



**The anthropological understanding of depression and attached social constructs amongst
university students: The case study of UKZN-PMB.**

by

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**Dissertation submitted in partial fulfilment of the requirements for the degree of Master of
Social Science (Anthropology) in the School of Social Sciences, College of Humanities, at
the University of KwaZulu-Natal, Pietermaritzburg campus**

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November 2021

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DEDICATION

I dedicate this master`s thesis to my three late friends Ntombifuthi Manzini, Bonginkosi Nzimande and Jason Ngcobo whom I have lost to suicide and depression. You remain in my heart always and I will forever cherish the memories I have shared with you in this lifetime, may your souls forever rest in peace my loves. To the university students battling with mental illness, when life becomes gloomy and meaningless. *“May hope and optimism be your strongest allies in the journey of life.” Rajat Sharma.*

ACKNOWLEDGEMENTS

I would like to begin by acknowledging uMvelinqangi the source of all that has been, that is and all that ever will be and to my ancestors for the grace, strength, and providence throughout my academic writing journey. I am internally grateful.

I would not have started this master's thesis in the first place, and it would not have been completed if it was not for your love, patience, encouragement and mostly believing in me more than I did in myself. To Dr. Balungile Prudence Zondi you are a force to be reckoned with. I have been blessed to walk this journey with you as my supervisor. Believe me when I say I have grown and learnt life lessons from you both as a supervisor and the role of a mother you played in my life. May you reach greater heights.

My innermost gratitude goes to the University of KwaZulu-Natal Pietermaritzburg campus students who participated in this research study. Thank you for your time and opportunity to allow me to complete my study with your contributions. May you never give up and may dreams come into reality.

To my friends and everyone I have crossed path with while doing my master's thesis thank you for your support, for listening to me, for words of encouragement, for cheering me up, for being kind. You all held me down in different ways and I am here today. To Ntokozo Vundla, bhuti thank you so much for always coming through for me when I most needed assistance. God bless you all.

Last but not least to my precious family, I always say “ngathi oGogo no Mkhulu banganikhanyisela, banandisele futhi kubemhlophe konke empilweni yenu.” To my mother Miss Busisiwe Ntuli, my brother Phumlani and Sthokozile Mthembu thank you for being selfless and your constant love and support. Thank you for dreaming and praying with me and making sure that I never lack anything; you have been my sanity and the reason to believe that greater things are in store for us all. To my grandmother Khethani Ntuli thank you for your prayers and money.

Faith.Hope.Love.

ABSTRACT

Through the Cognitive Theory of Depression, Narrative Theory and the Social Constructivism Theory, this interpretive/phenomenological qualitative anthropological study purposively sampled twenty-six (25) UKZN-PMB students to explore means and understanding associated with depression. To achieve objectives of the study, this study anchored itself in linguistic and cultural anthropology to understand the power of language and cultural epistemologies that are attached on the expression and the interpretation of depression which this study has proved to be the experience of UKZN-PMB students. This study revealed that the use of cultural language depicts cultural reflexivity which anthropologists recognise as a unique trait of people's identity and ability to socialize. This study thus contributes social constructs which are cultural epistemologies or narratives which UKZN students have own as their language to express the state of being depressed. Social constructs that were revealed and explored in this study showed that depression cannot only be understood from the lens of the Diagnostic and Statistical Manual of Mental Disorders (DSM), but also through emic/explanatory models that convey the impact or the extent of depression on university students. Such cultural constructs are contributed not only in the body of literature but should also inform responsive cultural interventions which UKZN as institution may adopt to become proactive and intentional about assisting its students. This study thus concludes by recommending a holistic approach (which observes social constructs that emerged in this study) when designing and implementing of awareness programmes towards an in-depth understanding of depression amongst UKZN students. The student support services should have pop-up messages or billboards using these social constructs in order to invite students for immediate interventions. e.g.

- ✓ *uma uzizwa ukuthi uyaGOWISHA we are here to help you or to provide any academic/therapeutic support.*
- ✓ *uma uzizwa ukuthi awukhoni, trust that the university student support service centre is here to help you pull through.*

More anthropological research is also suggested as follows:

- ✓ *within the context of Covid-19 is recommended.*
- ✓ *probing why UKZN male students are not comfortable to talk about depression.*

Keywords/phrase: Students, Depression, Anxiety, Stress, Mental illness, Mental health, Social constructs, Lived experiences, Understanding, Culture.

TABLE OF CONTENT

Contents	
DECLARATION ON PLAGIARISM	i
DEDICATION	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
ACRONYMS	ix
List of Tables	x
Table	Page
List of figures	xi
CHAPTER ONE	1
INTRODUCTION AND BACKGROUND.....	1
1.1 Introduction.....	1
1.2 Research Background	2
1.3 Problem Statement	6
1.4 The Relevance of this Study as an Anthropological Investigation	11
1.5 Delimitations of the Study	13
1.6 The Study Location.....	14
1.7 Research Aim and Objectives	14
1.7.2 Research Questions.....	15
1.8 Definitions of Terms	15
1.9 Brief Introduction to the Theoretical Frameworks.....	17
1.10 Brief Introduction to the Research Design.....	18
1.11 Overview of the Thesis	19
1.12 Chapter Summary	20
Chapter Two.....	21
Literature Review.....	21
2.1 Introduction.....	21
2.2 Historical Understandings of Depression	21

2.3 Global Evidence of Depression in Students.....	24
2.4 Understanding Depression and the Social Constructs People attach to it.....	27
2.4.1 Culture.....	27
2.4.2 Misconceptions, stigma and stereotyping	29
2.5 Factors that Cause Depression in University Students	31
2.5.1 The environmental causes of depression.	31
2.5.2 Understanding depression and the need for social support.....	32
2.5.3 Understanding that depression is induced by a low socio-economic status.....	33
2.5.4 Understanding depression as induced by lifestyle choices as well as family background.....	34
2.6 Identified Gaps and Limitations in the Existing Literature.....	35
2.7 Chapter Summary	35
CHAPTER THREE	37
THEORETICAL FRAMEWORK.....	37
3.1 Defining a Theoretical Framework and its Role in Research	37
3.2 The Theoretical Frameworks that Guided the Study	37
3.2.1 The Cognitive Theory of Depression.....	37
3.2.2 Narrative theory	43
3.2.3 Social Constructivism Theory.....	44
3.3 Chapter Summary	46
CHAPTER FOUR.....	48
RESEARCH METHODOLOGY.....	48
4.1 Introduction.....	48
4.2 Defining Research.....	48
4.3 Research Design.....	49
4.3.1 The qualitative research design.....	49
4.3.2 Research paradigm.....	50
4.3.3 The relevance of qualitative research methods in the problem statement.....	51
4.3.4 The relevance of qualitative research in anthropology	51
4.3.5 The significance of the research methodology that was employed.....	52
4.4 Sampling	53
4.4.1 Non-probability/purposive sampling	54
4.4.2 Inclusion and exclusion criteria	55

4.4.3 Relevance of the sampling technique.....	56
4.5 Data Collection and Analysis.....	57
4.5.1 Methods of data collection.....	57
4.5.2 Data analysis.....	58
4.5.3 Steps of thematic analysis.....	59
4.5.4 Validity, reliability and the generalisability of study findings.....	61
4.6 Ethical Considerations.....	62
4.7 The Researcher’s Experiences during Data Collection.....	64
4.8 Chapter Summary.....	65
CHAPTER FIVE.....	66
DATA ANALYSIS AND RESULTS.....	66
5.1 Introduction.....	66
5.2 Demographics of the Research Participants.....	68
5.3.1 Theme 1: Understanding depression.....	73
5.3.1.1 <i>Sub-theme: Conceptualization of depression from the view of participants</i>	73
5.3.2 Theme 2: Experiences of depression.....	76
5.3.2.1 <i>Sub-theme: Self-diagnosis</i>	76
5.3.2.3 <i>Sub-theme: Feelings of loneliness and being isolated</i>	80
5.3.3 Theme 3: Factors leading to depression.....	81
5.3.3.1 <i>Sub-theme: Academic stress</i>	82
5.3.3.2 <i>Sub-theme: Financial constraints</i>	84
5.3.3.2 <i>Sub-theme: Environment and Adaptation</i>	86
5.3.4 Theme 4: Coping strategies to deal with depression.....	88
5.3.4.1 <i>Sub-theme: Talking to someone and seeking help</i>	88
5.3.4.2 <i>Sub-theme: Taking a walk outside</i>	89
5.3.4.3 <i>Sub-theme: Substance abuse numbs negative feelings</i>	90
5.3.5 Theme 5: Social constructs.....	91
5.3.5.1 <i>Sub-theme: The black community does not understand depression</i>	92
5.3.6 Theme 6: Effects of depression on students’ academic achievements.....	95
5.3.6.1 <i>Sub-theme: Negative effects of depression on students’ academic achievements</i>	96
5.3.6.2 <i>Sub-theme: Positive effect of depression on students’ academics</i>	98
5.3.7 Theme 7 Students’ Recommendations.....	99

5. 4 Chapter Summary	104
CHAPTER SIX.....	106
SUMMARY OF THE FINDINGS	106
6.1 Introduction.....	106
6.2 Recapping the Methodology used in the Study.....	107
6.3 Discussion of the Main Findings	107
6.3.1 Understanding depression	107
6.3.2 Factors that cause depression.....	108
6.3.3 Coping strategies to deal with depression.....	110
6.3.4 Social constructs	111
6.3.5 Recommendations on how to deal with mental health at university level	112
6.4 Chapter Summary	114
CHAPTER SEVEN	116
CONCLUSION AND RECOMMENDATIONS.....	116
7.1 Introduction.....	116
7.2 Contributions of the Study	117
7.3 Limitations of the Study.....	118
7.4 Recommendations.....	118
7.5 Chapter Summary	119
Reference List	xii
Appendixes	xxii
Annexure A: Gatekeepers’ Clearance.....	xxii
Annexure B: Ethical Clearance.....	xxiii
Annexure C: Consent form and Data collection tool (English version)	xxiv
Annexure D: Consent form and Data collection tool (Zulu Version)	xxx
Annexure E: Intellectual property	xxxviii

ACRONYMS

UKZN: University of KwaZulu-Natal.

PMB: Pietermaritzburg.

RA: Resident Assistant.

WHO: World Health Organisation.

SADAG: South African Depression and Anxiety Group.

List of Tables

Table	Page
Table 1: Elements of the cognitive therapy of depression.....	41
Table 2: Participants Demographics.....	70
Table 3: Verbal social constructs in IsiZulu that express anxiety and the inability to cope.....	94

List of figures

Figure	Page
Figure 1: The vicious cycle of depression	7
Figure 2: The cognitive theory of depression.....	39
Figure 3: Cognitive therapy of depression: Negative social experience.....	40
Figure 4: Beck's cognitive model of depression.....	42

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

Anthropology as a study of humankind has become an extensive and well-recognised interdisciplinary subject. In fact, it has extended beyond studying exotic societies, the structural formation of families and households, and informing us how humans have evolved historically. In fact, the anthropological discourse has expanded to such an extent that each field in anthropology is now pragmatically interested in studying human beings in the hope of telling their cultural epistemic stories while practically solving the psychosocial issues they are experiencing. For instance, this discipline now includes studying the epidemiology of depression (Subudhi & Biswal, 2020). Agyei-Mensah and de-Graft Aikins (2010) agree that anthropologists have conducted multidisciplinary research to understand illnesses and diseases and even psychosocial conditions from the views of the subjects being studied. A World Health Organization (WHO) (2004) report confirms that anthropological research has introduced a humanistic science lens to enhance understanding and the prevention of mental disorders. It is thus from an anthropological scholarship position that this study focused on enhancing understanding of depression, with particular focus on the social constructs that university students of the University of KwaZulu-Natal (UKZN) in Pietermaritzburg (PMB) created.¹ The common understanding of what depression constitutes has been expanded through interpretations of certain personal experiences and events, which has included the quest to attain in-depth understanding of depression. This chapter presents the aim and objectives of this research and clarifies the rationale for the study.

As an introduction to the study this chapter illuminates the research background, the problem statement, the relevance of the study to the field of anthropology, as well as the delimitations of the study. Moreover, the research site is described while the research objectives and questions, the

¹ This campus will also be indicated as UKZN-PMB in this dissertation.

conceptualization of key terms, and the structure of the chapters are addressed. Some concluding remarks are also offered.

1.2 Research Background

When students enter university, they are required to adapt to a new experience and change their routines and habits. Many begin to face unexpected challenges associated with their new independence as they live on their own or communally in residences or student homes and must achieve autonomy. Moreover, they also face academic challenges and, when coping becomes difficult, depression, stress and anxiety are the result (Chaves et al., 2015). Depression and factors associated with it has become a trending topic not only in the Republic of South Africa, but also in most parts of the world. Nduna (2013) sees depression as a mental disorder that has led to the dropping out of numerous students from university, suicide deaths, as well as a high increase in substance and drug abuse across the world. Singh et al. (2017) state that about 10% of the members of any academic establishment of higher learning are likely to face psychological as well as emotional problems at some point along their academic journey, and this interferes seriously with their work and academic achievements. The latter study posits that “depression, anxiety, stress and substance abuse are a mere symptom of the hidden, unresolved and ignored emotional issues which cumulatively [and insidiously] grow inside” (Singh et al., 2017:63).

Against this background, I acknowledge that depression has biological roots and that it is clinically focused, but this study intended to elicit enhanced understanding of depression and its associated social constructs from the viewpoint of students at the Pietermaritzburg campus of UKZN. The term ‘social construct’ means that I looked at how society viewed depression. For instance, I explored people’s (the participants’) beliefs, misconceptions, and the stigmas they created and attached to depression as an illness.

As growing anthropologist, it is my understanding that Anthropology is a discipline that is concerned with human society, how people make sense and interpret their episodes of illness. This study is also focused on understanding the indigenous trace of social constructs that are usually attached on illness. It is known that anthropologists seek to understand many different aspects of human experience, which is called holism (Brown et al., 2020). Silva (2016:63) states that “social

anthropology studies humans as social and cultural beings [while] anthropologists do field studies all over the world, researching such diverse phenomena as pilgrimages to Java and the cosmology of nano-scientists”. Social anthropology provides an understanding of the lives and thoughts of people by utilising methodological and theoretical tools to help them open up and explore alternative perspectives on social phenomena. An anthropological comparative and critical attitude adds new perspectives to our own as well as other societies’ interpretation of the world around us. Kessler and Bromet (2013) avow that an exploration of social constructs such as depression is not new, and thus foreign themes have been explored in medical and social anthropology which are interdisciplinary subjects. Jenkins (2018) alludes to the fact that medical anthropologists are amongst those early writers who took interest in understanding the phenomenology and the qualitative dimension of human experience and the conditions that made people depressed. They looked at depression as a phenomenon from the perspectives of biomedical and ethnomedical reasoning while they also took interest in the explanations that people constructed socially. Mihanovic et al. (2005) assert that anthropologists started to write about social constructs by collaborating with psychiatrists as early as 1898. It was also in the early mid-18th century that clinicians began to notice the existence of ethnic differences in people experiencing mental illnesses. Collaboration among psychologists, psychiatrists, and medical anthropologists also demonstrated a cultural experience of culture-bound syndromes that were explored in the hope of eroding the stigma attached to such experiences.

Anthropology, which is taught at different universities, emphasizes the normative recognition of culture, mental illness, as well as the social constructs or metaphoric statements that different cultures attach to their health experiences. This discipline also covers a wide range of theoretical concepts and methods in the quest to understand the issues of mental illness, disorders, and suffering (Balhara, 2011). It is noteworthy that Anthropology as a subject seeks to understand the meanings that people attach to health and illness and the therapeutic processes to overcome such debilitations. Moreover, it explores the ways in which social and cultural dynamics shape expressions of sickness. Anthropology thus straddles the margins of both clinical and social science and, as such, examines the importance of public health issues. It includes studies on the rise of cross-cultural mental illness and the impact of globalization on traditional and modern medical systems.

Kesser and Bromet (2013) state that depression is one of the epidemiological experiences that were recorded by Omran, who is regarded as the father of epidemiologists in the arena of medical anthropology. They further state that Omran's reference to epidemiological transitions inspired many scholars to conduct surveys on the epidemiology of depression. Such surveys were conducted across different cultures and hence most anthropologists have published theses on culture-bound syndromes. Buckton (2015:3), in his paper titled *Conversation between anthropology and psychiatry*, argues vividly that the understanding of psychological human conditions in different cultural contexts has drawn together anthropologists and psychiatrists in the mutual understanding that examining depression and other mental illnesses can expose culture-bound syndromes. Furthermore, Buckton (2015:3) argues that anthropologists have contributed enormously to scholarly publications that offer detailed understandings of cross-cultural interpretations of mental illness. Moreover, they have also elucidated ethnomedical (or Western medical-based) interventions that families and societies have explored to alleviate their situation.

According to Wanyoike (2014), the data collected on mental illness show that there is still an urgent need to look into methods to prevent suicide and treat depression, particularly at universities and in societies where individuals are prone to depression. Depression has been diagnosed in university students because its symptoms have a negative effect on academic performance and, in severe cases, it even leads to suicide (South African students at great risk of depression and anxiety, 2017). In an article on depression, Shackle (2019) argues that it has become a global concern, and that there has been a growing number of university students who committed suicide as they were not able to cope with the pressure they faced (Shackle, 2019). Some cited factors leading to depression are rape, victimization, and destructive protests on campus that could render students more vulnerable to anxiety and depression. Daniel et al. (2011:119) agree that depression is a disabling disorder that can disrupt an individual's occupational, social, and physiological functioning. Every living person is susceptible to depression, as symptoms of depression can persist for years often without remission. In the university context students are not immune at all, as they constitute a group that is particularly at risk for developing depression and emotional disorders. Depression as a psychiatric psychological disorder is prevalent amongst both

undergraduate and post-graduate students with no distinction among gender, age, and race (Bantjes et al.,2019).

Marcus (2012:6) acknowledges that South African university students are not immune to depression and suicide due to it. In fact, he argues that depression has become a leading cause of suicide and suicidal cases and, in conjunction with substance abuse amongst university and college students, depression has detrimentally led to academic exclusion. He further mentions that some causes of depression remain unknown, but it is the unknown that warrants the continuation of research in order to illuminate those contextual factors that exacerbate depression. Birhanu and Hassein (2016:27) also recommend the continuation of such studies as they recognise that universities are stressful environments that often exert negative effects on students' academic performance. Students' state of being depressed impacts on their physical health and psychological well-being and many then fail at university. Accumulative and untreated stress levels in students can lead to depression and have a negative impact on cognitive functioning and learning, hence there is a dire need to continue to conduct research that focuses on factors associated with depression. In my view, it was particularly important to elicit the views of students in order to search for solutions to the debilitating problem of depression among them. Chang (2017) argues that it is import to study depression outside the norm of Western perspectives because different cultures have experienced and interpreted depression from the perspective of their socialization and cultural reasoning. Studies that integrate the cultural and social identities of the studied population should be given recognition because the current literature holds a limited view in this regard. Moreover, the link between cultural knowledge and understanding of depression should be acknowledged so that reliable information is elicited to confirm when and how culture influences depression and/or expressions of this form of trauma.

It was against this background that I was inspired to engage in an anthropological study of depression among UKZN-PMB campus students. I focused largely on factors and social constructs that confirmed the state of being depressed. I drew largely from the critical perspectives of the cognitive theory of depression, the narrative theory, as well as the social constructivism theory as they all allow anthropologists to learn from emic perspectives and explanatory models derived from the narratives of research participants. I thus determined how the participants' cultural

backgrounds influenced the way they understood mental illness and, more specifically, depression. My focus was supported by the views of Chang (2017:2) who argues that “there is evidence of the importance of cultural influence in the etiology, expression, assessment, diagnosis, as well as the treatment of psychopathology”.

The study was based on the primary assumption that depression is also a reality among students studying at the University of KwaZulu-Natal. Hence the study was anthropologically conducted to collect data and report on the social constructions associated with depression. The originality of this study and its contribution to the pool of knowledge are based on the fact that authentic data were collected by anthropological means. Moreover, the data elicited from the students were triangulated with the views of university policy makers to integrate the research findings. It is envisaged that this will raise enhanced knowledge and awareness of depression and lead to positive responses to the leading factors of depression and its associated social constructs among students. The findings will thus contribute significantly to the existing body of literature on depression.

1.3 Problem Statement

The word ‘depression’ has become part of the vocabulary of men and women of all ages as it encompasses their struggles to cope with their day-to-day subjective experiences. University students are not exempt from such struggles, and I was thus motivated to gain in-depth anthropological understanding of depression and its associated social constructs amongst the university students that I recruited for the study. While depression as a phenomenon has been extensively studied, the gaps in the literature that I reviewed revealed that the topic has not reached saturation. For instance, Birhanu and Hassen (2016:26) avow that depression among university students is highly prevalent and causes a wide range of health problem across many universities in the world. University students are a special group and many suffer in the critical transition period from secondary school to university and hence from adolescence to adulthood. The uncertainty of this transitional period is exacerbated by the expectations that parents, society, the family, and academic staff have of them, and when they feel they cannot meet these expectations many students become depressed. Studies have revealed that students, especially in their first year, often feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, and restless.

They may lose interest in activities that were once enjoyable and pleasurable. They experience loss of appetite or indulge in over eating, struggle to concentrate and remember details, or they make poor decisions and may even contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, aches and pains, or digestive problems that are resistant to treatment may also point at the depressed state of university students. Kim et al. (2021:10) reiterate that university students experience various social and psychological changes as they move from high school to university and from adolescence to adulthood. Students are particularly vulnerable to mental health problems because they face various stressors such as academic problems, personal relationships, uncertainty about their career choice, the fear of unemployment, and disruptive romantic relationships.

The following is a diagram of the cycle of factors that may lead to a state of being depressed among university students.

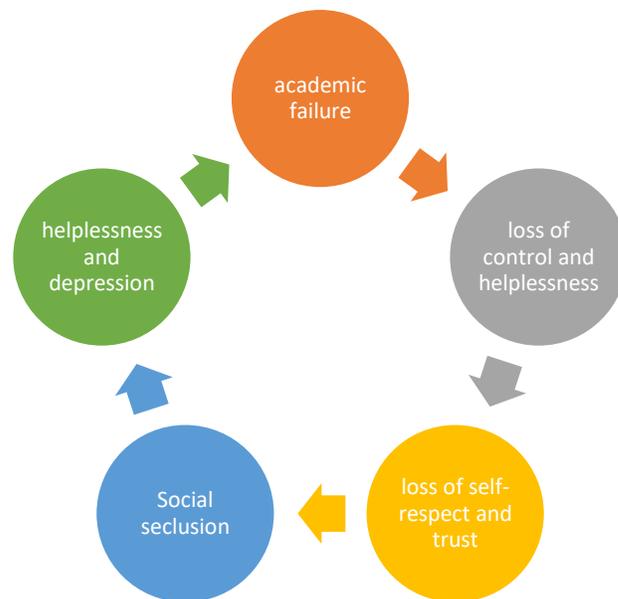


Figure 1.1: The vicious cycle of depression

Source: Vulic-Prtoric, 2012:73

Clincai (2012:719) avows that attending university is a very challenging experience for most students, hence there is a large number of them who are unable to fulfil their academic obligations and complete their studies. Depression is an emotional problem that can appear while the person is adjusting to the academic environment. Apart from depression, the most common emotional

problems during this period are general discomfort, physical problems, anxiety, and a low self-esteem. These problems are important causes of a high university drop-out rate. A study involving 1 176 students from the University of Rijeka showed that around 50% experienced psychological tension related to a lack of control, irritability, occasional aggressive and destructive behaviours, persistent sadness, sleep disturbances, loneliness, and a lack of emotional support (Vulic-Prtoric, 2012:66). Daniel et al. (2011:120) assert that other cognitive risk variables, such as sociotropy, perfectionistic beliefs, and a negative inferential style regarding academic failure have been associated with a history of chronic depression among university students. Marcotte (2013:2) states that depression is one of the most common diagnoses made by mental health professionals who deal with post-secondary school students, particularly at universities. In Canada, 44.4% of post-secondary school students who were surveyed between 2012 and 2014 confirmed that they felt so depressed that it was difficult to function, and 13% reported that they had seriously considered suicide at some point, particularly as university students. About one third (29.2%) of undergraduates reported four or more symptoms that were indicative of elevated distress as measured by the 12-item General Health Questionnaire that measures mental health stress. The most common symptoms include feeling constantly under strain, losing sleep, over worry, and feeling unhappy. Vulic-Prtoric (2012:67) states that most research studies have found that female university students are more likely to suffer from depression than male students. Depression symptoms can have a negative effect on students' belief in their own abilities and decreases their expectations of academic success and thus lessens their motivation to study. A *Northglen News* report (South African students at great risk of depression and anxiety, 2017) outlines that depression has become a matter of global concern as there is a growing number of university students who committed suicide because they were unable to cope with the academic and financial pressure they faced. Furthermore, some university students experienced events that lead to depression such as being victims of rape, not having money to pay their university fees, and destructive protests on campus. Wanyoike (2014:13) states:

“The data collected on mental illness shows [sic] there is still a serious need for looking into the methods in which depression and suicide can be prevented and treated within the university setup as well as the immediate society that is affected. Depression has been emphasized in university students because its symptoms have a negative effect on academic performance and in severe cases may even lead to suicide.”

The way in which society regards depression varies among cultures, social contexts, levels of education, and experiences. Knudson, Svanoie and Tappe (2008:n.p) attest to this by revealing that students' perceptions of depression "...range from a simple biological explanation to an intricate interdisciplinary evolution". According to the latter study, the common understanding of what constitutes depression has been expanded through personal interpretations of certain experiences and events, and the authors cite the following quotes (Kudson et al., 2008:n.p).

"Depression is a chemical imbalance that can be caused both by genetics and outside force."

"We are looking at certain triggers, beyond certain synaptical firings, taking it beyond chemical issues."

"It is one possible result as extreme negative stress of expectations, of a new environment, and complex social situations as people search for their place in the world."

These cited St. Olaf College students expressed their varied understandings of depression as an illness. It was my own perception that this problem was unresolved that prompted this research, for I was aware that some UKZN students had been sent to hospital for depression while others attended counselling sessions to help them ease their stress. By looking through the lens of linguistic anthropology, I was informed that people from different cultures and societies socially construct and interpret their health conditions differently. I thus explored epistemic narratives that medical anthropologists gathered when conducting culturally specific health condition surveys, and I then conceptualised and formulated this study to gain critical understanding of depression and its associated social constructs amongst a specific case of university students. Moreover, my awareness of the depression problem at university was underpinned by my observations of students who could not cope, and this intrigued me as a developing anthropologist within the UKZN-PMB community. Each university hosts a community of students who are not immune to the experience of depression, and because I became aware that such students used language that expressed their depressed state, I was enthused to plot and elucidate this language, amongst other data, in a scholarly investigation. After much thought and collaboration with my supervisor, I devised the study topic.

The relevance of this study is that it was instigated by actual students who often expressed the thought that university demands were stressful and that they had become ‘depressed’. As an anthropologist, the existing literature on depression did not allow me to generalize the factors that lead to their depression and I realised that I could not assume that their experiences were similar to what other scholars had published. I understood that the UKZN PMB campus is a unique ecological space and that the demographics of students on this campus might elicit different understandings of factors associated with their state of being depressed. Furthermore, the UKZN PMB student Facebook page announced, without credible statistics, that most students experienced depression while registered at this university. I was also aware that many were on associated medication while others spoke about their symptoms of depression and stated that they occurred only after they had enrolled. I also observed that the word ‘depression’ was frequently used by students when describing their day-to-day struggles on campus. I assumed at the time that the word depression (or being depressed) was used to express their sadness/stress in general, which is different from actual depression. Lastly, I observed that there were social constructs that confirmed that depression was indeed a reality among students on this particular campus. I also took cognisance of an argument by Alonso et al. (2018) that research on depression has not been saturated as its contributing factors are diverse and thus require a broader scope of responsive interventions. Kim et al. (2021:10) also recommend the continuation of such studies because, “...due to the difficulties in maintaining personal relationships among university students, it is necessary to study the relationship between depression and interpersonal tendencies in university students”.

In the introduction to this thesis I argue that the field of anthropology has expanded and that studies on depression as a human experience are relatively recent. Moreover, there is a dearth of studies that adopted narrative investigations of students’ experiences of depression in tertiary institutions in South Africa.

The literature reveals that those suffering from depression and their families tend to have their own ideas about the illness as opposed to clinical views. I thus included students from various contexts and backgrounds in the sample to ensure that it was representative of different cultures and

societies as such people have different ways of narrating their experiences. This study purposively relied on anthropological research methods and theories to document and holistically gather narratives of depression based on students' views. The success of this study is embedded in its emic perspectives and explanatory models involving students who volunteered to participate. It is my contention that these narratives translated the social constructs of their cultural epistemic understandings of depressions adequately and holistically.

