

I Will Meet You There, and We Can Be Anxious Together: The Lived Experiences of College Students with Anxiety Disorders

Whitney S. Dickerson¹ and Timothy R. Nelson
Liberty University, USA

ABSTRACT

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. Ellis's cognitive theory, rational emotive behavior therapy, guided the study which took place at a mid-sized, public nonsectarian university and a small, private liberal arts college. The central research question elicited rich data regarding the shared lived experiences of the study participants. The four research sub-questions address participants' perceptions regarding the impact of their disorders on their lifestyles and academic performance. A purposeful criterion sample was used to select the participants who completed a questionnaire, open-ended individual interviews, a single focus group interview, and participant journals. Phenomenological reduction was used to create a composite integration of meaning and the essence of the lived experience of the participants. Data results identified five themes: (a) social fears, (b) stressor issues, (c) generational issues, (d) academic performance barriers, and (e) institutional education and accommodation preferences.

KEYWORDS: Alexithymia, anxiety, disorder, qualitative, stressors

College students with disabilities encounter several barriers to their academic success, as well as dangers resulting from the correlation between anxiety and academic performance (Pfender et al., 2023). In addition to academic difficulties, students often face additional comorbidities with anxiety, such as violence and psychopathology (Assari & Lankarani, 2018; Boumosleh & Jaalouk, 2017). Foundational to understanding these experiences that cause anxiety is Ellis' (1958) cognitive theory, rational emotive behavior therapy (REBT). REBT posits that irrational core beliefs create intense negative emotions that cause suffering (Grove et al., 2023). Understanding these experiences, identifying the debilitating effects of these beliefs, and advocating for accommodations for students who have identified anxiety disorders are imperative to educational leaders and educators at colleges and universities (Novella et al., 2022).

Literature Review

While a significant body of current literature focuses on mental health, the origins of anxiety have been studied for centuries. *The Hippocratic Corpus*, a collection of medical books attributed to Hippocrates (c 460–370 B. C.), presents an anecdote of a man named Nicanor who suffered from a medical disorder that medical personnel today would consider to be trauma (Crocq, 2015). Robert Burton described anxiety in the 17th century when he observed that those

¹ Corresponding Author: Whitney S. Dickerson, USA. E-Mail: wdickerson4@liberty.edu

sick with anxiety simmered for long periods, and then suddenly, a man or woman would become astonished and amazed with fright (Makari, 2012). Although these psychological disorders set the path to define the symptoms as being from biological rather than supernatural causes, it took another century for physicians and psychologists to understand that mental health disorders do not originate from nervous system dysfunction (Baruah & Vasudevan, 2019). For this research, anxiety is generally defined as a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities (van Rooij & Stenson, 2018). With the advent of the 21st century, considerable quantitative research has been conducted regarding college students with anxiety (He et al., 2022; Novella et al., 2022; Yang et al., 2023; Zhang & Wang, 2022), but little or no qualitative research exists that provided students with a voice in expressing their needs or in offering researchers a key to the stressors that create anxiety.

Essential to young people's successful development is the social element of their lives, and evidence (He et al., 2022) has shown that the environment contributes to shaping their emotional competence for them to function appropriately in society. Students with social anxiety disorder (SAD) fear being rejected, negatively evaluated, or judged (Pfender et al., 2023), and perceived social isolation puts individuals at a heightened risk of somatic health situations (Vitagliano et al., 2023). Despite positive social support systems, such as parental support, these students may still behave aberrantly toward others they perceive as directing biased and hostile behaviors toward them (Haft & Zhou, 2021; Isenberg et al., 2020). Modern models of anxiety include intolerance of uncertainty (IU) as a significant factor in developing and maintaining these financial and societal issues (Lauriola et al., 2018). People with high levels of IU envision threats in future events and endorse negative beliefs as to whether they can deal with the situation; the probability exists that they will adopt maladaptive behaviors as a result (Bottesini et al., 2019).

