

**‘THIS SEA OF DARKNESS, CRAZINESS AND OPPORTUNITY’: STUDENTS
EXPERIENCES OF DEPRESSION AND SOCIAL IDENTITIES AT A SOUTH
AFRICAN UNIVERSITY**

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Ashleigh Craig
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SECTION A: JOURNAL SELECTED AND SPECIFICATIONS FOR AUTHORS

Journal Selected

The content and technical requirements of the article are based on those for the *British Journal of Guidance and Counselling*. This journal publishes work under three broad headings: (a) counselling and psychotherapy, (b) career counselling and career development in particular and (c) cross-disciplinary issues relevant to counselling, psychotherapy and career services. As an international journal, the British Journal of Guidance & Counselling provides a high quality platform to authors from across the globe, and from diverse cultural backgrounds and disciplines. Its readership is likewise interdisciplinary and international.

The journal accepts theoretical and empirical papers relating to the practice of counselling, psychotherapy and career services, and allied fields. Research papers may use quantitative, qualitative or mixed methods and may range in scope from large-scale surveys to individual case studies, with samples drawn from a broad variety of contexts.

Specifications for Authors

All papers should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

A word limit should be included. A typical paper for this journal should be between 3,000 and 6,000 words, inclusive of tables, references, endnotes. The paper should contain an unstructured abstract of 60-120 words.

British spelling style should be used consistently throughout the manuscript. Single quotation marks should be used except where 'a quotation is "within" a quotation'. Please note that long quotations should be indented without quotation marks. Papers may be submitted in Word or LaTeX formats (Refer to Appendix A for detailed specifications).

‘This sea of darkness, craziness and opportunity’: Students’ experiences of depression and social identities at a South African university

Ashleigh Craig, *Rhodes University, South Africa, a.craig.clinpsy@gmail.com*

Abstract:

This study explores how the interaction between depression and social identities is experienced by South African university students. Semi-structured interviews were conducted with eight students at Rhodes University who have had depressive experiences and analysed using Interpretative Phenomenological Analysis. The following five superordinate themes emerged out of the data: 1) the self looking in, 2) the self looking out, 3) the misunderstood self, 4) the student self and 5) the loss of self. Findings showed that students’ depression is significantly influenced by their social identities, which are experienced as multi-faceted and ever-changing within the university context. The related therapeutic implications are also discussed.

* Ethical approval was granted by the Rhodes University Ethical Standards Committee (Reference number 10707548)

Keywords: depression; social identity; student experiences; university; South African context

Introduction:

The topic of depression is becoming increasingly important to mental health professionals due to its growing prevalence around the globe. The latest statistics from WHO estimate that over 300 million people are depressed worldwide, and that between 2005 and 2015, there has been an increase of more than 18% in the number of people living with depression (Behere, Kumar, & Behere, 2017). In South Africa, the lifetime prevalence of major depressive episodes was found to be 9.7% by the South African Stress and Health Study between 2002 and 2004 (Tomlinson, Grimsrud, Stein, Williams, Myer, 2009). Whilst this percentage was lower than some, it was still higher than in the majority of other countries that took part in the first wave of the WHO World Mental Health 2000 initiative (Tomlinson et al., 2009). This suggests a need for further enquiry by local mental health professionals into the contributing factors and contexts underpinning South Africans’ depression.

One particular context in which various studies have noted a particular vulnerability to developing depression, is within university spaces (Geisner, Kirk, Mittmann, Kilmer, & Larimer, 2015; Young, & Campbell, 2013; Jung, Hecht, & Wadsworth, 2007). The South African Depression and Anxiety Group (2018) report that an estimated 12% of local university students experience moderate to severe symptoms of depression. Thus, the question raised by many is, what factors are leading students to become depressed? Previous findings have pointed to a variety of intersectional factors aimed at answering this question (Petersen, Louw, & Dumont, 2009; Sennett, Finchilescu Gibson & Strauss, 2003). For example, Young and Campbell (2013), in their paper comparing student wellbeing at a South African university with that at a British university, found that university was experienced as psychologically distressing for many students. Within the South African sample of this study, undergraduate students were shown to experience more distress than postgraduates, perhaps due to challenges in adjusting to university life. Black students were moreover found to experience higher levels of distress, likely as a result of the inequalities present in post-Apartheid academic spaces and facing unique intersectional challenges as a result.