1.4 The Relevance of this Study as an Anthropological Investigation

There is clear evidence in existing medical anthropology literature as well as in linguistic anthropology that the study of depression is neither new nor a foreign subject in anthropology. In fact, it has been an area of specialty as well as the subject of studies on human kind. A review of ethno-psychiatric studies of depression in 1987 revealed that medical anthropologists had already made inroads into the understanding of what depression entailed from the perspectives of various people. This critical review concludes that medical anthropology conducts ethnographic research in order to elucidate the significance of culture in determining health. It thus clarifies the complex biopsychosocial model to provide better, more appropriate care of for instance depressed people. Ethno-psychiatric findings have declared that anthropological research findings offer a detailed ecological account of how the environment influences explanations or interpretations of illnesses. According to Syme and Hagen (2019:90), Ruth Benedict asserted that anthropologists have the ability to study people of different cultures and differentially value particular behaviors and psychological states. Jenkins (2015) and Kohrt and Mendenhall (2016) avow that anthropologist should continue to prioritize research on mental illness/mental disorders because these conditions are the first and second ranked causes of disability burdens in most low- and middle-income countries. Anthropological contributions to the pool of knowledge thus offer a hallmark of benefits which also include a culture-rich lens from which meanings may be gathered. Cultural meanings in anthropology are classified as pluralistic thick descriptions that no other research has ever addressed to a greater degree to define/explain illness in people. Linguistic anthropologists assert that the use of language is key in the collection of thick descriptions and emic perspectives or explanatory models that anthropologists have successfully gathered from different cultures and societies. The assertion of linguistic anthropologists like Gumperz (1974) posit that language is

simultaneously a store or repository of cultural knowledge, cultural epistemics, a symbol of identity, and a medium of interaction. The use of language directly reflects the native speaker's conception of the universe around him, which is the uniqueness of people across the world and in different ecological spaces. Language is the cradle of one's identity and one's situation. When anthropologists embark in ethnography, they observe and engage with the subject and a lot gets translated through the use of language. Fields that have collaborated with medical anthropologists in studying depression have benefited from a detailed narrative as well as from the ethnographic latitude which depicts the impact of a social context that has led to the state of being depressed. Moreover, the contribution of medical anthropology in studies of culture and depression has enriched our cross-cultural knowledge of emotions and mental illness and has created paths for new directions in research in this field. Anthropological research on depression has also contributed to our multi-dimensional understandings of the viewpoints of people from different cultures and from different contexts (Raguram et al., 2010). Kaiser and Brandon (2019:5) argue that the anthropological understanding of depression has introduced the ethnomedical model and has toned down the supremacy of the Bio-Bio-Bio model. Hence cultural psychiatry has become a field of specialty, which is a major contribution of anthropologists who collaborated with psychiatrists in research. In 1925 Margaret Mead, who is hailed as a prominent anthropologist, contributed immensely to collecting information about mental illnesses such as depression. Her ethnographic findings contributed to literature that most psychiatrists refer to even today. Bucton (2015:5) argues as follows:

“Anthropology focuses on bringing the local into the global, showing how context matters. People's responses to crisis differ and we must ask what their concerns are, including the concerns of special groups. Anthropology challenges the taken-for-granted social constructs which should be recognized as the cosmology of people's experiences.”

He continues to say that anthropologists involved in global mental health (GMH) view social and cultural factors as matters of prime concern and offer theoretical views to frame research and developments that are relevant to local contexts. Through contextualized research, anthropology provides qualitative narratives that embody the richness of participants' emic perspectives. The latter are also known as explanatory models from which socially constructed realities become cultural epistemic narratives (Bucton, 2015).

In his article about the social construction of mental illness, Horwitz (2007) mentions Ruth Benedict who wrote a paper titled *Anthropology and the abnormal*. In this paper she argues that Western psychiatry defines mental illnesses such as paranoia, seizures, and depression as 'normal' in other cultures. For instance, she considers the extreme lack of vigor and energy in the Zuni people from Arizona. Western psychiatry might thus view the symptoms of depression as normal and even admirable expressions of a culturally defined personality style. Ruth Benedict then says that all universal concepts of disorder and normality come from ethnocentric Western norms that fail to see the indigenous behaviors to which they are applied. According to Horwitz (2017:1), Ruth Benedict claimed "...that local cultural definition constitutes what is normal or pathological in each society". The social constructivism perspective became well known and used in anthropology since the first study by Benedict on mental illness.

As a growing anthropologist I was intrigued by the works of Margaret Mead and Ruth Benedict as I wanted to document new understandings of depression from students' perspectives. To do so, I needed to obtain their authentic views on factors leading to depression and its associated social constructs. I reiterate that this study acknowledges that depression as mental illness has biological roots, but the ethnographic approach of this study allowed me to explore and narrate the understandings of depression as elicited from UKZN students. The study was underpinned by my understanding that university students form a society whose experiences and social constructs associated with the research title needed to be anthropologically documented in order to obtain broad and rich understandings of mental health among a specific case of university students.

1.5 Delimitations of the Study

I acknowledge that existing literature argues that depression is a mental affliction that belongs in the psychiatric area of specialization, but I also took cognizance of various scholars who recognize that anthropologists should adopt an ethno-phenomenological approach when depression is studied. Amid critical debates about this topic, I detached this study from attempting to critique what psychologists and psychiatrists did well or could have done better. This study was thus purely anthropological in scope and the reader is encouraged not to read this thesis from either a psychological or psychiatric point of view but rather from an anthropological stance which

endorses the study of human kind and owes its niche to social constructs attached to how students express their state of being depressed, or of their depression. The literature review consequently reflects on a wide scope of scholarly works to understand depression and its impact on students. The data analysis and final chapters contribute to the pool of knowledge from an anthropological position which other cognate fields may recognize as a premise to understand depression from authentically expressed social constructs.

1.6 The Study Location

This study site was the Pietermaritzburg (PMB) campus of UKZN. The name of this campus resulted from a merger in 2004 of the former University of Natal, the Westville University, and the Edgewood Teacher's Training College. Currently the UKZN university has five campuses that are located in the cities of Durban (Howard College, Nelson Mandela Medical School, and Westville campus), Pinetown (Edgewood campus), and Pietermaritzburg (PMB campus). It attracts a diversity of students comprising Africans (68%), Indians (20%), Whites (8%) and Coloureds (4%) (Mutinta et al., 2014). The study focused primarily on the PMB campus which has three sub-campuses (the Main campus, Golf Road campus, and the Agriculture campus). The PMB campus offers academic programmes in the following faculties: Education, Humanities, Law and Management Studies, Science and Agriculture, and Theology and Visual Arts. The student population mainly resides in residences on and off campus but many also reside in the area. I conducted the study on this campus as it is close to my place of residence, I am an enrolled student at this university, and because it would be time and cost efficient.

1.7 Research Aim and Objectives

The aim of this study was to elicit in-depth understanding of depression from the viewpoint of the case of Pietermaritzburg campus students of the UKZN.

Research objectives describe concisely what the research is trying to achieve. When each objective is achieved, it summarizes the accomplishments that the researcher wished to achieve at every step of the project. The objectives, in conjunction with the research questions, give direction to a study

(Du Plooy et al., 2014). The research questions and objectives that I formulated were informed by the literature review and my own observations and were also guided by two theories, namely the cognitive theory of depression and the narrative theory. My decision to adopt these theories was influenced by Chang (2017:2), who asserts that there is a dire need to gain the views of various cultural groups in order to better understand cultural influences on the etiology, expression, assessment, diagnosis, and the treatment of depression.

1.7.1 The objectives of the study were to:

- Outline factors that lead to a depressed state,
- Delineate and discuss the social constructs that people attached to depression,
- Understand the impact of depression on the academic performance of university students,
- Identify interventions that the participating students explored to cope with depression, and
- Offer recommendations from the viewpoint of students.

1.7.2 Research Questions

The primary question of the study was as follows:

- What is depression from the viewpoint of UKZN-PMB students?

The secondary questions were as follows:

- What factors lead to a depressed state among university students?
- What social constructs are attached to depression as a mental health issue that occurs among university students?
- How does depression impact university students' academic progress?
- What interventions do university students adopt to address depression, and why these?
- What recommendations do university students who suffer from depression or its symptoms offer the university?

1.8 Definitions of Terms

The following terms are embodied in the study as a path of reasoning amid other publications that could have conceptualized them differently. The definition of each term is based on its anthropological understanding, and each will inform the critical discussions in the thesis.

Depression: Many scholars have conceptualized depression in different contexts. According to Beard et al. (2016), depression is a mental illness that involves the body, mood, and thoughts of a person. It affects the way one eats and sleeps, the way one feels about oneself, and the way one thinks about things. A definition by Amaya, Meyer, Timual, Vang and Wang (2013:13) states that depression is "...a mental illness that typically involves negative effects such as sadness, a pervasive loss of interest in things that were previously enjoyed, a profound sense of pessimism, thoughts of suicide, and a negative belief about oneself".

Mental illness: This is defined as "a condition which causes serious disorder in a person's behavior or thinking" (WHO, 2018).

Mental health: This is "...a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community." (World Health Organisation, 2004)

Understand: This word is defined as "to be aware of the meaning of or to impute meaning and character to that which is not explicitly stated; it is also to grasp the importance of [something]" (Starkowitz, 2014:26). In this thesis the researcher will mainly use the word 'understand' in the context of meaning something or to be meaningful. For instance, I ask what the understanding or meaning making is of depression by UKZN students.

Social construct: This is "an idea that has been created and accepted by the people in a society or culture" (The Mirriam-Webster Dictionary, 2021: n.p). The term social construct also refers to the language that exists and is used in a particular society or culture and that attaches particular meaning to a situation, phenomenon, or reality. Galbin (2014:83-84) asserts that social constructs are any speeches that are socially constructed of reality from a cultural consensus. Social constructs exist because societies exist in both subjective and objective realities. The meanings of concepts

are taken from scientific language and then expressed in cultural discourse. These expressions then become a paradigmatic model that exists relatively independently of the scientific language they come from. Moreover, cultural derivations of the meaning of these expressions underline the semantic convergence of socio-economic paradigms

Culture: This term refers to “the ways of thinking, feeling and behavior [*sic*] that are socially and not biologically transmitted from one generation to the next”. (Aina & Morakinyo, 2011:279).

University: It is a high-level educational institution where students study to obtain degrees and where academic research is done (Mirriam-Webster dictionary,2002 :n.p).

Student/s: A student (plural students) is “a person who is studying at a university or other place of higher education” (Higher Education Laws Amendments Act 26 of (Republic of South Africa, 2010). In this thesis the term student refers to a person registered at the UKZN.

1.9 Brief Introduction to the Theoretical Frameworks

A single formal theory constitutes a theoretical framework. When a study is built around a theoretical framework, this theory becomes the fundamental tool for comprehending and investigating the research problem (Onsanoo and Grant,2016) This qualitative study employed three theories, namely the cognitive theory of depression, the narrative theory, and the social constructivism theory. The narrative theory was used in this study to understand how the research participants engaged with the study. The cognitive theory of depression was first posited by Aaron Beck in 1967. In the current study the cognitive theory of depression encouraged the researcher to pose questions that would encourage the sampled population to narrate their personal understandings of depression, while it also allowed probing for more information about the factors that might have contributed to their state of being depressed. The cognitive theory of depression recognizes that people who suffer from depression tend to view their surroundings in a negative light due to constant negative thoughts and feelings and a negative perspective on all things. Becks (1967) argues that this theory illuminates how and what the depressed person believes and thinks and that these thoughts could be the reason for their depressed state.

The narrative theory is appropriate in qualitative research as it allows the exploration of the phenomenology of experiences. It also accommodates the collection of emic perspectives, which is what a person is going through. It typically focuses on the lives of individuals as told through their own stories of their experiences and allows subjects to construct their own world. The researcher can then record social constructs that emerge during the narration.

Collectively, these theories thus significantly impacted this study because they permitted the respondents to narrate their experiences and the researcher to learn from these narrations. For example, I was able to understand the narrators' beliefs and how they thought about and experienced their state of being depressed. Also, it enabled me to illuminate various social constructs attached to depression that naturally develop as society evolved. It is acknowledged that there are different social constructs in different societies when people try to make sense of mental illness and how to respond to it.

1.10 Brief Introduction to the Research Design

This research employed an interpretive/phenomenological qualitative research design to explore participants' understandings of depression and to highlight the meanings they attached to social constructs associated with depression. It was thus a case study involving UKZN students of the Pietermaritzburg campus. The rationale for utilising a qualitative research design was because I, as the principal investigator, needed to collect emic perspectives that would address the research questions and thus achieve the objectives of the study. Emic perspectives are experiences that all qualitative researchers explore and analyse from the viewpoint of people who experienced a particular phenomenon, in this case depression, as proposed by Creswell and Creswell (2018). The latter authors also state that a qualitative research design allows the qualitative researcher to collect inductive, subjective, and contextual data. In the current study qualitative research methods allowed me to collect information and insight about experiences of depression and to illuminate the social constructs attached to this phenomenon as a reality for the participating students.

The population was UKZN-PMB campus students and non-probability sampling, augmented by snowball sampling, was used to recruit the sample. These methods allowed me to collect information from targeted participants and I then relied on them to represent the larger student population (Starkowitz, 2014). Data were collection by means of one-on-one interviews. Due to COVID-19 restrictions, this was the only method of data collection that was employed, although additional focus group discussions might have enriched the data. The semi-structured interviews were tape recorded with the permission of each participant. The recordings were carefully listened to, transcribed verbatim, and translated in cases where students had preferred to use IsiZulu instead of English. The data were analysed and coded into different themes. The methods of data collection and analysis as well as the issues of reliability, validity, and ethical considerations will be discussed in Chapter Four.

1.11 Overview of the Thesis

The thesis is presented in seven chapters, each detailing a specified process. The completed research dissertation consists of the following:

- **Chapter One:** It provides broad perspectives on the topic by introducing and highlighting the background to the study, the problem statement, the research aim as well as the objectives and questions, and an outline of the thesis chapters.
- **Chapter Two:** This chapter presents an intensive and comprehensive review of the related literature that informed the study. The history and details of the theoretical frameworks are also discussed.
- **Chapter Three:** This chapter presents a detailed discussion of the research design that was briefly introduced in the current chapter. It expounds the selection and recruitment of the research sample, the importance of adhering to ethical considerations, and the data collection and analysis methodologies.

- **Chapter Four:** This chapter introduces the case study and provides pertinent information regarding the experiences of students with depression and/or its symptoms.
- **Chapter Five:** In this chapter I present and dissect the research findings to address the research questions and achieve the objectives of the study. The limitations of the study are also discussed and conclusions are drawn as they emerged from the data that are presented under various themes.
- **Chapter Six:** This chapter provides a summary of the study and its findings and offers pertinent recommendations.
- **Chapter seven:** It is the concluding chapter and offers final recommendations for future investigations in the field.

1.12 Chapter Summary

This introductory chapter has clearly delineated the purpose of and the background to this research project. The context in which this study was conducted was explained and the problem that intrigued the researcher was clearly elucidated. An explanation of the relevance of the study to anthropology was offered by listing the research objectives and questions that guided the investigation. The most appropriate data collection methodology was used and this choice was briefly explained. It was iterated that the collection of data was guided by well-reported methods and theoretical frameworks that will be discussed in more detail at a later stage. Important terms that are used in the thesis were defined and an overview of the structure of the entire study was presented. The next chapter presents the literature review.

Chapter Two Literature Review

2.1 Introduction

In Chapter One I argued that depression affects everyone to a lesser or larger extent and that university and college students are not exempt from this affliction. People who fall victim to depression come from all backgrounds and are of all ages and cultures, although expressions and manifestations of mental and emotional difficulties vary. In this regard, the National Institute of Mental Health (2021:n.p) states the following:

“Life is full of emotional ups and downs and everyone experiences the ‘blues’ from time to time. But when the ‘down’ times are long lasting or interfere with an individual’s ability to function at home, at work, at school, that person may be suffering from a common, serious illness– depression. If it goes unrecognized, depression continues to cause unnecessary suffering. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.”

In this chapter I shall unpack what scholars say about depression as a phenomenon that affects most people at some stage in their lives. I shall explore understandings of depression from a historical perspective, trace the global impact of depression on students, and elucidate depression as a social construct through a cultural lens to unearth misconceptions, stigma, and stereotypes associated with it. I shall also discuss various factors that lead to depression in university students and identify gaps and limitations in the existing literature. I shall conclude this chapter with a brief summary.

2.2 Historical Understandings of Depression

The literature accounts for the earliest understanding of depression as an experience that is unique to human beings. My systematic research on the history of depression was humbling as I realized that many scholars should be credited with the discovery of depression because a large body of great philosophers has contributed to our current understanding of this phenomenon. In fact, many are still contributing to our growing knowledge of this illness and we are much enlightened about

the factors that cause it as well as the medical and cultural interventions that have been suggested to alleviate this affliction. It is clear that there has been historic quests to find solutions and a cure for this illness. January (2018), Reynolds and Wilson (2013), Nemade (2020), and Schimelpfeing (2020) have all argued independently that depression has become a concerning health problem that affects both low- and high-income societies worldwide, including university students. Research has presented wide perspectives on the topic and various scholars have categorized and contextualized causative factors. For instance, Schimelpfeing (2020) asserts that depression was first known as melancholia. Reference to it was discovered in ancient Mesopotamian texts in the second millennium BC. This is the time when all mental illnesses were thought to be caused by demons. The first historical understanding of depression stated that it was a spiritual or mental illness rather than a physical one. Nemade (2020) and Tipton (2014) state that the ancient Greeks and Romans had opposing views about what caused depression but, in general, the literature of that time refers to the belief that mental illness was caused by spirits and demons. Around 400 BC the early Babylonian, Chinese, and Egyptian civilizations viewed mental illness as a form of demonic possession. They then used methods such as beating, starvation, and restraint as exorcism techniques to ‘cure’ the ‘possessed’ person (Nemade, 2020). These techniques were used to treat a patient in order to drive demons out of the body. However, Roman doctors thought that depression was both a biological and psychological disease and massages, exercise, music, and special diets were used to treat the symptoms of depression.

Greek physicians changed the way mental illness was viewed by rejecting mystical interpretations of mental disorders. Hippocrates endeavoured to separate fallacies and religious beliefs from medicine and argued that mental illness occurred due to imbalances in the body (Swartz et al., 2008). According to Farreras (2005:155), Hippocrates classified mental illness into four categories: epilepsy, mania, melancholia, and brain fever, and argued that the mentally ill should not be held responsible for their actions (Swartz et al., 2008). Between the 11th and 15th centuries, spiritual conceptions of mental illness reconquered Europe and fallacies such as astrology and alchemy were embraced and treatments such as prayer, cremation, relic touching, confession, and atonement were used (Swartz et al., 2008).

In more modern times scholars like Rowe (1996, cited in Mthethwa, 2013:1) contend that depression "...is as old as the human race and rare is the person who has not felt its touch". Doom and Heffel (2013, cited in Mthethwa, 2013:3) allude that depression can be linked to a variety of detrimental behaviours such as smoking and negligence of one's overall well-being. Kilmartin (2005, cited in Mthethwa, 2013:3) confirms that women and female students are diagnosed with depressive disorders twice as frequently as men, while Vulic-Prtoric (2012:65) states that depression manifests in many symptoms such as mood swings, loss of interest, anhedonia (the inability to experience pleasure), fatigue and weariness, feeling of worthlessness and guilt, and difficulty in concentrating and making decisions. On the physical level these changes are followed by loss of appetite and sleep and psychomotor disorders. Gaudiano (2008) asserts that cognitive theorists like Aaron Beck argued that negative automatic thoughts, negative self-beliefs, and errors in processing information were responsible for depression symptoms and that these became the daily experiences of people, both the rich and the poor, across the world. Pluskota (2014) further argues that psychologists like Martin Seligman suggested that learned helplessness plays a role in the development of depression. According to the former scholar, people often give up on trying to change their situation because they feel that nothing they do will make a difference in their lives. It is the lack of control that leaves people feeling helpless and hopeless.

The emergence of cognitive models of depression has played an important role in the development of cognitive behavioural therapy (CBT), which has been shown to be effective in the treatment of depression. When this medical model of mental disorders emerged it was suggested that all mental disorders were primarily caused by physiological factors. The medical model views mental health conditions in the same way as other physical illnesses, which means that such conditions can also be treated with medication. Modern-day biological explanations of depression focus on factors such genetics, brain chemistry, hormones, and brain anatomy. This view has played an important role in the development and increased use of antidepressants in the treatment of depression.

It is undeniable, however, that while depression is better known today than it was in the past, researchers are endeavouring to learn more about the causes of depression. At the present time, doctors believe that depression arises from a combination of multiple causes including biological,

psychological, and social factors, but these identified factors have not saturated the discourse on depression because of the heterogeneity of living contexts that people find themselves in.

2.3 Global Evidence of Depression in Students

Seedat (2018:22) states that the World Health Organization (WHO) has confirmed depression as one of the most prevalent disorders as it affects an estimated 4.4% of the global population and has emerged as the single largest contributor of disability worldwide as it is experienced by 7.5% of all those living with a disability. World Health Organization (2019) research findings revealed that one in every five women and one in every twelve men has depression, which also includes 2% of school children and 5% of teenagers who suffer from depression. Unfortunately, depression in children tends to go mostly unidentified. Browning et al. (2021) and Forbes-Mewett and Sawyer (2016) argue that, based on their independent studies, university students are increasingly recognized as a vulnerable population as many suffer from higher levels of anxiety, depression, substance abuse, and disordered eating patterns compared to the general population. Birhanu and Hassein (2016:26) assert that depressive symptoms are frequent among university students all over the world and that their prevalence appears to be increasing. Browning et al. (2021:1) also assert that the COVID-19 pandemic made things worse because of changing patterns in teaching and learning which psychologically impacted students' well-being. Alim et al. (2017, cited in Islam et al., 2020) state that students appear to be very susceptible to such types of mental illnesses (i.e., anxiety and depression), especially first-year university students who move away from their families, move into a new place in a new town or city, and have to cope with a new environment. Abdallah and Gabr (2014), Alim et al. (2017), and Beiter et al. (2015, cited in Alim et al., 2017) confirm that university students experience depression. Contributory factors include being new at university, social demographic changes, and changed behavioural and educational factors. Other factors include staying in residences without parental or guardianship care and the low socioeconomic status of many which makes them depressed as they can't afford the material things that they see on social media and that other students have on campus. This material culture affects many students psychologically as they see themselves as not worthy and they blame their family for their low socio-economic status. Most students who come from big families feel lonely, experience a lack of personal autonomy, cry for family support, and compete against peer pressure.

Poor academic performances and high expectations also impact their mental health. Being compelled to adapt to studying in the English language at a higher level than in secondary school, heavy lecture schedules, pressure to succeed, and lack of adequate planning are also issues that most university students have to contend with, and hence depression has become prevalent among student bodies. Lowering et al. (2014) and Sullivan Kashubeck-West (2015) assert that most students are overwhelmed by the need for academic self-efficacy, acculturation difficulties, language inabilities, as well as procrastination behaviour in terms of their academic tasks. Beiter et al. (2015, cited in Cheung, 2020) agree that mental illness, or depression, is a public health issue that does not exclude university students. Their research findings suggest that depression is most common in first-year university students. The latter are vulnerable to mental health problems because they are experiencing a double transition: the developmental transition from adolescence to adulthood and a life-changing transition from one institution (such as a high school or community college) to another that is very different, such as a university with high academic standards and expectations. Thomas et al. (2020), Gale and Parker (2014), and Hunt and Eisenberg (2010) conducted ethnographic studies on university students and agree that the transition from secondary school to a university and its academic challenges is traumatic for many students. Research findings thus suggest that this academic transition is no longer celebrated because it inflicts fear, anxiety, and depression on most students who are expected to adapt without the support of their families. They are often overwhelmed with a sense of doubt as they wonder if they will ever cope or if they will be able to successfully do well in their university modules.

A report by Pedrelli (2015) confirms that depression is a leading cause of suicide amongst university students and that this phenomenon has been recorded since the early 1950s. It is mentioned that student suicide initially occurred mainly among white male university students as most African cultures at the time did not believe in this type of mental illness. Other parts of the report mention that recent trends indicate that female students of all races now succumb to suicide and that this is linked to a state of depression. In 2013, the WHO (2019) estimated that, by year 2020, unipolar depression would have become the second cause of disability globally and it is estimated that, by 2030, major depression will have become the main contributor to ill health worldwide.

University students have recently been diagnosed with various levels of depression ranging from minimal, mild, moderate, moderately severe, to severe, and it is concerning that most students do not report their depression state and conceal what they are going through. Lepine and Briley (2011) conclude that such levels of depression have a direct life-threatening effect on students. These consequences include occupational and social dysfunction, increased risk of suicide, and increased morbidity and mortality rates. The latter authors report that, internationally, about 31% of students in 2011 had had common mental disorders in the previous twelve months and that depression, anxiety, and attention difficulties contributed to alarming statistics of student morbidity and mortality cases. South African data (Bantjes et al., 2019) revealed that approximately 20.8% of first-year students reported experiences of anxiety and 13% had experiences of depression. It was also reported that many African students confessed that they had considered suicide because their families didn't believe in being depressed as they believed that it was a medical condition associated with Western societies. This denial of a very real risk is a matter of concern. Islam et al. (2018) affirm the importance of students' mental health and argue that university students have the potential to influence their families and the country's work force as soon as they are employed. For these reasons it seemed pertinent to conduct a case study on the causes and role of depression in students' lives.

Elmer (2020) confirms that depression is indeed a mental illness that is experienced by many university students who have symptoms of stress and anxiety. Such students are most likely to be medically diagnosed with depression, hence most who have consulted medical professionals are on antidepressants (Elmer,2020). Quek et al. (2019), Shamsuddin et al. (2013), and Wong et al. (2006, cited in Cheung et al., 2020) reveal tangible evidence that university students in different countries encounter different levels of challenges that trigger mental problems such as anxiety and depression. The latter research findings reveal different variables but all conclude that depression does not exclude a particular gender even though previous studies pointed out that female students accounted for higher rates of depression. Quek et al. (2019) corrected this gender lens by suggesting that there is no significance data to confirm that depression or anxiety in university students is gender-based. According to the World Health Organization (201, n.p.), barriers to effective care of the depressed include a lack of resources, lack of trained health-care providers, and the social stigma associated with mental disorders. Another barrier to effective care is

inaccurate assessment. Regardless of income levels, people who are depressed are often not correctly diagnosed, while those who do not have the disorder are too often misdiagnosed and prescribed antidepressants. This lack of definitive diagnosis of depression has been marked as a leading cause of disability worldwide and as a major contributor to the overall global burden of mental disease (WHO, 2018). Birhanu and Hassein (2016:28) assert that high rates of depression among university students, coupled with factors such as educational demands and social factors such as alcohol abuse, drug addiction, family problems, family history of depression, and staying away from home, impact students negatively. Both undergraduate and post-graduate students experience depression because high expectations of them keep on mounting on a daily basis.

2.4 Understanding Depression and the Social Constructs People attach to it

2.4.1 Culture

Knowledge about and understandings of depression vary among people, relatives, societies, belief systems, and countries. Understanding people's cultural beliefs about mental illness and specifically depression is important for the application of suitable methods if mental health is to be reinstated on a wide scope (Mwelase, 2019). At the cultural level, depression is hardly discussed in certain societies, but it is generally better explained and understood at a universal level in Western contexts than in African ones. Moreover, understanding depression only in a clinical context is not enough, hence Rockville's (2001) study looked outside the clinical setting to explore the diverse effects of culture and society on mental health, mental illness, and the services involved in addressing this affliction. It is well known that the current understanding of depression is based on scientific and clinical contexts in the 20th century, yet it has been recognized since classical times and explained from within the philosophical perspective as a problem of individual understanding (Joseph, 2016). This underscores the importance of viewing depression in the context of social understanding in order to accommodate different cultures and different individuals who may suffer from mental illness, specifically depression.

Aina and Morakinyo (2010:21) define culture as "...meanings, values and behavioural norms that are learned and transmitted in dominant societies and within social groups". Culture has a powerful

impact on the feelings, thoughts, and self-image of groups of people and individuals and impacts the process of diagnosing illnesses and treatment decisions (Aina & Morakinyo, 2010). Culture is also known to have an influence on different aspects of mental illness, which includes the way patients from a certain culture show and manifest their symptoms. People's coping mechanism is often reliant on community support which also impacts their willingness to seek treatment (Rockville, 2001). Rockville (2001:5) argues that cultural and social influences "...are not only determinants of mental illness and patterns of service utilization for racial and ethnic minorities, but they do play an important role. Chang (2017:5) states that the recognition of cultures in studying depression contributes to: (a) gathering adequate demographics of depression, (b) recording the epidemiology of mental illness on cultures, (c) understanding new insights of the etiology of depression, (d) the expansion of knowledge through the expression or narratives of distress, and (e) patterns of diagnosis and related issues. Chang (Ibid) avers that culture is a critical variable to focus on in order to expand information around depression, which researchers should recognize. The researcher who utilizes a cultural lens will confirm that culture influences one's beliefs and behaviour to the extent that cultural representations become part of one's cultural self.

Mwelase (2019) cites Rosenberg (1998) who argues that, to understand human action, one needs to understand the rules according to which it arises, as these rules provide meaning through the lens of cultural perspectives. Therefore, to understand how people conceptualize mental illness, it is important to understand how a cultural context influences what people understand about mental illness (Mwelase, 2019). For example, Amaya et al. (2013) cite the incidence of Asian American students at St Olaf College who failed to discuss the topic of depression due to the language barrier and lack of understanding of what it is exactly. One participant commented, "*How can a culture talk about it when there's no direct definition, so how can it be a taboo? In order for something to be a taboo you have to define what it is*". This confirms the notion that some cultures have no specific word/s to describe depression.