Although many college students suffer from a mental health anxiety disorder, it is often under-recognized or undertreated due to changes from the DSM-IV to DSM-V and social stigmas (Center for Behavioral Health Statistics and Quality, 2016; Pfender et al., 2023). Potter et al. (2021) found that psychologists using the DSM-IV, although revised to the DSM-V in 2013, were significantly less likely to use current descriptors of anxiety behaviors and, thus, were less likely to accurately identify patients with anxiety disorders. Recent studies estimate the population of college students with anxiety disorders between 20% (Pfender et al., 2023) to 44% (Vitagliano et al., 2023). Anxiety, which may present as a general anxiety disorder, social phobia, or post-traumatic stress disorder, is the most prevalent psychiatric disorder among college students (Assari & Lankarani, 2018). Major disruptions that occur as a result of preparing to attend college may trigger the onset of psychopathology that may have manifested in childhood (Pedrelli et al., 2015). Many of the studies conducted on college student anxiety have been quantitative, and their primary foci have been on anxiety factors of college students during/after the COVID-19 pandemic or the treatment of college students with anxiety (Ding et al., 2022; Hoeflich et al., 2023). These studies, though consequential, do not involve the participants' voices in their research, thereby leaving a relatively under-explored area of literature. This study adds to the body of literature by giving a voice to students who suffer from anxiety, and it sheds light on the significance of stressors that impact the lives of college students. Since students with anxiety often lack self-efficacy (Hong, 2015; Novella et al., 2022), allowing their voices to be heard will likely be inestimable to school officials when determining what can be done to improve students' academic persistence and to help these students achieve academic success (Isenberg et al., 2020).

Methodology

Participants

This research was conducted at two colleges in the state of Kentucky. People's University (pseudonym) is a mid-size public college with over 12,000 students from all 50 states and multiple countries. Students at People's University have a student body with Asian (1%), African American (6%), Hispanic or Latino (4%), two or more races (4%), Caucasian (81%), and unknown (1%). International students comprise nearly 3% of total enrollment, and female students (59%) outnumber male students (41%). Savior's Way College (pseudonym) has over 1,000 students, and undergraduate student race and ethnicity are Asian (1%), African American (7%), Hispanic or Latino (5%), Caucasian (79%), two or more races (4%), and race or ethnicity unknown (2%). Female students (54%) outnumber male students (46%). Both colleges offer multiple degree programs and are accredited by the Southern Association of Colleges and Schools Commission on Colleges. The two colleges were chosen because they serve vast numbers of local, national, and international students. They are diverse in size and focus as one is faith based and the other is a public college.

Multiple attempts were made to obtain participants from both colleges via email, posted flyers, and meetings with counseling centers, health centers, the psychology department, and the research department. An email was blind copied to all students inviting any person interested to contact the researchers at the provided email address. The flyers/email included the purpose of the research, the required age of 18, the requirement of a signed physical or therapist confirmation of students' anxiety diagnosis to participate, and our contact information. People's University had 37 respondents, and 14 agreed to participate in the study. Savior's Way College had seven respondents, but only one person agreed to participate. A \$25 gift card was given to all participants for their participation in the study.

Table 1

Participant Demographics

Pseudonym	Age	Gender	Ethnicity
Lizzie	19	Female	Hispanic
Oliver	19	Male	Caucasian
Ella	19	Female	Vietnamese
Rosa	20	Female	Caucasian
Geneva	23	Female	Caucasian
Darlene	23	Female	Caucasian
Olivia	24	Trans man (FTM)	Caucasian
Camille	25	Female	Caucasian
Fiona	27	Female	Biracial
Harvey	28	Male	Caucasian
Ava	29	Female	Caucasian
Vanessa	30	Female	Caucasian
Melody	30	Female	Caucasian
Paisley	33	Female	Caucasian

Questionnaires provided individual demographic information of the participants. The participants comprised a varied group of traditional, online, and hybrid students with ages ranging from 18 to 33. Two participants were male in gender, and 13 participants were female, one of whom identified as Trans Man (FTM), or female transitioning to male, while she continued to retain the female gender identity as was assigned at birth. The ethnicity of the participants was that 12 were Caucasian, one was Vietnamese, one was Hispanic, and one was biracial (African-American and Caucasian). See Table 1.

All 15 participants completed the informed consent, and 13 participants completed all data collection activities. Two students completed all data collection activities, but they did not produce written evidence from a doctor or therapist of the anxiety disorder. Nevertheless, these two participants authorized the use of their information in this study and both presented medication prescribed by their doctors or therapists which attested to the validity of their diagnoses. After completing a consent form and questionnaire, participants signed up for interviews, which were recorded and offered in person or via Zoom. Following individual interviews, focus groups were established, and students received instructions on journal procedures. The semi-structured, open-ended individual interviews and the focus groups were transcribed and then combined with journal prompts.

