than before.
• I have lost most of my interest in other people or things.
• It’s hard to get interested in anything.
Indecisiveness
- I make decisions about as well as ever.
- I find it more difficult to make decisions than usual.
- I have much greater difficulty in making decisions than usual.
- I have trouble making any decision.

Worthlessness
- I do not feel I am worthless.
- I don’t consider myself as worthwhile and useful as I used to.
- I feel more worthless as compared to other people.
- I feel utterly worthless.

Irritability
- I am no more irritable than usual.
- I am more irritable than usual.
- I am much more irritable than usual.
- I am irritable all the time.

Concentration difficulty
- I can concentrate as well as ever.
- I can’t concentrate as well as usual.
- It’s hard to keep my mind on anything for very long.
- I find I can’t concentrate on anything.

MOS Social Support Survey
Below you will find a series of statements related to various types of support. Please choose the response that best describes the types of support that are available to you.

How often is each of the following kinds of support available to you if you need it?

<table>
<thead>
<tr>
<th>Emotional/Informational Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>Someone you can count on to listen when you need to talk</td>
</tr>
<tr>
<td>Someone to give you information</td>
</tr>
</tbody>
</table>
### Emotional/Informational Support

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>to help you understand a situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to give you good advice about a crisis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to confide in or talk to about yourself or your problems</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Someone whose advice you really want</td>
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<tr>
<td>Someone to share your most private worries and fears with</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Someone to turn to for suggestions about how to deal with a personal problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone who understands your problems</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

How often is each of the following kinds of support available to you if you need it?

* Tangible Support*
How often is each of the following kinds of support available to you if you need it?

**Affectionate Support**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone to help you if you were confined to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to take you to the doctor if you needed it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to prepare your meals if you were unable to do it yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to help with daily chores if you were sick</td>
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<td></td>
<td></td>
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</tbody>
</table>

How often is each of the following kinds of support available to you if you need it?
### Affectionate Support

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>you love and affection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to love and make you feel wanted</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone who hugs you</td>
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<td></td>
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</tbody>
</table>

How often is each of the following kinds of support available to you if you need it?

### Positive Social Interaction

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone to have a good time with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to get together with for relaxation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Someone to do something enjoyable with</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone to do things with to help you get your mind off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Positive Social Interaction**

<table>
<thead>
<tr>
<th>things</th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

**Open-ended questions**

Sometimes, when people are feeling sad or depressed, they reach out to others for social support. Social support can be understood as having friends, family, or other people that provide you with feelings of being loved and cared for which, in turn, promotes positive self-esteem.

How likely are you to reach out to others for social support when you are feeling sad or depressed?

To whom do you reach out when you’re feeling down?

How do you let others know what you need from them?

What outcomes are you hoping for when you reach out?

What types of responses have you found to be the most helpful?

What types of responses have you found to be the least helpful?

When is it most difficult to seek social support from others?

What, if anything, holds you back from asking for support when you’d like to have it?

How have you reached out to others through social media/online support?

What suggestions would you have for someone else who is feeling sad about reaching out to others?

Is there anything else that you would like to add regarding social support during times when you feel sad or depressed?
Appendix C

Consent to Participate Face-to-Face Interviews

Consent to Participate in Research Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Aimee Brickner from James Madison University, under the supervision of Dr. Renee Staton. The purpose of this study is to better understand how social support is developed during challenging emotional times, for example when you may be feeling sad. This study will contribute to the student’s dissertation research which is in partial fulfillment of the requirement for the Ph.D. in Counseling and Supervision at James Madison University.

Research Procedures
Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of an interview that will be administered to individual participants in the Student Success Center (room TBA) or in a private office in either Johnston or Miller Hall. You will be asked to provide answers to a series of questions related to how social support is developed during challenging emotional times. The interviews will be audio recorded and later transcribed. All identifying information will be removed from the transcription in order to ensure participant confidentiality.

Time Required
Participation in this study will require 30-60 minutes of your time.

Risks
The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits
Potential benefits from participation in this study are that the sharing of your experiences with constructing social support networks will contribute a deeper understanding of the importance of social support. This information will be valuable for future college students who may be struggling with sadness, loneliness, or depression.