The social constructivism view regarding mental illness centres around learning about the distinct ways in which people create their worlds in relation to others (Jones, 2016). Jones (2016: page) quotes Sampson (1993) who argues that "mental illness is a social construct that is formed through cultural and historical conversations between groups of individuals and not solely from deficits

within individuals”. Thus stereotyping, stigma, and misconceptions about depression are part of such social constructions as they are words used to paint a picture of what depression is/is not thought to be. These words tend to be believed as meanings of depression. The use of the term ‘social construct’ in this thesis thus refers to how society views and creates their world around depression. It is also true that misuse of the word depression occurs in settings outside the classroom, but when engaged in formal discussions the majority of the student body seems to understand that this is a mental health issue (Amaya et al., 2013).

2.4.2 Misconceptions, stigma and stereotyping

There are many misconceptions about depression and thus students feel that having depression means that they are weak, bad, and that they will never succeed at college. Studies have shown that many people believe that depression is just feeling down or sad and that there is no major problem with that. Aldrich (2016) argues that there is an important aspect that people miss when it comes to understanding what depression is, such as using the word ‘depressed’ when meaning ‘feeling sad’. Knudson et al. (2008, n.p.) expressed this view some time earlier, stating that there had been a shift in the use of the term depression from a purely clinical sense to one that is synonymous with feeling sad. Being depressed has become more generally understood and accepted as a short-term feeling that is elicited by a stressful situation or a bad day, but the truth is that depression involves a constant state of hopelessness that spans a long period of time (Knudson et al., 2018). This is in line with the social constructivism view that states that people’s experiences of self are understood as being formed in the course of their interactions with the world around them.

Another misconception about depression is that only females get depressed. However, many studies have concluded that, in as much as it seems as if females are more susceptible to depression, it affects both genders. Singh et al. (2017) explored the prevalence of depression and anxiety among students at Punjab University, and they found that the prevalence of depression was higher in females because the male gendered role tended to emphasise greater levels of strength, independence, and risk-taking behaviour. Males thus often did not seek help or talk about their suicidal feelings and depression. In African cultures the ‘real men do not cry’ (*indoda ayikhali*)

stereotypical notion is embraced and a man is thus not allowed to express his feelings. Men thus tend to suppress their emotions and they bottle up rather than speaking out. Some believe that this is the reason so many African men, and men of other gendered societies that favour the supremacy of males, turn to drug and alcohol abuse (Watson, 2020). It is for this reason, among others, that the suicide rate is higher for males than females in most countries across the globe.

In black African communities depression and its symptoms are blamed on witchcraft, and many have argued that this attitude towards mental health needs to change (Shoba, 2018: n.p.). However, people persist in seeking the help of tradition healers and some believe that if they pray the feeling of depression will go away because it has been caused by sinning or not being obedient to God. Motau (2015) argues that religion and spirituality have supported many people dealing with depression, but it should not be the only source they turn to because depression is an illness that needs treatment. According to Sukati (2011:48), who focused on the relationship between religion and help-seeking behaviour among university students at UKZN, Pietermaritzburg campus, it was found that "...there was some relationship between the intensity of religious beliefs and help-seeking intentions" as students with greater religious commitment were more likely to rely on God for assistance or guidance than those who were less committed. If the former group needed help, they tended to approach an individual who shared their religious views, such as a pastor or another church member. It is thus thought that people with strongly held religious beliefs will use that belief to regulate their lives and also to provide direction in resolving their personal problems. Very few such people thus tend to seek medical help for depression.

The above discussion of misconceptions, stigmas and stereotypes highlighted how people of specific societies tend to create their own meanings and views on what depression is and they devise their own ways of coping with their illness according to the way they understand their feelings and behaviour when depressed. Stigma is not associated exclusively with the topic of depression but also with how people choose to cope with it as an illness (Knudson et al., 2008). The social constructivism theory considers how people's experiences of self "...are understood as being formed in the course of their interaction with the world around them". This explains the different understandings of what depression is and entails and has an impact on how people seek help and treatment. What is true and must be understood is that mental illness, particularly

depression, "...is not a racially selective phenomenon and it is dangerous to dismiss an individual's pain because their race discredits their struggles" (citation). The same may of course be said of gender.

2.5 Factors that Cause Depression in University Students

2.5.1 The environmental causes of depression.

European Union (2018) and WHO (2019) reports on mental health both argue that it is an essential component of human well-being. However, it is agreed that mental disorders such as depression and anxiety affect more than one in six citizens, and this represents a significant personal and societal burden. Helbich (2018) asserts that there is scientific evidence of the correlation between the environment and people's mental health and well-being. It is widely documented that human health and well-being emerge from a complex interplay among genetic, psychological, social, and lifestyle factors as well as environmental exposures and the ability or the inability to adapt. Seymour (2016) indicates that human health and well-being are intimately linked to the environment and how a person is able to adapt. Mental health, and also many common mental disorders, are shaped to a great extent by the social, economic, physical, and cultural environments in which people live. As the environment is one of the determinants of mental health outcomes, its significance needs to be further researched and promoted in the context of mental health and well-being. Vulic-Prtoric (2012) asserts that student life is full of possibilities for growth, development, and maturing, but it is also filled with opportunities to take on challenges and face one's weakness, fears, and depression. It was against this background that this study sought to explore students' views on and experiences of depression in order to devise interventions that might respond to their university environment and support their adaptation to it.

Rathakrishnan et al. (2021:13) state that "adaptation is a critical variable to focus on when studying [and thus] university students [should discover] the roots of their state of being depressed" in order to find help to deal with it. Adaptation is associated with four problems: language adaptation, cultural adaptation, interpersonal adaptation, and social adaptation. Iyer and Khan (2015) acknowledge that university students are a special group of people that are going through a critical

transition period as they shift from adolescence to adulthood. They argue that this transition can be one of the most nerve-wracking times in a person's life as students experience a myriad of difficulties that include social, academic, and cultural shock as well as homesickness challenges. The language problem is particularly acute for many, particularly when their home language is not the language of instruction.

Another factor is sociocultural differences which include gender and socioeconomic challenges. Sorokhani et al. (2013) argue that most students face challenges at university as many find it hard to fit in the first time. Mofatteh (2020) states that moving away from the family and starting a new life of independence can pose challenges for first-year students such as a feeling of isolation and loneliness. These feelings last until they have adjusted to university life and expanded their social network. Some find it difficult to reconnect when they return after a recess or holiday. Many struggle to make friends and some already suffered from mental illness/depression prior to arriving at university. This condition sometimes worsens as they transition into the new environment, while some battle to keep up with academic requirements and they fail to get good grades.

2.5.2 Understanding depression and the need for social support

Most students seek medical help but they cope by finding friends who are going through the same ordeal. Some skip academic classes and lock themselves in their rooms. This happens without knowing that they are depressed and that they should seek professional help (User, 2019). Some university students know that they have depression but they are afraid of being seen as a failure while most think they can cope without seeking professional help (Pedrelli, Nyer, Zulauf & Wilen, 2015). An American study by Amaya et al. (2013) found that depression and mental illness were taboo topics, especially in minority students' cultures. The latter study found that white students believed "...that everyone has to strive to be their best, and they also have an easier time admitting they have a problem and having an open discussion about it". However, Asian-American students stated that, in their culture, mental illness and depression were not talked about. Motau (2015), Kometsi (2016) and Amaya et al. (2013) agree that people's perceptions are neither static nor locked within their cultural belief system, but that there are external factors such as exposure to

illness that can change perceptions of individuals' cultural background, and this plays a vital role in depression and how it is experienced.

2.5.3 Understanding that depression is induced by a low socio-economic status

Previous studies have suggested that financial constraint is a major source of stress among university students. Zondi (2018) cites Yusoff, Rahim, Baba, and Esa (2011) who state that the majority of students from disadvantaged backgrounds experience more stress than those who are affluent. It is logical to argue that students from disadvantaged backgrounds struggle to meet their financial obligations and satisfy their needs and that the majority is dependent on financial aid (such as NSFAS). According to Mudhovozi (2012), financial distress causes students to struggle to pay their rent and buy food and clothes.

Shoba (2018), whose study was conducted among students of the University of Cape Town (UCT), found that students from black communities in lower income families were normally the first ones to enter university in their family. He believes that their depression is caused by being under immense pressure as they are expected to succeed academically and be the future breadwinners of their families. Students often choose to put on a brave face when dealing with stress and depression as they cannot disappoint those who are dependent on them. Some students will choose to soldier through to graduation without seeking assistance or they opt to extend their degree period because the financial and status-driven gains of acquiring a degree outweigh the psychological costs of stress and overexertion (Shoba, 2018: n.p.).

A study conducted by Bathabile Motau at UKZN also revealed the prevalence of financial constraints among a large group of students. This is not surprising as the UKZN is an institution that historically opened its doors to black disadvantaged students (Motau, 2015, cited by Cebekhulu and Mantzaris, 2006). Currently the majority of students at UKZN are black and from socio-economically disadvantaged backgrounds. This is confirmed by a survey conducted by Statistics South Africa (2010) which revealed that the median monthly income for the black population is R2 162. Considering this low income, it is likely that most black parents will find it difficult to afford tertiary tuition fees, and the stress this causes students may thus trigger

depression (Motau, 2015:37). A study by Mofatteh (2020) also reported that students' economic status can influence their mental health. The majority of students currently at university come from disadvantaged backgrounds with low family income and this is linked to the experience of poverty which predicts stress and depression while studying at university. He also states that students from well-to-do families could be susceptible to depression due to negative psychological experiences in their childhood that can have long-term consequences as they become adults who suffer from depression. Some students resort to taking part-time jobs in order to support themselves and pay their tuition fees. However, due to the possibility of a skewed relationship between students and their full-time colleagues in the workplace, some may become depressed. Many students are also prone to suffering a mental illness as they are struggling to juggle their lives between work and studies (Mofatteh, 2020).

2.5.4 Understanding depression as induced by lifestyle choices as well as family background

The poor lifestyle choices of some university students are linked to the stress they subsequently experience. Studies have shown that a poor lifestyle such as lack of exercise, poor diet, and sleep deprivation is linked to the development and treatment outcomes of depression (Lopresti, hood, & Drummond, 2013). According to Cheung et al. (2016), people with poor sleeping habits are more likely to experience stress. Islam et al. (2018) also argue that sleep deprivation is a significant factor that causes depression in students as students with sleeping problems are more likely to be depressed than those without sleeping problems. Unfortunately, depression can have a major impact on academic progress as a person with depression habitually struggles with issues related to poor concentration as well as persistent physical aches and pains (Shoba, 2018). "Students then hand in assignments late or are unable to study for tests despite their best efforts. Because of the stigma of mental illness, they may find it difficult to approach their lecturers and admit that they are struggling" (Knudson et al., 2008: n.p.). Shoba (2018) also acknowledges that universities do provide assistance such as students support services, but many students do not access these facilities until it is too late.

Studies have also revealed that students experience stress due to problems they encounter at home. Yusoff et al. (2011) state that students who experience family problems at home have a higher

chance of being susceptible to depression due to stress than those who do not. Zondi (2018) argues that students who come from dysfunctional homes are highly likely to experience academic stress because no one from home supports them academically. Various studies have also shown that the majority of first-year undergraduates experience stress and depression during the transition period. Life changes among the youth can also cause stress as they need to find a job, move away from the family, and even start new relationships (Zondi, 2018).

2.6 Identified Gaps and Limitations in the Existing Literature

Numerous studies on mental illness have been conducted in recent years as scholars explored the prevalence of depression and other aspects of mental illness. However, my review revealed that the existing literature focused on psychological and a psychiatric specialization area while only some scholars have taken anthropological and ethno-phenomenological interest in depression since the 1980s. Amid the many critical debates on depression, the current study detached itself from attempting to critique what psychologists and psychiatrist did well or could have done better. Due to the quantitative nature of the latter studies, they did not explore the subjective experiences of people with a history of depression broadly or qualitatively. Also, studies that investigated depression among students were primarily conducted in Western contexts. To shift the focus, this study was purely anthropological in its scope and the reader is encouraged to take an anthropological view of this exploration of depression among university students. The literature that I reviewed reflected a wide scope of understanding depression and its impact on people and, in some instances, students. The data analysis chapter and the conclusion chapter are contributed from an anthropological position which other cognate fields may recognize as a premise of understanding depression from expressed social constructs.

2.7 Chapter Summary

The aim of this chapter was to present my findings based on the literature review related to the study topic. I needed to explore earlier literature to determine what is known about depression among people in general and among students at tertiary level in particular. The reviewed literature

indicated that students, like people among the general population, experience stress and depression for various reasons and under certain circumstances. The chapter addressed depression from global and national perspectives and positioned my pivotal understanding of depression as a social construct. The discourse also covered those factors that are believed to cause depression in students. Numerous studies agreed that students are afflicted with depression due to financial problems, poor lifestyle choices, academic challenges, and the need to adjust to a new and challenging environment.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 Defining a Theoretical Framework and its Role in Research

A single formal theory constitutes a theoretical framework. When a study is built around a theoretical framework, this theory becomes a fundamental tool for comprehending and investigating the research problem (Onsaloo and Grant,2016). According to Spalding University Library (2021), scholarly theories “...are constructed to explain, predict, and interpret phenomena and, in many circumstances, to question and extend current knowledge within the boundaries of crucial bounding assumptions”. The theoretical framework is thus a theoretical argument that supports a research study's unique investigation. The theoretical framework explains and introduces the argument why the research problem under investigation exists (Spalding University Library, 2021) and it is therefore regarded as the ‘blueprint’ for the entire dissertation enquiry. The theoretical framework also provides a grounded base, or an anchor, for the literature review and, most importantly, the methods of analysis (Onsaloo & Grant, 2016). It thus compels the researcher to select a theory (or theories) that undergird/s her thinking and support/s her understanding in order to devise the research topic and plan the research process. This study was embedded in three theories, namely the cognitive theory of depression, the narrative theory, and the Social Constructivism Theory.

3.2 The Theoretical Frameworks that Guided the Study

3.2.1 The Cognitive Theory of Depression

Aaron Beck (1967) is the founder of the cognitive theory of depression. This theory was formulated after he had studied people suffering from depression and found that they appraised events in a negative way. His approach focuses on people’s beliefs rather than their behaviours. It is believed that depression results from systematic negative bias in thinking (Kirby, 2020). Within the scope of the cognitive theory of depression, Wills (2013) asserts that human beings are susceptible to develop an amount of negative thoughts or dysfunctional beliefs that lead to depression. Human beings go through many life transitions that make them vulnerable and overwhelm them if they do not seek professional help. According to the Beck’s theoretical perspective, there are three

mechanisms that are responsible for depression: the cognitive triad (of negative automatic thinking), negative self-schemas, and errors in logic that lead to faulty information processing (Nemade, 2020).

- In the cognitive triad there are three forms of negativity, namely negative thoughts about the self, the world, and the future. These thoughts are said to be automatic in depressed people as they occur spontaneously. For instance, people who are suffering from depression tend to see themselves as helpless, worthless, and inadequate. In addition, their perception of the world around them is unrealistically negative and they see the world as presenting difficulties that cannot be overcome. Furthermore, they have an unreasonably gloomy view of the world around them and they regard the world as presenting challenges that cannot be overcome. Finally, they perceive the future as completely hopeless because their worthlessness will prevent their circumstances from improving (McLeod, 2015).
- In negative self-schemas people with depression develop beliefs and expectations about themselves that are essentially negative and pessimistic. Beck says that these negative schemas could originate in childhood due to a traumatic event such as losing a loved one through death, parental rejection, criticism, overprotection, abuse, exclusion from the peer group, etc. It happens that at a later stage in life some stressful event/s will activate the past trauma which may lead to illogical thoughts (McLeod, 2015).
- Depressed people view their struggles as something that is bigger than it is and, whenever a solution comes, it is never enough and negative events are interpreted as their fault (McLeod, 2015). This increases the depressive symptoms that people develop in response to stressful situations.

Beck's cognitive theory is linked to the discourse in the previous chapter as it argues that depression has a lot to do with automatic negative thoughts and that it is generated by dysfunctional beliefs that, in turn, lead to a depressive mood or state of mind. The holistic approach proposed by this theory is that a thorough diagnosis should be made of factors that lead to a person being depressed.

The thoughts of the depressed person are also influenced by different types of environmental interactions, which is a factor that this study observed through a cultural lens in order to address

the research questions. The pivotal contribution of this theory was that it acknowledges that the environment influences human thought and impacts how people interact with themselves and the people and world around them. Allen et al. (2003) refer to the large number of studies that agree that females are more susceptible to depression than men due to their thinking which is impacted by society. Various scholars state that the way females and males are raised is not the same, as males are given a foundation to face things with a positive mindset because not doing so will make others view them as weak. Thus depressed males "...often appear physically awkward or lacking social/interpersonal skills" (Ibid.). The social structure affecting females is much different, and therefore they are more prone to develop irrational and dysfunctional beliefs. Also, females are more likely to form dysfunctional beliefs due to mixed signals from society (Allen et al., 2003).

The following diagrams graphically explain Berk's cognitive theory of depression and what it proposes. The summary resonates with the discourse in Chapter One and Chapter Two of this thesis:

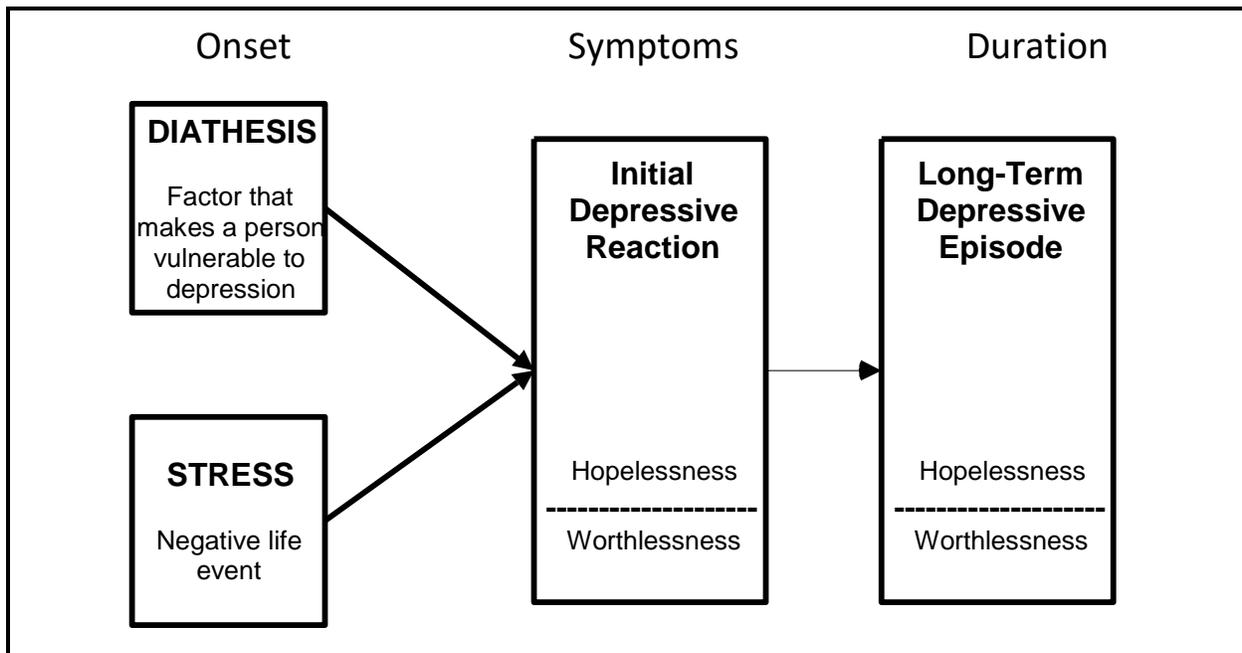


Figure 3.1: The cognitive theory of depression

Source: Beck et al., 1979

Beck asserts that this is a schematic representation of a model of reactive depression. For example, a depressive reaction occurs when a person vulnerable to depression experiences a negative life event. As discussed in the introduction to Chapter Two, this depressive reaction is characterized

by feelings of hopelessness and/or worthlessness. Other symptoms include somatic disturbances (trouble sleeping), motivational disturbances (e.g., apathy) and emotional disturbances (e.g., sadness and helplessness). Helplessness may also give rise to a feeling of worthlessness. For most people feeling weak, ineffective, and powerless contributes to a sense of worthlessness. The dashed line indicates that a short-term depression reaction may resolve quickly or turn into a long-term depressive episode.

Another critical contribution of Beck's theory of cognitive depression is the illumination of experiences that hammer the self-esteem of a person. The following diagram depicts those experiences that could potentially lead to a person being depressed.

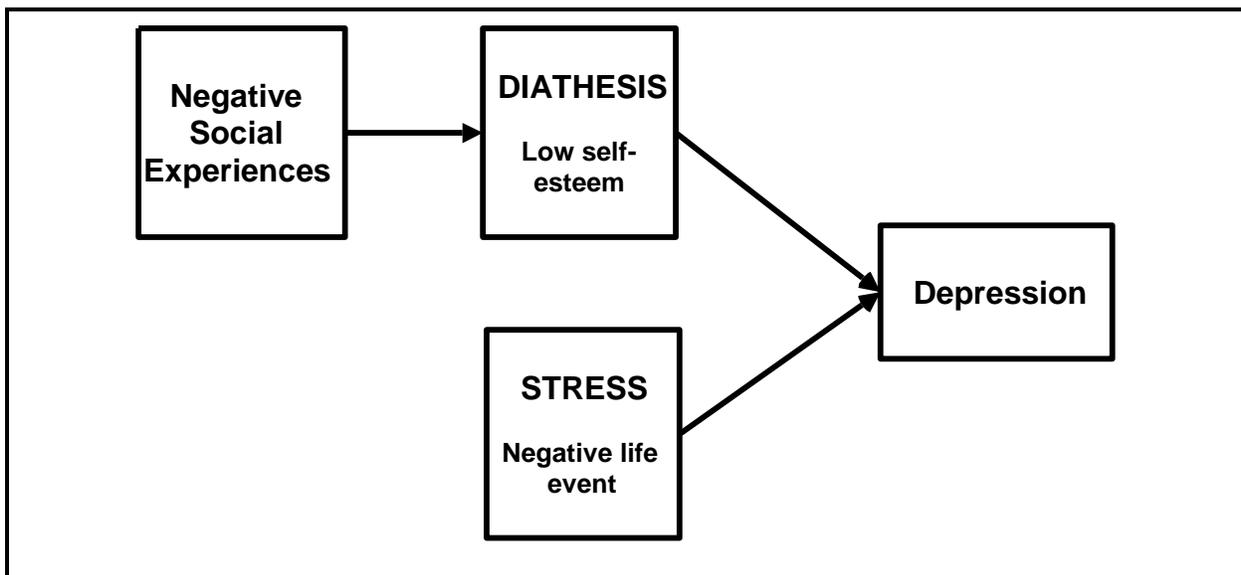


Figure 3.2: Cognitive therapy of depression: Negative social experiences

Source: Beck et al., 1979

The cognitive theory of depression also elucidates what is called the congruency model of depression. This model assumes that there are two personality types that are prone to depression. One of these is highly dependent on social sources of approval while the other is highly dependent on achievement outcomes.

Table 3.1: Elements of the cognitive therapy of depression

Depression-prone personality type	Bases of self-worth	Events that threaten self-worth	Themes Expressed During a Depressive Episode
Conditional interpersonal orientation	Interpersonal relationships: excessive need for acceptance, support, and approval	Social exclusion, rejection, or disapproval	Loneliness, loss, abandonment, rejection
Conditional achievement orientation	Achievement outcomes: meeting internalized standards and goals; excessive need for success, power, and control	Failure to achieve goals or attain standards	Inadequacy, personal failure, guilt, self-recrimination.

Source: Beck et al., 1979

The table above summarises the conditions and factors illuminated by Beck’s cognitive theory of depression that were discussed in Chapter Two.

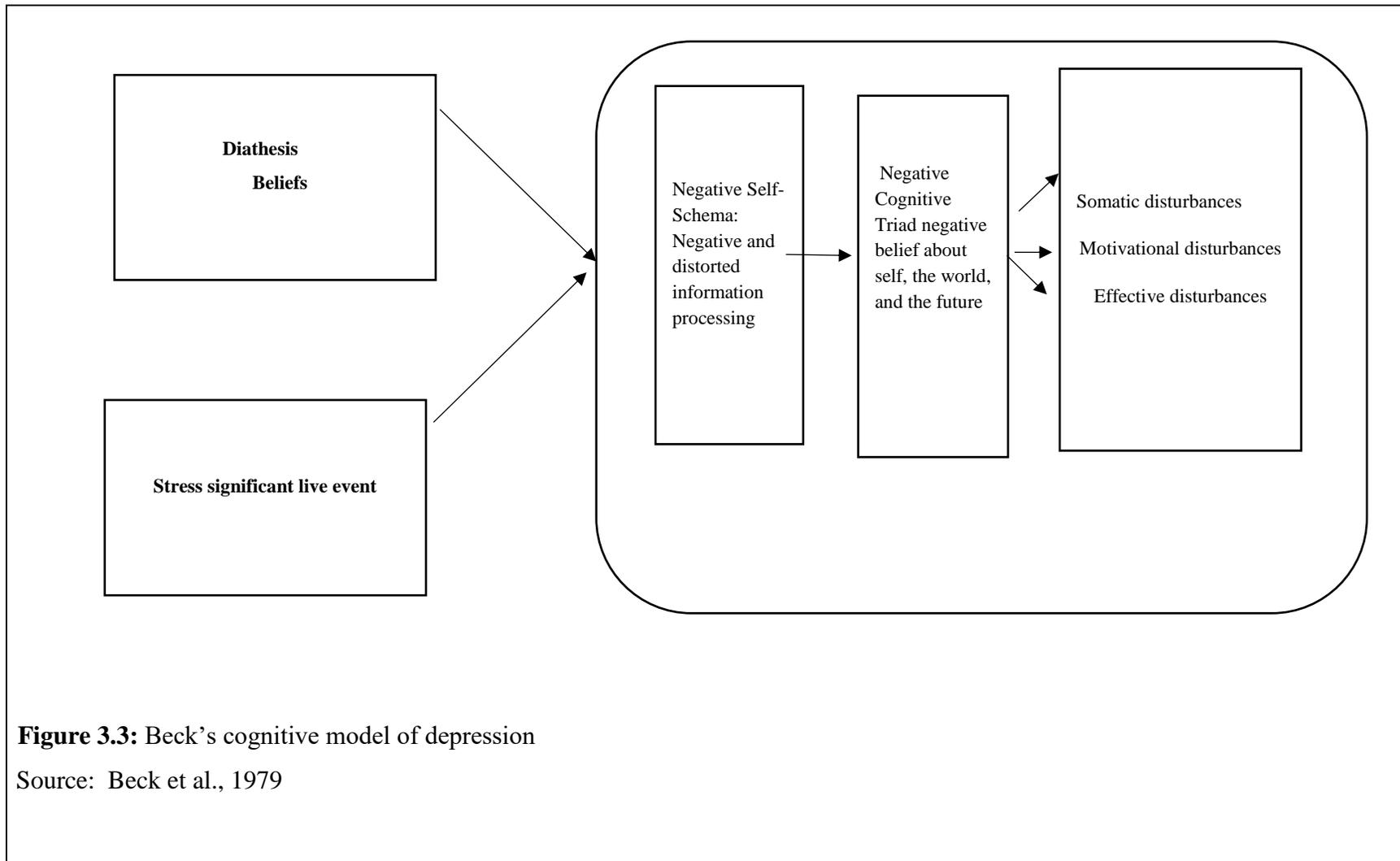


Figure 3.3: Beck's cognitive model of depression

Source: Beck et al., 1979

This figure illustrates that dysfunctional beliefs are a vulnerability factor (a diathesis). When activated by appropriate environmental events such as stress, these dysfunctional beliefs lead a person who is prone to depression to interpret experiences in negative and distorted ways. These negative interpretations, in turn, lead to negative views of oneself, one's world, and one's future. These negative beliefs are what Beck refers to as the 'negative cognitive triad' as they are primary symptoms of depression which, in turn, stimulate other features of the disorder, including somatic (sleeplessness), motivational (passivity) and affective (sadness) disturbances.

3.2.2 Narrative theory

The relevance of the narrative theory was inspired by the perspectives of Beck's cognitive depression theory which some scholars call the cognitive *therapy* of depression. This theory posits that depression is a dependent variable, which means that researchers need to rely on narratives of affected subjects in order to make unbiased sense of what it feels like to be depressed and thus to learn what the causative contributory factors for the condition were, or still are. Anthropologists have historically relied on Bruner's narrative theory, especially when studying case-study specific subjects. His main argument is that people are authors of their own experiences. This theory acknowledges that experiences are linked to a cognitive space of thinking, or reasoning. His theoretical perspectives came out strongly in his work titled *Life as a narrative*. Butina (2015) asserts that the narrative approach originated from the social sciences (anthropology and sociology) and that it has expanded in a cross-disciplinary manner. It is now applied in health care and the humanities to gain understanding of the collective illness narratives of the lives of those with life-limiting diseases. Narrative theory is mostly used in anthropological research as it is no secret that researchers in anthropology are habitually fascinated by detailing people's narratives or experiences in relation to a phenomenon. Narratives are a source of one's identity and are used to trace cultural epistemics. This theory was deemed relevant because I intended to learn in depth from the sampled population. The wording of my research objectives does not insinuate any pre-conceived stories but are worded to probe for in-depth information from those who met the inclusion criteria. This theory was highly appropriate for this qualitative research as it allowed the

phenomenology of experiences in relation to depression, which was the phenomenon the study investigated. It accommodated the collection of emic perspectives and allowed authentic descriptions of what the participants had experienced or were experiencing. It allowed me to typically focus on the lives of individuals as they told their own stories (Project Narrative, 2019).