Data Collection and Analysis

Once the data collection was finished, data analysis followed the Moustakas (1994) model of (a) Epoché, bracketing our assumptions and personal experiences to view the data without bias, (b) horizontalizing, giving equal status to every statement, (c) clustering, and (d) creating a composite description. Open inductive manual coding was performed on data as the initial step in developing themes. Rather than using a pre-determined codebook, we started anew to create codes from the data. Sub-themes were developed before major themes, as suggested by Moustakas (1994). Through the analysis of the sub-themes, the major themes were identified. The next step was to construct a description of the structures to create the textual *what* and structural *how* of the experience. Finally, the last step was to integrate into the essence of the experience.

In addition to data analysis, a reflexive journal was kept by the researchers to allow for reflection, informal assessment of saturation, and identifying bias/assumptions (Moustakas, 1994). Methods for establishing trustworthiness were demonstrated through verification and validation procedures (Patton, 2002), such as data triangulation, credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985; Schwandt et al., 2007). No relationship existed between the research site, the potential participants, and the researchers.

The interviews were conducted virtually via Zoom. Examples of questions were, “How do you believe your worldview aligns with that of your family?”; “What traumatic event do you believe occurred prior to your first anxiety attack?”; “How do you feel that an anxiety disorder has impacted your academic performance and social life?”; and “How do you perceive that the reactions of university personnel to your disorder have impacted your disorder?” Interviews lasted 15 to 30 minutes, were informal, interactive, and included open-ended questions along with follow up questions (Moustakas, 1994). Open-ended questions provided participants the opportunity to describe detailed information and allowed us an opportunity to ask for concrete details (Creswell & Poth, 2018). This structure also provided the time for participants to speak at their own pace and to divulge needed information.

Focus groups lasted 60 minutes, and each was conducted virtually at a convenient time for the participants via Zoom. One of sociology’s major premises is that in groups, the behaviors of individuals change (Little, 2016); ideas and behaviors emerge when people interact. The opinions that are expressed in groups are often different from the ones that are expressed as an individual (Creswell & Poth, 2018). We assumed the role of moderator and asked general

questions to facilitate conversation. Examples of questions were, “What aspects of suffering from anxiety do you believe to be the most difficult?” “How do you perceive the academic accommodations provided by faculty, staff, or others?” “What is your perception of your and your friends’ reactions when you experience an anxiety attack in their presence?”, and “What do you feel is the most exciting social event that you have attended since you entered college?” Both interview and focus group transcriptions were given to participants for member checking (Creswell & Poth, 2018), and no changes were requested by participants.

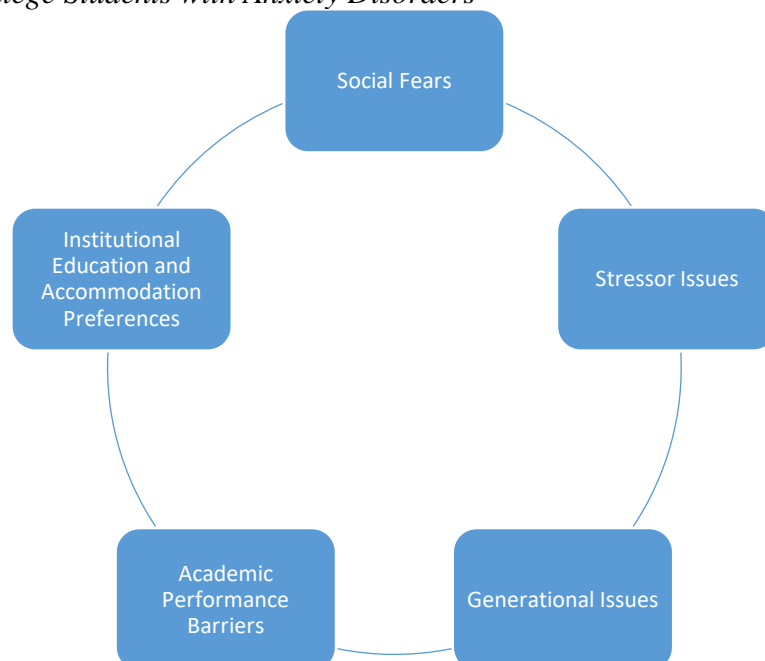
Participants were asked to keep a journal for two weeks to record their lived experiences and reactions regarding stressors, anxiety attacks, and how these problems were handled. They were also asked to record their sleep patterns, meals, snacks, and exercise routines, as these behaviors can affect mental health as well. There was no specified journal entry length, and a stream-of-consciousness-style entry was suggested. Participants could write their thoughts in a notepad or could use an online form provided by the researchers. Prompts included: “Record your sleep pattern for each night (include daytime naps),” “Record any experiences and reactions with regard to anxiety attacks (action prior to attack, stressors, handling of the issue, etc.),” and “Record the food that you eat each day (meals, snacks).”