In relation to these particular intersectional factors, Jung et al. (2007) explore the role of identity in international students' mental well-being. The findings show that cultural differences may lead to students' expressions of selves being restricted when in spaces where their cultural selves are not understood or cannot be fully expressed (Note that the terms 'identity' and 'self' are used interchangeably in this article). This finding also applies to aspects of black students' identities which may be experienced as incompatible whilst studying at historically white universities. Many South African black students are also faced with high expectations from their families to achieve, amongst other stress factors such as poor education preparation, adjusting to new, potentially alienating environments, less enduring social support and financial stresses (Young & Campbell, 2013; Petersen, Louw, & Dumont, 2009).

Sennett et al. (2003) explored these factors mentioned above in their study looking at disadvantaged students' adjustment to a historically white South African university. They found psycho-social functioning and emotional wellbeing to be just as relevant to adjusting to university as academic factors. If psycho-social functioning is understood as the influence that psychological factors combined with social environment has on ones' emotional wellbeing, then this study emphasises the importance of social influences in relation to mental wellbeing. However, there is little local research that explores the specificities and

meanings of these psychosocial and emotional factors, particularly in students who are distressed. It is this last point that has driven the focus of this study: to provide an inside look into the unique social worlds of depressed students and how their sense of selves are experienced within these worlds, i.e. their experience of social identities.

If this study is to adequately explore the social worlds of depressed students, it needs to consider the interaction that depression has with the social self. Depression often leads to individuals withdrawing from their lives and becoming isolated from the people and activities that they used to enjoy (Joska, 2017). Karp (1996) describes depression as an illness of ‘isolation’ and ‘disconnection’ and a wide array of literature furthermore acknowledges social withdrawal as one of the most prominent features of depression (Cruwys, Haslam, Dingle, Haslam & Jetten, 2014; Wade & Kendler, 2000; Smith & Rhodes, 2015; Granek, 2006).

Smith and Rhodes’ IPA study reflects similar findings about social disconnection, but in a more exploratory sense, with participants describing their depression resulting in ‘a depletion of their lived worlds, mixed with shock, agitation and turmoil.’ (2015, p. 199). Their study provided seven idiographic accounts of first episode depression, reflecting themes of interpersonal loss, feelings of loneliness and experiencing doubt about one’s own identity, as well as others’, thus revealing how depression involves relational loss as a core feature and is experienced as socially distressing (Smith & Rhodes, 2015). Steger and Kashadan (2009) explain that this kind of research, on the social particularities experienced by depressed people, has important consequences for counselling and needs to be pursued further. There has thus recently been a growing interest in ‘social identities’ and mental health, resulting in the advocating for what Jetten, Haslam, Cruwys, Greenaway, Haslam, & Steffens have called the ‘social cure agenda’ (2017). However, the specificities of the role of social relationships in depression are still somewhat unclear (Cruwys et al., 2014) and this study seeks to clarify this through examining how depression is experienced in the context of student’s social lives, making use of aspects of social identity theory to do so (Turner, 1982).

The basic premise of social identity theory is that people’s understanding of their own behaviour is interwoven with the social groups to which they belong (Turner, 1982). Hence to gain insight into a person’s thoughts, cognitions and behaviours, one needs to also understand how they view themselves in relation to others (Jetten et al., 2017). One of the pioneers of this social identity approach, John Turner, along with his colleagues, speak of ‘social

categories' through which a person 'gains identity from being placed in context' (1994, p. 458). In developing social identities through relationships with others, Jung et al. (2007) describes four identity 'layers', namely our personal identity (individual self-concept), relational identity (how others view us), enacted identity (expression of self in communication) and communal identity (who we are on a group level). One's personal and social identities are understood by social identity theory to be closely intertwined, fluid and changeable according to context (Turner, Oakes, Haslam, & McGarty, 1994).

