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Everyday life of pedagogy students suffering from depression in the academic space

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Contemporary civilization and cultural changes mean that students experience many psychological, social and physical challenges that may contribute to mental difficulties and disorders. The article presents the results of qualitative research on the opinions of female pedagogy students suffering from depression on the social determinants of their illness, their difficulties studying and the availability of support. Studies have shown that students suffering from depression have a strong need to obtain specialist psychological support at the university.

KEY WORDS: depression, students, pedagogy, studies, academic space, support

Introduction

Depression is a civilizational disease that affects an increasingly large population. It is becoming widespread across all age groups and communities. The growing depression incidence has been recognized by the World Health Organization, which forecasted in the early 2000s that it would have been one of the most frequently

diagnosed diseases by 2020, second only to blood circulation insufficiency, and the world's greatest challenge of our times.¹

Intense civilizational and cultural transformations make young people face many psychological, social and physical challenges. The sense of uncertainty about finding a job, rising requirements, and the social pressure related to the excess expectations all contribute to mental disorders. R. Franczak² has observed that the time of university education may come with the heightened risk of various mental problems, including some early episodes of mental disorders.

In this light, the problem of students' depression appears to be a very serious social issue that calls for scientific investigation. The literature presents research observations on the scale and nature of this phenomenon among students of medicine³, the Physiotherapy Faculty of the Academy of Physical Education⁴, the Jagiellonian University⁵, a representative sample of Polish students⁶, the students of the Lublin University of Technology and the Maria Skłodowska-Curie Institute of Education Studies.⁷

¹ WHO, *Prevention and Promotion in Mental Health*, Mental Health: Evidence and Research Department of Mental Health and Substance Dependence, World Health Organization, Geneva 2001, p. 7.

² R. Franczak, *Psychoterapia wśród studentów. Stan aktualny i potrzeby*, *Annales Universitatis Mariae Curie-Skłodowska, Lublin-Polonia*, 2016, Vol. XXIX, 1, pp. 251–262.

³ J. Suwalska, A. Suwalska, M. Szczygieł, D. Łojko, *Studenci medycyny a stygmatyzacja z powodu depresji*, *Psychiatria Polska* 2017, 51(3), pp. 503–513.

⁴ L. Jaworska, N. Morawska, P. Morga, J. Szczepańska-Gierach, *Analiza częstości występowania objawów depresyjnych wśród studentów Wydziału Fizjoterapii Akademii Wychowania Fizycznego we Wrocławiu w kontekście planów zawodowych*, *Fizjoterapia* 2014, 22, 3, pp. 10–22.

⁵ D. Nowak-Adamczyk, *Studenci z zaburzeniami psychicznymi w przestrzeni akademickiej – system wsparcia edukacyjnego na Uniwersytecie Jagiellońskim w Krakowie*, *Niepełnosprawność-zagadnienia, problemy, rozwiązania*, 2014, 4(13), pp. 73–94.

⁶ E. Karmolińska-Jagodziak, *Zaburzenia depresyjne wśród studentek i studentów w Polsce*, *Studia Edukacyjne* No. 55, 2019, Poznań 2019, pp. 139–162.

⁷ A. Wilczewska, *Samoocena i poziom depresji studentów kierunków pedagogicznych i niepedagogicznych*, *Rozprawy Społeczne*, No. 1 (VII), 2013, pp. 109–116.

What points to the need for investigating the group of students of educational studies are the results of research projects by M. Zagdańska and A. Kiejna⁸, who have demonstrated that students of educational studies are part of the individuals with heightened susceptibility to depression.

Depression incidence depends on the adopted diagnostic criteria, research tools used and the age of respondents, specifically the year of university education under investigation. M.C. Rosal and associates⁹ established that the incidence of depression among first-year students is similar to that in the general population of young people. However, the rate of those with depression among students rises as they advance in their university programmes much more than within the comparative group. Many factors influence the occurrence of depression in students. The main ones are stress, anxiety and mood disorders associated with frequent lack of sleep, poor eating habits, irregular physical activity, high self and social expectations and insufficient support systems. Students are at a point in their lives where they need to make choices, make binding life decisions. The period of early adulthood and associated developmental changes, such as the search for and need to define one's own identity, choosing a career path, establishing one's role in a peer group, being away from the family, friends and acquaintances, adapting to a new environment, new ways of studying, taking responsibility for one's own studying process, managing time and finances, as well as establishing stable emotional relationships all give rise to great emotional pressure, which increases vulnerability to other stress factors. Students are aware that their decisions have an effect on their future lives and the quality of life, yet at the same time they do not know what future development trends will be like in the macrosocial per-

⁸ M. Zagdańska, A. Kiejna, *Rozpowszechnienie i czynniki ryzyka epizodów depresji wśród wrocławskiej młodzieży akademickiej – wyniki badania epidemiologicznego*, *Psychiatria Polska* 2016, 50(3), pp. 631–641.