Results

Data analysis results were determined using a modified version of Moustakas’ (1994) transcendental phenomenological research methodology. Following open inductive manual coding of data from interviews, focus groups, and journaling, multiple themes emerged from the data: (a) social fears, (b) stressor issues, (c) generational issues, (d) academic performance barriers, and (e) institutional education and accommodation preferences.

Figure 1

Themes of College Students with Anxiety Disorders



Social Fears

The participants’ social lives were affected negatively by their inability to deal with both on-campus and off-campus social events because of their serious anxiety disorders (He et al., 2022). Stressors that originated from the fear of negative judgment from family, friends, or

even strangers, or fears from dealing with sexual assault/abuse and bullying often socially debilitated undergraduate college students with anxiety disorders (Fernandez et al., 2023; Hakami et al., 2017; He et al., 2022; Short et al., 2020). Darlene, in her interview, stated that she had experienced the judgment of others:

I have just always had anxiety, you know, for a long time now. I think it is important, like a belief of mine, that there needs to be less stigmatism around mental health. Anxiety is mental health, and people need to learn more about it. I do not opt to do things. I will stay in because the anxiety of going around all the people and all the sounds can just be too much—the social aspect of things.

Data indicated that certain participants of this study experienced one or more of these life-changing events. Students with mental health disorders who felt they were being watched, talked about, or disrespected often refrained from going out in public for fear of being embarrassed or humiliated (He et al., 2022). Many of them simply chose to self-isolate rather than to undergo the discomfort of being judged. The stigma attached to negative actions or judgments damaged and left a lingering impact on the psychological well-being of undergraduate college students with anxiety disorders (Hakami et al., 2017; Pfender et al., 2023). Lizzie, in her focus group, said that she had not attended any school social events but was contemplating attending a concert. She vocalized:

I think people need to know what it is like for people who have panic attacks. It can be really debilitating, and when people are undereducated about it, they tend to say insensitive things and things about how it's just an excuse and not real.

Paisley, in her interview and in the focus group, admitted that she had not attended any school events and that she did not go out socially because being in groups of people made her anxious. Even the thought of going to school was scary to her. She preferred online education because she did not have to be face-to-face with anyone. Even class Zoom calls bothered her, but she tolerated them because she felt she was free from seeing her classmates again after the class ended. Students with anxiety often avoid social settings, but recent research has found that both in-person and online counseling can be equally effective (Novella et al., 2022).

Another contributing factor to social fears was sexual assault and bullying. Of the 15 participants involved in this study, seven experienced physical, emotional, or sexual assault, while two experienced bullying, one of which was at school and in a church youth group, and the other was in the workplace. Short et al. (2020) found that victims of sexual assault and violence are likely to suffer from posttraumatic stress syndrome. Melody, in her interview, related the trauma she experienced with physical, emotional, and sexual abuse:

I would have anxiety attacks when I was really little. I was broken. Something was wrong with me. I was a dented can.... I thought that is how everybody was. The first thing that happened was the physical abuse. That is the first thing I remember — being physically abused. Then after that the sexual abuse started, and I just froze up. I do not remember panic attacks until like I would wake up in the middle of the night. It has paralyzed me my entire life. I applied for the nursing program, got accepted, and backed out of it.... They would put me on anti-depressant after anti-depressant, and it would just make it worse.

I would quit drinking; then I would get suicidal. It starts with an 'L' what I am taking now for the bipolar disorder. That helps.

Ella stated, in her interview, that she thought the sexual assault that she underwent when she was in middle school by one of her new stepfather's family members created most of her anxiety. She admitted:

I have trouble sleeping sometimes. It is kind of like sporadic, but sometimes a lot of trouble sleeping. I have had pretty bad nightmares, so I will have bad nights of sleep, and then I might have a rough day. I am taking Sertraline, and it has helped me.