Butina (2015:190) asserts that narrative inquiry “...is a form of qualitative research in which the stories themselves become raw data”. He further states that narrative theory has been used to learn more about the culture, historical experiences, identity, and lifestyle of the narrator as it opens a window to the process of identity construction. Through the construction of narratives, individuals form and re-form who they have been, are presently, and hope to become, and this is within the scope of accepting that people are part of a microcosm which impacts all people differently. Their narratives therefore depicted their cognitive state as they reflected on their unique situations. Through narratives, anthropologists are able to draw a lot of data from expressed emotions while they are also able to observe the body language of those who narrate their experiences. This enables the researcher to document variables and shift ways of understanding the narrated experiences of and among individuals (Butina, 2015). When I engaged in this process, I was constantly mindful that the subjects could (and would) construct their own world, and I could thus record social constructs that emerged from the narratives. According to Vromans (2007), narrative theorists contend that people’s narratives are comprised of different stories occurring simultaneously; each story is embedded in a cultural context and is impacted by powerful cultural discourses. The potential of these theories to elicit rich data thus encouraged me to pose questions that would encourage the participants to narrate and clarify their thoughts about what depression actually is from their own points of view. In this manner I was able to probe for in-depth responses and could elucidate the factors that contributed to depression in the participants.

3.2.3 Social Constructivism Theory

The third theory that I employed was the social constructivism theory which is concerned with how people think about and use categories to structure their experiences and understandings of the world around them (Galbin, 2014). To say that something is socially constructed is to emphasize its dependence on a contingent aspect of the social self. It is therefore like saying that something

may not have existed had society not built or constructed it (Goffman, 1999). According to Galbin (2014:3), certain such constructs exist naturally and independent of us “...and we did not have a hand in shaping it [them]”. The latter scholar further argues that the nurturing approach posits that, rather than genetic or inborn traits, social ideas and categories that include stereotypes are socially constructed and then accepted as reality (Galbin, 2014:1). Social constructivism is not only applied to worldly items, things, kinds, and facts, but also to the beliefs about them. Boghossian (2008, cited in Moussa, 1992), who investigated social constructivism associated with women refugees, suggests that the idea of social construction is to expose the way in which a particular belief has been shaped by social forces, such as the belief that there is a particular kind of person (for example female women refugees) that is deserving of being singled out for social attention. According to Gergen (1958:265), “...the social construction of reality is a theory of knowledge of sociology and communication that examines the jointly constructed development and understanding of the world”. Social constructivism may thus be understood as the perspective that a great deal of human life exists as it does due to social and interpersonal influences. Despite the fact that both genetically inherited and social factors are at work at the same time, social constructivism does not deny the influence of genetic inheritance, opting instead to focus on social influences on communal and individual life. Social constructivism is interested in subjects an environment that anthropologists refer to as culture and that sociologists refer to as society. Essentially, both are the shared social aspects of all that is psychological (Galbin, 2014:83).

There are several different versions of social constructivism as various scholars place different emphasis on societal and environmental influences. The rejection of assumptions about the nature of mind and causality theories, as well as an emphasis on the complexity and interconnectedness of the many facets of individuals within their communities, are two distinguishing features of social constructivism. Causality may exist within specific cultures, but much work needs to be done before these connections can be described with any certainty (Owen, 1995:15). Social constructivism essentially involves challenging most of our common-sense knowledge of ourselves and the world we live in. This means that it does not merely offer a new analysis of topics such as ‘personality’ or ‘attitudes’ that can simply be slotted into our existing framework of understanding, as the framework itself must change and, with it, our understanding of every aspect of social and psychological life (Burr, 1995:12).

The Social Constructivism theory was useful in the data analysis process of this study as it helped me to explore how the participants' perceptions and attitudes towards depression had been socially constructed. In other words, it was acknowledged that society plays a vital role in forming and creating beliefs and stereotypical perceptions about depression and persons living with it, but these perceptions are often not true despite the fact that they are often accepted as local and even universal truths. In conjunction with the cognitive theory of depression and the narrative theory, the social constructivism theory thus allowed the study to explore the socially constructed meanings of depression from the sampled population and to record factors that led to the participants' state of being depressed as well as the social constructs that were attached to (or associated with) their state of being depressed. Emerging social constructs will also be contributed in the cope of linguistic anthropology. Ultimately, the evaluation of the data that is presented in the final chapter, and the summative conclusions that are drawn, will encapsulate the anthropological contribution that this study makes to existing literature on depression.

3.3 Chapter Summary

This qualitative study was underpinned by three scholarly theories, namely the cognitive theory of depression, the narrative theory, and the social constructivism theory. The narrative theory was used to encourage and enhance the narrative nature of the participants' engagement with the study. The cognitive theory of depression was introduced by Aaron Beck in 1967. By utilizing the tenets of this theory, I was able to pose questions that encouraged the participants (i.e., the sampled population) to narrate their understanding of what they perceived about depression from their own point of view. I was also enabled to probe for responses that revealed which factors contributed to their state of being depressed. The cognitive theory of depression recognizes that a person who is suffering from depression tends to view their surrounding in a negative light due to constant negative thoughts and feelings and a pervasive negative perspective of the world around them. Beck's approach is to focus on people's beliefs and how and what they think, as this could expose the reason/s for their behaviour. The narrative theory was appropriate for this qualitative research as it allowed the investigation of the phenomenology of experiences. It accommodated my collection of the emic perspectives of the participants and clarified what each person was going

through. I was enabled to focus on the lives of the participating individuals as told through their own stories and viewed from their own perspectives. This theory allowed me to understand that I needed to allow each subject to construct his/her own world in their narratives. I was then able to record the social constructs that emerged during these narrations.

These three theories were significant because they underpinned the research dynamics and thus guided me to permit the respondents to narrate their experiences so that I could learn from their narratives. I was thus able to explore their beliefs and understand what they thought about their own state of depression and why. I was also able to identify the social constructs that even the participants were not consciously aware of. This was important as such constructs develop as the world of individuals and societies evolves. Essentially, this means that different social constructs emerge in different societies where everyone tries to make sense of mental illness and how to respond to it.

CHAPTER FOUR RESEARCH METHODOLOGY

4.1 Introduction

Akhtar and Islamia (2016:2) contend that research is valid and credible when the researcher has meticulously considered and executed the research design and research methods. In this chapter I discuss the research methodology that I employed to execute the study. I shall explain how the data were collected and justify why this particular method was chosen. According to William (2011), a research methodology is a philosophical framework within which the study is conducted—in other words, it is the basis upon which the research was built. Lapal et al. (2012) confirm that an appropriate research methodology is a crucial part of any research as it needs to ensure that the research can be conducted correctly based on specific and organized methods in order to collect, sort, and analyse information to arrive at reasonable and logical conclusions. I therefore explain what qualitative research is and what its relevance was for this anthropological investigation. I shall also elucidate how the selected research methodology assisted me in collecting, analysing, and interpreting the data.

4.2 Defining Research

Over the years various scholars have provided definitions for the concept of doing research and, collectively, these definitions explain why research endeavours have been undertaken. Only a few are explored for the purpose of this study.

According to O'Donnell, (2012. n.p), research is the creation of new knowledge and the application of existing knowledge in novel and creative ways to develop new concepts, perspectives, and understandings. This means that research leads to novel and creative outcomes, and by adopting a sound research methodology this study could collect, analyse, and synthesise authentic data. Many scholars agree that research is a process of systematic inquiry that entails collecting data, documenting critical information in various forms (e.g., text, graphs, tables), and analysing and interpreting those data. It is important that the researcher follows suitable

methodologies for a specific field of investigation or academic discipline. Research essentially reveals new knowledge, confirms existing knowledge, or clarifies existing misconceptions and provides in-depth understanding of complex issues that surround us. According to Creswell and Creswell (2015), research is the process of developing claims, or refining some and abandoning others in favour of more firmly warranted findings. Research thus seeks to develop relevant, factual statements that can explain the situation of concern or describe causal relationships of interest.

The current study took cognisance of the above-cited definitions as they define what the study aimed to achieve, which was to explore and record understandings and social constructs related to the understanding of depression among UKZN-PMB students.

4.3 Research Design

4.3.1 The qualitative research design

This research utilised an interpretive/phenomenological qualitative research design to explore meanings and understandings associated with depression utilising 25 purposively sampled UKZN-PMB students. The rationale for employing a qualitative research design was because I, as the principal investigator, needed to collect emic perspectives that would address the objectives of the study. Emic perspectives are experiences that all qualitative researchers explore and analyse to explain a phenomenon from the viewpoints of people experiencing it. In this process the researcher gains understanding of the lives of individuals who narrate relevant stories about their experiences and insights. A researcher thus employs qualitative research if he or she seeks to establish the meaning of a phenomenon from participants' views, and this may be achieved by utilising the phenomenological qualitative research design which allows the qualitative researcher to collect inductive, subjective, and contextual data (Creswell & Creswell, 2018). Copley (2019) agrees, and asserts that interpretive/phenomenological qualitative research aims to gain insight into the social construction of reality as experienced, structured, and interpreted by people in the course of their everyday lives. Copley (2019:44) further argues that the qualitative research design allows the researcher to collect "...ontological data [which are] the kind of data that depict reality from the view or perspective of the studied population". Ontological data recognizes the social

constructions of knowledge, which is deemed the reality of the subject. This translates into the understanding that people are not just subjects who passively receive whatever an objective external reality offers them. Ontological data recognizes that members of the studied population active are actors—they are constructors of the world they live in. In the context of the current study, qualitative research methods allowed me to collect in-depth data from the participants' experiences of and views on depression as well as the social constructs attached to it as perceived by the participants as the reality of their lives. Cropely (2019:45) avers that qualitative researcher employ qualitative research to collect epistemological data, which this study achieved through the narratives that were related by the participants. From the viewpoint of Cropely (2019), the collection of ontological as well as epistemological data allows the researcher to analyse real-life data and to further interpret the data in order to produce findings.

4.3.2 Research paradigm

This study was guided by the interpretive/phenomenological research paradigm. This paradigm was of great importance because this study was essentially a case study. The rationale for relying on this paradigm other than the positivist approach was that the study intended to collect and analyse qualitative instead of quantitative data. Rehman (2016:55) argues that the interpretive paradigm allows the researcher to understand a phenomenon “through the eyes of the participants (emic perspective) rather than the researchers' view (etic perspective)”. The fundamental reasoning of the interpretive/phenomenological paradigm is to understand social phenomena in their context; hence qualitative data are collected from people who are living the experience or who have lived the experience. Lease (2017:9) agrees that the interpretive/phenomenological paradigm offers researchers optimum opportunities to understand the innermost deliberation of the lived experiences of the researched subjects. Sampled interviewees thus get the opportunity to express themselves and narrate their lived stories the way they see fit without any distortion or fear of prosecution as the researcher allows them to narrate contextually experienced episodes in their lives. The interpretive/phenomenological research paradigm thus enabled me to obtain thick descriptions through qualitative/open-ended research questions, which contributed to the collection of extensive data that could be analysed.

4.3.3 The relevance of qualitative research methods in the problem statement

The qualitative research method was used to gain in-depth understanding of depression and its related social constructs using UKZN-PMB students as interviewees. Creswell (2014) and Merriam and Tisdell (2016, cited in Kamal, 2019:1387) state that the qualitative research design is an approach for exploring and understanding the meaning individuals or groups ascribe to a human social problem. It is through qualitative research that the researcher is able to reveal the meaning of an occurrence for people who are involved in it. When conducting a qualitative study, the researcher needs to address the research problem which is embedded in people's own experiences, their construction of their world, and what meanings they attribute to these experiences. The relevance of using a qualitative research design is endorsed by Kudson et al. (2008), who agree that when researchers are interested to understand the contextual roots of a phenomenon (such as depression in the case of this study), they must ask qualitative research questions that probe deeply and elicit personal interpretations of specific experiences and events. Similarly, Creswell and Creswell (2018) assert that the relevance of a qualitative research method, such as the one used in this study, stems from the definition that it is a method for investigating and comprehending the significance that individuals or groups ascribe to a social or human problem.

4.3.4 The relevance of qualitative research in anthropology

Anthropologists were the first to contribute to the use of qualitative research as a method of study in the 20th century (Mohajan & Haradhan, 2018). Zikic (2007:125) confirms that qualitative research "...was developed in anthropology and sociology as a tool for accessing specific data among a particular population". Zikic (2007) mentions that a qualitative study may present results that could inform and guide practice, dictate interventions, and produce policies. Furthermore, this type of research method is a form of social action that emphasizes how individuals in society tend to interpret and view their life experiences to understand social reality (Mohajan & Haradham, 2018). Numerous researchers have used the qualitative research method to explore how people behave, to understand individuals' perspectives and feelings about how they experience life, to determine how people make sense of their lives in particular societal and cultural contexts, and

also to understand the social world and explain how and why a particular social phenomenon impacts people and society in a certain way (Mohajan & Haradham, 2018).

In Chapter One of this thesis I mentioned how anthropologists are interested in holistically and ethnographically studying people's life experiences. Scholars are concerned with different phenomena in society such as the social environment, health, and illness. The use of qualitative methods thus allows anthropologists to thoroughly interpret and analyse the views of participants based on their natural settings and understandings. In the current study, UKZN-PMB students living with or having experienced depression were positioned at the centre of this enquiry to gain in-depth knowledge and understanding of depression among students as a unique society. I understood that using the qualitative research method in anthropology has allowed other researchers to understand the problem under study and to understand different perspectives among various groups of people. Such research uncovered the roots of the factors influencing decision-making among different cultures and societies. Therefore, I used this method to achieve in-depth understanding of depression as it manifests in university students. I thus explored their shared as well as their individual experiences as the interviewees were allowed to narrate their stories so that I could extract the required data (Neuman, 2011).

4.3.5 The significance of the research methodology that was employed

Qualitative research is a goal-orientated investigation into social and cultural phenomena (Aspers, 2019). Zikic (2007) explains that data collected using qualitative research is used as a tool for social action and/or intervention. The latter scholar further explains that qualitative research is usually included in the preparatory part of social reaction and intervention considering some problems society faces. For example, the topic under study sought to find factors that led to depression, to determine how depression was understood by university students, and to illuminate the social constructs attached by society to this phenomenon in order to make sense of it. The qualitative approach thus thoroughly assisted the researcher to address the research problem under study. As qualitative research is descriptive, the findings could be based on the authentic lived experiences of the participants (Cresswell & Cresswell, 2015).

According to Haradhan (2018), qualitative research is social and thus ethnographic research. This means that it is not only based mostly on interviewing and observing individuals and/or focus groups, but that it is also designed to meet certain heuristic demands. Seale (2015) mentions that this type of research enables the collection of empirical data, which in turn allows the collection of emic perspectives when participants narrate their stories that are topic-based according to their understanding. Zikic (2007) asserts that the qualitative research method can be reliably and validly used to evaluate and document society's changes on a micro and even macro level. However, the former studies are generally small in scope and provide access to non-generalized data that are mainly factually relevant to a particular case.

Through the strength of qualitative research, I was able to elicit deep understanding of depression as it was both experienced and understood by UKZN-PMB students. The narratives revealed factors that were socially constructed and attached to depression in this particular student society. Chapter Five and Chapter Six will outline the knowledge that was attained as they present excerpts of the participants' narratives and the evaluation of the data that emerged.

4.4 Sampling

Anthropologists are well known for conducting their studies on the human population which they refer to as the studied population (Zondi, 2018). Anthropologists define sampling as the appropriate manner in which a researcher chooses persons and groups to participate in a study. Alvi (2016) states that small numbers of participants are suitable if they are carefully and purposefully recruited based on the nature of the data that the researcher seeks. Furthermore, Alvi (2016) asserts that samples are usually small in anthropology as anthropologists recruit microscopic samples that comprise a well-chosen group of persons or objects representing the total population being studied. The current qualitative study investigated a relatively small population (UKZN-PMB students) and thus a small number of students was purposively sampled to explore their experiences and understanding of depression, its causative factors, and the social constructs attached to or associated with it.

An important inclusion criterion was that the participants had to suffer from, or had experienced, depression. In Chapter Two I referred to Birhanu and Hassein (2016:28) who assert that the high rate of depression among university students is caused by factors such as a challenging academic life, alcohol use, drug addiction, family problems, family history of depression, and having to live away from home. Both undergraduate and post-graduate students experience depression because expectations of them to excel keep on mounting on a daily basis. The literature review revealed that previous studies had used large samples to collect data on a similar topic. Seale (2015) for instance states that "...the use of a large representative sample is quite feasible if a researcher is doing a secondary analysis of existing data". However, in a study such as the current one that elicits data from a small population, it is not hard to analyse and interpret data from a small sample if narratives are used, and for this reason this study targeted a sample of only 25 students.

In selecting the sample, the students' home language and race did not exclude students from participating in the study. However, sampling occurred in student on-campus residences where primarily black African students reside. Students of race groups such as Indians and whites tend to reside in off-campus accommodation. The sampled population was between 18-35 years old. They were no longer minors and their participation thus did not rely on their parents' or guardians' consent. The sampled students were bonafide UKZN students of the Pietermaritzburg campus during the period of data collection, which was 2020 and 2021.

4.4.1 Non-probability/purposive sampling

Non-probability purposive sampling was used to select 25 students who had experienced or who were still experiencing depression. Both convenience and snowball sampling were used to recruit these participants. Seale (2014) states that purposive sampling is based on the researcher's judgment regarding the characteristics of the sample. Mark (2015) asserts that purposive sampling relies on the subjective consideration of the researcher. Non-probability sampling is a method in which all the persons, events, or objects have an unknown and usually unique probability of being included in the sample (Zondi, 2018). I thus used convenience sampling to choose the participants. The literature that argues that most students experience some form of depression at some stage. Snowball sampling was also used as I relied on the first recruited participant to help me connect

with other potential participants. They had to be willing to share their experiences concerning the topic under investigation, as already mentioned above. The use of these techniques was based on the understanding that students with depression might have established support networks for debriefing and to find comfort. This is proposed by Motau (2015) in the literature. Through snowball sampling, students were able to refer other potential participants whom I contacted and recruited after I had established that they experienced or had experienced depression or at least some symptoms of depression.

As discussed in chapter one that students are particularly vulnerable to mental health problems because they face various stressors such as academic problems, personal relationships, uncertainty about their career choice, the fear of unemployment, and disruptive romantic relationships. The calibre of sampled students was determined by the use of social constructs which expressed meanings and interpretation of being depressed. These social constructs are part of the data analysis chapter and they remain what this qualitative anthropological study intends to contribute in the existing body of literature.

4.4.2 Inclusion and exclusion criteria

No participant was excluded on the basis of age, race, or gender. Participants were included if they were bonafide UKZN students studying at one of the PMB campuses and had experienced or were experiencing depression symptoms. Their inclusion was also determined by them signing a voluntary consent which was a critical ethical consideration that this study observed. The exclusion criterion delimited the study (see Chapter One) as data were elicited only from the UKZN-PMB population and not from students of other campuses. Knudson et al. (2008) state that qualitative research often does not allow researchers to generalize their research findings as experiences of a larger population. The findings of this study may thus not be generalized to the other UKZN campuses, namely Westville, the Medical School, Edgewood, and Howard College. As the UKZN-PMB campus was accessible to me, it was the preferred study site.

It needs to be mentioned that students were recruited until data saturation had been reached. The proposed sampled group covered all students who presented with depression symptoms, or who

felt that they were experiencing or had experienced depression. This decision was taken as depression is known to affect many students at university. I thus kept recruitment open to all students from all the PMB campuses who complied with the inclusion criteria because the study explored contributing factors, social construction, and conceptualization of depression on campus. It was therefore important to elicit the views of diverse university students to gain a holistic understanding of depression in order to contribute to this field in anthropological research.

As the total population of students experiencing depression was unknown because no data could be traced reliably, I recruited the first few students purposively as they were familiar to me and had admitted that they experienced depression. The rest were recruited with the help of those first recruits who experienced/had experienced depression and who flagged others who also suffered or had suffered from this affliction. By using the WhatsApp social platform, students who had been informed of others by the imminent study contacted me and, after a short discussion and verbal verification of their depression status, or perceived status, they were invited to participate in the study. The recruitment of the sample of 25 research participants was thus achieved through the purposive and then the snowballing sampling techniques.

4.4.3 Relevance of the sampling technique

The nature of the study was phenomenological/narrative/explanatory, hence I made use of the non-probability sampling technique because it allowed me to interview UKZN-PMB students about their knowledge and experiences of and insights into depression. I had limited time to conduct the research due to COVID-19 restrictions and the interview technique is known to be time-efficient and less costly. Moreover, the topic under study needed in-depth analysis which this sampling method allowed.

It is imperative to admit that no data or evidence was sought to clinically confirm depression status of the participants. Moreover, no effort was made from my side to confirm that the participants were actually depressive. I engaged in in-depth discussions with them and the data that were elicited that were not indicative of depression as reflected in the literature were simply discarded.

Moreover, as 25 students were interviewed I was satisfied that data saturation had been reached and that sufficient in-depth data had been obtained to address the research questions and objectives and, ultimately, to achieve the aim of the study.

4.5 Data Collection and Analysis

4.5.1 Methods of data collection

Data collection is a process of gathering information on targeted variables in an established systematic fashion (Burn & Grove, 2015). According to Haradhan (2018:127), conducting interviews “...is a significant part of the qualitative research method because it helps to better understand the meaning that individuals give to their lives and the social phenomena they have experienced”. In other words, interviews focus on the understandings and importance that people attach to their day-to-day life experiences. Greeff (2015) mentions that interviews allow the researcher to understand the world from the participants' perspective and to uncover their lived experiences.

Data collection took place in the students' residences where I met with the participant in their respective rooms as they felt comfortable in that space. Each one-on-one interview lasted between 35 – 60 minutes, as this period enabled me to probe for more in-depth responses. The data analysis depicts thick descriptions that translate the participants' experiences into social constructs attached to the phenomenon that was studied. It took a period of three months to reach data saturation. I needed to consider the schedule of each of the students who had agreed to participate in the research. I also needed to comply with a strict COVID-19 protocol which was a challenge as this extended the data collection period by two months, with students moving into online learning and the university using the stagnant approach for students return to campus I had to find a way to work with those who were already on campus residences. I had to contact Department of resident affairs (DSRA) in Pietermaritzburg in asking the permission to conduct research among the students in their resident provided I have a permit and negative result for Covid-19. I needed to see the student's facial expression and that meant there was a social distancing and only the use of one method which is one-on-one interviews to avoid the spread. I relied on the self-screening that

the university had implemented, therefore this was the only way I could ask a student to first do the screening before we begin with the one-on-one interviews.

In-depth interviews are recognized as an anthropological method of data collection. This data collection method is deemed pertinent in anthropological research as it permits the researcher to collect information on people's experiences using open-ended questions in an interview schedule. According to Creswell (2011), interviewing is "...a crucial part of qualitative fieldwork methodology. It helps to understand the meanings that individuals give to their lives and the social phenomena they have experienced". This method efficiently enabled me as the principal investigator to probe for an in-depth understanding of depression among the students. The study used one-on-one interviews during which I asked these probing questions. The participants were comfortable when they narrated their stories, as urged by Reeves et al. (2013). According to Sutton and Austin (2015), in-depth interviews are ideal for obtaining data on individuals' personal histories, perspectives, and experiences, particularly when exploring sensitive topics as was the case in this study.

4.5.2 Data analysis

Qualitative data analysis is a process that moves away from qualitative data collection as the former elicits understanding and interpretations of the people and situation being investigated (Creswell, 2015). It further enlightens the research objectives by revealing patterns and themes in the data (Braun & Clarke, 2014).

In the current study the data were analysed using thematic analysis. According to Nowell et al. (2017), thematic analysis is a qualitative method that can be used to analyse extensive qualitative data. It is defined as a method for identifying, analysing, organising, describing, and reporting themes found within a data set. Nowell et al. (2017) further posit that a careful thematic analysis can produce trustworthy and insightful findings. Clark (2006, cited by Nowell et al., 2017) argues that thematic analysis is a valuable method for examining the perspectives of different research participants as it allows the highlighting of similarities and differences in the data set and generates unexpected insight. Nowell et al. (2017) further argue that thematic analysis is flexible.

4.5.3 Steps of thematic analysis

Thematic analysis is a qualitative data analysis technique and is typically used to describe a group of texts, such as interview transcripts. The researcher studies the data carefully in order to identify recurring themes, subjects, ideas, and patterns of meaning (Caulfield, 2019). Six steps are usually followed in thematic analysis, and these are discussed below.

- **Familiarization with transcripts**

The first stage, according to Caulfield (2019), is to familiarize oneself with the data. Before beginning to analyse individual words, it is necessary to gain a thorough understanding of all the data obtained. This entails transcribing audio recordings, reading through the text, collecting first notes, and generally looking through the data to become familiar with it. In this study, the data were collected by the primary investigator (myself) which was an advantage because the process of writing/transcribing helped me to become familiar with the content of the data. Furthermore, as I wrote and listened to the audio recordings over and over again, the rich data that had appeared complex at first began to make more sense. The data was initially recorded in the form of audio recordings using the Philips Voice Tracer Recorder, but these were transcribed by myself and translated (where IsiZulu had been used) into English. I had to listen to the audio recordings more than once in order to be sure and I re-read the transcripts so that I could get the meaning and the patterns of the participants' responses before coding. This helped me become familiar with the data and to know when I had reached data saturation.

- **Generating codes**

After familiarising myself with the data, the next step was coding the transcripts of the organized data. Coding data has the additional benefit of saving time and making the process of analysis much more organized and efficient (Clarke & Braun, 2013). A code is “a label assigned to a piece of text, and the aim of using a code is to identify and summarise essential concepts within a set of data, such as interview transcripts” (Seldana, 2013:32). As the purpose of this study was to anthropologically understand depression and attached

social constructs to it from the views of university students, I systematically categorized excerpts to enable me to find patterns and themes for analysis. Coding allowed me to find what was interesting about the data and I was able to label the social constructs that emerged. As I was transcribing the interviews, I could carefully trace similar keywords and then mark and code the text. This was done manually using highlighters. This use of the inductive approach involved “...deriving meaning and creating themes from the data without any preconceptions” (Caulfield, 2019). I did not conduct the interviews based on expected outcomes, but I allowed the narration of social constructs to emerge from the data and from there find patterns in the texts. The generation of these codes allowed me to adhere to the ethical consideration of not tempering with the narratives of the participants.

- **Searching for themes**

The codes elicited exciting information and I could detect patterns in the data. Themes are broader than codes and involve active interpretation of the data (Clarke & Braun, 2013). To generate themes, I looked at the list of codes while coding the data and collated them into broad themes. For example, as I was trying to understand depression, I looked for the participants’ experiences of depression as illuminated in the literature. By carefully reading the transcripts, I was thus able to create subthemes such as ‘feelings of loneliness and isolation’. The different codes were then grouped together into potential themes, and individual extracts of data were collated within the potential themes. Different themes were assembled in terms of their relationship with codes, and overarching themes were identified, as proposed by Mphambo (2011).

- **Reviewing the themes**

In this step, I read through all the extracts related to the codes in order to explore if they supported the theme, if there were contradictions, and to see if themes overlapped (Mortensen, 2020). Themes were reviewed in relation to the entire data set. Some codes were not used as they did not have enough data that supported them. Furthermore, I noted that some extracts were fitting into multiple themes and thus formed a broader theme altogether, while some had to be subthemes to avoid themes from becoming incoherent. The re-reading of the themes was to ensure that the entire data set was captured. Mortensen

(2020) notes that reviewing the themes means going back and forth among the themes, codes, and extracts until the relevant data have been coded and one has coherent themes that represent the data accurately.

- **Defining and naming the themes**

Each theme was reviewed in order to figure out what the topic was about, and what data it captured. This was accomplished by examining the coherence and narrative tale of each theme's collected data excerpts. Each theme was described in length, both in terms of the narratives associated with it and how it fitted into the larger 'story' of the data. I also determined how each theme linked to the study's objectives and research questions.

- **Writing up of the themes**

Finally, the findings were constructed in explanatory text. This means that extracts from the data set were presented in writing in order to provide enough evidence to show that each theme was relevant to an objective of the study.

4.5.4 Validity, reliability and the generalisability of study findings

The term validity refers to the truth in the research and is the manner in which the study's findings are accurate (Babbie & Mouton, 2005). The dependability of a measurement instrument, which is the extent to which the instrument produces the same results on repeated trials, is referred to as reliability (Mwelase, 2020, cited in Terre Blanche et al., 2006:52). The extent to which it is possible to generalize the data and context of the research study to larger populations and settings is referred to as generalisability (Terre Blanche et al., 2006:91). Because this was a qualitative study, it aimed for credibility, dependability, transferability, and trustworthiness (Vosloo, 2014).

To achieve credibility, truth-value had to be obtained. Thus the perspectives of the sampled participants had to be captured thoroughly and accurately. This was accomplished by spending sufficient time interviewing the participants and discussing issues associated with the topic with them (Mwelase, 2020). To ensure credibility, notes were taken during and after data collection through a rereading of the transcripts in order to make sure they made sense. One data collection

method was used namely individual semi-structured interviews. This gave credible results as I was sensitive to the participants' feelings and needs and they were comfortable during the one-on-one interviews. Furthermore, the credibility of the study was ensured as my interpretations and the report were based on meticulous thematic analysis and I ensured "...that the report is logical and easy to understand for other readers" (Shenton, 2003:64). Polit and Beck (2010) believe that the purpose of qualitative research is to provide a rich, contextualized understanding of various elements of human experience through intense study of specific topics or cases, rather than to generalize. The findings of this study can therefore only be generalized to the views of the UKZN-PMB students who participated. The findings are thus not transferable to another set of students but remain the contextual experience of the students that constituted the study sample and whose volunteered narratives were captured as an original collective.