⁹ M.C. Rosal, I.S. Ockene, J.K. Ockene, S.V. Barrett, Y. Ma, I.R. Hebert, *A longitudinal study of students' depression at one medical school*, *Academic Medicine*, 1997, 72, pp. 542–546.

spective.¹⁰ The lack of self-confidence, stability, excessive workload and, at the same time, the lack of support from close friends and relatives can lead to despondency, sadness and depressive behaviour.¹¹ According to D. Jakubiec and others, the inability to cope with the severe stress that affects students, as well as numerous anti-health habits, may be manifested by psychological disorders.¹²

In the light of the above issues, we can see that the academic community could function as one of the first places where students' alarming behaviour, that is a sudden manifestation of emotional difficulties or a gradual change in behaviour, may be noticed. It is therefore so important to develop various forms of support for students with depression. Individual academic communities recognize the nature of the problem and have been introducing various projects related to mental health and emotional support on their own. Some universities have Bureaus for the Disabled, which also seek to support people with mental disorders. The designed support should be profiled for students' needs – regarding both their mental health and the nature of their fields of study.

Justification of the research position, research methodology and specification of respondents

The results of the qualitative research presented in the article were delivered in 2018–2019. The aim was to learn students' opinions about the social background of their depression and the difficulties they have experienced during their studies as well as the

¹⁰ E. Mojs, K. Warchol-Biederman, W. Samborski, *Prevalence of Depression and Suicidal Thoughts amongst University Students in Poznan, Poland, Preliminary Report*. *Psychology* 2012, 3(2), pp. 132–135.

¹¹ E. Karmolińska-Jagodzik, *Zaburzenia depresyjne wśród studentek i studentów w Polsce*, *Studia Edukacyjne*, 2019, No. 55, pp. 139–162.

¹² D. Jakubiec, D. Kornafel, A. Cygan, L. Górską-Klęk & K. Chromik, *Lifestyle of Students from Different Universities in Wrocław, Poland*. *Roczniki Państwowego Zakładu Higieny*, 2015, 66(4), pp. 337–344.

availability of psychological support at the university. Four interviews have been conducted with students of educational studies as part of this project. The interviews were conducted on the university premises. These were extensive statements that revealed personal, subjective experiences of the respondents. Attempts to explore subjective experiences require the researcher and the respondent to explore the phenomena thoroughly and study them in all their complexity.¹³

The main selection criteria was respondents 'having been diagnosed with depression, their age (22–23 years old), their psychosomatic functioning and being full-time students of educational studies. Each of the interviews had the same structure, based on the assumptions of the narrative interview methodology.¹⁴ The narrative interview may come in either of two formats: expert interview and autobiographical-narrative interview.¹⁵ As this project was to shed some light on everyday situations and changes in the respondents 'lives and locate these situations in time, the autobiographical-narrative interview was employed. With this kind of research project, the respondent has an opportunity to trace some of their memories; this lets him or her reflect on how they assign value to certain phenomena and how they interpret reality.¹⁶ Any narrative about one's life is a subjective interpretation of individual experiences.¹⁷ Before the narrative data was analyzed, a transcription had been delivered. The texts for individual narratives have been divided into

¹³ T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak”, Warsaw 2010, pp. 327–330.

¹⁴ E. Kos, *Przykład interpretacji narracji z wykorzystaniem metody F. Schützego („...ja nie bałam się robić w życiu tego, czego chcę, i nie bałam się chcieć...”)*. In: D. Urbaniak-Zajęc, E. Kos: *Badania jakościowe w pedagogice*. PWN, Warsaw 2013, pp. 117–119. PWN, Warszawa 2013, pp. 117–119.