Hence, this study offers value in exploring the variety of social identities that students are grappling with in relation to their depression, acknowledging that university is an environment where individuals develop many social relationships of different kinds, within one small space over a short timeframe. This is a uniquely intensified social experience that one is not faced with in most other contexts or life stages.

Materials and methods:

Semi-structured interviews were conducted within an IPA framework with eight students who have been depressed within the last two years whilst at university, recruited through Psychology class mailing lists at Rhodes University, South Africa. The interview questions were designed to explore how the person relates to and makes meaning of their depression and their social worlds (Reid, Flowers & Larkin, 2005). It was assumed that the participants were the experts of their own experiences.

All of the students were undergraduates except one who was a postgraduate. Their other relevant demographic details are given here, along with pseudonyms to protect their identities:

- 1) Angie: White, 22, female
- 2) Aphiwe: Black, 21, female
- 3) Brenda: White, 21, female
- 4) Buhle: Black, 22, female
- 5) John: White, 21, male
- 6) Thandiwe: Black, 22, female
- 7) Likhona: Black, 21, female
- 8) Zalika: Black, 21, female

Smith and Osborne's (2007) interpretative phenomenological approach was used to analyse the data, whereby, through systematic qualitative coding, five superordinate themes were developed as emergent themes, that ran through all eight transcripts (Smith & Osborne, 2007). The analysis followed a 'double hermeneutics' process, of the researcher phenomenologically making meaning of individual experiences whilst interpretively making sense of those experiences and contextualising them (Pietkiewicz & Smith, 2014).

Findings and discussion:

Each theme developed from the data describes aspects of the individuals' social identities or 'selves in relation to others', in linkage with their experiences of depression.

Theme 1:

The self looking in: 'The internal-ness of my loneliness'

Something prominent that was reflected by all participants was their depression resulting in them looking inwards, or as Thandiwe aptly put it, focusing on the 'internal-ness of her loneliness'. It is clear from all of the participants that social withdrawal is a major part of depression and moreover that it can be necessary and helpful. For example, when asked how she felt when she had time alone during a period of depression, Aphiwe said: 'I felt more empowered, like I could think. It felt quiet and I could take over that space the way I want to.'

This time alone was described by the majority of the participants as an authentic experience: 'And sometimes I'm, not happy, but glad in those moments because I don't have to pretend about what my emotions are.' (Aphiwe) and 'I feel alone but the good was that I was slowly rediscovering myself, slowly getting to know myself.' (Zalika). Here, it is worthwhile to consider how social relationships help build individual self-concepts, thus having a major influence on who we view ourselves to be (Cruwys et. al., 2014). One could argue that the process of withdrawing socially in order to 'just breathe', is a move towards re-examining ones' own self-concept in isolation, without the added confusion of relational, enacted and communal identities (Jung et al., 2007).

Conversely, considering the inherent and inescapable *relational* nature of human identity (Turner, 1982), it is not surprising that all of the participants described a tension between

intrapersonal reflection and feeling lonely and disconnected: 'It's the only place I can breathe emotionally and think on a level of like, this is what I'm really feeling, this is what I'm really going through. But then again I know I can't stay there, because if I stay there then everything is going to go down' (Aphiwe). John describes his social isolation in an almost physical way: 'I feel like disconnected from reality, it is almost like I'm chained to the earth but at the same time my legs aren't solidly on it, I'm just floating there staring.'