4.6 Ethical Considerations

One of the most significant aspects of research is its adherence to ethical considerations. Participants in research should not be exposed to any kind of harm. It is crucial to prioritize respect for research participants' dignity and obtain their full consent before beginning the study (Bryman and Bell, 2007). The students thus all signed and informed consent form and I maintained respect for their privacy, confidentiality, and sensitivity to the topic at all times.

Below are the five principles of ethical research that I adhered to:

4.6.1 Informed consent

"Informed consent means that a person knowingly, voluntarily and intelligently, and in a clear and manifest way, gives his consent" (Anwar, 2016:17), and this is one of the means by which a participant's right to autonomy is protected (Fouka & Mantzorou, 2011). I thus ensured that all the research participants voluntarily participated in the study by presenting and asking them to sign a consent form that gave a detailed description of the study. Their full consent was thus obtained prior to the study (Anwar, 2016). According to Fouka and Mantzorou (2011), free and informed

consent needs to incorporate an introduction to the study and its purpose, as well as an explanation about the selection of the research topic and procedures to be followed. To ensure that the participants were protected and that they knew their rights, they were all given the informed consent form to read, understand, and sign (Appendix F and IsiZulu Appendix E). The consent form explained that only those who were willing to participate in the study could take part and stated the risks, benefits, and contact details. It was clarified to them that they might discontinue the interview should they feel that they were asked questions that resulted in any form of discomfort. As the primary investigator, I avoided asking questions that were not part of the data collection instrument and also refrained from asking questions that were of personal interest. The study focused on depression, and this could have been a sensitive topic to some participants. Hence they were made aware before the study commenced that a psychologist was available online for consultation should anyone feel the need after or during the interviews.

4.6.2 Beneficence: Do not harm

Beneficence refers to the fact that the benefits outweigh the risk for the research participants (Fouka & Mantzorou, 2011). The data collection instrument was administered by myself and I ensured that the no-harm principle was adhered to during all the phases of the research. The participants were not threatened to participate or coerced in any way and they could terminate their participation at any time. Fortunately, no one withdrew. I also ensured that none were psychologically abused or felt stressed or embarrassed during the interviews. This was achieved by sticking to the questions that I had prepared, being mindful of their body language, and not posing questions that instigated psychological harm to them. For instance, I refrained from asking what had triggered their depression.

4.6.3 Respect for anonymity and confidentiality

The issue of confidentiality and anonymity, according to Fouka and Mantzorou (2011), is closely connected with the right of beneficence, respect for dignity, and fidelity. Confidentiality refers to a participant's rights to both privacy and confidentiality that must be protected. The researcher must ensure that, when personal information about research participants or a community is

collected, stored, used, or destroyed, this is done in ways that respect the privacy and confidentiality of the participants or community and any agreement made with the participants or the community (Fouka & Mantzourou, 2011). The participants in this study were treated with respect and no one experienced shame or any form of embarrassment. The wording in the data collection instrument had been carefully considered to avoid causing any stress. Confidentiality and anonymity were also ensured by the use of pseudonyms to identify the narratives. I also did not commit any deception during any phase of the study. From the initial recruitment of the research participants to the conclusion of the interviews, no one was enticed to participate. I specified that the individual interviews would be recorded and the participants gave their permission. Privacy was ensured when the one-on-one interviews were conducted.

4.6.4 Respect for privacy

Fouka and Mantzourou (2011) quote Kelma (2009) who believes that the invasion of privacy happens when private information such as beliefs, attitudes, opinions, and records are shared with others without the participant's knowledge or consent. Privacy was an ethical consideration that was ensured during data collection, and it will also regulate the storage of data which will be safeguarded as required by the Ethics Committee of UKZN. My supervisor's office is used to store the raw data in one of the steel cabinets until they will be destroyed in five years' time (Fouka & Mantzourou, 2011). Ethical clearance to conduct the research was secured from the UKZN Humanities and Social Science Ethics Committee office with protocol reference number: HSSREC/00001568/2020 (Appendix A). This study was conducted on the premises of the UKZN-PMB campus with permission confirmed by a gatekeeper's letter from the College of Humanities, UKZN-PMB campus (Appendix B).

4.7 The Researcher's Experiences during Data Collection

Data collection occurred during the unprecedented times of the COVID-19 pandemic, and this put me under much stress. I envisaged using other methods of data collection such as Zoom call and WhatsApp video calls than interviews, but this method had been approved before COVID-19. Choosing another method would mean seeking permission and I was thus going to be delayed,

hence I decided to continue with interview method which without proper carefulness and safeguard it could have put me and the participant at risk of being contaminated. Collecting data while having to safeguard oneself and the participants made me realize that ethnography is not easily accessible and entails enduring challenging experiences. My advice to other students is that traditional ethnography, which implies that the researcher has to be physically present in the field, is risky, particularly after the advent of COVID-19, and they should explore other methods of data collection in order to limit possible contamination and the spread of this pandemic. What I treasure is that I was able to utilise the content of my undergraduate learning which introduced me to the concept of ethnography and various methods of probing for further clarity on recorded narratives. I fell in love with anthropology as a subject, and I don't regret being part of this profession.

4.8 Chapter Summary

In conclusion, this chapter outlined the research methodology I used to collect in-depth information concerning students' understanding of depression. Moreover, I used this methodology to identify the causative factors and social constructs associated with depression by giving voice to UKZN students. I defined what research is and discussed the importance of qualitative research in anthropology. It then outlined the sampling methods used so that I could collect and analyse relevant data. This chapter also briefly touched on the validity and reliability of this research, the research experience, and the various ethical considerations that I rigidly adhered to. In the next chapters I shall present, analyse, and interpret the data.

CHAPTER FIVE DATA ANALYSIS AND RESULTS

5.1 Introduction

This chapter will be the presentation, discussion and, analysis of data which are the response to the research questions and objectives. The study findings will be presented in various themes that will be investigating the relationship between theoretical frameworks and the response from the participants. The reason for the study was the anthropological understanding of depression and attached social constructs amongst university students. A case study in UKZN-PMB.

A World Health Organization survey of university students across 21 countries found that 20.3% of students met the criteria indicating depression (Auerbach et al., 2016). Awareness of the problem was brought to my attention through observations that I had made as a developing anthropologist within the UKZN-PMB student community. Particular observations that prompted my interest and curiosity to do research was that I had observed that some UKZN students had been hospitalized due to depression, while others I knew or were aware of attended counselling sessions due to this illness. I therefore deemed it critical to conduct a scholarly study in order to document students' understanding of depression and to illuminate factors and social constructs associated with it from the emic perspectives of students.

This university hosts a community of students who are not immune to the experience of depression. I observed and engaged with students who hinted that university life was stressful and that they had become 'depressed'. I also noted a UKZN student Facebook page that validated, without credible statistics, that most students go through depression while they are registered university students. Some students confessed to be on medication while others spoke about having experienced symptoms of depression since they came to university. I observed that the word 'depression' was frequently used by students, but it was clear that some to describe their day-to-day struggles at university using the words 'depression' and 'depressed' to describe sadness or stress in general, which is different from depression as an illness.

The aim of this chapter is to present the data analysis. A qualitative data set was obtained from a studied population sample using qualitative methods. Non-probability purposive sampling was used to select 25 students who had experienced and were still experiencing depression. I need to reiterate that no clinical test results or evidence was sought to confirm these participants' depression status, but that the data that were elicited were triangulated with findings in the literature about depression and its associated emotions, feelings, and behaviours.

The scope of this chapter is to delineate the recruited participants' understanding of depression and what associated social constructs of depression they could identify. Three theoretical frameworks supported the study, namely the cognitive theory of depression, the narrative theory, and the social constructivism theory.

The narrative theory is used to represent the participants' engagement with the study. This theory is mostly used in anthropological research as it is no secret that researchers in this field are habitually fascinated by detailing people's narratives or experiences in relation to a phenomenon. This theory is appropriate in qualitative research as it allows an exploration of the phenomenology of experiences. It accommodates the collection of an emic perspective, which is essentially describing what a person is going through. The theory typically focuses on the lives and experiences of individuals as told through their own stories. The subject can construct its own world and the researcher can record social constructs that emerge during the narration. According to Butina (2015:190), narrative inquiry "...is a form of qualitative research in which the stories themselves become raw data". He further states that narrative theory has been used to learn more about culture, historical experiences, identity, and the lifestyle of the narrator and opens a window to a process of identity construction. Through the construction of narratives, individuals form and re-form who they have been, are presently, and hope to become.

This theory was thus useful as it permitted the respondents to narrate their experiences and the researcher to learn from these narratives. Also, the tenets of the cognitive theory of depression encouraged me to pose questions that would encourage the interviewees to narrate what they

understood depression is from their own points of view. I could also probe for factors that contributed to their state of being depressed.

Seven themes associated with depression emerged from the data, and these themes are discussed in detail below. They are interpreted with reference to the reviewed literature (Chapter Two) and the theories (Chapter Three) that underpinned the investigation. The data are thus presented thematically which is relevant in qualitative research because it locates the research participants at the centre of the data analysis process. Thematic data analysis is a foundation method for qualitative analysis as it is regarded as a core skill for conducting forms of qualitative analysis. It identifies, analyses, describes, organizes, and reports themes found within a data set, thus allowing qualitative researchers to plot narratives that reveal the state of the research participants in relation to the study (Nowell et al., 2017).

The following are themes that were generated after having followed the six steps of thematic analysis.

- Factors that lead to a depressed state.
- Social constructs attached to depression.
- The impact of depression on academic performance.
- Interventions explored to cope with depression.
- Recommendations.

5.2 Demographics of the Research Participants

The research participants were students who were registered at the University of KwaZulu-Natal Pietermaritzburg (UKZN-PMB) campus. This means that the findings may not be generalized to all the campuses of UKZN. Approval was granted by the HSRC of the UKZN to conduct the study on site and all the narratives in this chapter refer to the experiences of students registered at the PMB campus of this university. The demographics include their age, gender, race, validation that they were part of data collection, their program of study, year of registration, as well as their place of origin. Table 5.1 offers significant evidence that a wide range of students at UKZN-PMB campus are experiencing depression irrespective of their ethnicity, age, gender, or programme of

study. The table also confirms that depression may be experienced by any student regardless of age or year of study and does not target a particular race, gender, or place of origin. This tabled data also depict that it is no longer a null-hypothesis that students experience depression and this mental issue thus remains a serious concern in academic spaces because it implies that many students might run the risk of quitting/dropping out, face academic exclusion, delay the attainment of their degree, and/or possibly go through other medical conditions because depression might be an underlying issue.

By understanding the importance of protecting the dignity as well as the confidentiality of the narratives, pseudonyms are used. This is to protect the privacy of the participants following ethical protocol. Moreover, it is evident from the participant sample that I was able to obtain data from a wide variety of students as the participants hailed from different social contexts, faculties, and years of study while they also represented both genders.

Table 5.1: Participant demographics

No. of participants	Pseudonyms	Age	Gender	Race	Participant interview	Program of study	Year of study	Place of origin
1.	Zoleka	20	Female	Black	•	Agriculture, Engineering and Science (AES)	2 rd	Durban Newlands
2.	Ndumi	22	Female	Black	•	Humanities	3 rd	Durban Verulam
3.	Thembeke	21	Female	Black	•	AES	4 th	Mpumalanga
4.	Philani	22	Male	Black	•	Law and management	3 rd	Durban
5.	Thando	20	Female	Black	•	Humanities	3 rd	Pietermaritzburg
6.	Nothile	20	Female	Black	•	Humanities	3 rd	Empolweni
7.	Nokwazi	19	Female	Black	•	humanities	2 nd	Empangeni
8.	Vela	21	Male	Black	•	Law and management	3 rd	Empangeni
9.	Themba	32	male	Black	•	Humanities	Master's 1 st year	eMandeni
10.	Nomvelo	26	Female	Black	•	AES	2 nd	Hammarisdale
11.	Lucky	21	Male	Black	•	AES	4 th	Newcastle
12.	Mandla	27	Male	Black	•	AES	Honours	Eshowe

13.	Vezani	28	Male	Black	•	AES	PhD 4 th year	Estcourt
14.	Bright	23	Male	Black	•	Humanities	3 rd year	Pietermaritzburg
15.	Sethu	31	Female	Black	•	Humanities	Honours	Johannesburg
16.	Tania	30	Female	Coloured	•	Law and management	Master's 1 st year	Durban
17.	Zusakhe	27	Male	Black	•	Humanities	Master's 2 nd year	eNquthu
18.	Nancy	22	Female	Black	•	AES	3 rd	Pietermaritzburg
19.	Loveness	25	Female	Black	•	AES	4 th	Enkandla
20.	Amanda	21	Female	Black	•	Humanities	2 nd	Durban
21.	Zweli	24	Male	Black	•	Law and Manage- ment	3 rd	Newcastle
22.	Papi	29	Male	Black	•	Humanities	PhD 1 st year	Mpumalanga
23.	Cindy	27	Female	Black	•	AES	Honours	Jozini
24.	Otis	23	Male	Black	•	Humanities	3 rd year	Newcastle
25.	Pretty	26	Female	Black	•	Humanities	4 th year	oLundi

The table above depicts that, of the population of 25 students, female students were the majority as their number exceeded that of the male students. It is noteworthy that male students, who are generally averse to narrating personal adversities, quite freely spoke about their experiences of depression in this anthropological study. Kilmartin (2005, cited by Mthethwa, 2013:3) confirms that female students are diagnosed with depressive disorders twice as frequently as men.

5.3 Data Management and Analysis: Themes

Sufficient time was taken to analyze and code the data. As was previously mentioned, thematic data analysis was used in relation to the research objectives. The narratives of the participants were analyzed and transcribed using a Word document, and individual interviews were first recorded using a tape recorder. In order to accurately code what had been said, I had to listen back-to-back before writing the text verbatim. This was to ensure the accurate recording of the narratives and the organization of the data into themes and subthemes so that the findings aligned with the research questions and objectives.

5.3.1 Theme 1: Understanding depression

The participants defined depression as a mental state. They agreed that it can last for a long period of time when the person feels sad and hopeless, useless, and experiences the absence of a sense of belonging. Such people feel different from the rest and have negative thoughts and behaviours. The participants understood that depression is something that is deeper than just feeling sad on a bad day.

5.3.1.1 Sub-theme: Conceptualization of depression from the view of participants

Most research participants had varying but interesting understandings of what depression is or how it could be defined. Their views and experiences are expressed verbatim and these excerpts may thus contain grammatical inaccuracies in the interest of authenticity.

Thembeke defined depression as follows:

“According to me, depression is a mental condition that makes a person feel like they are useless, makes a person feel like they don’t belong here on earth, they feel like akathwandwa (they are not loved). It makes a person feel like, ‘You know what! I am just different from everyone else and I should not be here.’ You see, so I think it pretty much is, depression is the mental state where a person does not see any good or positive thing that

is happening in his or her life and that is what I have felt. It is a state of constantly seeing negative things, where the world is gloomy. That's what depression is in my view."

Themba's face was troubled and he kept of covering his face with his hands. For a second I thought he wanted to pull out of the interview. I asked if he was ready for the interview and he consented, stating that depression was real and a dark cloud that most people were not able to openly admit or talk about. He said:

"Ma'm [referring to me as the researcher] depression is just a complex phenomenon. If I may say, it is just a complex term because is more about the mental illness, where there are so many kinds of troubles that, like, each person is experiencing, struggling with their self-esteem, and emotional well-being and psychological well-being."

Nomvelo and Bright's understanding of depression resonated something common as they both defined depressions as carrying a heavy emotional, psychological burden that does not allow one to be productive or live a happy life. The sufferer's shoulders carry a heavy load, and the person lives in fear and doubt. One's self-actualization is daily defeated and one constantly doesn't see purpose or an element of agency in one's life.

Depression is an emotional problem that can appear while a student is adjusting to the academic environment. Apart from depression, the most common emotional problems during this period are general discomfort, physical problems, anxiety, and a low self-esteem. These problems are important causes of university drop-out rates.

The self speaks of Maslow's theory of human needs in a world where there are so many events that constantly threaten the psychological state of people, that the environment does not empower the person to accept that better days are coming and the future that does not look bright because of varying hardships and high standards and expectations that not every person could possible achieve. Parents and society at large set measures of or timelines for success which are presented as a one-size-fits-all approach. If one fails to achieve, that particular person assimilates negativity in the form of social constructs through words and accusations such as: *What were you thinking? / You are not man enough! / This is not for people like you. / You are not serious in life. / You like*

wasting time and resources that could have been given to other people. Vulnerable people are addressed with social constructs like these. They occur spontaneously and they do not distinguish among age, gender, race, or the level of affluence, even though research has suggested that people whose poverty index is low are more prone to depression. Kirby (2021) also states that depression is not an easy thing to accept or talk about by men, and this was highly evident in Themba's narrative and body language as he kept on hiding his face.

McLeod (2015) agrees that boys and men of different races find it difficult to talk about depression because it is associated with being weak or useless and is a stigma in most societies. Existing social constructs associate young boys or men who are experiencing depression with “*softies, sissies, gays, and a mommy's boy*” without giving them any form of psychosocial support. People who are talking about their depression and experiences are often accused of watching a lot of television. People who are suffering from depression tend to see themselves as helpless, worthless, and inadequate. How they interpret the world around them is unrealistic in a negative way and they see the world as posing obstacles that cannot be handled. Lastly, they see the future as totally hopeless because their worthlessness will prevent their situation from improving.

Vela recounted that her state of mind felt as if she was controlled by someone she couldn't see but she kept on taking instructions from the voice which told her what to do and what not to do. She admitted that depression affected her way of thinking:

“The first thing that comes to mind when you say depression, just a simple word, is ‘unhappy’ and every connotation that comes with negative emotions. It is a person who does not live in the normal way like everybody. They are shut down and they live in the world perceived and that is surrounded by darkness and negativity. And, I wouldn't say darkness, but I'd say it is just the lack of light like everybody. So, for me in short, depression is the state of mind whereby there is only negativity surrounding your mind and the only thing about it is just negativity, doing negative things and thinking that you are in your own world that lacks light...alone.”

Ndumi said:

“Depression is a certain type of emotion that overrides all the emotions that make you feel detached from the society and makes you feel detached from your own body as well, because it just takes control over your life and you have different ways of thinking compared to the way you were before.”

Nomvelo defined depression as follows:

“It is a mental health issue that requires diagnosis from doctor or practioner. Like your brain cannot function like that of others... where there is loneliness and misery... uyalenga nje elay’fini, which is a social construct that resonates with being incomplete.”

5.3.2 Theme 2: Experiences of depression

5.3.2.1 Sub-theme: Self-diagnosis

Becks theory of depression assert that depression has biological roots and is clinically focused, but this study focused on understandings of depression and its attached social constructs from the viewpoint of UKZN students. Views of students were brought to life through the Narrative Theory and the Social Constructivism theory which located the study population at the centre of data collection. As was mentioned in Chapter one and Two of this thesis, depression manifests in different ways and with different symptoms depending on individuals, such as how they were raised and supported as well as the environment they find themselves in. Most participants revealed that they were suffering from or had suffered from depression, but none had been clinically diagnosed by a professional psychiatrist or a doctor. Most of them said they had self-diagnosed as they experienced the symptoms and concluded they were suffering from a mental state that indicted depression, anxiety, and stress. I picked up the tendency among these students to self-diagnosis and their perceptions seemed to be influenced by how their parents understood depression, their cultural background, or their parents’ belief that doctors were unaffordable. So, they self-diagnosed.

Most participants identified their experiences with suicidal thoughts, giving up, isolation, feeling lonely, not eating, and anger issues. The participants were asked if they had been diagnosed with depression and to take us through the experience of dealing with depression. Some could not recall

when exactly the period of depression began, but emphasised that the episodes or phases took a long time and that it was something they had to deal with on a day-to-day basis.

Zandi recounted that she had had symptoms of depression since she was young but thought it was normal to be so unhappy. She used the social construct *wonke umuntu unomgowo wakhe* which simply means that everyone goes through a rough patch in life but somehow survives. She said:

“If I think back to how I have feeling in the past, I’m realizing that, hey it’s been years I have been feeling depressed for my whole life, and it is a sad thing to admit that my parents knew that I was going through something but kept on saying ‘uyingane eyisijaka’ [a social construct that implies that she not a bubbly person]. Others named me ‘umahlala yedwa’ which implies a loner. I concealed my emotions such that no one saw that all those social constructs that the family attached to me made things worse and hindered them for assisting me to seek medical care or any form of parenting help. Till today, I know that I’m living with no medically diagnosed and untreated depression.”

Another participant said: Zoleka

“Uuuh, I have not been diagnosed with depression, but I feel like had I have gone to check I would have been found to have depression. So I have self-diagnosed because you know life is unpleasant and you get to a point where you start regretting everything...regretting ukuphila [to live], you know. So, in terms of being medically diagnosed no, but I have been depressed, shame. Like I think it’s something I am trying to fight right now but because of my culture or because of the family that I come from it is something that you can’t really talk to your parents about and say, ‘Can I go to the doctor because I am going through this?’ You are not gonna be taken seriously.”

Nothile also narrated her experience with depression and admitted that the period of depression lasted for months:

“Yeah, sure but it was self-diagnosis. It happened last year that I went through something that pretty much changed my whole life and it was hectic, I am not gonna lie. Yhoo, like really bad. At some... I am generally a happy person, right, like every day I am happy you see. So, I couldn’t show that side to people that I am going through something. I had to put

up this facade that I am happy, everything is good, but then when everyone is asleep or gone that is when everything is coming. You are crying and emotional and it is hectic. So, I had a five-month bad experience with depression.”

5.3.2.2 Sub-theme: Suicidal thoughts and wanting to give up

Most participants mentioned giving up on life because it was not worth living due to situations that seemed unbearable, and therefore life had no meaning for them. An article from the University of the Witwatersrand (2020) states that some people think about suicide but do not plan to go through with it. For others, however, the thought of suicide might begin to seem like a real alternative to a problem that seems hopeless. When the situation is too bad to cope with, it is difficult to think about other choices.

Through the Narrative Theory, the qualitative phenomenological anthropological study also brought to light how some students at university didn't cope and did not seek medical help. Many coped by finding friends who were going through the same ordeal. This is how Thando narrated her experience of depression:

“Mmm it is very bad... if because uuhm there are times where... yhoo! To be honest, if it was not for my friend, I don't know what I would have been. Because there is a time when you think of sometimes killing yourself...uuh [laughs]. There was this one time I thought of running away from home because I felt like at home, they were the ones causing what I was feeling, and you cry like ... I cry a lot, but I always make sure that when I am in front of people I do not show that. So ya, and if you have noticed I am always with my friend.”

The cognitive theory of depression posits that, due to negative self-schemas, people with depression develop beliefs and expectations about themselves that are essentially negative and pessimistic. This theory also argues that these negative schemas could happen in childhood as a traumatic event such as losing a loved one through death, parental rejection, criticism,

overprotection, abuse, exclusion from the peer group, etc. It then happens that at a later stage in life some stressful events will activate the past traumas which may lead to illogical thoughts (McLeod, 2015).

The following participants experienced parental rejection and a loss of a loved one while they were in primary school and the other in high school. They only made sense of everything when they started university. Nokwazi narrated her experience by focusing on the symptoms she had had when she was going through a depression episode:

“Firstly, I didn’t want to wake up in the morning. My room turned out to be my grave...ithuna engingena kulo, just to enjoy a peaceful life. I’m calling my room a grave because it was and is still hard to get up... I was like, why should I...kumayelana nani vele...why it is important to wake up? I had thoughts of suicide, yes...I meant suicidal thoughts. I did not see anything beautiful in life. I could not see why should I keep on living, why should I attend lectures. I gave up...uuhm... I was not up for it. I stayed in my room for the whole day, and I would be moody. I just would not engage with people...mmhm.”

Death is constantly the order of life. A depressed person is not ambitious and does not fear death and this is when depression becomes a chronic problem that needs clinical attention. This unattended state of mind could cause a person to hurt him- or herself subconsciously even while laughing because they see death as ideal.

Vela described how he changed from being the happiest person into someone who thought about killing himself:

“I just thought that after this it is suicide and I was really a happy person and everybody knew me to a point whereby some people called me childish because out of nowhere I would just say because everybody is just quiet, I just drop myself on the floor so that everybody would laugh. So now I would wake up in the morning, I’d pack my bags, go to school, and sit down and did not put in any effort. And coming from school I would sleep because I would be tired. At times pretended I was tired so I could escape everything. I would have dinner when everybody was asleep, then come back, sulk, and listen to music that makes you sulk. Here at ‘varsity, I cried a lot and had a lot of suicidal thoughts...looking at my

Google tab by that time you would find the search of the poison that could kill you in a day and poison that could kill you in hours. Because I could actually imagine that if I drink my poison at 7 o'clock and pretend like I am sleeping because everybody sleeps, and it would seem like I slept early and had a long sleep so it would take some days for them to come and check up on me. So that was my way of how I thought I could escape everything."

I posed probing questions to determine how the students had managed to curb their suicidal thoughts. A few mentioned that thoughts of their loved ones had given them hope and the will to keep on living. Vela said that the thought of his mother and his niece, who is the child of his deceased sister, prevented him from acting on such thoughts. One mentioned that, at some point, drugs had kept her calm if she took the right dose. She mentioned that she had mastered codeine addiction which had helped her escape everything. She also admitted that she would rather engage in risky behaviour like sex with multiple people rather than suicide.

5.3.2.3 Sub-theme: Feelings of loneliness and being isolated

Some participants felt alone and isolated and this was not completely new because their narratives resonated what is discussed in chapter one and two of this thesis. Not spending time with people becomes a habit and these people get moody. At times they get angry and upset with anyone who reaches out to them. Themba explained his moodiness as follows:

"I think yes, even though it was not an extreme depression, it was a minor depression which, like, it resulted into some actions. The first one happened in 2016/2017 when I experienced academic exclusion and I felt so excluded from the entire world, if I may say. And the other one was in 2019 when I experienced an emotional breakdown due to separation with my long-term girlfriend. I felt so alone like everyone was against me. I felt so isolated, as if I was not existing... like I was something that did not matter to anyone. So... I was not suicidal. I don't wanna, lie but I was so isolated into the whole system even when I came back."

Thanos's experience corroborated the view that some university students know that they have depression, but they are afraid of being seen as failures or a burden to others. Most people including

students think they can cope without seeking professional help in the long term it affects the people they are living with and hampers their day-to-day progress. Thanos further admitted that the new responsibilities he needed to face when he first came to the university exacerbated his sense of depression as symptoms of depression such as anxiety and stress manifested severely and also affected those who were sharing spaces with him. When narrating his experience, he admitted that he often affirmed that he was “fine” or “had been sleeping” when asked what was wrong. Some participants also confessed that they never talked about what they were going through or how they felt because they sensed that they would then become a burden to those close to them. They also admitted that they would not mention being suicidal because it made others worry about them. Thanos said:

“Yes, I was diagnosed. I will say it was in 2018 when I was doing my first year. It was a thing of...a thing ngiqhamuka ekhaya elihluphekayo [I am from a poor background] and I lived a house with eight people and I am the first person to ever go to the university and then all those people are depending on me and, at some point, I have to send money home and sacrifice the food that I have to spend on myself. You see, in my first year I was, like, fine. I could do that, and [I thought] everything at the end of the day would be alright, but then I started having that thing when the stress became additional because of academics. The life here...I think you do know the life here...is very stressful and then I think it all came together in 2018 and then 2018/2019 that is when it just blew up. That is when I reached the stage where I used to even cry for no reason, you see. Yhooo! It was bad. It was bad and I would close curtains in the room and at that time I was staying in an off-campus residence and I would stay in and it even got to a point where I would lock my roommate out just so I could be alone. I remember the first three months I did not want him because I wanted to be alone, and 2019 was the pits for me. I was anti-social... I reached that stage for about nine months being alone, doing things alone. You see, it was something like that. And if they called RA after I had locked my roommate out, I would just say, ‘Ooooh, I was sleeping’.”

5.3.3 Theme 3: Factors leading to depression

Many students find it difficult to adapt because of their cultural backgrounds and sociocultural differences. Culture is a factor that impacts the way people experience depression, while other influence that are reported in the literature include gender and socio-economic status. Beck's theory of depression assert that most people that suffering on depression often go through somatic disturbance, motivational disturbance as well as affective disurbance. The *Northglen News* report (South African students at great risk of depression and anxiety, 2017) outlines that depression has become a global concern as there is a growing number of university students who committed suicide because they were unable to cope with the academic and financial pressures they had to face. Furthermore, it has been recorded that many university students have experienced trauma that caused their depression such as being victims of rape, not having money to pay their university fees, and destructive protests on campus. Wills (2013), who contributed significantly to the theory of cognitive depression, asserts that human beings are susceptible to developing a sense of negativity or antisocial beliefs and attitudes that lead to depression or, at best, symptoms of depression. Human beings go through many life transitions that make them vulnerable and feel overwhelmed if they do not seek professional help. The cognitive triad posits that depressed people fall into the habit of believing that they are inadequate and born failures. Their world then becomes gloomy and they lose hope for the future. The tenets of this theory encouraged me as a researcher to pose a question that would encourage the sampled population to narrate what depression is from their own point of view and probe for factors that may have contributed to their state of being depressed.