¹⁵ E. Kos, *Wywiad narracyjny jako metoda badań empirycznych*, [in:] D. Urbaniak-Zajęc, E. Kos: *Badania jakościowe w pedagogice*. PWN, Warszawa 2013, pp. 98–104.

¹⁶ T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak”, Warsaw 2010, pp. 327–330.

¹⁷ D. Demetrio, *Autobiografia. Terapeutyczny wymiar pisania o sobie*. Oficyna Wydawnicza “Impuls”, Kraków 2000, pp. 11.

thematic sections, and their structural description was delivered to determine the processes implied by the narratives, including the situation of a narrator. Then milestones in individual biographies, turning points or critical events were identified, and categories common to most of the narratives were determined.¹⁸ Such categories included the way the students perceived the causes of their illness, the process of studying and the forms of support received. The interviews showed the complexity, diversity and ambiguity of these categories.¹⁹

Purposive sampling was used. The research group consisted of four students suffering from depression. Each of them received a positive clinical diagnosis of the depressive disorder. Three students were using professional support – psychotherapy, and one additionally used pharmacotherapy. All of them are students of educational studies.

Kinga has been suffering from depression for two years. She is 23 years old and is going to graduate this year. She also works as a teacher at one of Warsaw kindergartens. She started to think she might have depression when her symptoms grew more intense early in the second year of her university education. Her friends urged her to use psychological counselling. For a year and a half now, she has attended weekly therapy sessions. She believes that she has already experienced the worst point in her depression.

The other respondent is 23-year-old Agata. She currently studies education and has previously studied sociology. She says she has experienced three depressive episodes. She used a therapist's support during the first of them. During the second one, she did not seek such assistance, mainly for financial reasons. During the interview, she was managing a crisis related to the third episode.

¹⁸ K. Kaźmierska, *Wywiad narracyjny – technika i pojęcia analityczne*, [in:] R. Dopierała, K. Waniek (ed.): *Biografia i wojna. Metoda biograficzna w badaniu procesów społecznych. Wybór tekstów*. Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2016, pp. 69–70.

¹⁹ This article presents original statements made by respondents. The names of the students have been altered.

The third respondent was Marta (23 years old) – a third-year student of educational studies. Anxiety disorders are her main issue. She seeks to combat them primarily with pharmacology. In the past half a year, her anxiety disorders came to be accompanied by depressive symptoms. She has recently started using psychotherapy.

Karolina (22 years) was the fourth student participating in this research project. She is about to complete the second year of her university education. She has been suffering from depression for the last four years and has used counselling for three.

Social background of depression

All of the students taking part in this project are aware of their disorders and do not use the repression mechanism when discussing it. However, none of them unequivocally refers to their disorder as depression. They use both scientific and colloquial terms to discuss their depressive episodes. These include: *an episode, a phase, sadness, an emotional trap, the strong desire to do something yet not being able to, a metaphor of a jar about to crack.*

Discussing the circumstances behind their depression, the students did not refer to biological causes; instead, they pointed to various factors that they found out either themselves or during therapy. Each of the respondents has been exposed to one or more strong stressors. These included factors related to studying as well as those unrelated to studying nor academic life. However, they have mostly touched upon studying-related matters and pointed to the following circumstances: moving to a new place, loneliness, social pressure, changes in the study arrangements, comparing oneself to peers, disheartening comments from professors, and the fear related to studying.

Kinga and Agata list many more studying-related stressors than Marta and Karoline do. The critical moment for Kinga was her move to a new place and a new community. She says that every-

thing was new to her – including her first tram ride, and she found it hard to handle. Agata speaks in a similar vein: *I think some people are driven by change and new people and new situations. Others are quite the opposite, and I am one of the latter, I guess* (Agata, aged 23).

Moving to a new place came with loneliness. Both Kinga and Agata refer to this experience as one of the least pleasant experiences early in their studies. Kinga also says that her loneliness was due to the fact that all her friends and acquaintances decided to study in another city. She compares her situation to the film *Home Alone*, since at first she had to focus solely on survival. Loneliness made them feel a growing sense of hopelessness. They came to view their situations as difficult as they had nobody to talk to about what they were going through or share problems with and look for solutions together. Agata speaks about her situation as follows: *Nobody supported me so that I continue studying sociology; now that I think of it, I believe this is what I needed the most then – someone saying: “Agata, you will make it, I believe in you, you will succeed”* (Agata, aged 23).