The majority of the participants explain that time alone also lends itself to self-blame and negative self-talk: 'Going inward and saying that's so wrong you're so bad, you're a terrible person.' (Angie). Likhona described getting an almost savage enjoyment out of crying alone in her room: 'I stand up and go to the mirror and watch myself. And it's almost like a 'ah you're so pathetic, look at yourself crying' sort of a situation. To a point you feel good speaking negatively about yourself'. These excerpts reflect Nolen- Hoeksema's (1991) work on the nature of rumination in depressed individuals, which found that dwelling on the symptoms of depression not only keeps one in a depressed state, but can worsen one's depression. She found that rumination increases negative thinking styles and decreases problem solving ability (i.e. the ability to get oneself out of the depressive episode). Moreover, it discourages support from others, as the person prefers to perseverate on their depressed feelings alone, rather than seek help, or alternatively they ward off the company of others by constantly expressing how terrible they feel (Nolen-Hoeksema, 1991). This 'going inward' also reflects previous findings of depression as an experience of 'isolation and disconnection' in which the individual feels hurt and worthless (Karp, 1996; Shaw, Dallos, & Shoebridge, 2009).

Thus the question is where the healthy balance between having time alone to reflect and cutting oneself off from the world lies? Brenda explains: 'it's weird coz I kind of want to do my own thing but I also don't want to be alone, so it gets confusing.' This tension reflects Granek (2006) and Smith and Rhodes' (2015) similar findings in their qualitative studies with depressed participants, who described feeling torn between craving solitude but also wanting to feel connected to others. Clarification on this tension was provided by three out of the eight participants, who point to themselves as being the biggest barrier to feeling well again: 'You have to want to get better for yourself' (Angie). She also explained: 'trying to learn about myself more' as key in finding a balance between time alone to reflect and unhealthy social withdrawal.

In summary, it appears that time alone is experienced as helpful when done in a deliberate yet reflexive way, to take a moment to re-evaluate ones' self-concept and identity in relation to others (Turner, 1982). The participants of this study have shown that when the internal focus turns into an unhelpful cycle of self-loathing and disconnection, one no longer knows how to define themselves in relation to others.

Theme 2:

The self looking out: 'Being a person is confusing'

Another major theme was the self in relation to other people, or 'the self looking out'. This illustrates Granek's (2006) findings that depression is largely made sense of and spoken of in relation to others. All eight of the participants made reference to other people in relation to their depression, as both helpful and unhelpful. Conflict was mentioned mainly as a threat to ones' mental well-being and sense of identity. For instance, Aphiwe, in describing a previous romantic relationship explains: 'I had to suppress myself and become what he wants'. Here she is speaking to the influence another person had on her identity as a girlfriend (Jung et al., 2007). Relating to other's distress was also explained by Aphiwe, on learning that her cousin had committed suicide: 'I literally believed I'd be next.', thus illustrating how her social identity as a family member was incorporated into her own personal identity. This relational aspect of depressive experiences also reveals how episodes of depression are often triggered or worsened by particular negative events in one's social world (Cruwys et al., 2014) and that risks for developing depression have been shown to be directly associated with relational problems, for instance relationships of a demanding nature or where there is emotional strain, criticism or disagreements (Wade & Kendler, 2000).

However, Wade and Kendler (2000) also found that supportive relationships are a protective factor against depression, particularly with more intimate members of a person's social sphere. This is reflected in this study, as all of the participants made reference to helpful connections. For instance, Angie explained how she felt after a suicide attempt: 'It's quite nice, like well, if I did commit suicide in that moment, there will be a lot of people who will be sad and pissed off. So it's like you're not alone almost'. Cruwys et al. (2014) shed light on this, emphasising that social identities give people a sense of meaning in their lives and inspire social support, instilling a sense of belonging and serving as a reminder that they have social influence in their world. Buhle also reflects a sense of belonging and describes her social identity as a friend when explaining how a trip with her two best friends brought her

out of a depressive episode: 'I don't feel misunderstood coz these people know me to the T. So I felt at my most comfortable.'

Most of the participants also spoke about the benefit of social support in helping them to get out of their own heads: 'It's just telling it to another human being and them like helping you connect the dots in a way is nice to kind of have an objective perspective.' (Brenda). This concept of input from others was also reflected as helpful in problem solving and making meaning of distress, explained by John through his identity as a son: 'I tried to hang myself and it wasn't successful and my mom came in and saw the noose and everything and was like 'okay, talk to me now'. That's probably when I started learning how to implement things.' Thus, it is clear that other people can prove to be helpful or unhelpful depending on the quality and nature of the relationship in question. This reflects Jetten and colleagues' (2017) premise that social identities can be a 'cure or a curse' to mental wellbeing.