Fiona connected that being sexually assaulted on a first date with a man she did not know well was the origin of her anxiety disorder.

People do not necessarily believe in the effects anxiety can have on a person's mental health, which also affects their physical health. It always felt like there was too much going on.... I would get so worked up over like minuscule things. She [my doctor] gave me Zoloft to help my everyday anxiety. She suggested that I go see a therapist, but I have not done that yet.

Geneva shared that she was sexually assaulted in high school, and the subsequent anxiety "pretty much controls what I do.... If I am so anxious that I cannot think, I cannot sit still." She stated she was on two medications for anxiety - "hydroxyzine for my panic and anxiety attacks, and it helps almost immediately. It is great. I am also on fluoxetine, and it helps majorly, too." In addition to sexual assault causing social fears, physical and mental abuse were to blame for anxiety disorders. Vanessa stated:

My dad was a really bad alcoholic. In that environment, he was abusive. I have had anxiety from a young age, and I am 100% sure it was because of that.... I hardly cried when I was taking Zoloft. I stopped taking it, because it was not helping me anymore, and I was on the highest dose. Then my doctor about a year or so ago prescribed Vraylar.... It pretty much produces like this almost numbing effect.

According to her journal entries, Rosa was left anxious, afraid, and humiliated by a physical assault that occurred on a weekend houseboat excursion with her husband's "opinionated" parents. Because of her anxiety disorder, Rosa was required to shower each night before bedtime to prevent itching and the inability to sleep. When Rosa expressed irritation that she had to shower in cold water, her husband became upset. The next day, when she commented about a game he was playing, he "put his hand to her face" in front of his parents. Reports of bullying were common among participants. Olivia stated the following in her interview;

I was bullied in school, so it was easier on my anxiety to be at home and in kind of like a semi-controlled environment. I went to school like one semester in college, my first semester, trying to go back in person, and then that [the sexual assault] happened. My really, really bad panic attack that I can remember to this day was after I got sexually assaulted. I went to class, and I just could not breathe, so I went right back online.

In her journal, Ava described the fear and stress she experienced over whether her boyfriend's circle of friends accepted her as worthy of their friendship. She drew an analogy to her times at school and church. She said, "I was terrified of them at first because they reminded me so much of the types of kids who used to bully me in school and church youth group." Ava stated that she used Valium sparingly for her anxiety and that she had tried many other anti-anxiety medicines, none of which had been the solution.

Stressor Issues

Stress is usually high for all college/university students but higher for undergraduate college students with anxiety disorders. Classroom or academic practices that were normal behaviors to undergraduate students without anxiety disorders sometimes drove undergraduate students with anxiety disorders to their ability to be successful in college (Cooper et al., 2018; Pfender et al., 2023). Self-doubt prevented many of the participants from developing friendships and from being involved in campus or off-campus events, either socially or academically (Ellis, 1958). Sallie described a past traumatic stressor that brought on her first anxiety attack:

When I do start comparing myself to my classmates, and I see that they are dealing with things better than I am, or they will procrastinate to get things done and do well, and I do the same thing, and I do not, it ends up trickling into my self-image. So, it is academic. It makes me look at myself as an academic and makes me think do I even deserve to be here. Then, it will also go into how I look at myself as a human because I do hold those things on an equal pedestal.

Camille found that her experience of working online changed her perception of comparing herself to other students:

It is hard for me to compare myself to the other students because where I am 100% online, I do not really know what is going on with everyone else.... I suffered from bulimia also, so that had something to do with it. And then, like in relationships and stuff, like when I was in high school, I was awful, like always nervous, always trying to be my best, always wondering if they [her boyfriends] were cheating —constant, constant. One of the biggest flaws is I care way too much about what other people think.

Oliver stated he "perceive[d] [him] self-lower than everyone else," and Ava perceived she was not good enough to be accepted by others. She stated that she resorted to drinking a significant amount of alcohol:

We went to a local pub that we frequent to meet his friends. I love his friends now, but when we first met, I had to force myself to speak around/to them due to my anxiety about a lot of things surrounding me.... They are intelligent, well put-together, generally wealthy. I figured it was only a matter of time before they found out I didn't measure up (anxiety thought), or they could already see it all over me, but were just waiting for the most ideal time to catch me off guard and possibly make a joke at my expense. Drinking helps with my social anxiety A LOT.