With the loneliness, Kinga stayed with her own thoughts on her own for so long for the first time ever. This made her gain some insight into the events in her life that significantly contributed to her disease.

Karolina, Kinga and Agata are all pointing to the high educational pressure from their families. Karolina talks about her situation as follows: *My parents have always said that you needed to study, that studying is the most important thing. If you do not study, life will be hard for you... and so on...* (Karolina, aged 22). Kinga believed that her family expects her to be a successful student. Her parents thought of her decision to go to university as a decision for life. As a student, she could not err, since studying has a bearing on her entire future. She recalls it as follows: *Once I started studying, my family would keep saying things like: “The real life is going to start now” or “You have just made a decision about your future”. This is what I would have at the back of my mind: “You have to, your future depends on it, get your act together, study, work, why are doing so little, grow up!* (Kinga, aged 23).

Agata's parents, in turn, urged her to give up her studies, as they believed her studies would not give her good career prospects. The student says: *As I look at it in retrospect, I wish they had not tried to convince me to give up studying even before. They would say things like "some fields of study are good to study, the others will give you a good life* (Agata, aged 23).

The family pressure also concerned her prospective career. In the student world, there is the widespread belief that it is virtually impossible to find a job. *I could not handle that; from the very beginning, I would be so scared I would never find a job and be unemployed* (Agata, aged 23). The sense of hopelessness may have been exacerbated in them by the additional aspect mentioned by Kinga. She said that she had no longer wanted to be a financial burden on her family and therefore could not afford wrong study decisions. The risk of failure therefore made her feel long-term tension. *This is what I would have at the back of my mind: "You have to, your future depends on it, get your act together, study, work, why are doing so little, grow up!* (Kinga, aged 23).

Early on in their studies, both respondents experienced stressful external situations resulting from their study arrangements. The factor that directly triggered Agata's first depressive episode was her decision to resign from her first programme: *at that time, they made that reform... If you wanted to pursue two degrees at the same time, you had to pay for the other one, thousands of zloties...* (Agata, aged 23). Agata was therefore in a very difficult situation. Even though she admits that she was interested in the field of study she pursued, she was discouraged by her parents from pursuing it because of the bleak career prospects. She also knew that she had to make a prompt decision, as she could not afford to pay tuition for the other study programme. Now, Kinga points to German language classes as a factor that has strongly influenced her functioning. She adds that she had never studied that language before and had not realized she would not be able to continue learning Spanish. That seemed an extremely difficult challenge to her, too. She wished the university had put up the information about available language

classes sooner: *I thought I would drop out of the university even before I started studying. I learned Spanish in high school. And then came the German language, suddenly* (Kinga, aged 23).

Both Kinga and Agata were surprised by the changes in the educational system. Their sense of threat might have been aggravated by the belief that they had no influence on their situations and that they had to cope under the new circumstances. Early on in their university education, the sense of control the two respondents had over their study programmes fell dramatically. They also felt some uncertainty about whether the following day might bring even more difficulties or not. Kinga recalls that: *It was not easy to start up, and then I would face surprises every half a year* (Kinga, aged 23).

Another study-related aspect covered by Agata is the fact she would compare herself with her peers. She recalls that few of the fellow students valued their studies highly. Most of them had other aspirations – that programme was merely an interim stage leading to other university programmes or an opportunity to prepare for re-taking their A-levels. In contrast, Agata was satisfied with her studies and thus felt she was inferior to her peers. Her peers' ambition also affected her self-esteem. This kind of thinking about herself and her studies was also fueled by professors' comments: *it is not nice that they have been telling you from the first year on you would not find a job, and such things. They would also say that it was hard to find a job and that competition is high* (Agata, aged 23).

Marta talks much less about her studies in the context of her depression. She discusses the aspects of studying from the perspective of her fear of taking tests and exams. Marta is also paralyzed with anxiety related to her graduation project and the conversation with her graduation project supervisor. This makes her feel like she is in a vicious circle – on the one hand, she is afraid that she will not be able to graduate on time, and, on the other, she cannot make the effort to work faster. *I am above all stressed because I am an undergraduate student and it is March, so I should finish my graduation project in two months' time. The defense of the BA thesis is very stressful, and I am scared of my supervisor* (Marta, aged 23).