Four of the eight participants in this study also spoke about broader societal concerns as being personally relevant and impacting their own sense of selves and mental health. Perhaps the best example of this was articulated by Brenda in relation to her role as a social activist: 'For me to have a space in society I can't not speak about this stuff. Like just to exist I need to stand up for everything so when people shut you down it's kind of like shutting down your identity'. This example shows how Brenda's personal identity has been shaped, influenced and at times threatened not only within her personal relationships, but also on a broader, societal level, i.e. a communal identity (Jung et al., 2007).

Whether speaking positively or negatively, it is clear across all eight transcripts that other people and the broader world have a major impact on how these students perceive and feel about themselves and that they 'gain identity from being placed in context' (Turner et al., 1994, p. 458). Thus, in a university environment where students are faced with a variety of social spaces and relationships, it is understandable how Brenda come to the conclusion that: 'being a person is confusing' and consequently that being a person *in relation to others*, is confusing.

Theme 3:

The misunderstood self: ‘I don’t understand why people decided that I’m that person’

All eight participants made reference to feeling that aspects of their identities are misunderstood by others. John described a frustration he experiences with people narrowing down his identity to one aspect: ‘People usually take my identity off how they know me or what part of me they know. So if I go smoke a lot of weed with them then I’m stoner John’. This sentiment was conveyed by five of the other participants as well and perceived as limiting: ‘It puts a lot of pressure on me to not...y’know now suddenly I can’t do things coz it’s ‘out of character’.’ (Buhle).

A strong emphasis with all five of the black students was on how their family members and community misunderstand and dismiss their identity of depression. ‘In black culture, in African homes, it’s very hard to talk about how you’re feeling. You’re happy or sad, there’s no in between. When you say you’re anxious or you have problems, it’s like very stigmatised and it’s a very closed space.’ (Thandiwe) and ‘It’s like you’re being dramatic. So it’s like why are you depressed, you’re tough and whatever.’ (Zalika).

This highlights a particular challenge experienced by black students within historically white academic spaces, as they are describing a discontinuity between how they experience their distress within a Eurocentric university and how others view it outside of that environment, which may be incorporated into their personal identities, creating what Jung et al. (2007) call an ‘identity gap’.

In a broader sense, all of the participants, white and black, spoke to this discontinuity in relation to an identity of vulnerability, something which is widely recognized in the relevant literature (Rhodes & Smith, 2010; Steger & Kashdan, 2009; Cruwys et al, 2014). ‘No one realised I was breaking inside, no one realised I wasn’t okay and even when I tried opening up, they just couldn’t accept it’ (Zalika). It was recognized that this misunderstanding of self was sometimes self-imposed: ‘I don’t like other people seeing me cry or ‘weak’. So ya, it’s a hard balance of wanting to be taken care of but not wanting people to know’ (Brenda).

John described a similar pattern of not being able to communicate his distress: ‘I have an issue with opening up with stuff. Um, it’s also explaining it feels difficult for me.’ As the only male in this study, it is important to consider the role of gender. Möller-Leimkühler (2002) sheds light on this difficulty in opening up, explaining how seeking psychological

help has been shown to be more difficult for those who subscribe to heteronormative masculine identities due to stigma about expressing emotion and as showing weakness. It is also noteworthy that John was the only male amongst seven females willing to speak about his experiences of depression, perhaps further proving Moller-Leimkuhler's (2002) point.

Conversely, some participants explained that taking on the label of depression can be limiting too: 'It's like "oh my God he has depression, he's sad all the time, he's going to go kill himself" and people don't want to be around a person like that' (John). This difficulty may be explained by the stigma that is often attached to being depressed, as Buhle explains: 'saying that you have any sort of mental illness is telling the world that you are lesser than and you can't possibly not be able to move past whatever you are going through, just be strong about it.'