She later wrote in her journal, “I definitely overdid it last night with drinking [at the pub]... Now, I have “hang-xiety,” and it brought its partner with it: hangover migraine.”

In focus groups, when participants were asked as to what their perceptions of the reactions of their partners and their friends when an anxiety attack occurred in their presence, the most common responses by participants were that they were uncomfortable around most people with whom they were not close, but they were comfortable enough around their spouses or significant others. Because they had gotten familiar with them, it did not cause humiliation or embarrassment. The spouse or significant other’s reaction generally served to have a calming effect. Sallie shared, “Oftentimes, my friends will not understand why I am doing that, or they will be giving me space, which is what they think I need, which is good because I probably do need space.” When she experienced a panic attack at her work site, Melody resigned from her position. “I had a series of panic attacks. I could not stop them. It was in a work setting, so all of my coworkers, all of my patients, saw this breakdown.” Vanessa stated that if she has a panic attack at work, she will “literally go into the bathroom for like 10 minutes and just cry.”

Participants stated that trust issues kept them from building personal relationships. Oliver stated, “I feel like my anxiety disorder kind of holds me back from being able to fully accept that I am in a good relationship because my brain likes to kind of doubt that.” Defining herself as “relentlessly kind,” Sallie expressed in the focus group that she gave the benefit of the doubt as often as she could. If someone showed disrespect or crossed boundaries with her, however, she no longer would trust them and would shut herself off. She explained, “I have been taken advantage of before, and it taught me some very hard lessons. I feel like that is how I get the best people in my life. I will never stop doing that.”

In addition to self-esteem and trust issues, college students with mental health anxiety disorders sometimes found it difficult to manage their money in such a way as to allow themselves to live within an established budget (Browning et al., 2021; Liu et al., 2019). Camille confessed, in her focus group, that much of her stress came from money issues. She said, “For me, it is finances. It is a big part, especially when you have your house and your car. My husband is the only one that works. I stay home with my kids.” In her journal entries, Ava made additional occasional references to financial issues. She wrote in one entry, “I’m having anxiety about the amount of coursework I signed up for and returning to work and making sure I have enough money,” and “What about all these student loans I’m going to have to take out?” Common expenditures like veterinary bills for pets and college sorority activities caused significant stress to multiple participants due to unexpected costs.

Generational Issues

Many undergraduate college students with anxiety disorders held values that differed from those values taught to them by their parents. Generational issues are loosely defined as the theory that individuals who were born within a certain period of time—approximately 20 years—have characteristics similar to each other as a result of shared changes in society (Reeves & Oh, 2008). Participants of this study had ages that fell within that range, and their interviews, focus groups, and journals provided insight as to the effect generational and intergenerational issues and values had upon their worldview and upon the stressors that affected their mental health anxiety disorders (Hakami et al., 2017; Jones et al., 2018). When participants were asked how they felt their worldview aligned with that of their families, the responses varied (Fernandez et al., 2023). Harvey, in his interview, answered:

My family has a very different view of the world than I do. I have a very conservative family, and I am gay. So, growing up in that kind of household, I kind of developed very, very different views politically, socially, morally—just very different views. We have like common

ground on some things, but for the most part we are disagreeable on most.

In his focus group, Harvey confessed that a lot of his core beliefs originated from his sexuality (Akibar et al., 2019). “I come from a family that is not really accepting of it. That is one [core belief] that I will never let go... [and it] has caused me to fight with my family a lot.” Olivia picked up on what Harvey stated and added:

I am very open-minded, and I am actually queer, so that was a big difference with my family. Definitely different. My family is very religious, and it is really hard because I am part of the LGBT community as well. I am trans, and my family really does not like that. So, it is hard, and it is definitely a big stressor for me. It comes with a lot of anxiety and fights. As Harvey said, I just do not get why it is such a big deal. It is just part of who we are, and I just wish it was more normalized.

Later, in a journal entry, Olivia wrote, “Today my mother disowned me, so I am an emotional wreck. She is my stressor, and I do not get along with my mother very well. I am depressed and anxious due to her hateful messages.” She considered her relationship with her mother “toxic.” Vanessa called her family “bootlickers” and described her relationship as “probably not that good.”

Multiple participants made connections to their parents’ religious beliefs and the impact it had on their lives. The only participant who stated that her worldview aligned almost perfectly with that of her family was Camille. She explained it in this way:

I think we are pretty much the same. Uh — we are Christian. We have the Christian faith. I grew up with that. That was instilled in me young. So, almost everyone gets along, and especially for our area, it is mostly Christian-based. Um — Republican, everybody. It is not diverse.