Agata is the only respondent who claims her studies have directly caused her disorder. In the case of Kinga and Karolina, the study-related stress in a way paved the way to their disorders. Marta's studies seem to be of secondary nature in the history of her depression. Another group of factors behind the respondents' depression were those unrelated to studying. Such factors were mentioned during the interviews by Kinga and Marta.

This is by far the most difficult part of the conversation for Kinga. Since she mentioned a situation unrelated to her studies, she has made long pauses, has not finished her sentences. She has kept indirectly discussing her background without ever coming to the crux of the matter. Then she agrees to have a short break. Following the break, we deliberately change the topic – we start talking about the symptoms of her disease rather than the causes. Soon, the student cuts her sentence short and says: *OK, I will tell you this* (Kinga, aged 23). After a while, she adds: ... just don't think badly of me... It was only then that I figured out that the things that happened to me a few years earlier were abuse. *The things he did to me, that 'uncle', as you call it. I was left alone with that and could not handle that.* Kinga has acknowledged having been sexually abused several years before by one of her family's friends. This might have been one of the most difficult experiences in her life. In the light of this information, we can risk a hypothesis that her depression may be a symptom of some more complex difficulties – for instance PTSD.²⁰

Apart from her studies, Marta has experienced a number of other stressful situations. These include her anxiety episodes, her grandma's and boyfriend's mental disorders and the sense of being abandoned by her parents. She says: *I have started to see some symptoms in myself recently, too. My doctor warned me that this could be like this* (Marta, aged 23).

The respondents discussed various factors behind their depression, those related to studying or aggravated by stress that comes with studying and those unrelated to academic life.

²⁰ J. Morrison, *DSM-5 bez tajemnic. Praktyczny przewodnik dla klinicystów*. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016, pp. 129–137.

Symptoms of depression in the respondents' narratives

The symptoms revealed by the students fully correspond with the symptoms characteristic of a depressive episode covered in DSM-5.²¹ All of them mention the key criterion – the depressed mood, the loss of interest and anhedonia. Marta talks about this in the following way: *For example, I have stopped wanting things. Anything. I just don't want anything. You know, the things that used to make me happy – they suddenly no longer do. I find it difficult to feel pleasure at all. Nothing makes you happy anymore, you don't want anything, you don't know what all of this is for* (Marta, aged 23). Agata describes her third episode of depression similarly. She also gives examples. She says that she had been very interested in some subjects before her symptoms occurred. However, when the depression had appeared, she lost the willingness to attend classes. She came to have problems with her motivation to further pursue her studies.

An external symptom of the depression in Agata and Kinga was coming late for classes. The two students were unable to find the motivation to fulfill their duties on time. In addition, Agata would give up the goals she previously set for herself: *When I had some plans, whenever I was just about to deliver a given plan, I would take a step back and retreat – I would suddenly change my mind, distance myself; and then I would not do anything about it anymore* (Agata, aged 23).

When talking about the symptoms of depression, Marta, Kinga and Karolina also mention the feeling of sadness and hopelessness. They claim these feelings led to a great sense of helplessness. Kinga recalls: *I would howl into the pillow more and more, and then, 2 weeks later, I stopped crying. But I kept howling* (Kinga, aged 23). While talking about sadness, Marta and Kinga also mention their psychomotor restraint. Marta refers to them as apathy and strong incessant fatigue, and Kinga adds that one day she stopped getting out of bed: *For a week, I did not even move to wash dishes* (Kinga, aged 23).

²¹ J. Morrison, DSM-5 bez tajemnic. Praktyczny przewodnik dla klinicystów. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016, pp. 129–131.

Karolina indicates a similar situation: *On some days, I would not even get out of bed – I would just sleep or lay in bed and did not do anything* (Karolina, aged 22). Agata says that she had the tendency to self-harm. That was the direct reason for her decision to see a psychiatrist: *...in December, I went to the recommended facility to meet the psychiatrist; it was at the time I wanted to hurt myself* (Agata, aged 23). An additional symptom pointed out by the students subject to this study was excessive sleepiness. Sleep, however, did not help them relax. Despite having slept, they felt tired, which was one of the reasons they were spending more and more time in bed. Kinga adds that this was another reason why her self-esteem dropped: *At first, I would bother I wasn't getting up, it was another opportunity to lash out at myself for sucking so badly* (Kinga, aged 23).