Three of the female participants also spoke about their sexual identities. Likhona described her difficulty in navigating through social spaces as a bisexual woman: 'It's tricky coz its actually in queer spaces as well as in heteronormative spaces. You know they like to pick at it and ask like what ties you to this group- why are you a part of this group. I just find that unnecessary- so I find it hard to fill Rhodes social spaces.' Zalika reflected similar sentiments: 'you can just never explain to a heterosexual man that you are asexual. I tried, it failed. I just stopped talking about it-I just feel like it's still very misunderstood, just globally, people don't get it. It's frustrating because I believe our sexualities form a very big part of us.' In a systematic review of depression amongst queer people (Hall, 2018), results showed that managing an identity that is socially stigmatized and stress from hiding parts of oneself is a prominent risk factor for depression, as described by the participants above.

This theme of the misunderstood self can be understood in linkage with Steger and Kashdan's study (2009) which found that depressed individuals may be hypersensitive to others viewing them negatively, i.e. a bias in social information processing making their perceptions of social rejection more poignant. Secondly, Rhodes and Smith (2010) emphasise depression as a phenomenon that cannot properly be understood by non-depressed individuals, who will always have an outsiders' perspective of the distress. Thus the combination of these dynamics likely makes it hard for individuals to have their depressed selves fully understood by others. Through the exploration of these eight experiences, it is clear that social identities have the potential to be damaging to a person's mental health if they are experienced as limiting ones' self-expression and authenticity (Jung et al., 2007).

Theme 4:

The student self: ‘This sea of darkness, craziness and opportunity’

A prominent theme present in all eight of the participants’ experiences centres around ‘student identity’ and the confusing nature of the myriad of social spaces at university. All but two described grappling with different roles and versions of themselves in the first two years of university, whilst trying to understand themselves in relation to their family and academic roles, illustrating Young and Campbell’s (2013) findings of higher psychological distress among undergraduates. Thandiwe explained: ‘It’s like I don’t know what I’m doing, I’m just moving and I don’t know who I am and I don’t know how I’m feeling.’ Aphiwe experienced negative reactions to her self-exploration: ‘I didn’t have a social space and I had to navigate, but I’d be judged for the decisions I’m making.’ She also further described struggling to merge her different social identities into one, leaving her with a fractured sense of self: ‘One minute I can be a screw-screw girl, another I can be that top Christian girl, an extreme academic, independent or really anxious. But it’s kind of scary how separate they are when they come together.’

Cruwys et al. (2014) emphasise social identification as a dynamic process, whereby we define and understand ourselves according to categories that we find most useful at different times. In a university context students are still trying to figure out which social categories fit them best. This conflictual and exploratory existence was described as distressing by many participants and as a major contributor to feeling depressed, Thandiwe explains: ‘Everything is a mess and the groups intertwine and intermingle, you just never really know if you’re coming or going.’ and that university: “became like this sea of darkness, craziness and opportunity just to play around in”. This sentiment appears to have left many of the participants feeling lost: ‘It’s very hard for me to answer questions like ‘who do I think I am’ and so on. Coz I have no idea- I’m still fumbling around.’ (Likhona).

Thandiwe expressed this as overwhelming: ‘Also pressure from home...like I was dealing with them and dealing with my schoolwork and just dealing and dealing and dealing and it just became a thing that I was unable... so I stopped doing everything’. For six of the eight participants, family identity was always spoken of in relation to academics, five of whom were black participants. This closely resembles previous studies’ findings on distress amongst black students relating to pressure from their families to perform academically (Young & Campbell, 2013; Sennet et al., 2003; Petersen, Louw, & Dumont, 2009). For example: ‘First

year I was lost, I didn't know what to study. I was still on the tip of I need to impress my parents and I need to give them what they want because they've given me everything. And there's the fact that people look at me and they're like, 'she's gonna be the one who's going to take it to places', but I'm just one person.' (Aphiwe).