5.3.3.1 Sub-theme: Academic stress

The data also revealed that academic stress caused symptoms of and even real depression. This is theme has only recently emerged in the literature and is thus a significant finding in this current anthropological study because it speaks to the context of the research site where the data were collected. Sorokhani et al. (2013) argue that most students face challenges at university. Many find it difficult when they first arrive at 'varsity and some battle to reconnect when they come back after recess. Others fail to keep up with academic requirements and they fail to obtain good grades. Many are stressed by teaching and learning patterns that they are not familiar with. Most struggling students don't cope but also do not seek medical help while some manage to cope by finding

supportive friends and/or friends who are going through the same ordeal. Many tend to skip academic classes, lock themselves in their rooms, and refuse to seek answers to their sense of loneliness and hopelessness. Very few actually realise that they need to seek professional help. According to Vulic-Prtoric (2012:67), most research studies in the field have found that female university students are more likely to suffer from depression than their male counterparts. In this context, Rathakrishnan et al. (2021:13) argue that the ability to adapt is vital in finding one's feet at university. He states the following:

“Adaptation is a critical variable to focus on when studying university students and the roots of their state of being depressed. Adaptation contains four aspects of problems, i.e. language adaptation, cultural adaptation, interpersonal adaptation, and social adaptation. Students go through a myriad of difficulties which include challenges of social, academic, cultural shock, and homesickness [and] on the other hand, the roots of language problems, especially in speaking and writing.”

Ndumi mentioned academic, culture, and family pressures as factors that led to her stress. She narrated the following experiences and insights:

“You see, it is not easy to be a student because most of us are underprivileged. Our families then choose degrees that we should do just because society recognises them as important like others. This life is dictated to you, and from a young age you live a life that is not entirely yours but remote-controlled by your family, parents, and society at large. Secondly, it is not easy to adapt at university. One, the environment is new, the style of teaching and learning is new, the language that is used by lecturers is not well understood, and the lifestyle on campus as well as in our residence is overwhelming. Two, if you come from a poor family like me, you daily realize that you don't belong here while you carry the burden to please the family, parents, as well as society at large. If you come from a poor family, you are constantly reminded that the success of your family is on your shoulders...we call this 'black tax'. This implies that you are at university not for your own success but for the success of your family and that family is not supportive at all. It puts a lot of pressure on you. When you call home, they constantly tell you they can't wait to step out of poverty just because you will be graduating soon. Uncles remind you that you owe them because they contributed to how you have been raised, especially if you are

growing from your maternal family. This pressure hinders you to tell them that things at university are not going according to plan. You can tell them that the degree is chowing you [eating you, which is a social construct that implies that you are not coping academically]. If your academic fees are paid from home, you are constantly reminded that they are eating cabbage and phuthu [maize porridge] because they are spending all their money on your studies. If you happen to fail, you are called names such as ulibele abafana [meaning you are concentrating on boys instead of your university books. This is a social construct that does not see anything positive about a female student at school or university]. You are constantly reminded that if you fall pregnant you will be on your own. You will have to drop out of university in order to raise your baby. For us who are raised by single parents, our mothers are hoping that we will correct the errors that they committed in the past. What a curse one realises this is...There is no-one who is interested in your holistic wellness. No-one asks you how are you doing or where or how they can support you on your academic journey. With all this, you also grapple with your academic load as well as the challenges of technological advancement. Honestly, this depression causes academic stress. You bunk classes not because you want to but you feel heavily burdened. By the time you to want to catch up with modules, assessments have piled up and it gets worse as you realize that you need to chase submission dates which seem impossible. And if you fail as a student who needs a certain minimum requirement of a certain module, it does affect you negatively. It makes you feel like you are a loser.”

According to the *Northglen News* (South African students at great risk of depression and anxiety, 2017), depression has become a global concern as there is a growing number of university students who committed suicide because they were unable to cope with the pressure they faced.

5.3.3.2 Sub-theme: Financial constraints

Shoba (2018) conducted a study among University of Cape Town students and found that many poor black students were the first members of their families into entered institutions of higher learning. He believes that their depression is caused because they experience severe pressure. They are expected to succeed academically and be the future breadwinners of their families. Students

often put on a brave face when dealing with stress and depression as they cannot disappoint those who are dependent on them. Themba narrated his experience of a lack of finances and poor academic performance as causes of depression as follows:

“Finances are important, more especially at university because some of us, especially in this current climate of the pandemic, are struggling financially and some of us cannot speak up because if we speak out, we gonna be shamed or feel ashamed. There is that stigma attached to Africans now where if you are asking for help from someone else there is an element of shame involve. So for me, currently right now finances is one of the things I am currently suffering from. Everything else can go aside, but like if you wake up in the morning and you know you do not have a loaf of bread to eat, that could also lead you to depression. That means you can’t study because you are hungry, and that could mean if you fail a particular test or assessment then it starts rolling the ball of depression and you start feeling like, do I actually deserve to be here?”

Thanos focused some of his comments on the pressure from home:

“Okay, first of all it is home. Most children have to look and take care back at home while they are also taking care of themselves. The pressure that comes from home is...I think I have mentioned that I am coming from a poor background. at home we have someone who is working but only taking care of her kids, so what about the kids that are of our mother and father? So, at some point that disturbs me ...even now it still does because each time I get my NSFAS I have to divide it and maybe take R700 for them to get a few things and I have a little brother whose school needs I have to take care of. So, I think things like that come and create something of some sort in your mind, and then at some point you get affected, because mina I am not a person who, if something happens, I act on it head on. I ignore it for some time and only act when everything now feels overwhelming.”

Based on the comments above, the study agrees with Mofatteh’s (2020) view that students’ economic status can influence their mental health. The majority of students from a disadvantaged background where income is low seem prone to depression due to poverty. In my wanderings on campus and conversations with students, most mentioned their dependence on the financial support from NSFAS, or the fact that they were waiting for the outcome of their appeal to NSFAS. This

often happens at the beginning of the year when they worry about registration fees, and this leads to unnecessary anxiety and depression.

5.3.3.2 Sub-theme: Environment and Adaptation

The literature argues that entry into university requires adaptation as there are so many changes in students' routines and lifestyles (Chaves et al., 2015). Depression (*ukhwantalala* in IsiZulu) and factors associated with it have become a trending topic in South Africa and in most parts of the world. Nduna (2013) discusses depression and refers to it as a mental disorder that has led to several student drop-outs at university, suicide deaths, as well as a high increase in substance and drug abuse in the world and also on university campuses. Singh et al. (2017) state that about 10% of the members of any academic institution of higher learning are likely to face psychological as well as emotional problems at some point in their academic careers, and this interferes seriously with their work. The latter study indicates that “depression, anxiety, stress, and substance abuse are a mere symptom of the hidden, unresolved and ignored emotional issues which cumulatively [and insidiously] grow inside” (Singh et al., 2017). Observed issues that prompted this research were that some UKZN university students had been hospitalized while others had to attend counselling sessions to ease their depression. It was therefore critical that this study documented the factors and social constructs associated with depression from the emic perspectives of students. Alonso et al. (2018) as well as Eisenberg (2009) state that depression is a mental illness that has profound and deleterious effects on students' academic progress. They confirm that the South African Depression and Anxiety Group (SADAG) responds to a myriad of calls each day from people who mention symptoms of depression or from people who feel like giving up or wanting to end their lives because they face changes in life that they cannot immediately resolve. Their statistical data also revealed that most calls had been made by parents calling on behalf of their adolescents, youths, and university students who sought help as they were going through an ordeal, felt depressed, or were concerned that they would not cope academically.

In this context, Khuzwayo said the following:

“Someone’s background, where a person comes to ‘varsity, they see that the life they are living does not suit the life lived here. And they would want to adapt. ‘Varsity life is just ‘varsity life on its own, so you find that the environment here clashes with the lifestyle they

know and this could lead to depression. For example, let's say I got here not drinking or using substances and when I get here in Pietermaritzburg they are drinking and I like that while I have never experienced it before. And also it does not go together with the studies, so that causes depression because it could be one thing that delays me and the way I deal with it. You find that now you are drinking here while hiding at home that you drink. Even the people you associate with, sometimes you don't share with them that your studies are dropping and that leads to depression."

Vela referred to causative factors such as the struggle to balance university life between academics, friends, and social activities. He stated:

"First one...uuh...I think adapting. Adapting is that we tend to blame academics saying academics make us feel more depressed. What makes us emotionally unstable is the adaptation process that I am unable to adapt. I am unable to...to balance everything. Hence, balancing comes with I am unable to balance my academics. So, adaption has to be the biggest thing. Also, with that I am unable to control that these are my boundaries—these are the type of people I should be with, and hence adaption is a big process that I come from the community whereby I see that the ladies wearing pants is a taboo and I come here I see ladies wearing pants and I am, like, this is not normal. So, having to change my whole state of my mind and the way I see things that were always taboo. Also, having probably to live in a place with people of different sexual orientations and you have to think how am I gonna share the bathroom with the person who has this sexual orientation whilst I am like this. So, it is all of that. I feel it is adaptation and the way we deal with things that actually bring us anxiety...and anxiety comes and builds up depression."

An interesting perspective was revealed by Papi, a male student, who argued that depression should not be confused with growing up. He argued that depression and the factors coming in its wake were merely symptoms of pressure that come with growing up and adapting to life. His very mature view was that if we had someone to help us navigate life, then we shall cope.

"The fact that we are growing up... We are young adults and as the stages of life keep changing, they require a different version of you and most of the times we do not have a person who will guide us on this road to say 'This is what you have to do as you enter this

stage of life'. You just figure everything out by yourself and see how you are going to live. So also, the other thing I would say is that it is more growth than depression, but it ends up looking like depression."

Moffateh's (2020) findings corroborate this theme that focused on factors leading to depression among university students. According to the former author, starting a new life needs flexibility and adaptation to fit into a new environment and routine. He mentions that most undergraduate students move away from their home environment to start a new life with friends and classmates and they need to adjust or change their behaviour and the way of life they were familiar with.

5.3.4 Theme 4: Coping strategies to deal with depression

How people cope with depression will differ among individuals, and students are no exception. Dapaah and Amoako (2019) observe that students tend to find different ways of coping with mental ill health without necessarily depending on medication or traditional psychotherapy. They argue that, based on their surroundings, students develop new habits and routines that then become their way of coping with depression.

The narratives that follow attest to the fact that students explore different alternatives until they find what works for them. This study observed that there are habits that are developed by students that assist them in a positive way, such as being able to focus, while some 'coping strategies' may have a negative influence on them in the long run.

5.3.4.1 Sub-theme: Talking to someone and seeking help

Most of the participants believed that talking to someone such as a professional, a friend, or a parent can be helpful in dealing with depression or anxiety. For instance, Vezani said:

"I go to gym, and I cook and eat. Cooking calms me down and takes my mind off things and I talk to somebody who will understand when I am talking to them."

Philani also stated:

“So, for me it was me speaking about my problems not only to my friends, and not only to the people who are professionals and psychologists, but also to my mother who also understood. My faith played a role and helped me to be the way I am right now.”

Thanos referred to negative behaviours when he was going through episodes of depression such as punching a wall. However, along the way he developed the understanding that moving out from the space for a moment and finding friends was a better way to cope with an episode of depression and anxiety. He said:

“Things like punching the wall are painful, but they ease you somehow and you will, like, say ‘I am alright now’. At some point for me when I went through that stage of the urge to punch the wall and stuff, I went outside to my friends. Now we talk, tease each other, and I will be better, you’ll see. I go to the gym. I am small as you can see but the weights I am lifting are huge because I focus on this to get rid of what is going on in my head and my feelings. So, things like that.”

5.3.4.2 Sub-theme: Taking a walk outside

Khuzwayo said:

“You will find that someone who sees that they are experiencing something that might lead to depression, they will decide to take a walk alone, just to change the environment. Let me give an example. From here on campus to the Golden Horse with no money, nothing. I go inside, sit, look at people doing whatever they are doing, then come back. It makes my mind to move away a bit from stress.”

Noluthando shared a similar view:

“Mina, for myself, I think it is going outside even if it means I am sitting just outside SU where there are people. I go window shopping even if I don’t have money. I will go and come back but I make sure every day I step outside. Because once I start this pattern that I do not open curtains in my room, I do not go outside, then it is down from there.”

Many participants, like Thembeke, understood that, even if students did not always have money, going outside and doing a little shopping helped to at least leave a darkened room in the residence. The participants also mentioned joining clubs and societies as they believed that moving outside of one's lonely space helped one to meet new people. This often turned a bad day into a good day and, sometimes, one was inspired and found a new purpose in life.

5.3.4.3 Sub-theme: Substance abuse numbs negative feelings

Several participants revealed that they engaged in substance abuse because it was a way to deal with their depression. However, a number of participants who mentioned drinking were doing that because the problems they faced could not be dealt with, so drinking became a form of escaping rather than healing. However, they tended to act as if nothing was wrong in the company of friends and family and felt that they had to deal with the problem on their own. For instance, Thando said:

“We drink! I won't lie to you, we drink because at that moment it makes us happy, and we forget what is happening. So ya, we drink and talk to a lot of people, but that thing is all good during the day when you are still around your friends. But the moment you get home at night, that is when everything comes back.”

Nolitha said:

“Alcohol obviously to numb the pain and to just make yourself feel happy like living in the moment type of thing. And weed sometimes. I don't smoke weed...well, occasionally, but other kids go to the extent of doing cocaine and learn what makes you high and other drugs. So basically, substance abuse.”

Noluthando said:

“Definitely drugs and alcohol, because when you are intoxicated you are not in your good state of mind definitely. Almost most of us survive with that almost on a daily basis or a weekly basis. Students use drugs and alcohol just to not think of the situation back at home. I mean, you know here at res we smoke.”

The above narratives revealed that when the students felt depressed they sought different ways to cope and got involved in different activities. The majority of the male students played soccer at the school Greenfields or went to a gym where they even participated in competitions. The majority also mentioned listening to music or watching different videos on YouTube whenever they felt depressed, because this helped to take their minds off things. One participant stated that when he felt depressed, he wanted to be alone to think, or to talk to his kids via video call. But mostly he found that his private space helped him to deal better with depression.

One group chose to deal with their emotions, stress, and feelings of depression by using substances and alcohol. According to the cognitive theory of depression, when someone allows his thoughts to be negative, it leads to depression. The theory also posits that thoughts, feelings, and behaviour are all linked together. When someone has negative thoughts, that person feels bad, which causes him to behave badly. This often becomes a vicious cycle. When the person acts badly, it has negative outcomes which, in turn, cause more negative thoughts.

5.3.5 Theme 5: Social constructs

Galbin (2014:1) agrees that social ideas and categories, which include stereotypes, are socially constructed and then accepted as reality despite the fact. Social construction is a culturally specific language that implies a symbolic identity that is attached to people who are perhaps too weak to defend themselves. They imply hegemonic, inequality as well as toxic or unpleasant relations between people. Below are the social constructs that the participants believed society had created and attached to someone dealing with depression. It was revealed by most students that their parents did not understand depression. They stated that when they mentioned that they were suffering from depression, their parents would call them lazy or say things like, “*You cannot be depressed because we are giving you money and everything you need*”. Some participants even revealed the words that the youth in our 21st century are using, especially on social media. These constructed words are mostly taken as a joke when someone is saying them, hence we still find that people continue to be depressed as nobody knows when a sufferer is really crying for help or if they are just saying these words to attract attention. There is a dearth of literature on social constructs that are attached to depression, and this revealed a gap that this study aimed to fill.

Expressions of how depression is expressed in IsiZulu and what these expressions reveal about those who are struggling with mental illness are presented in the table below.

Table 5.2: Verbal social constructs in IsiZulu that express the state of being depressed and attached explanations.

Social Constructs	Explanation
<i>Siyagowa</i>	We are not copying.
<i>The module is chowing me</i>	I'm not doing well.
<i>Siyemumva siyaphambili</i>	There is no significant progress in our academics.
<i>Ngifile</i>	This whole thing is a nightmare.
<i>Azikhphi</i>	I can't do this.
<i>Angikhoni</i>	I'm not copying.
<i>Akuhambi kahle</i>	Things are not going according to plan.
<i>Ngishayiswe ibhasi</i>	I'm heavily burdened.
<i>Sipetukile</i>	We are not copying.
<i>Akukholula</i>	It's not easy at all.
<i>Sithwele idombolo elimanzi/sithwele uthayela emoyeni</i>	We are academically sinking, and it gets worse each and every day.

This study contributes these social constructs as the language that students use to either express or conceal their depressed state. The confirmation of these social constructs emerged after an in-depth immersion with the data and extensive probing as part of this ethnographic investigation. This study thus confirms that these expressions are shaped by how depression is expressed in language in a student-based society. Such social constructs also tally with Beck's theory of depression which argues that most people that are going through depression often experience somatic disturbances, motivational disturbances and affective disturbances.

5.3.5.1 Sub-theme: The black community does not understand depression

Thembeke stated that she believed that people, more especially those in black communities, do not pay attention to depression and they even do not know how to deal with someone suffering from it.

“According to what I have seen, people do not know what depression is. Like, there is lot of people talking about depression as if they know what it is, while they know nothing, especially us black people. We do not take mental illness seriously. According to society it is like depression is umuntu uyangana [crazy]. My boyfriend’s mom is a nurse but she does not know, coz even if, let’s say the guy is crying, of course anxiety is kicking in. She does not even know uvele athi useqalile umuntu wakho [your boyfriend has started]. How do you get him to talk if he doesn’t talk? She would say aah but nawe uyisidina [you are annoying] or you are just like your father. So, you see such things people do not take depression too seriously. They do not know what it is and that it can be too dangerous, and a lot of people commit suicide and we do not know what leads to that. Obviously it is depression because no one would just wake up on a specific day and say let me just end my life its Christmas, and there is no one who is gonna do that. There society does not know depression and we do not know how to help our brothers and sisters. We do not take it seriously, we just assume depression is sadness, depression is anger, depression is...you know, people do not know it goes with the mental state. yhaaaa.”

Nothile said:

“So, I have tried talking to my parents about this thing, but they don’t take you seriously. Yebo, they just see it as like, just because you went to private schools and been around white people so that just like a ‘white thing’ and what not, and they don’t take it seriously. And I think they were told that if you pray everything will be alright. But no, it is not always the case.”

“Uuuh, I would say things like, you see back at home they would say it is because he or she is not going to church, omunye would say ayii une consi lowo [she has moods] or ayi vele akabathandi abantu sdalwa sakhe [he/she is not fond of people] and that is why she is depressed. Like, there are lot of connotations when it comes to depression. People, more especially black people, are not educated about depression and it is a real thing.”

Vela argued that depression was misunderstood as sadness and argued that this caused people not to take it seriously:

“To start, I would like to say family and the media are the culprits in this generation. They pretend that ukuthi mawuthi awe mah ngaze nga “gowa” [it is a joke], especially on social media. If a person posts ‘I am going through depression’, you never know whether the person is really going through depression or not, because some people have made depression as ‘probably I am having that little bit of stress about that one thing that is gonna be over by the next three days and then I am just gonna say I am depressed’. So, you never know if a person is really depressed or sad, and then we make jokes around everything right now. Even we are the people who cause depression for other people, especially the media and the family. Kuvele kuthiwe eyy myekeni usevukwe izinto zakhe [They just say leave him also he has started again]...how so? Knowing that I am going through things and you guys are there to see it, but you guys can fight it better than I do. So we just end up saying things like ngiphethwe isdozozo mngani, ngaze ngagowa or we even just say ‘I am breathing through the wound’, things like that. And you know, when you say that, maybe it is your friend, I’ll be like, let us go get ice-cream or take a walk. But in as much those are words we use, they are taken lightly.”

Thanos said:

“Terms like umgowo...Especially the young ones in our society use those terms to express their depression. Uuhm, and for the older people, they do not understand. They don’t understand at all. They will just say ayyi uphethwe ama moods lona, unekhanda nenkani [too stubborn] and want to be treated like he is. As the only one here at home I have never got those words, but then things I have seen happening to some other kids ...finding that a child is going through a lot and finding that the parent will not take time to find out what is the problem. Let’s say they will just impose their own opinion saying uyatetema [spoilt brats].”

Mandla said:

“Sometimes in our society we normally say when we see that someone is down ‘Ayi unenyongo wena [needs to detox] because they maybe say they do not feel like eating and not realize that could be the symptoms of depression already dealing with her inside.”

Themba argued that Zulu people still turn a blind eye when it comes to depression. In the Zulu culture people believe that depression is a disorder that came with the white people. Hence, if someone shows symptoms of depression, it is normally labeled as witchcraft or ancestral problems that need to be attended to. He raised the point that most people tend to suppress their feelings and do not deal with anxiety or, if you voice your stress you are told that a man should be strong, and that they forget that bottling things up could be deadly.

It was clear that these black participants focused on the labels attached to depression in their communities, in society, and in their families. In their opinion, African culture blocks understanding of depression which delays help seeking and therefore exacerbates the problem. With time, more words have been attached to depression as social constructions of this phenomenon, especially in Umzansi, South Africa, extended. These words or expressions are used as a voice to say “I am struggling with depression”. However, social media has the power to turn those words into flippant expressions that are used on a daily basis and now nobody really pays attention to these cries for help.

Some students stated that the use of ‘memes’ indicated stress and anxiety, but even then very few actually pay attention to these symbols of pain. Noluthondo even mentioned that he had labelled his depression with memes by using images of different emotions, and when she posted particular ones her friend knew she was going through an episode and then supported her by reaching out or coming to see her.

5.3.6 Theme 6: Effects of depression on students’ academic achievements

People who are suffering from depression tend to be affected in all aspects of their lives—psychologically, socially as well as economically. These impacts affect how an individual

performs, whether in the workplace or at school. A study done by Dapaah and Amaoko (2019) found that students who were experiencing depression were unable to concentrate when they were studying because their minds kept wandering and they lost focus. Their study results also showed that such students stopped doing their assignments as they felt demotivated. The narratives of the students in the current study corroborated these findings in the literature it was observed that the participants felt 'down' and were not motivated to study. One participant mentioned that she rather spent time watching YouTube than studying because when she felt depressed her mind could not function properly.

5.3.6.1 Sub-theme: Negative effects of depression on students' academic achievements

The following reflect some of the common comments that the participants offered:

"Ya, it really has been hectic and I think if I was at the space of contentment, fulfilment and happiness I would have performed way better. At this point you even look at your books and you are like, no ways! and you just want to close your books and sleep because it is giving you so much anxiety. You know the feeling of trying and you are not getting to that point where you wanna be. So I think it has negatively impacted my academic progress..."

"Ya! Firstly I was supposed to complete a 3-year degree in 2017, 2017\2018 but it is now 2021 and I am still doing the same degree and unfortunately...uuh...at the time because I was suffering from depression but I did not realize it. I started acting up and started doing things on the side and then it led me to be excluded last year. So, when I was excluded everything came full circle because at the time I was entitled and had the privilege of being around students and I was like, 'Aag, I will get another chance...UKZN will give me another chance and still give me funding at the time'. But unfortunately, when I got excluded that was when reality hit and I lost my funding. I lost everything, and I had to start from scratch. And I had to do certain things to enable me to come back into this environment and try as much as I can to thrive regardless of the situation I am facing. So, I would say it hindered my progress for like two years and then, when I was trying to change everything in 2019, I just failed one module and I got excluded altogether. And the

thing is I did not know there was something wrong with me, but I knew that something was not adding up. And to be honest, all of this was triggered by the fact that in high school I was a high performing student. I excelled in my studies and then when I came here, I experienced failure for the first time. Two modules. So that was what got the ball rolling because even in 2017 I failed all my modules. In 2018 I think I failed five out of the six I was doing and passed one. So, in 2019 I first passed all three and the second semester I failed one out of the three I was doing, so that's what led me to depression. And in 2019 that was when I started realizing ukuthi! No! I had a problem so let me try and address it. Hence that is why I started going for student counselling. I started attending session 1a on campus which is related to depression so that I could actually figure out how to actually cope with this in this environment. But unfortunately, as I was making progress, eeh, I failed that one module, and I was excluded altogether."

Another student commented as follows: Vezani

"Mmm, I would like to say [it impacted my studies] negatively judging from the fact that when I exited school I could not say I was brilliant, but I was better, better than most. And then when I got here, I had problems with adapting, social relations, problems at home, and qale ukubona ukuthi yhooo ayii ngeke u [the diesel was out] ayingeke [I couldn't cope]. It has affected me negatively."

Noluthando mentioned that she was diagnosed a bipolar with depression, and she described how depression had a negative effect on her studies. She admitted that she constantly become anxious due to fear of failing again. She said:

"Ayi, I am coming from the pits of hell! I was excluded and appealed, I was excluded again and then I came back this year so it has affected me so much that even now I still have this anxiety that I cannot afford to mess it up because this is my last appeal and I have to make sure. So, mental health has affected me a lot because at the time I got excluded in 2017 I was not okay. When I got into 'varsity, I was not okay, and things just got out of control and affected me negatively."

5.3.6.2 Sub-theme: Positive effect of depression on students' academics

Themba said:

“Unlike others, I think my depression has produced a positive outcome because what I have done is when...Let me give an example. In 2017 I was academically excluded because I was more involved with politics and that was my learning curve. And so when I went home I felt so alone and when I was alone I had enough time to think to myself what do I want in my life. So, I have managed to channel my life into a positive direction because of depression and want to say there are those people who treated me like I was nothing in life, but they will one day treat me like I am something. When, like, I have lost my fiancé as I said, which was a thing that kept me moving when I was academically excluded, I said, okay this one is the last one, and I shifted the whole focus from her and said let me find the hobby that will have me forget about that as fighting mechanism towards depression. So, my depression is leading me in the right direction in life and academically. I don't want to lie, it was a pushing factor. It is like I can push myself and say that I am better, and I can still do it, it assisted me positively.”

Thanos also experienced positive outcomes due to feelings of depression:

“I would say it was good. It was good because I had school. I was more focused on school than anything, and it was school and gym. Even now it's school and gym, school, and gym, so I focus on school. I think stress... or let me say depression...makes me focus more on school because I do not like the fact that I have to think about these things. So, what I do I take my laptop, put it here and just study. So, it is the things that I do. When I go to the gym it is all good and I find other people I can talk to and I am always laughing ke mina, so ya for me it has affected me positively because at least I escaped using school and passed.”

Another student said: Noluthando

“Uhm, it impacted me in a positive way because when I am going through some thing that is when I really do well. Because I am trying to put my mind off things, so I just do my

schoolwork and I do it properly 'coz I just need to focus on one thing. So, for me it has impacted me positively. Kuphuma o distinction laphana [you only get distinctions there] (laughs)."

The above excerpts show that people deal with and respond to depression in different ways because they are unique and so are their ways of dealing with things. Some participants stated that, while they were struggling with depression, they also experienced good results as they focused on their schoolwork and excelled just so that their minds would not be stuck on their problems. Some even achieved distinctions. When this finding is explored in some depth, the perspective is created that some students might pass with flying colors but still struggle with depression. So depressed people could either excel or fail due to depression, but the difference is in how they are dealing with their affliction and the what extent the depression has manifested. Rosenthal (2018) argues that people may adopt either a good or bad approach to depression as some may suppresses their feelings by hiding behind their academic work. Therefore, because they are performing well, it is assumed that they are not struggling emotionally or mentally but then, one day it may all crumble if they do not seek professional help. For example, one of the participants said that her classmate, who was her neighbour in the university residence, did not seem to be depressed or going through any ordeal due to a heavy workload as she always seemed 'on top' of things and never struggled to submit assignments on time. However, this student pushed herself to perform best under stress and thus adopted a positive routine to focus on her work rather than giving depression a space. However, it is important to consider that there are instances of minor and major depression and that both conditions need attention even if minor episodes might be manageable.

5.3.7 Theme 7 Students' Recommendations

The literature clearly argues that there no single panacea for dealing with mental health, and this was also true for the students of the UKZN. The dominant measure that the institution uses to address the issue of mental ill health among students is a support service unit. Students who choose to do so may visit a campus psychologist at their respective colleges. Most students admitted that they visited the psychologist because talking to a professional had been a great help. However, it was evident that seeing a psychologist only once would not be enough as healing mental trauma

and anxiety may take a long time (Center for Substance Abuse Treatment, 2014). Some students raised the need for the Student Support Services unit to launch activities like a sport day so that students who struggle with mental health can participate in healthy outdoor activities. Regular counselling with practical advice was also a strong recommendation. Thanos suggested the following:

“Measures like if you have problem about something they would tell you to go to this particular place. I remember this one time when we were going through the 15% saga there was a lady in the finance department who helped me to get a loan and she assisted me well. There are a lot of us and of course they can never help everyone, but such gestures go a long way. There was also this other guy—I forgot his name—and he was welcoming. When I got there he was smiling and I could relax. I was able to talk about what I needed without being scared or ashamed. So UKZN should invest in also having compassionate and kind staff members who will understand that students are actually going through things and sometimes we find it easier to talk to them as parents and they can assist or just give us advice.”

Thanos understood that one method of assistance would not be enough to accommodate accommodates the large number of students experiencing stress, anxiety, and depression at UKZN. However, he argued that being attended to by kind and helpful staff members who understand that they are dealing with students coming from different backgrounds with different problems would go a long way towards alleviating their stress. Kindness costs nothing, and rudeness will make already stressed students calm up so that they are not able to talk about their problem. According to Mofatteh (2020), “students interact directly and indirectly with teachers, lecturers, tutors, and other university staff, therefore the relationship between students and academic staff can influence students’ mental health.”