The students perceive their depression as a factor that has a direct impact on their everyday functioning, mainly on their social relations, studying and life plans.

Educational difficulties in respondents' narratives

The students' disease is reflected in their studies. The statements made by the students allow us to distinguish between four themes raised by them: the loss of motivation to study, the loss of interest, external manifestations of these two attitudes, consequences (or lack of them) experienced due to the change in their behaviour.

The common factor of all of the interviews was the loss of motivation. Kinga said that after the initial struggle to get up in the morning, she completely stopped caring about her studies: *As I was more and more tired, I stopped getting up in the morning. At first, I would bother I wasn't getting up, it was another opportunity to lash out at myself for sucking so badly. Well, as long as I was lashing out at myself, I was able to get up after a while and get to the second or third class. I was very often late. But then I completely stopped caring* (Kinga, aged 23).

Agata and Karolina had similar experiences; they say nothing about their studies could have motivated them. Agata says: *I am at*

a different, private university now, and there are totally interesting things there, but at some point I suddenly stopped attending the lectures anyway. I stopped attending them completely. From some point on, I was late for everything. I was late for everything, totally; I could not manage that (Agata, aged 23). Karolina talks in a similar fashion: Although I had previously been interested in working with children, in pedagogical subjects, when this thing had started, I lost my interest and then I either did not study at all or studied out of necessity (Karolina, aged 22).

Marta mentions the lack of motivation in the context of writing her BA thesis. *When it comes to the bachelor degree, well, I have no motivation to write it. I am half way through the second chapter, and I have one month left, I don't know, I can't sit down and start writing, nor do I have the sources, just two books over and over again, alternately, I don't have that kind of literature. Somehow, I feel that it all makes no sense, I sit down and do things that make no sense, I keep changing the font colour (Marta, aged 23).*

The lack of motivation is linked to a clear loss of interest in what was previously the respondents' passion. Kinga talks about pedagogy as a domain of her previous interests: *It was interesting. I went to the university out of passion, I came up with educational studies. I thought I would finally be able to do what I like! It was my world. But as soon as I started studying, my family would say things like: "The real life is going to start now" or "You have just made a decision about your future". You know, I can't resent them for that because what they said was true. But it was probably only then that I realised that (Kinga, aged 23).*

In Agata's case, the loss of interest translated into the contradiction between her declarations and her behaviour. The respondent recalls: *There are classes I am really interested in and, previously, I had looked forward to attending them so much, but then I did not go to these classes at all (Agata, aged 23).*

Likewise, despite her initial desire to study the subject of children with disabilities, Marta now refers to her bachelor's project as nonsensical and downgrades its value: *My focus is on children with disabilities. I had wanted to write about that earlier. But I do not know, it seems to me that I will not be able to make it anyway, and it makes no sense (Marta, aged 23).*

Kinga and Agata demonstrate similar behaviour during their studies – both of them were often late or even stopped coming to classes at some point. At the same time, they point out that they faced no consequences. They argue that it was impossible to notice the change in their behaviour within the mass of students: *Well, I don't think so, I don't think they even noticed that* (Kinga, aged 23).

Kinga did not make up for the missed part of the curriculum delivered while she was absent. She says that it was an insurmountable challenge: *Under normal circumstances, you would simply try to make up for it, but when you struggle with himself or for yourself, then any other struggle seems much more difficult. Every challenge is an obstacle. There are so many challenges to face at the university, so many of them* (Kinga, aged 23). Karolina, too, points out that she has some gaps in the curriculum content: *On some days, I could not focus on studying at all and I did nothing, but I would somehow succeed and pass various subjects. I have probably missed a lot* (Karolina, 22).

Agata points to the need for a motivator, something that could encourage her to change her behaviour. She mentions punishment as a motivator: *Somehow nobody noticed that; I think I needed, I know it might sound weird, but I actually needed someone to punish me. I don't know, for instance a failed exam because of my absenteeism, something like that* (Agata, aged 23).