The student identities explored here have demonstrated Turner et al.'s (1994) premise that social identities are fluid, changeable and contextually developed but moreover that when in conflict with one another, cannot be a 'psychological resource'. This can only be achieved when the identities are personally relevant, compatible with one another and experienced positively (Jetten et al., 2017), as Thandiwe reflected: 'I really calmed down a lot, my third year and realised these identities are all a part of the greater me.'

Theme 5:

Loss of self: 'There's just nothing inside'

Losing ones' identity completely was also a prominent experience amongst all of the participants. 'My soul is exhausted. I can't do anything and I'm nothing but what I am feeling right now' (Brenda) and: 'I call it the abyss sometimes coz it just obliterates everything and then you're just sitting with it like okay, this is me.' (Likhona). Cruwys et al. (2014) suggest that depression represents a total loss of social identity, as we form our identities by making 'other' into 'self', which becomes obsolete when one is depressed and disconnected from the other. De Mol, D'Alcantara and Cresti report similar findings amongst depressed teenagers, whom 'alienate from their own person' (2018, p. 2), which leads to further social disconnection.

This experience was described by many as all-consuming and damaging: 'I get a hollow feeling in my torso, almost like it's eating outward' (Angie) and as causing severe discomfort to a point where the person considers drastic measures to rid themselves of the feeling: 'It's like I want to dislocate my soul from the body that I'm currently in and there's nothing to do but die. It's like a dissociation of self.' (Aphiwe), 'It felt like I just wanted to go inside my body and take it out and throw that part away' (Buhle) or for John: 'I don't want to die, I want to disappear, it's quite a potent feeling'.

The above explanations of losing the core of one's identity during depressive episodes indicates the importance of connections with others in developing a sense of self and the anguish that is experienced when this is lost.

Implications and conclusions:

The students who contributed to this study have shown that depression and social connectedness are inextricably linked. The above themes show that social isolation can result in positive self-learning but also in no longer being able to define oneself in the absence of others, through whom we gain identity. Conversely, the students revealed how social connections also played a role in their depression, both positively (with supportive and trustworthy relationships) and negatively (with conflictual and demanding relationships). This study has also highlighted that there are particular labels attached to identities within university spaces that limit students' ability to express themselves fully, namely: sexual, gendered, racial and/or cultural identities and the label of being viewed as a depressed or vulnerable person. A poignant aspect that was also highlighted was the challenging process of students trying to make sense of their different selves within a diverse university space, where these selves are often in conflict with one another, sometimes resulting in fractured selves and identity gaps.

Whilst the eight experiences detailed here may not be directly generalizable to the broader population of depressed students, it has provided valuable insights into the social interpretations eight unique students have made about their depression whilst at university in South Africa. Such social particularities have important therapeutic and clinical consequences as well as implications for universities in promoting student health.

Firstly, this study has shown the benefits of focusing on social spheres and how people make sense of their illness in relation to the development, progress and treatment of depression. It was noted in the data collection phase of this study by the majority of the students that the research interviews were psychologically helpful to them, i.e. exploring their social identities in relation to their distress in a safe space, or as Brenda reflected, 'Now I feel like I'm more straight in my head about what I am, it feels really positive.' This further strengthens Jetten and colleagues (2017) argument for a therapeutic focus on a 'social cure' in therapy with

depressed individuals, to focus on people's own identities as an inbuilt psychological resource.

This is something that may be missing from many interventions aimed at combatting depression in clinical settings, where the person's distress is categorised according to DSM-5 criteria and generalized to a set of symptoms, biological mechanisms and time frames. Whilst these aspects are important in upholding clinical psychology as an evidence-based profession, the findings here offer a unique contribution by providing nuanced experiences of depression that have been recognised as specific to university contexts, as well as understanding the individuals in their entirety within their particular contexts. This focus on 'the individual in context' is of course, not a new one. For example, interpersonal psychotherapy (IPT), is widely recognised as one of the most efficacious treatments for depression and is also based on the premise that depression and social environment are strongly related, focusing on individuals current interpersonal relationships and immediate social contexts (de Mello, Mari, Bacaltchuk, Verdeli, Neugebauer, 2005).