Khuzwayo also agreed that multiple measures are needed to deal with mental health. As mentioned previously, depression manifests in different ways in people and how they deal with depression varies among individuals. He said:

“I think what the university can do, I think they do have a sport ground where one is able to go and deal with stress so that helps. We also have psychologists who we can go see to

get help. Also churches where we can go and get help spiritually. I think those are the things that the university should make sure they are always there.”

Noluthando said:

“I think they need to look into it. Because they already have psychologist, and I am currently attending therapy...ya, and it is exceptional. I think they might need to look at [employing] school psychiatrists ... if maybe they can look into that because the kids here are not okay. Here on campus psychologists send us to outside clinics where there are long queues and you need to also do your school work, so some students end up not going for a checkup or take their medication because of waiting so long. I once sat there for the whole day. Even now I have defaulted because I gave up on staying there for so long. So a school psychiatrist who comes at least once or twice a week to a clinic here in the school will be able to see more patients.”

Themba and Nothile raised the idea that residence assistant should check up students in the respective residences to see if they are holding up well. A concern that I have with this suggestion is that such assistants, who are themselves students, might not necessarily be well trained or in the right space to check up on other students as they might be facing similar mental and psychological challenges. Themba also mentioned that the university might utilize Psychology students doing their Masters or PhD to assist students. He also highlighted that the university needs to pay attention to the mental health of students holistically. He also touched on the number of traditional healer that the institution provides in the belief that it will be easier for students to access traditional healers on campus to help them deal with their mental health.

Some interviews mentioned that they did not believe in seeing a psychologist but sought other means of support. Themba suggested the following:

“The reality is that the support mechanism the university is using does not cater well for the black students who are actually coming from rural areas. Because in as much we can categorize depression as a disorder that is associated with a chemical imbalance in the neurosystem of the human brain, the reality is that, in most cases, factors leading to depression are rooted in our backgrounds. It can our traditions or abuse at home or stigma.

So, whenever I have to deal with that I have to sit down with someone who talks to me in English and who does not understand the reality of my background.”

Themba continued:

“It is also a problem that lots of students are staying in residences with 4 to 5 RAs² with no one who is rooted in the psychology field who understand this kind of thing. So, the university is supposed to use a Masters or PhD student who will extend help to those students staying in residences because one psychologist is not enough compared to the number of students. Number two, we have to rekindle traditional ways of doing things here. UKZN has only one sangoma at Howard College, so whenever I feel like my depression is being fueled by abadala or whatever, I do not know of any sangoma in Pietermaritzburg. So if there is a sangoma on campus I would be able to consult him without delay. Number three, the investment in students’ development, such as self-development in sport, can start in the residences or on campus. Development in extra-mural activities is also important so that students won’t feel alone.”

Nothile said:

“RAs who check up on students could work because DUT students even kill themselves, did you hear? Like, how do you kill yourself in the institution while there are security staff and RAs? This means that this child was giving up on life and all together. So basically, checking up on students and what not.”

Participants Philani and Zoleka recommended creating safe spaces in the residences where students can access support groups to share and alleviate their struggles, whether related to their academics or personal lives. They believed that in this manner the escalating number of suicides in university residences be curbed. Philani suggested the following:

“Mmm, it is...yebo, right now, right now looking at the pandemic there is not much they can do. If everything was open we would be able to see student counsellors. We could then ask them to implement programs. Now only a select few [get help] but everyone on campus knows [we need help] and even the SRC is pushing the issue of mental health. It is an issue

² RA is Resident Assistant.

[at] university that is not talked about much. So right now, the best they can do—because we can't meet face-to-face—is to implement online counselling sessions. Uhh, maybe putting like peer mentors around certain people who are actually seeking help. 'Coz I have always said that when you have someone who has been through that same struggle and who can relate to yours, they can be patient with you, unlike someone who has not been in that particular struggle. So, you make them responsible and make them accountable for their own actions and you put someone in place who will ask them—not even on daily basis but maybe on a weekly basis—'How are you doing this week? Are you coping with your studies? Do you need help, uuh, like setting up your exam or study timetable?' Especially here in residences. If I may speak for people staying in residences. Like, if you know you have like a group of people who stay in a res who are in...who are experiencing the same situation you are in, and you can speak in that room knowing that the conversation is going to stay there, the person is not going to go out and tell the world about your problems and encouraging the SRC and students to take mental illness seriously because right now everyone is worried about the pandemic and focuses on COVID-19. But no one is focusing on mental illness which is an issue; which is a silent killer.... If you notice like in DUT I think like two students committed suicide because of finances. I am just trying to say the two main reasons why students are stressed is because of their finances. So, if you put particular groups like a committee [in charge] or take particular steps in order for you to adjust the matter, I think for now that is the best they can do. It is for them to try and implement programs to encourage students to speak up. They can organise groups—not with their friends, but in an inclusive, safe space where everything stays there. But ya, I think as students it is very hard. We came here and thought, 'Aah, three years done degree and then I will go out into the world...', but hey!"

Zoleka suggested the following:

"...have support groups at res or something because we all live like pretty much next door to each other. So, if we could like meet downstairs or something and be like hey, I have this submission I could not submit and I was late because etc. etc. And the other will be like you were late too and then you see that you are not the only one struggling. But that maybe will be possible post COVID-19 since now no gatherings are allowed and it makes things

just a bit difficult. Rather than that, the university should invest in residence support groups and I think that will prevent things like I have heard stories about students who committed suicide in the res. So like if... and I think that is nonsense because we literally are so close to each other and if that happens to me when someone next door decides they can't do it anymore I will feel like I was right here, and you should have come to me. So, if we have places where we can talk to each other then we won't have a situation where uNomusa feels some type of way and decides to give up because there is no one, so it [support groups] will prevent a lot."

5. 4 Chapter Summary

We shall never know more about depression and what leads one to be depressed if we do not understand the depth of depression. University students are known to be a special group of youths who will be the breadwinners of families as well as the future leaders one day. Getting to know depression and understanding its causes and possible coping mechanism from the viewpoint of students are essential in helping university communities to produce a mentally healthy academic society that believes in mental health matters. Perceptions of what depression is, what causes depression, and how it is labeled of course differ among individuals and societies this study attests to that notion. However, the participants shared some similar views on the topic even though their experiences and understandings were different. They frankly and openly explained their understandings of depression and described various symptoms of depression such as feeling sad for a long period of time, feeling unworthy and hopeless, and being lonely. These feelings and experiences corroborated those described in the literature.

The study concludes that without proper knowledge of and different approaches to dealing with mental health it will remain a difficult fight to curb the number of students struggling with depression at the UKZN-PMB campus. It is clear that there can never be one approach to dealing with depression such as access to a psychologist or even a songoma, as depression is a complex affliction that requires complex solutions. Suggestions such as investing in sport, joining clubs and societies, and establishing peer and professional support groups in residences were offered as the

participants believed that such measures might accommodate the majority of students who cope with depression, stress, and anxiety.

The fact that students were trying to deal with depression in their own way was revealed in the social constructs—particularly in the words and phrases used on social media—that they used to send signals about their struggle. The language that was revealed in the narratives showed that societies, family background and culture, the environment, and particularly social media influenced how these students tended to express their feelings of depression and that they understood it entirely as a form of mental exhaustion and even an illness. This finding urges that no one, particularly UKZN authorities, should never turn a blind eye to the mental health needs of students as, regardless of an expanding body of literature on and awareness of depression, mental health issues among students remain a problem. More particularly, misunderstanding, stigma, and misconceptions about depression remain underlying factors that prevent some students from seeking help or from dealing with depression in an appropriate manner. Based on the various comments and suggestions offered by the participants, there is also clearly not only one way to curb depression as, but just as much as mental illness also differs among individuals, a one-size-fits-all approach towards curing it is not possible.

CHAPTER SIX

SUMMARY OF THE FINDINGS

6.1 Introduction

The aim of this research was to understand depression and its attached social constructs from an anthropological perspective. The investigation was conducted using a sample of 25 UKZN students who represented a wide range of ages and years of study, but of race. It was important to understand whether these UKZN-PMB students conceptualized depression as a mental illness or if they viewed it as some other form of psychological affliction, and thus the study set out to meet various objectives, such as to observe which social constructs affected the students' reaction to depression. This study explored the knowledge of the studied population about depression and sought to understand their perceptions of this phenomenon as well as their insights into its causes. The factors that they believed contributed to depression and their coping strategies to deal with it were therefore forefronted. The literature argues that the history of depression is generally understood from Western and clinical perspectives, yet these neither accommodate nor comprehend how the culture of an individual or society may contribute to particular responses due to a depressed state of mind. This study thus looked at depression through the subjective lens of UKZN students who had experienced, or who believed themselves to have experienced, or who were experiencing depression. No attempt was made to confirm that any of the participating students actually suffered from clinically diagnosed depression or that their self-diagnosed symptoms of depression were indeed a sign that they suffered from this ailment, as such diagnoses were beyond the expertise of the researcher and the scope of the study.

The richness of the presented data validated this qualitative anthropological research and was ideal for understanding the phenomenological experiences of the participants in the specific context in which the study was conducted.

6.2 Recapping the Methodology used in the Study

To achieve the desired results, qualitative research methods were used such as non-probability and snowball sampling, semi-structured interviews, and thematic analysis of the data. Qualitative research is conducted in a natural setting where researchers can study things or people as they are (Mohajan, 2018). Anthropologists are well known for conducting studies on human populations to understand their way of life and their diverse cultures and life experiences. Zikic (2007) explains that data collected using qualitative research is further used as a tool for social action or intervention. The latter scholar further explains that qualitative research is usually included in the preparatory part of social reaction and intervention in consideration of some problem that society faces. By eliciting the views of recruited university students, this study attempted to illuminate the factors that caused depression, to determine how depression was understood by university students, and to highlight the social constructs students use to make sense of depression. In my endeavours the qualitative methods of inquiry I employed thoroughly assisted me to understand the problem associated with the topic under study. Qualitative research is descriptive and its findings are based on life history methodology. I thus utilised in-depth interviews that allowed me to observe the participants and listen to and analyze their narratives (Cresswell & Cresswell, 2015).

6.3 Discussion of the Main Findings

6.3.1 Understanding depression

Vromans (2007) states that the issue is not what depression or mental illness is, but how a person makes sense of their situation. Also, the issue is not if there is really a problem, but what sense a person makes of that problem. This scholar thus poses the question: “What relationship do they have with this problem and how might their relationship with the problem be changed so as to make it less troublesome?” (Vromans, 2007:66).

Vroman’s question highlights what the literature review and my investigation of the topic under study were hoping to find through the narrative approach. The interviews enabled communication from the participants with the researcher while they expressed their thoughts and understandings about and their experiences of depression. The also revealed what social constructs they and their immediate societies attached to depression and in this process I could discern what causative

factors of depression were deemed important by these university students. Their narratives confirmed that depression is indeed a complex phenomenon as it is often an inexplicable mental phenomenon that cages people and leaves them destitute and lonely. Aaron Beck (1967) is a cognitive theorist who studied people suffering from depression and found that such people appraised events in a negative way. He posits a cognitive triad in which there are three forms of negativity, namely negative thoughts about the self, the world, and the future. The self speaks to Maslow's (1943) hierarchy of needs as the person lives in a world where there are many events that constantly threaten their psychological state. Moreover, the environment does not empower the depressed person to accept that better days are coming and the future does thus not look bright because varying hardships and expectations seem insurmountable and the person feels as if these cannot possibly be achieved.

6.3.2 Factors that cause depression

One finding is that the students viewed depression from a cross-cultural epistemological lens as they expressed the extent to which they succumbed to depression as pervasively painful, which this study refers to as verbal pain expression. What emerged vividly from this qualitative study was that the social constructs that the students attached to depression expressed a deep sense of anguish and had a cultural footprint. This was revealed when the narratives depicted how their families had socially constructed what depression meant and how the person who suffered from depression should be and should respond. The use of cultural language depicted cultural reflexivity which anthropologists recognise as a unique trait of people's socialization and identity. It could therefore be concluded that the cultural socialization of the students contributed to how and why they concealed their emotions of being depressed. For instance, most would hide in their rooms and did not want to seek medical help because they feared that their families would get involved and would not approve or that they would see them as weak. Ironically, these families had high expectations of these students not for their sakes, but for the benefits they could harvest from their achievements one day. Sorokhani et al. (2013) argue that most students face challenges at university. Many find it hard to fit in when they arrive at first, while others find it difficult to reconnect when they come back after recess. Others fail to keep up with academic requirements and they fail to obtain good grades, while many are stressed by teaching and learning patterns that

they are not familiar with. Most students don't cope but also do not seek medical help. Some cope by finding friends who are going through the same ordeal while many skip academic classes and lock themselves in their rooms, not knowing that they are depressed and should seek professional help. These symptoms are prevalent in all students regardless of race, age, and field of study and this implies that depression cannot be understood as a racial hegemonic experience (Williams,2018).

The research findings also illuminated that the state of being depressed or going through depression cannot be considered as a general issue because it is triggered by several living conditions. Gendered and socioeconomic concepts such as children who study are 'black tax' and that *uyasikweleta* 'you owe us' are familial or parental expectations that are socially constructed and clearly social demands that cause the state of being depressed. 'Black tax' has emerged as a social construct that implies that if one is becoming or is to become financially affluent, one owes one's family that has to be paid back in financial terms. Shoba (2018) affirms that many poor students from black communities are normally the first ones in their families to enter higher education institutions. I believe, based on much evidence that emerged from the data, that such students' depression is caused by the immense pressure that they are under not only to achieve, but to become the breadwinners of their families sooner rather than later. Students often choose to put on a brave face when dealing with stress and depression as they cannot disappoint those who are dependent on them. This study validated this notion and also discovered that even females felt caged by persistent stereotypical thinking (they might get pregnant; they will have to drop out to take care of the baby) that predisposes them to a state of being depressed. What is notable as alluded to above is that, in some families, the parents are viewing the education of their offspring as a profitable investment that should pay out when the student's degree is conferred onto him or her. This plan to gain from their children's academic afforest does not seem to be encouraging psychological strength—rather, it predisposes their offspring depression which is a mental and psychological state that they are afraid to discuss with their parents. It is of course acknowledged that when their children go to university, previously disadvantaged parent in African communities are delighted as they expect their children to change intolerable socio-economic conditions back home. However, immense pressure and poor support are detrimental to the mental health of many such students.

6.3.3 Coping strategies to deal with depression

Study findings highlighted that the coping strategies that the participants used differed among individuals for different reasons. Dapaah and Amoako (2019) observe that students tend to find ways to cope with their mental health issues without necessarily depending on medication or traditional psychotherapy. They reveal that, based on their surroundings, students developed new habits and routines which then become a way of coping with depression. The current study found that students used both positive and negative ways of dealing with depression and mental or psychological pressures. For instance, most participants depended on friends who were going through the same ordeal or friends who understood and comforted them, which helped them cope in difficult times. It was also highlighted that talking to someone, whether a psychologist, sangoma, or anyone with a sympathetic ear also helped the students to coping with depression, anxiety, and stress. Moreover, taking part in sport, joining a club or interest group, going for walks, doing window shopping, and generally keeping busy instead of staying home alone were ways of coping in a positive way. Some also argued that going to a gym was therapeutic as they met people there whom they could talk to and interact with, and this gave them a sense of social support and helped to take their minds off the darkness that threatened to enfold them.

The findings also revealed that some students dealt with their dark emotions, stress, and feelings of hopelessness in a negative way by choosing to use alcohol or drugs and engaging in other risky behaviours such as irresponsible free sex. According to the cognitive theory of depression, when someone allows their thoughts to be negative, it leads to depression as one's thoughts, feelings, and behaviours are all linked. When people allow negative thoughts to overwhelm positive action and behaviour, they feel consistently bad and become moody and depressed and this causes bad behaviour that eventually becomes a vicious cycle. Aaron Beck's (1967) cognitive theory of depression argues that negativity causes the victim of depression to focus on beliefs rather than behaviour. He believes that depression is caused by how one thinks and what one believes about one's situations. This notion was corroborated by the findings of the current study as it was revealed that when the participants felt that the burden of their academic work had become beyond bearable, or when they felt that family demands had become too much, they engaged in substance

abuse to numb the pain. Using alcohol and drug, particularly smoking weed, was justified as they were then able to laugh and enjoy themselves as they forgot the enveloping darkness of their troubles for a short while. This clearly means that students who reverted to the latter coping strategies were never able to escape their depression as it was not dealt with at the core, but was suppressed.

6.3.4 Social constructs

The social constructs that emerged seemed critical as they tended to be expressed on social media where they are regarded more as a joke than a cry for help. This is a cause of depression that the UKZN should take note of and act upon urgently to curb the escalation in depression among students. The constructs that emerged might be the tip of the iceberg, and this suggests that they should be recorded in a book that lists these constructs and the meanings attached to them, such as the Diagnostic and Statistical Manual for Mental Disorders (DSM) which identifies depression as a somatic mental disorder. They also contribute a cultural epistemic/indigenous knowledge which depict how parents in most Zulu families have owned as positioning their parenting skills and how they make sense of their children behaviour. The current study revealed that society, and often black students' close families and societies, labelled the symptoms of depression as ludicrous or attention-seeking behaviour. As these students primarily represented black African culture, it seemed clear that this culture, that is steeped in traditional beliefs and customs, still does not understand or recognize depression and that black students who are in its dark clutches then delay seeking help from health care agents. With time, certain words and phrases in Mzansi South Africa have been used to voice the struggle and anxiety that black students feel. However, social media has the power to desensitize its users to those words and they are relegated to common expressions used on a daily basis that nobody really pays attention to. Some students revealed how they used memes to illustrate their levels of stress and anxiety. My exploration of Facebook and Twitter also revealed that black parents react negatively when confronted with their children's depression or when their children suggest therapy. I thus observed that parents, more especially in our black communities, find it difficult to make sense of depression or its existence. Some interviewees also specifically referred to their parents' disregard of their negative experiences and the fact that they could never discuss the darkness of depression with them.

Certain words and phrases are used when a student opens up and says that he or she is struggling with depression, but parents or older family members will then say mocking things such as: “*Don’t shout at her or she will hang herself*”, or “*Are you laughing today? Has your depression gone?*” When a black student admits that he/she is experiencing depression, some parent might respond as follows: “*After everything I have done for you? Can you wash dishes, or do they depress you too? Ubakanjani ne depression unone kanje?*” [*How can you have depression if you are gaining weight?*]. Most of the participants felt that they were misunderstood by their parents when it came to their mental health. These social constructs could have emerged because of the gap that exists between the youth and the older generation as the latter grew up in an era that was about survival and fighting political oppression. The older generation may never really have had the time to deal with their psychological needs and thus their emotional needs were neglected. However, they were able to survive and raise their families by giving them shelter, putting food on the table, and making sure their children stayed out of trouble. For them loving their children was enough and there was no time to deal with trauma from a psychological perspective. In modern times, when children talk about not being understood at home or not feeling like waking up in the morning, they are labeled as ‘lazy. If they have constant mental breakdowns due to anxiety they are told they are *bayatetema* (moody or spoilt brats) and weak or *banedlozi* (hear ancestral calling). The study thus confirmed that different connotations lead to different social constructs, and that the phenomenon of depression is no exception in this regard.

6.3.5 Recommendations on how to deal with mental health at university level

The literature is clear on the point that depression has a detrimental effect on the academic achievements of students, and the findings of the current study corroborate that notion. It is thus important that relevant officials on the UKZN-PMB campus should act proactively to render mental health services to students instead of being reactionary. The content of modules and the language of teaching were also mentioned as factors that caused students to feel depressed or anxious. It is, in my view, critical to give recognition to this finding because UKZN accommodates numerous students who come from historically under-resourced schools and whose enrolment at university is a result of the massification call for equitable education by the democratic voice. The

UKZN is commended for its inclusion approach following this call but it is high time for the decolonization of its curriculum so that the use of the IsiZulu language is expedited to benefit students who are academically capable but compromised by the fact that they cannot express themselves adequately in English despite the fact that their medium of instruction at school was primarily English.

Moreover, the findings confirm that a one-fits-all approach in dealing with mental illness on campus is not an option as people respond differently when they are required to deal with depression. Some students choose therapy and make use of the student support services available on campus, while others prefer other modes such as visiting a sangoma or finding a supportive friend. Also, as society has shifted from traditional support structures to online platforms, students seem to find it difficult to engage in physical face-to-face consultations. Financial constraints also seem to play a role in this regard as parents (particularly black parents, as was revealed in this study) are reportedly loath to fork out money to pay for mental health support.

Most of the participants resided in university residences where students also experience ordeals associated with depression. However, there was evidence that limited to no social support was provided in residences to ease their trauma. Some participants admitted that the social support of their fellow students helped them to cope and they found comfort in the knowledge that they were not alone in their struggles with depression, anxiety and stress. Students' residences at UKZN appoint resident assistants (RAs) and it was suggested by a couple of respondents that it would be of great help if these RAs could check on students to monitor their well-being. Others suggested that Masters and PhD Psychology students at least have an idea what to do when approached by students dealing with depression, and such knowledgeable students should thus be identified to render assistance to struggling students in residences. However, it is questionable whether RAs will be successful in this regard, considering that they are students themselves. The institution's Department of Housing should thus investigate this proposal as a possible way of supporting students with mental health problems and to enhance the conducive environment for students living in residences. If this system is introduced and deemed effective, it should of course be extended to students living off campus as well.

6.4 Chapter Summary

The purpose of this chapter was to present the findings of the study. The participants' understandings and the social constructs (particularly words and phrases commonly used) they attached to depression were discussed. The data revealed that the participants were aware of what depression entails as they commonly understood it as a form of mental illness that affects the moods, thoughts, and behaviour of those afflicted by it. They also referred to it as coming in 'episodes' which means they understood that it is not a once-off feeling of anxiety but something that affects a person over a period of time. Moreover, the participants, who were predominantly of black ethnic groups, conceptualised depression slightly differently from what it is regarded according to the Western view. Their views were thus impacted by to their African culture and upbringing. The results thus highlight the notion that culture has an impact on how one understands depression and how one responds and relates to it as an individual living in a particular society with specific views and beliefs.

Study findings showed that beliefs about the causes of depression were mostly associated with academic stress (the pressure of excelling academically and the fear of failure), the socio-economic status of UKZN students (financial constraints), not having strong social support from the family, and the struggle to adapt to the university environment, its more sophisticated use of the English language than at school level, and the heavy workload associated with tertiary education. The findings also revealed that the students responded differently to the demands of depression and stress by devising a range of coping mechanisms or strategies. They thus responded to depression, anxiety, and stress in different ways as some responded in a positive way while others responded in a negative way. The students navigated the challenges they encountered both internally and externally by finding out what worked best for them in dealing with mental illness.

The study also identified various social constructs that emerged from the data and it is argued that this is a critical contribution that the UKZN should act upon in order to urgently attend to students who suffer from depression. The range of these constructs is quite wide and it is suggested that a book of these constructs and the meanings attached to them be published in a similar anthology as the Diagnostic and Statistical Manual for Mental Disorders (DSM). These social constructs

attached to depression were reflected in a particular language as they occurred in the form of words and phrases in IsiZulu, which was the language of the majority of the participants. Words and phrases that made sense to the students and expressed their battles were thus used to label depression. The impact of culture on the students was evident as the students narrated that their parents, families, and societies generally viewed depression in a poor light as they deemed it as something that should be mocked and disregarded. This was not helpful as the participants admitted that they could not be open about their condition or deal with depression in an appropriate manner as their parents would not view depression as an illness or even as something that truly existed. They lamented that they would be mocked as lazy, moody, hearing an ancestral calling, and so on. This finding highlights the importance of awareness and education to understand mental illness at a deeper and wider level.

The findings that emerged from this study were in agreement with the literature and the theories that were employed, but a gap that needs to be filled is a wider understanding of the nature and impact of social constructs and culture on the depression phenomenon.

CHAPTER SEVEN CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This purpose of this research study was to understand depression and its attached social constructs from an anthropological perspective. The study involved 25 students as a case study at the University of KwaZulu-Natal, Pietermaritzburg campus. It aimed to answer the main research question which was to determine what the participating students defined as depression. The data that were elicited were able to address this question and thus the objectives of the study were achieved. In essence, it was determined what the students' provided various definitions of depression, explained what factors caused them to fall into a depressed state, what social constructs were attached to depression, how depression affected their academic progress, what interventions were used to ease depression, and what recommendations they could offer that the university could use to address better mental health among its students.

Essential findings were that the students were aware of the dangers posed by mental illness, such as the threat of suicide, if it is not dealt with. It was revealed that students with depression preferred to approach a friend or friends to help them through the dark times of depression and anxiety. It was acknowledged that clinical diagnosis of depression was beyond the scope of the study, but it was found that the students tended to self-diagnose and thus identify themselves as suffering from depression. They often expressed this condition as experiencing anxiety and/or stress. They were thus aware of the symptoms of depression and collectively tracked various episodes and experiences of depression in their narratives. However, few admitted to using any medication but referred to mechanisms to deal with depression such as finding social support, talking to friends, and going to therapy that is provided by the university. Reference was also made of the value of traditional sangomas. Some chose substance abuse and some engaged in risky behaviours such as sex with multiple partners as coping strategies.

This study ultimately succeeded in providing an overview of depression among UKZN-PMB students and thus offers insights that are promising in enhancing awareness of depression and mental illness. It also revealed the threat that students might be hindered from speaking out and be

understood because their background and culture have created social constructs that deny the existence of mental illness among the youth. Rather, black families and society seem to mock and belittle those who genuinely suffer from anxiety and a sense of deep darkness, loneliness, and worthlessness.

7.2 Contributions of the Study

- This study contributes qualitative anthropological evidence that UKZN-PMB students experience depression and use socially constructed language to describe their understanding and experiences of this form of mental illness hence there is a need to investigate multiple ways of dealing with mental illness among students.
- Theoretical frameworks that underpinned this investigation confirm that qualitative anthropological research is an ideal approach to elicit in-depth understanding of the phenomenological experiences of people in a specific context. The theories that were employed thus helped me to better understand the experiences of the participants and to illuminate insights that may guide society to better understand depression and how we can address this issue, particularly among university students.
- The findings also revealed that students who are struggling or who are experiencing symptoms of depression are adept at identifying others who are battling with the same torment. This ability is particularly entrenched in the power of language which depicts cultural epistemologies, as was discovered by this study that clearly revealed cultural epistemologies in the IsiZulu language. Linguistic anthropologists agree that human beings express what they are going through as cognitive intellectual tools for acting in the context they find themselves in; hence anthropologists pay attention to meanings attached to social constructs from people of different cultures. The use of culturally-based language in this study depicted cultural reflexivity, which anthropologists identify as a unique trait of people's socialization and identity. Such social constructs are contributed as cultural epistemologies or narratives of being depressed, which implies that cultural interventions need to be regarded as responsive interventions that the institution should employ as a

proactive and intentional measure to address the threat of depression among its students. The social constructs that were revealed by this study confirm that depression cannot be understood only from the lens of the Diagnostic and Statistical Manual of Mental Disorders (DSM) alone, but that it should also be explored through emic/explanatory models that convey the impact or the extent of depression as it manifests in university students.

7.3 Limitations of the Study

- The study was conducted on one of four UKZN campuses and therefore the findings cannot be generalized to other campuses of this university or others.
- Data were collected during the COVID-19 pandemic and the protocols restricted access to study participants. However, I adhered to all the protocols as expected by the UKZN Research Ethics Committee.
- Only one-on-one interviews and no focus group discussions were conducted, and this limited the range and depth of data to some extent. As an anthropological study it would have been beneficial to obtain insight into the collective experiences of participants as obtained from focus group discussions, but this was not possible due to COVID-19 restrictions. *Future research within the context of Covid-19 is recommended.*
- The sampling technique and the sensitive nature of the study also limited access to a large body of participants. The results may thus not be generalized to the entire student population of the UKZN-PMB campus.
- More female than male participants were recruited, possibly because females find it easier to speak about stress, anxiety and depression than their male counterparts. Future research is recommended which will be *probing why male students are not comfortable to talk about depression.*

7.4 Recommendations

- Due to the fact that mental illness cases seem to be escalating in South Africa, there is a dire need for extensive qualitative research to explore the depression phenomenon amongst university students even during the era of Covid-19 which is the content that this did not

focus on as it was cleared before its advent. More research on mental illness is needed in South African universities to explore and understand the experiences of university students in terms of depression/mental health. Large samples should also be engaged in order to generalize the data.

- It is also recommended that future research based on a similar study design should incorporate all races and target the community of students at large. The findings based on such a more representative sample can then be generalized.
- The university of KwaZulu-Natal Housing Department should also consider contracting Residential Assistants “RA” who are doing their Masters in Psychology as it is believed that they would be able to diagnose symptoms of depression early, or alternatively conduct residential programmes which address depression symptoms.
- This study thus concludes by recommending a holistic approach (which observes social constructs that emerged in this study) when designing and implementing of awareness programmes towards an in-depth understanding of depression amongst UKZN students. The university student support services should have pop-up messages or billboards using these social constructs in order to invite students for immediate interventions. e.g.
 - ✓ *uma uzizwa ukuthi uyaGOWISHA we are here to help you or to provide any academic/therapeutic support.*
 - ✓ *uma uzizwa ukuthi awukhoni, trust that the university student support service centre is here to help you pull through.*
- Recommendation for future research is suggested as follows:
 - ✓ *within the context of Covid-19 is recommended.*
 - ✓ *probing why UKZN male students are not comfortable to talk about depression.*

7.5 Chapter Summary

The theories that were employed and the objectives of this study guided the interview questions and assisted me in analyzing the narratives of the participants and to achieve the aim of the study. The findings revealed that the university students under study experienced mental stress and anxiety that could, in the context of this investigation, be viewed as symptoms of depression as

expounded in the literature. The findings were corroborated by earlier scholars' arguments. Essentially, it is agreed that students understand and deal with depression in different ways and that a one-size-fits-all approach in dealing with mental illness among university students should be discouraged. Depression affects students' academic progress and life in general because they find themselves feeling unworthy, harbouring negative thoughts, and feeling inadequate. Those who experience depression, or symptoms thereof, attach different connotations to this affliction. They also attached various social constructs to their experiences of depression as a way of making sense of what they have to deal with, particularly as depression is not viewed in a sympathetic light by their parents and families and by the black African culture at large. Students thus engage in either positive or negative coping strategies to deal with the darkness that envelops them when they experience 'an episode of depression' or when they are confronted with extreme anxiety.