Confidentiality
The results of this research will be presented in a dissertation manuscript and have the potential to be presented in a scholarly research journal and/or at a conference. The results of this project will be coded in such a way that the respondent’s identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data
will be presented representing generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers, such as digital audio recordings, will be destroyed.

**Participation & Withdrawal**
Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

**Questions about the Study**
If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Aimee Brickner  
Student, Graduate Psychology  
James Madison University  
bricknar@jmu.edu  
540-568-2914

Dr. Renee Staton  
Professor, Graduate Psychology  
James Madison University  
statonar@jmu.edu  
540-568-7867

**Questions about Your Rights as a Research Subject**
Dr. David Cockley  
Chair, Institutional Review Board  
James Madison University  
(540) 568-2834  
cocklede@jmu.edu

**Giving of Consent**
I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I certify that I am at least 18 years of age. Participants will be given a copy of this form and will be able to ask the researcher questions before the interview and via email.

- I agree
- I do not agree

I give consent to be audiotaped during my interview.

- I agree
- I do not agree

I give consent to have my audiotaped interview transcribed by the researcher.

- I agree
- I do not agree
Appendix D

Consent to Participate (Survey)

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Aimee Brickner from James Madison University, under the supervision of Dr. Renee Staton. The purpose of this study is to better understand how social support is developed during challenging emotional times, for example when you may be feeling sad. This study will contribute to the student’s dissertation research which is in partial fulfillment of the requirement for the Ph.D. in Counseling and Supervision at James Madison University.

Research Procedures
This study consists of an anonymous online survey that will be administered to individual participants through Qualtrics (an online survey tool). You will be asked to provide answers to a series of questions related to your current feelings and to whom you talk to about your feelings. Should you decide to participate in this confidential research you may access the survey by following the web link located under the “Giving of Consent” section.

Time Required
Participation in this study will require approximately 15-30 minutes of your time.

Risks
The investigator does not perceive more than minimal risks from your involvement in this study. That is, no risks beyond the risks associated with everyday life. However, you may become more aware of any current negative feelings. If this happens, contact the James Madison University Counseling Center (https://www.jmu.edu/counselingctr/) at 540-568-6552 to make an appointment or walk to the Counseling Center which is located in the Student Success Center on the 3rd floor.

Benefits
Potential benefits from participation in this study are that the sharing of your experiences with constructing social support networks will contribute a deeper understanding of the importance of social support. This information will be valuable for future college students who may be struggling with sadness, loneliness, or depression.

Confidentiality
The results of this research will be presented in a dissertation manuscript and has the potential to be presented in a scholarly research journal and/or at a conference. While individual responses are anonymously obtained and recorded online through Qualtrics, data is kept in the strictest confidence. Responding participants’ email addresses will be tracked using Qualtrics for obtaining research credit through SONA, but names and email addresses are not associated with individual survey responses. The researchers will know if a participant has submitted a survey, but will not be able to identify individual responses, therefore maintaining anonymity for the survey.
The results of this project will be coded in such a way that the respondent’s identity will not be attached to the final form of this study. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information will be destroyed. Final aggregate results will be made available to participants upon request. The researcher reserves the right to use and publish non-identifiable data including quotes from participants that demonstrate salient themes.

**Participation & Withdrawal**
Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

**Questions about the Study**
If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Aimee Brickner, Ed.S. Dr. Renee Staton
Student, Graduate Psychology Professor, Graduate Psychology
James Madison University James Madison University
bricknar@jmu.edu statonar@jmu.edu
540-568-2914 540-568-7867

**Questions about Your Rights as a Research Subject**
Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cokkele@jmu.edu

**Giving of Consent**
I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I certify that I am at least 18 years of age. By clicking on "I agree to participate" below, and completing and submitting this confidential online survey, I am consenting to participate in this research.

This study has been approved by the IRB, protocol #16-0219
References


Panayiotou, G., & Karekla, M. (2012). Perceived social support helps, but does not


http://doi.org/cxj