But what this study has shed new light on is the vital role that social identities and environments play in students' well-being in South Africa in particular. Thus, working within an interpersonal psychotherapy framework, this study provides unique knowledge about university students' current contexts which can be utilised within the therapy room, by therapists who are contextually and socially informed and thus better equipped. This kind of exploratory, phenomenological study also opens up the potential for future research to examine social relationships in similar ways, in other contexts where mental health is a concern. For instance, in high schools where adolescents are still in the process of developing their identities, in old age homes where social relationships may have dwindled or become stagnant, or within the contexts of stigmatised or marginalised groups, where identities are threatened or prescribed by dominant groups.

To conclude, findings of the study suggest that in consultation with depressed students, mental health professionals should facilitate the exploration and reflection on the 'internalness of their loneliness', whilst simultaneously emphasising the importance of supportive connections with others and to normalise their process of navigating and 'trying on' different social identities within the 'sea of darkness, craziness and opportunity' at university, thus encouraging the idea of higher education as a space where social identities are meant to be confronted. Lastly, it is important for practitioners to interrogate and carefully examine the

social environments that distressed students are interacting within and to view these as closely related to the distress itself. These factors are essential if depressed students are not to be left with a fractured, misunderstood or lost sense of self.

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Appendix B: Table of final themes

Superordinate themes: 6 (12 sub-themes)

1) The self looking in	<p>a)Intrapersonal reflection vs loneliness and disconnection</p> <p>b)Self as a barrier</p> <p>c)Self-loathing and blame</p>
2) The self looking out	<p>d)Connection to and impact of the broader other</p> <p>e)Connection to and impact of the known other (Relational conflict, helpful support and communication, loss and sexual trauma)</p> <p>f)Spirituality and existence</p>
3) The misunderstood self	<p>g)Misunderstood self (Depressed self, performing self and sexual self)</p>
4) The student self	<p>h)Family/academic self</p> <p>i)Substance using self</p> <p>j)Changing, conflictual self</p>
5) Loss of self	<p>k) This isn't me vs what if this is the real me?</p>
6) Vulnerable self	<p>l)Vulnerability vs strength (mistrust in opening up to people)</p>

Appendix C: Interview guide

These questions were used to guide the interview process, but were not followed in a strict format/limited to only these questions and were seen rather as a rough guide and to provide prompts.

Can you tell me a bit about your social world at university?

- What is Rhodes as a social sphere like for you?
- Who are the people that are important to you?
- Who do you rely on for support?
- Who do you spend time with?
- Particular places that you hang out with particular people?

How do you see yourself in relation to other people?

- How do you view yourself differently/the same from how others see you?
- Are there different social identities that you experience and portray? i.e. different labels/roles/ways of being in the world?

Can you tell me about how you have experienced living at university with depression?

- What kind of factors made you believe that you were depressed, i.e. what symptoms?
- What does your depression look like?
- How did that feel in your body?
- How did you interpret this?
- How did you react to this?
- What was going on at that time of your life?
- What was going on in your mind then?
- Were there particular people that you spoke to about this?
- How has depression influenced how you see yourself? Or how you think others see you?

What does the idea of depression mean to you?

- How do you think about it?
- What or who do you think influenced you to think about it in that way?

-Is it something you talk about with others?

Can you think of a time that you felt depressed and describe what your life was like for you at that time?

-Are there particular stressors that make it worse for you?

-What are/were the particular things that may have stood/stand in the way of you feeling better again?

Have there been times when you have withdrawn from your social life?

-In what ways?

-How did you feel?

-What were people's reactions?

-What was the result/consequence?

-What were your thoughts/feelings?

Think of a time when you felt quite depressed and a time when you felt alright- how did your social world differ at these different times?

-Things that are helpful/not helpful to you at these times?

-Relationships that were helpful/not helpful to you at these times?

-Have you noticed any links in your own life between depression and social connectedness?