Sallie stated in her interview that the family does “not talk about it because I am on the other side.” Ella expressed that “with views, we are kind of like polar opposites and like in traditions, they are very traditional. I am not.” Ava stated, “Hmmm ... that can get really deep. Depends on how deep you want to go on that.” Rosa explained that she had similarities and differences with her family:

I base most of my views on not judging and being very accepting of others. Even if I do not necessarily believe in something, it does not mean I have to trash on somebody. So, my family is more judgy with their beliefs. So, I would say similar in the foundation, but in exercise very different.

Questioned as to how they believed their worldview related to their decisions to become involved in this study, the participant responses, as illustrated through a combination of interviews, focus groups, and journal entries, ranged from wanting to help themselves to want to help others, with 87% agreeing with Rosa’s statement:

In my beliefs and worldview, I think you should try to help others. I think if this research study could help anybody, then why not? It does not really come at an expense to me at all. The information is confidential, so why not?

Harvey commented, “I sought help for anxiety, which I am on medication for. Really my interest in this study is that I am very passionate about mental health, and I am always wanting to learn more about it.” Ella offered, “I have been diagnosed with PTSD since middle school, and I just feel like where I was then and where I am now makes me feel like a good candidate to kind of give more information on what it is like to have anxiety.” She also added, in a journal entry:

I absolutely loved this study. Joining the Zoom made me feel so normal. I felt like I could be friends with everyone in the Zoom, because I felt so understood. It was nice to know how common I felt, especially in my trauma social anxiety. I thought I would stand out, but I really enjoyed the study.

Academic Performance Barriers

This theme centered on participants’ reactions to how their anxiety disorders played a part in their day-to-day academic environment (Ding et al., 2022; Pfender et al., 2023). Many participants acknowledged coping skills issues such as perfectionism, procrastination, and classroom attentiveness. Sallie and Ava commented their perfectionism as follows:

I think I have always had a perfectionist type view. I feel like I have to get this done. I need to do this before I take care of myself. So, like before I eat, before I sleep, I have to get this work done. So, it is kind of like I work myself to the bone. And I will sit for hours getting things done before I take the time to make sure I am okay and put my best foot forward. (Sallie)

I think it may make me a better student but at the cost of not taking care of myself. I put schoolwork above my own physical and psychological needs a lot of the time: Skipping meals, sometimes staying up too late, or putting more effort than needed into assignments so they are perfect. (Ava)

Rosa and Lizzie, on the other hand, reacted differently to coping with anxiety. Rosa faulted procrastination, “It either makes me procrastinate because of getting overwhelmed, or it makes me do everything in extreme detail, making it take longer than it should.” Lizzie, in a journal entry, faulted a lack of motivation, “Skipped class, spent the day trying to gather motivation to do something.” In her interview, Paisley offered that since her classes were 100% online, she did not have as much anxiety over her academic performance as she did at her last school, where she had to show up in class five days per week.

During the focus group session, Harvey admitted lacking coping skills in day-to-day situations and stated, “Sometimes having more of those stressors occur, and then on top of that dealing with being anxious as well, makes sometimes day-to-day stressors feel a little more intense.” Vanessa, Camille, and Olivia agreed with Harvey, and then each added personal insights. Vanessa commented, “I agree with Harvey, and I also think it makes me down on myself, because this [other] person is going through something, and they are not freaking out.”

Camille added, “I agree with what Vanessa said. Sometimes I overreact because I am anxious, and I worry that I am overreacting to where people may not have the same reaction.” Olivia agreed with all of them and contributed, “I feel like that is also a thing for me - just kind of beating myself up.”

Multiple participants noted the frustration that comes from knowing you can complete a task or that you understand material on a test, but you are unable to complete the work satisfactorily. Sallie added, “Once you have done something and know you can do it, and then you have that attack, and you sit there, and you beat yourself up about it.” In her journal, Ella illustrated that she did not cope well with test-taking. Although she stated that she had studied for a quiz and that her professor had said that everyone had passed, she journaled, “I don’t know why I am shaking so bad. The quiz had five questions, and it was open, so I shouldn’t have stressed about it.”