The chapter was concluded with a discussion of the study's limitations. Recommendations are offered that may guide future research in this field.

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Appendixes

Annexure A: Gatekeepers' Clearance



Sinenhlanhla Santa Mthembu (SN 212502959)
School of Social Sciences
College of Humanities
Pietermaritzburg Campus
UKZN
Email: 212502959@stu.ukzn.ac.za

Dear Ms Mthembu

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"The Anthropological understanding of depression and attached social constructs amongst university students: The case study of UKZN-PMB."

It is noted that you will be constituting your sample by conducting interviews and/or focus group discussions with students on the Pietermaritzburg campus. (Taking in account the regulations imposed during the lockdown ie restrictions on gatherings, travel, social distancing etc. ZOOM, Skype or telephone interviews recommended).

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance approval letter;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the PAIA and POPI Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely



DR KE CLELAND
REGISTRAR (ACTING)

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za
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Annexure B: Ethical Clearance



11 December 2020

Miss Sinenhlanhla Santa Mthembu (212502959)
School of Social Sciences
Pietermaritzburg Campus

Dear Ms Mthembu,

Protocol reference number: HSSREC/00001568/2020

Project title: The Anthropological understanding of depression and attached social constructs amongst university students: The case study of UKZN-PMB

Degree: Masters

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 04 November 2020 to our letter of 26 October 2020 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year until 10 November 2021

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours faithfully



.....
Professor Dipane Hlalele (Chair)

/ms

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587
Website: <http://research.ukzn.ac.za/Research-Ethics/>

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**UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS
COMMITTEE (HSSREC)**

**APPLICATION FOR ETHICS APPROVAL
For research with human participants**

Information Sheet and Consent to Participate in Research

Date:

Hello

My name is Sinenhlanhla Santa Mthembu. I am a master's student at the University of KwaZulu-Natal from the school of social science in the discipline of Anthropology. I can be contacted as follows:

Cell number: 0673927170/0735080087

E-mail: 212502959@stu.ukzn.ac.za or
santamvelae@gmail.com

You are being invited to consider in participating in a study that is about the anthropological understanding of factors leading to depression and social construct attached to it. The aim and the purpose of this research is to collect and report the social constructions attached to depression in the University of KwaZulu-Natal Pietermaritzburg students. The recruitment or the sampling of twenty (20) or more of research participants will be achieved through purposive and the snowballing sampling technique. The mentioning of more allows the researcher to collect the intended data until the level of data saturation is reached. The proposed sampled group will not be restricted to a certain age, race, gender, nationality, academic level of study or college of registration because depression is believed to affect everyone regardless of their status. I chose to keep it open to all students from all colleges because the study is exploring the factors, social construction and conceptualization of depression on campus. Therefore, it is important to find views from all university students and it is a holistically understanding that this anthropological study is contributing. The data collection is expected to last for an hour (1hour) per school, per day for the study to collect substantial information.

The study may appear sensitive; hence, depression is still a sensitive topic to many. Therefore, I will not pose questions that instigate psychological harm on them the research has no intentions in asking what have triggered their depression. I will also clarify to them that they may discontinue with the study should they feel that they are asked questions creating any form of discomfort. I will avoid such by making sure that I stick on asking questions that are part of the data collection

1

instrument and refrain from asking questions that are of my personal interest. I will probe to inquire for more clarity but that I will also be in a position to study the body expressions of the respondent in order to avoid probing more. The study might not provide direct benefits to the participants nor provide an immediate response to the challenges; However, it will be of a great contribution in the body of the University Polices and Student Support Services (SSS) in knowing how to better help students suffering with depression. Participation in this study will be solely voluntary and all participants will be treated fairly while allowed to withdraw from the study in case of discomfort.

The study could potentially cost participants emotional distress however this will not be intentionally aimed by the study. In case of such potential cost the researcher wishes to comfort the participants through the availability of the School psychologists.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSSREC/00001568/2020).

In the event of any problems or concerns/questions you may contact the researcher at:

Cell number: 0673927170/0735080087

E-mail: 212502959@stu.ukzn.ac.za

santamvelae@gmail.com

or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participants are being assured that participation in this research is voluntary and may withdraw participation at any point. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit to which they are normally entitled. However, your withdrawal from the study might contribute to insufficiency of information to complete this study as problems faced by the university students in understanding depression will not be known as they are affected differently by this problem. Participants are advised to inform the researcher of their withdrawal of consent from study participation Describe the potential consequences to the participant for withdrawal from the study should they wish to discontinue.

The study does not aim to cause any harmful cost to the participants although participants may incur emotional distress owing to the nature of the study.

The study aims to protect confidentiality of information through non-disclosure but only will be used for research completion purposes and will be kept as research evidence or proof when required so.

CONSENT TO PARTICIPATE IN RESEARCH

I.....have been informed about the study entitled
(The anthropological understanding of factors leading to depression and social construct
attached to it. Narratives of UKZN students, PMB Campus). Conducted by Sinenhlanhla.S.
Mthembu

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation, Psychological help or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at:

Cell: 0673927170/0735080087
E-mail: 212502959@stu.ukzn.ac.za
santamvelae@gmail.com.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to

Note taking of my interview/ focus group discussion YES /NO

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date



INDIVIDUAL INTERVIEW SCHEDULE FOR PARENTS (COLLECTIVE VOICE)

Opening

- A. My name is Sinenhlanhla Santa Mthembu. Thank you for making time to engage in this focus group interview.
- B. As affected students in one way or another in this study I would like to ask you some questions about your understanding of factors leading to depression and social construct attached to it. Narratives of UKZN students, PMB Campus.
- C. I am hopeful that this information will help me bring value in completing my research Master's degree and hopefully help towards the initiation of better change among society.
- D. This interview session will be recorded given your permission and may take up to an hour of your time so to share all your lived experiences. Are you available to remain for the duration?

In this session you will be allowed to use an identity of your choice which may or may not be your real name.

Please sign the consent form before we can actually proceed with the session.

Focus group discussion schedule:

1. How old are?

2. Where do you originally come from?

3. Which faculty are you studying in?

4. According to you, what is depression or being depressed?

5. What are the factors do you think are leading to depression or being depressed?

6. What are the social constructs attached to depression?

7. How has depression impacted your academic progress as a student?

8. What interventions that students diagnosed with depression explore?

9. What recommendations can you make to the university?

Thank you again for making time to complete this interview. Your contribution is appreciated.



UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL For research with human participants

Ikhasi Leminingwane Kanye Nemvume Yokubamba Iqhaza Kucwaningo

Date:

Ngiyanibingelela Bafundi

Igama lami ngingu Sinenhlanhla Santa Mthembu Umfundi owenza iziqu ze-Masters kwi-Anthropology ngaphansi kwesikole seSayensi yezenhlalakahle Enyuvesi yaKwaZulu-Natali. Imininingwane yami:

Cell: 0673927170 /0735080087
E-mail: 212502959@stu.ukzn.ac.za
santamvelae@gmail.com

Umenywa ukuba ube yingxenywe yocwaningo olumayelana nokuthola izinto noma izizathu eziholela ethutheni abantu bazithole sebephethwe isifo sokugcindezeleka ngokomqondo. Inhloso eyingqikithi ngalolucwaningo ukuthola nokubika ngalesi sifo kanye nokwakhiwa kwezenhlalo okumataniswa nokuqhubeka kwaso lesi sifo phakathi kwabafundi baseNyuvesi yaKwaZulu-Natal. Ukwakhiwa kwabafundi abazoba yingxenywe yalolucwaningo kuhlelwe ngendlela eyinhloso lapho kuzoqokwa khona ngenhloso abafundi abanolwazi ngalesi sifo. Enye indlela yokuqoka laba bafundi ezosentshenziswa kulolu ncwaningo indlela eyandisa isibala samalunga azobamba iqhaza (Snowballing) lapha umfundi oyedwa owaziwayo futhi onolwazi ngalesi sifo uyocelwa ukuba asazise komunye amaziyo onolwazi ngalesi sifo, nabanye kanjalo kanjalo kuze kufinyelele kwisibalo esikaliwe samashumi ababili (20). Ukwanda kwesibalo nokuphumelela kwabafundi abaqokiwe kuzoba wusizo olukhulu kumncwaningi ngoba kuyobe kuchaza ukwanda nokujula kolwazi olufunakalayo. ukuqoqwa kwabafundi abahlongoziwe kulolu cwaningo kuzoba okuvulekile, okusho ukuthi kuzobe kungabekwe migomo yeminyaka yobudala, ubuhlanga, ubulili obuthile, ubuzwe, izinga lemfundo noma ikolishi akulo ngaphakathi enyuvesi ngoba isifo sengcindezi yomqondo ayincikile kulokhu okubaliwe kodwa kukholelwa ekutheni ithinta wonke umuntu. Ngikhethe ukugcina lokhu kuqoqwa kwabafundi kuvulekile ngoba lolu cwaningo lubheka

7

izakhi, ukwakhiwa kwehlalo kanye nokuqanjwa kwengcindezi enyuvesi. Ngakho-ke, kubalulekile ukuthola kubo bonke abafundi basenyuvesi futhi kukuqonda ngokuphelele ukuthi lolu cwaningo lwe-anthropological luyasiza. Ukuqoqwa kwedatha kulindeleke ukuthi kuthathe ihora (ihora elilodwa) ngesikole, ngosuku ukuze ucwaningo luzokwazi ukuqoqa ulwazi olwanele.

Ucwaningo lungahle lubonakale lubucayi; ngakho-ke, ukudangala kusisihloko esizwelayo kwabaningi. Ngakho-ke, ngeke ngibuze imibuzo engadala intukuthelo nokuhlukumeza kulabo abazobe beyingxenywe yalolucwaningo ngoba ucwaningo alunazinhloso zokubuza ukuthi yini edale ukudangala kwabo. Ngizozinisekisa ukuthi ngiyacacisa ukuthi banemvume yokungaqhubeki nenqubo yalolu cwaningo uma benomuzwa wokuthi babuzwa imibuzo edala noma iluphi uhlobo lokungenami. Ngizokugwema lokhu ngokuthi ngiqinisekise ukuthi ngiyabambelela ekubuzeni imibuzo eyingxenywe yohlelo lokuqoqa ulwazi futhi ngigweme ukubuza imibuzo engahlobene naleyo ebihlelelwe lolucwaningo. Ngizozala ngicele ukucaciselwa kabanzi kepha ngizobe sengisesimweni sokufunda imizwa nokunyakaza kwemizimba yabafundi ekuphenduleni imibuzo ukuze ngigweme ukuhlolisisa kakhulu. Ucwaningo lungeke lunikeze izinzuzo eziqondile kulabo ababambe iqhaza noma linikeze impendulo ngokushesha ezinseleleni; Kodwa-ke, kuzoba negalelo elikhulu emzimbeni we-University Polices and Student Support Services (SSS) ngokwazi ukuthi ungazisiza kanjani kangcono izitshudeni ezinengcindezelelo. Ukubamba iqhaza kulolu cwaningo kuzoba ngokuzinikela kuphela futhi bonke abazobe bebambe iqhaza bazophathwa kahle ngenkathi bavunyelwe ukuhoxa ocwaningweni uma kukhona ukungaphatheki kahle.

Ucwaningo luhlose ukuvikela ubumfihlo bolwazi ngokungadalulwa kodwa luzosetshenziselwa izinhloso zokuqedelwa ucwaningo futhi luzogcinwa njengobufakazi bocwaningo noma ubufakazi lapho kudingeka kanjalo.

Lolucwaningo luhlolisisiwe kabanzi futhi luphasisiwe yithimba elibhekelela izimiso zokuhle enyuvesi i-UKZN Humanities and Social Sciences Research Ethics Committee (inombolo eqinisekisiyo: HSSREC/00001568/2020).

Ezikhathini lapho kubonakala khona izinkinga noma ukungacaci abafundi bangadlulisa lezo zikhala noma imibuzo ngokuxhumana nami ocingweni ku-0673927170 /0735080087 noma nge E-mail 212502959@stu.ukzn.ac.za noma santamvelae@gmail.com noma bangaxhumana nenyuvesi ngalemininingwane elandelayo ethi: UKZN Humanities & Social Sciences Research Ethics Committee

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

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Email: HSSREC@ukzn.ac.za

Ukubamba iqhaza kulolucwaningo kuzoba ngemvume yabafundi, hhayi ngempoqo. Abafundi bavumelekile ukubuza imibuzo lapho kuzoba nesidingo khona futhi bavumelekile ukweqa imibuzo ababuzwa yona noma ukuhonxa kulolucwaningo lapho befisa khona ngezimo zokungakhululeki. Lokhu kuzokwenzeka ngale kokuhlawuliswa noma ukunqabelwa ukuba yingxenye yenzuzo engenziwa yilolucwaningo. Impumelelo yalolucwaningo incike kakhulu kulwazi neminingwane eyaziwa noma ebonwa abazali, lokhu kusho ukuthi lolucwaningo lungathikamezeka ekutheni luthole ulwazi olwanele olungasiza umphakathi wonkana ukuthi ulethelwe izinguquko uma umfundi bekhetha ukungazibandakanyi nhlobo noma ukuhoxa kulolucwaningo ngokuthi izinkinga ezibhekana nabafundi ekuqondeni ngokuphele ukhwantalala (Depression) enyuvesi yaKwaZulu-Natal (PMB) ngeke zaziwe noma zifinyelele ezindlebeni zeziphathimandla zemfundo yasenyuvesi.

Kulindelekile ukuba umfundi obambe iqhaza kulolucwaningo azithole esesimweni sokungakhululeki noma kuvuke imizwa engemihle yize lokhu kungeyona inhloso yalolucwaningo. Abafundi bayaziswa ukuthi umbuthi wolwazi uyazwelana nabo mayelana nazimo ezigahle zivuswe ilolucwaningo.

Ulwazi olwezokululekwa noma olukolekiwe luzocineka luyimfihlo phakathi kwabafundi nomkoleki wolwazi futhi luzosetshenziswa ngokuhlobene nocwaningo kuphela.

Imvume

Mina..... (igama lomfundi) ngazisiwe ngoncwaningo olumayelana nokukolekwa kwemizwa nokuqonda kwabaundi mayelana nesifo ukhwantalala (Depression) Kanye nesandla somphakathi ekuqondeni lesisifo. Ucwano lwenziw ngu Sinenhlanhla.S. Mthembu

Ngiyayiqonda inhloso nenqubo yalolucwaningo oluthinta imizwa yami ngesimo esibhekene nesimo sontwana wami.

Nginikeziwe ithuba lokuthi ngiphendule imibuzo mayelana nalolucwaningo futhi ngiphendule ngendlela engiculisayo.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungemvumo yami futhi ngazisiwe ukuthi ngingahoxa kulolucwaningo noma kunini ngale kokuhlawuliswa noma ukuthinteka kwamalungelo ami.

Ngazisiwe ngobungozi obungalandela noma imizwa engavuka ngenxa yokuzibandakanya kwami kulolucwaningo.

Lapho nginemibuzo noma ukukhathazeka khona mayelana nalolucwaningo ngiyazi ukuthi ngingaxhumana nomkoleki wolwazi ngalezi zindlela zokuxhumana

Ucingo: 0673927170 /0735080087

Noma nge E-mail: 212502959@stu.ukzn.ac.za noma santamvelae@gmail.com

Ngiyazi ukuthi uma kwenzeka ngiba nemibuzo noma ukukhathazeka ngamalungelo ami ngokubamba iqhaza kulolucwaningo noma enye ingxenye ethinta lolucwaningo noma umkoleki wolwazi uqobo ngingaxhumana nethimba lenyuvesi elibhekelela izimiso zokuhle kuleminingwane elandelayo:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

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Email: HSSREC@ukzn.ac.za

Ngiyavuma ukubamba iqhaza kulolucwaningo

Ingaqoshwa ingxoxo yami / ingxoxo ehlanganisa nabanye YES / NO

Sayinda (umzali)

Usuku

Sayinda (ufakazi)
(Uma ekhona)

Usuku

Sayinda (utolika)
(Uma ekhona)

Date

Uhlelo Lwengxoxo naBazali bonkana

UKUVULA

- E. Sanibonani igama lami ngingu Sinenhlanhla.S. Mthembu Ngiyabonga ngokuthi ningiphe isikhathi senu ukuzibandakanya kulengxoxo ezoncika ohlwini lwemibuzo.
- F. njengabafundi abathintekayo kokufunwa ilolucwaningo olumayelana nokuqoqwa kolwazi ngokuqonda mayelana nesifo ukhwantalala (Depression) Kanye nesandla esidlalwa umphakathi ekuqondeni lesisi. Ngizothanda ukunibuza imibuzo enizoyiphendula sakuxoxa mayelana nemizwa yenu noma ukuphatheka emphakathini ngenxa yokungaphumeleli kwabantwana benu.
- G. Ngiyathemba ukuthi lolulwazi engizoluthola kunina bafundi luzongisiza ukuphuthula iziqu zami ze-masters. Ngiyathemba futhi ukuthi lolulwazi engizoluthola kini luzosiza ukwenza ushinto olungcono eNyuvesi Kanye nabafundi.
- H. Ngizocela ukuyiqopha lengxoxo ngemvume yenu bafundi ukuze igcineke iwubufakazi futhi izongisiza njengomqophi wolwazi ekuhlaziyeni lolucwaningo. Lengxoxo ingathatha isikhathi esingangehora, ngabe niyavuma ukusihlala sonke lesi sikhathi?

Kulenkundla yabafundi bavumelekile ukusebenzisa amagama akhiwe okungesiwona awabo uqobo uma befisa kube njalo.

Umzimba

Imibuzo ye-Inthavyu:

1. Ingabe uneminyaka emingaki

2. Indawo osuka kuyo iyiphi?

3. Iwuphi umkhakha ofunda kuwo la enyuvesi?



4. Ngokuqonda kwakho, yini ukhwantalala noma ukuba nokhwantalala (Depression)?

5. Iziphi izinto eziholela ekutheni umuntu aphathwe ukhwantalala.

6. Yingabe izibiphi izinto eziqhamuka emphakathini ezinesandla ekuphathweni ukhwantalala?

7. Ngabe ukuba nengcindezi kuyithinta kanjani inqubekela phambili yezifundo zabafundi?

8. Iziphi izindlela zokungenelela ezithathwa abafundi emva kokuthola ukuthi zibanjwe ukhwantalala?

9. Ikuphi okuyizincomo noma amaphuzu ongawadlulisela inyuvesi mayelana nabafundi abanokhwantalala?

ukuvala

ngabe kukhona okunye enifisa ukungitshela kona mayelana nalesi sihloko socwaningo?
Ngabe ikhona imibuzo eningathanda ukuyibuza ngocwaningo noma ngami



Ukugcina ubuhlobo obuhle:

Ngithanda ukubonga futhi ngokuthi nenze isikhathi nazibandakanya kulengxoxo. Ulwazi neminingwane engiyithole kunina kuzoba usizo olukhulu, ngiyabonga kakhulu.

IP

THE UNIVERSITY OF KWAZULU-NATAL



TTO

FormIP2

Intellectual Property Agreement

Entered into by and between

THE UNIVERSITY OF KWAZULU-NATAL
("UKZN")

A higher education institution and a juristic person in terms of the Higher Education Act 101 of 1997, as amended

represented herein by **PROFESSOR NELSON MUTATINA IJUMBA** in his capacity as **DEPUTY VICE-CHANCELLOR: RESEARCH**, duly authorized,

and

THE RESEARCHER

Details of "the Researcher":

Legal Name: SINENHLANHLA SANTA MTHEMBU

Title : MISS

UKZN Student No: 212502959

E-mail address: [212502959@stu.ukzn.ac.za/](mailto:212502959@stu.ukzn.ac.za) santamvelae@gmail.com

13



Cellphone: 0673927170 /0735080087.

Faculty, School and Department: Humanities, Social Sciences, Anthropology

Please complete all items above in full before returning to the IP & Technology Transfer Office.

INTRODUCTION

This Agreement clarifies rights, obligations and relationships relating to Intellectual Property. These arise from law and policy set out in the *Intellectual Property Rights from Publicly Financed Research and Development Act*, No. 51 of 2008 and UKZN's *Policy on Intellectual Property*.

DEFINITIONS

Intellectual Property	means any creation of the mind that is capable of being protected by law from use by any other person, whether in terms of South African law or foreign Intellectual Property law, including any <i>rights</i> in such creation. The term shall include the following (whether registrable or non-registrable): inventions, copyright works (i.e. works qualifying for copyright), computer software, drawings, designs, semiconductor mask works and topographies, expertise, trade secrets, trade & service marks, domain names, business names, goodwill and the style and presentation of goods or services, plant breeds & varieties and tangible research property(i.e. research results which are in a tangible form as distinct from an intangible form). Material distributed under a Materials Transfer Agreement is an example of tangible research property.
IP	means Intellectual Property.
IPR Act	means the <i>Intellectual Property Rights from Publicly Financed Research and Development Act</i> , No. 51 of 2008.
IPPTO	means the Intellectual Property and Technology Transfer Office of the University of KwaZulu-Natal.
UKZN	means the University of KwaZulu-Natal.
Invention	includes any discovery, invention or other development of a technical nature, whether or not patentable.
Inventor	is a creator of Intellectual Property, whether or not patentable. An inventor may be referred to as an "author" where the Intellectual Property in question is a copyrightable work.
Significant Use	The University's Full Cost Model prescribes what constitutes "significant use" and covers both direct and indirect costs.

AGREEMENT

The Parties agree as follows:

1. The Researcher undertakes to disclose to UKZN any intellectual property created by him or her which falls into one or more of the following categories:

-
- a. IP developed pursuant to a sponsored research or other agreement in which the Researcher participates;
 - b. IP which results from the significant use of UKZN administered funds or facilities the finance department of UKZN has the requisite skills to advise on whether significant use of UKZN's funds and/or facilities have been made;
 - c. IP developed in the course of the Researcher's employment with UKZN; and/or
 - d. IP which emanates from publicly financed research and development (excluding publications associated with conventional academic work).

The Researcher undertakes to make such disclosures within 90 days of having identified the IP, and before the IP is made public. The Researcher agrees to make the disclosure either to the IP & Technology Transfer Office or to an appropriate School at UKZN.

UKZN Sole Owner of the Intellectual Property:

The Parties agree that all rights and title in such intellectual property vests in UKZN, provided that the Researcher shall share in the benefits of commercialization of such property. The Researcher shall receive a benefit share no less than that prescribed in the IPR Act, 2008, or that set out in UKZN's Intellectual Property Policy, whichever is higher. The applicable version of UKZN's Intellectual Property Policy shall be that which was in existence at the date of signature of this Agreement.

UKZN and Private Entity/Enterprise Co-Owners of the Intellectual Property:

A funding entity or enterprise may become a co-owner or holder of the intellectual property subject to the following conditions:

- a. provided that such private entity or enterprise is best placed to manage and commercialise the intellectual property in the national interest, or
- b. there has been a significant contribution of resources, including background intellectual property by the private entity or enterprise.

The ratio of ownership of the IP rights will be negotiated between the University and the private entity or enterprise concerned.

If the invention arose from a sponsored research programme, the IPTTO may file for a patent and negotiate an appropriate commercialisation model consistent with the contract with the sponsor. The IPTTO may be contacted for information about the specific terms of individual research contracts.

Benefit Sharing:

When the sole ownership of the IP vests in UKZN, the benefit sharing ratio remains fixed at 40:40:20: 40% to the Researcher(s); 40% to the University; 20% to UKZN Innovation (Pty) Ltd.

However, when the IP ownership is shared between UKZN and a funding entity or enterprise, the ratio of ownership will be negotiated between the University and the private entity or enterprise concerned.

2. The Researcher undertakes to execute all necessary papers and provide proper assistance to enable UKZN to obtain, maintain, and/or enforce legal protection for the Intellectual Property referred to in Clause 1 above. The Researcher agrees to perform these undertakings promptly upon UKZN's request, at UKZN's expense, and regardless of whether such request is made during or subsequent to the period of his or her UKZN affiliation.
3. The Researcher undertakes to prepare and maintain for UKZN adequate and current written records of the Intellectual Property referred to in Clause 1 above, together with proposed routes for exploitation thereof and frameworks for compensation of UKZN and the relevant Researchers.
4. The Researcher undertakes to deliver promptly to UKZN when leaving UKZN for whatever reason, and at any other time as UKZN may request:
 - a. copies of all written records referred to in Clause 3 above;
 - b. any related notes and other written materials; and
 - c. all related Tangible Research Property delivered to, made by or investigated by UKZN, which will at all times be the property of UKZN.
5. Unless otherwise agreed in writing with UKZN, the Researcher undertakes to avoid disclosing the following to UKZN or using any of it in his or her work at UKZN:
 - a. any proprietary information belonging to any of his or her prior employers or of any third party, including any trade secrets or confidential information related to the business of such prior employer or third party; and
 - b. any ideas, writings, or Intellectual Property of his or her own which cannot be considered to fall within the scope of Clause 1 above.
6. Treatises, Dissertations and Theses.
 - a. The ownership of the full copyright in any treatise, dissertation and/or thesis created by the Researcher relating to any degree conferred by UKZN (whether undergraduate or postgraduate), shall vest in UKZN if any of the Fundamental Ownership Rules of Paragraph 2.1.1 of UKZN's Intellectual Property Policy is satisfied.
 - b. In respect of treatises, dissertations and/or theses which do not fall within the scope of the preceding sub-clause (6.a.), the Researcher hereby grants to UKZN a perpetual, non-exclusive, royalty-free license to digitize, reproduce, share, disseminate and/or publicly distribute copies of his or her treatise, dissertation or thesis for research and study purposes only. Such license shall be termed a pre-publication license and shall be understood to take effect immediately and automatically upon creation of the treatise, dissertation and/or thesis concerned. If UKZN requests a written agreement recording the license, the Researcher undertakes to do all things necessary to give effect to such agreement and UKZN shall bear the costs of such agreement.
 - c. In the event that the Researcher's whereabouts cannot be traced and any person requests authorization to include the whole or part of a treatise, dissertation or thesis created by said Researcher in a publication, and/or subsequently to reproduce it, the Researcher hereby agrees that the IP Steering Committee of UKZN may assess the

matter and make a recommendation regarding such authorization; provided that said Committee shall not do so unless it has:

- received evidence of reasonable attempts to trace the Researcher and to make provision for remuneration of him or her;
- considered all relevant factors, including the Researcher's moral rights; and
- consulted the UKZN Copyright Office;

and the Researcher hereby agrees to abide by any such recommendation of the IP Steering Committee.

- d. The Researcher undertakes to forward master copies and electronic copies of all treatises, dissertations and/or theses created by him or her to UKZN Libraries by the date, in the numbers and in the format stipulated in the relevant policies of the UKZN Libraries that were in effect at the time of creation of the treatise, dissertation and/or thesis concerned.
 - e. The Researcher agrees that any software code, patentable subject matter and/or other underlying intellectual property contained in or referenced by any treatise, dissertation or thesis created by him or her is owned by UKZN subject to the Fundamental Ownership Rules set out in Paragraph 2.1.1 of UKZN's Intellectual Property Policy.
7. This Agreement replaces all previous agreements that the Researcher may have entered into with UKZN relating in whole or in part to the same or similar matters. It may not be modified or terminated, in whole or in part, except by agreement in writing signed by an authorised representative of UKZN. Discharge of the Researcher's undertakings in this Agreement will be an obligation of his or her executors, administrators or other legal representatives or assignees.
 8. The Researcher represents that, except as identified on the pages attached hereto, he/she has no agreements with or obligations to others in conflict with the foregoing.

Signature of Researcher (Please include full first name)

__SINENHLANHLA.S. MTHEMBU_____
Print name

SIGNED AT (Scottsville) PMB (UKZN) on this 27th day of September 2019

FOR THE UNIVERSITY OF KWAZULU-NATAL

PROFESSOR NELSON MUTATINA IJUMBA in his capacity as DEPUTY VICE-CHANCELLOR:
RESEARCH

SIGNED AT.....on this.....day of.....20....

INSTRUCTIONS FOR SIGNING

To the Researcher: Please sign this Form IP2 in duplicate and initial each page. The signing for UKZN will be arranged by the IPTTO.

Please return one *signed original* (not a copy or scan) to:

The Director
UKZN Intellectual Property & Technology Transfer Office ("IPTTO")
8th Floor, Library Building, Westville Campus
University of KwaZulu-Natal
Private Bag X54001, Durban, 4000
Republic of South Africa

If you will be submitting a thesis please retain the duplicate signed original and attach it (or a certified copy) to the master copy of your thesis when you submit it to the UKZN Libraries.

For further information please refer to the UKZN Intellectual Property Policy or visit the IPTTO website (<http://iptto.ukzn.ac.za>). Contact the Director of the IPTTO on Tel. +27 (0) 31 2603326.