Marta was the only respondent to have taken steps to normalize her situation by adopting an individual study plan: *To tell you the truth, I do not go to university. I mean, I have the individual study mode* (Marta, aged 23). In addition, she expects to face study-related consequences due to the change in her behaviour. She is afraid she will not manage to write her BA thesis on time: *When it comes to my bachelor's degree, I have no motivation to write it, I am half way through the second chapter even though I am supposed to complete it in a month, I don't know, I just can't sit down and start writing it* (Marta, aged 23).

The realm of the respondents' personal relationships is very complex. It is characterized by their huge need for intimacy and difficulty maintaining their relationships.

An important part of our conversations is their relationship with the academic community – fellow students and professors. Kinga

and Karolina have a very positive view of their relations with fellow students at the time of their illness. Although these relationships were quite superficial, their friends never refused to help them when they asked for notes and materials. Agata recalls her relations with other students in a completely different way. Meetings with university friends demotivated her: *It was also so hopeless, because all of my peers seemed to have aimed higher. As I have already said, some students enrolled in that programme only to prepare for retaking their A-levels – to study more, improve their A-level results and go on to study medicine* (Agata, aged 23). Her fellow students' aspirations made Agata feel inferior and solidified her low sense of self-esteem. That was one of the reasons she chose to resign from her studies.

Professors' comments were similarly discouraging for Agata; just like her parents, they claimed that it was difficult to find a job upon graduation: *They would say it would be hard to find a job, that the competition was high, and then also that our programme was OF NO USE, that it was not a solid programme* (Agata, aged 23). The student found herself in a difficult situation. On the one hand, she was pursuing her passion and dreams, and on the other, her community seemed to devalue her aspirations. Due to the opinions of others, Agata began to doubt whether she would be able to find a suitable and well-paid job upon graduation. As a result, she could not stand pressure and quit that programme. In her opinion, that was the direct cause behind her first depressive episode.

Since neither Marta nor Kinga nor Karolina chose to quit their studies when their disease had occurred, they were asked if anyone at the university noticed any changes in their behaviour. Karolina and Kinga firmly believe that their professors have not noticed any changes in their behaviour. Karolina says: *I missed an exam once. I said I could not come. And I received a home assignment, since my professor liked me. So they actually did not know that* (Karolina, aged 22). She also adds that she is amazed at the fact that professors do not notice any changes in their students' behaviour. She reasons that there are too many students to pay attention to each of them.

In Marta's case, the change in behaviour could not go unnoticed due to the fact that she applied for the individual study plan. How-

ever, Marta did not reveal any details of her situation, she merely reported having health problems. She did not want too many people to know about her health.

None of the students have established any deeper relationships with anyone from the university. They sought to make sure that members of the academic community would not learn about their illness.

Mental support at the university

As universities offer several forms of temporary assistance to those suffering from depression, the students were asked if they were aware of such support being available. Kinga and Agata are surprised to learn about this type of commitment on the part of their university: *How come? Unbelievable!* (Kinga, aged 23). *No, absolutely not, is this really available?* (Agata, aged 23).

Agata then recalled that, early in her programme, she filled out a health questionnaire; however, that concerned a specialist in internal medicine. She was not informed about the forms of psychological support available at the university. Marta's case was similar. She started seeking for support in the face of difficult experiences: *Last year, as I experienced a lot of stress and the fear of death occurred, I started looking for something. And I found support, there is a psychological counselling centre at the university* (Marta, aged 23). Marta, however, did not choose to use its services. She believed that the maximum of three meetings available would not have helped her.

Karolina said with some nostalgia that the university has started offering psychological counselling only recently.

None of the respondents have used any forms of support available at their universities. Interestingly, two of the respondents voiced positive views of the psychological counselling centre for the students of the University of Technology. Kinga mentions rumours about that Counselling Centre: *I am not sure if it is true, but I have heard about people who used that Counselling Centre at the University of*

Technology. They said that finally the students were taken care of there (Kinga, aged 23).

This topic has been followed up by Marta, whose boyfriend is one of such students: *Marcin has something like this at the University of Technology, they have come up with psychotherapy for them. Things are well organized there; there are no queues, and at some point Marcin was offered two sessions a week (Marta, aged 23).*

The students claim that such psychological counselling should be available at every university. Agata points to economic arguments: *It would be fantastic. Not everyone, for example, can afford therapy, even if they need it. (Agata, aged 23).* The lack of financial capacity to attend private therapy sessions is linked to students' general tendency to pursue anti-health behaviour due to financial reasons.²² They usually satisfy their basic needs rather than supporting their health in the long-term perspective.

