Depression in College-Aged Women

Sydney Sheely

Indiana University
Abstract

Depression in college females is a serious issue. Multiple studies have proven the prevalence of these issues and their effects on college-aged females. Women often experience depression throughout their lifetime, and also often lack the support they need. Women of all races and ethnicities experience levels of the mental illness, and all require unique support. African American students will often have better mental health if they go to an institution that is predominantly Black, or if they have support from a Black sorority, union, or group. Women are much more likely to be victims of many different kinds of violence, and also much more likely to have a lower wage, which could lead to not being able to afford counseling sessions. However, women are reported to also be much more likely to seek therapy.

*Keywords:* depression, women, college-age, African-American, violence, wage gap, strengths
Depression in College-Aged Women

Introduction

The focus of this paper is depression in college-aged female students. College is a dramatic change in people’s lives, so the development of a mental illness like depression is not unanticipated. It also presents new situations for females that may cause more stressors. As a female college student myself, I definitely have a personal interest, as I find myself wondering if others are having a similar college experience as me. However, I also have a professional interest; for one, I would like to see if any of my observations hold true in experiments. Another professional experience has to do with the experiences of college-aged females of different races and ethnicities. It would be incredibly interesting to see the differences and similarities between different races, and perhaps the reason why.

It is imperative that we learn as much as we can about how prevalent depression is in female college students. According to the National Institute of Mental Health, approximately 12 million women in the United States will experience clinical depression each year (National Institute of Mental Health). Additionally, 10-15% of new mothers will experience post-partum depression (Seidman, 1998). The more knowledge available to women earlier in their lives, the more they will later be able to identify their symptoms and treat them later in life. Studies have suggested that knowledge and information on mental illnesses can help to destigmatize the illnesses (Trachtenberg, 1986).

The scope of support for young women experiencing depression is important. A study conducted by experimenters from the University of Colorado focused on gender differences in college students. They found that female college students reported a much higher level of depression than male college students (Boggiano & Barrett, 1991). Using the BDI scale, or the
Beck Depression Inventory, the experimenters found that 35% of female college students reported a score of 9 or higher, indicating at least mild depression, while only 23% of male students reported scores of over 9. Another study from the Department of Psychology at Howard University reports that suicide is the third leading cause of death for youth between the ages of 15-24 (Kimbrough, Molock, & Walton, 1996), and the National Institute of Mental Health lists the suicide rates of women aged 15-24 as 4.6 percent. The problem of depression is obviously quite a serious issue. However, the initial experiment at the University of Colorado had no specifications on the races or ethnicities that participated in the experiment. The research done by Kimbrough, Molock, and Walton focuses explicitly on African American college students. The researchers reported that African American students who attend predominantly Black colleges and institutions have a higher level of happiness and satisfaction, while in predominantly White institutions they rely often on unique support systems such as Black unions, sororities, or fraternities (Kimbrough, Molock, & Walton, 1996).

The community of college-aged women have particular needs for specific issues. Women experience depression twice as often as men (National Institute of Mental Health) and are more often victims of violence. For instance, according to RAINN, a national anti-sexual violence organization, women whose age ranges from 18-24 are three to four times more likely to experience sexual assault (Department of Justice, 2014). The Bureau of Justice also provides data of populations who are at a higher risk for domestic violence, rape, or other forms of mistreatment. These populations include young women from ages 20-24, African-American women, and American-Indian women. Many of these same populations also have a lower income, with the Institute for Women’s Policy Research reporting that women make 81.8% of male earnings. This decreases even further when they separate the statistics into races, with white
women making 81.9% of a male’s earnings, Black women with a 67.7% earning, Hispanic women earning 62.1%, and Asian women making 93.0% (U.S. Bureau of Labor Statistics). The income of these women is important when it comes to therapy, because as Relationships Australia reports, one of the highest reported reasons that women cease to attend counseling is because they no longer have the money to attend (Petch, Lee, Huntingdon, & Murray, 2014).

While this population does have a number of needs that must be corrected, it also has a number of strengths. Women are much more likely than men to attend therapy and counseling sessions. Research from Relationships Australia finds that women are more likely to attend therapy or consider going to therapy. In fact, 53% of women surveyed reported that they had considered therapy and attended sessions with a therapist (Owen, Smith, & Rodolfa, 2009). Additionally, many people are more comfortable around those who share similar traits, such as gender. The United States Department of Labor reported in 2017 that 92% of occupational therapists were women. A study done on the effects of sex and gender in several types of psychotherapies found that gender issues played an “indirect role” in methods of psychotherapy. The researchers reported that the female therapists were usually seen as more “empathetic,” while male therapists came off as more “confrontational” (Staczan, Schmueker, Kohler, Berglar, et al). With women dominating the field of counseling, more women are encouraged to attend counseling sessions.

Counseling This Population

College-aged women of all races and ethnicities can benefit from going to therapy. All women are at a higher risk to become victims of violence, and being able to form a relationship and understanding with a therapist will help, should the patient should she ever experience such a situation. Because of the unique needs of this population, I believe that cognitive behavioral
therapy would be the best way to promote healing and growth. Cognitive behavioral therapy is centered around the idea of core beliefs, which are automatic assumptions one feels about themselves. Often with depression, these thoughts are negative and lead to thinking errors, which are thoughts with more negative stigmas attached to them. The way that cognitive behavioral therapy, or CBT, works is by countering these thoughts and behaviors until the core belief is able to be affected, therefore changing your perspective on yourself.

CBT has been shown to be an effective way to treat mood disorders and depression and can even sometimes eliminate a patient’s need for medication should they be opposed to taking a medication. The National Center for Biotechnology Information published findings that one out of three patients with mild to moderate depression will benefit from CBT alone (Cuijpers, van Straten, Driessen, et al, 2011). CBT can often take less time than other methods of therapy, which would encourage women who might have a lower income to spend the money since it may ultimately not cost a fortune. This theory certainly provides many strengths to almost any type of population. Some of the strategies, however, might be too harsh or be attempted too quickly for some cultures or people to personally believe this type of therapy might help them. For instance, the downward arrow approach may work for some patients, but others might find the questions a counselor might ask to be too harsh and lead to more thinking errors. Additionally, nothing in CBT’s theory really includes specific benefits for women. Providing a feminist theory lens would provide more women-positive messages into therapies, but a multicultural lens must also be applied for a more intersectional feminist lens that can benefit women while avoiding any microaggressions. There isn’t much research on how cognitive behavioral therapy affects specific cultures, races, or ethnicities, and if this theory works better on some than others. More
research on specific populations that experience CBT will have to be conducted to see if CBT works better for patients of certain genders or races.

References