Another reason why Marta believes this type of initiative would be valuable is this: *It seems to me that students need this kind of support at our university. There is the need for normal therapy, not just a few meetings. Perhaps especially for people who will then interact with people, help them and so on. It is very important for us to sort things out (Marta, aged 23).* Marta claims that anyone who is going to help people in future should receive such help while at the university. The psychological counselling offered by the University would be twofold: it would aim to help students to cope with the difficulties they are experiencing, and it would raise the quality of future professionals work.

Conclusion

Discussed herein, the issues raised by the students suffering from depression are multifaceted and individual. On the basis of the conducted interviews, it is hard to state clearly whether the social

²² I. Yalom, *Dar terapii. List otwarty do nowego pokolenia terapeutów i ich pacjentów*. Instytut Psychologii Zdrowia PTP, Warszawa 2010, pp. 17–28.

background was the underlying cause of the disease in the individuals in question, although the students demonstrated a wide range of possible factors in this realm that might have led to their depressive disorders. Three individuals sought to identify the source of their disorders quite precisely. However, only one of them would point to a direct link between biological factors and her disease. One of the students linked her depression to a traumatic event in the past. Another claimed that her disorders were caused by her studies. The most frequently mentioned depression factors were the ones associated with studies, or aggravated by the stress that occurs while studying.

Depression is mostly diagnosed starting from the time of early adulthood. This was the case with the respondents. The link between the disease and social causes is implied by the references to the complex developmental tasks that occur during adolescence. As students step into adulthood, they take up tasks, or social roles, assigned to this stage of life. This stage comes with many new challenges. Above all, one needs to make a number of independent decisions that translate into their work and private lives. With individuals starting their university education, the important life decision is connected not only with a change in environment but also the very process of studying and a number of tasks related to an independent life. The need to meet these challenges can cause anxiety and be a heavy psychological burden for many young people. All of the individuals involved in this study pointed to a number of social factors that may have directly caused their disorders or significantly contributed to it. As they entered early adulthood, they poorly coped with the development tasks assigned to this period of life.

The depressive disorders of the participating students had a direct impact on the study process. Above all, they lost interest in their field of study and the desire to take any initiative related to studying. Even though they have gained requisite credits, due to the disorder, the students in question did not properly explore the curriculum and only gained cursory knowledge. The students

also pointed to their difficulties attending classes and various behaviours resulting from this, especially being late or missing classes. In addition, due to the disease, the respondents developed no new or close relationships and had superficial contact with members of the academic community.

It is worth noting that the depression of each of the respondents went unnoticed at the university. This does not seem surprising in the light of the number of tasks pursued by professors today²³ and the fact that the culture of a modern university is now being compared to corporate culture.²⁴ However, it is important for academic teachers to keep in mind that there may potentially be people with mental health problems among students.²⁵

An important theme of the respondents' narratives is their need for various forms of psychological support from their university. None of the students was informed about the possibility of using such support from the university. However, all of the students declare the need for the universities to provide professional psychological support. The respondents have pointed out that this kind of support should be free of charge and that long-term therapy should be available. Another important argument voiced by the respondents regarding the provision of psychological support is that it should be aligned with the profile of a given university. Professional psychological support for students can automatically improve the quality of their future professional work. It would be advisable for students to be informed early on about the kind of support they can obtain from the university.

²³ E. Kulczycki, *Punktoza jako strategia w grze parametrycznej w Polsce*. Nauka i Szkolnictwo Wyższe, 2017, 1(49), pp. 63–78. No. 1(49), pp. 63–78.

²⁴ P. Sztompka, *Uniwersytet współczesny; zderzenie dwóch kultur*. Nauka, 2014, No. 1, pp. 7–18.

²⁵ *Poradnik dotyczący prowadzenia dostępnych zajęć dydaktycznych dla studentów, w tym dla osób z niepełnosprawnościami*, Biuro Wsparcia Osób z Niepełnosprawnościami Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań, 2020, [in:] http://socjologia.amu.edu.pl/images/pliki/dokumenty/Do_pobrania/Dostepne-za-jecia-poradnik-dla-prowadzacych-zajecia.pdf [accessed on 13.10.2020].

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