Participants’ fears of failure—of assignments, of tests, or of not appearing ‘stupid’—became a central part of the discussions. Geneva’s interview made it clear that stressors from procrastination from not doing her homework erupted into fear of failure, which initiated anxiety attacks. “I spend more time worrying about not doing something correctly than I do actively completing assignments. Once I start, I can’t stop until it’s finished.” Melody stated:

I will obsess about failing. I will obsess about not doing something perfectly and not doing something right. Then I have anxiety about talking about it and asking the professor how do I do this, because I have anxiety about feeling stupid or what he is thinking about me. So, then I sit back and will not do it... I am going to fail anyway, so I do not try.

Darlene’s fear of failure caused her to focus on one area of an assignment to the detriment of completing the rest:

For example, today, I only have one chapter to do, and it is taking me all day long.... I want to make sure everything I write is correct and sounds smart because I always feel like I sound stupid when I am typing something.

Vanessa shared with her focus group that she feared failure because she couldn’t retain information;

If I make an 89% on an assignment, I completely freak out about it. It ruins my whole day, and I feel like my whole GPA is going to go down, and I am going to lose my scholarship where other people are just like “well, I passed.”

The 15 participants expressed that they were aware of the effects of their anxiety disorders, confused by them, and unsure of themselves academically because of them.

Institutional Education and Accommodation Preferences

In this study, more undergraduate college students with anxiety disorders opted to receive their degrees online rather than via the traditional style. Of prime concern to the participants of this research, most of whom were in online or hybrid classes, was the type of accommodations that the professors, rather than the institutions themselves, afforded (Novella et al., 2022). Of the 15 participants in this study, three were enrolled in traditional classes, three

in hybrid classes, and nine in online classes. All of the online participants, as well as the hybrid students, praised online study in their focus groups. Paisley stated her reason for preferring online over traditional or hybrid classes:

Most of my classes are online right now. I feel like that is helpful because you do not have to face other people. Otherwise, I think the relationship depends on the class and the professor. Some [the traditional] are firm, and they really do not care about your situation, your anxiety. 'It is due. It is due. You are an adult. You can handle it.' Then others [the online] are like 'we know life happens. If you just email me and let me know what is going on, then I understand.' It really depends, but that also creates more anxiety because you never know what you are going to get.

Undergraduate college students with anxiety disorders thought hard about the classes that were open to them—whether online or traditional—since some facets of their disorders prevented them from sitting through the traditional classes that were important for them to achieve their career goals. Paisley pondered whether she could make the transition from online to traditional style. She commented that she was terrified by the possibility. “Like, can I transition into this five days a week to go to law school? I do not know if I can do that.... maybe I just do not fulfill my goals because I cannot show up.” Because undergraduate college students with anxiety disorders found it so painful to place themselves in awkward positions of learning, they preferred to relinquish their career goals than to tolerate the pain.

Although many of these undergraduate college students with anxiety disorders took courses online, they were nevertheless impacted strongly by the university via the university standards and the selection of professors. Many of these students sought to escape stigma and comparison with traditional students by not being in face-to-face situations. Some students chose to live on campus, yet few involved themselves in campus social events. As the data indicated, the majority of participants in this study preferred online classes over either hybrid or traditional for a number of reasons. Multiple participants stated they believed online professors were more caring, more lenient, and more willing to accommodate their needs. Camille remarked that her classes begin on Monday, with everything due by midnight on Friday. She added:

I do not know if they do that, particularly because they know students suffer from anxiety, but it does help. I actually did poorly on an assignment the other day, and I emailed my professor, and she let me retake it, so that helps, too.

Harvey raved about the positive points of online education:

Most of the assignments are due during the week, but it is open enough to start in the beginning of the week. Then I can submit that within the time frame it is supposed to be due. Then, a lot of the tests are due on Friday, so it gives me the whole week to work around that. In one of my classes, we have a professor who lets us go back and retake exams. They will give you the best grade for the two exams. It is open note, which is great. I love that they are able to do that, because realistically it allows us to soak up the information a little bit more, instead of just studying for a test.

Whether students were traditional, hybrid, or online, they entered colleges or universities with expectations of a certain degree of accommodations. For undergraduate college students with anxiety disorders, such expectations were greatly enhanced in order for these students to have a respectable chance at success (Fernandez et al., 2023). Participants in this research expressed their varied views on the quality of such accommodations at their college or university. Sallie stated that her college was improving services (Pfender et al., 2023) but that she had been waitlisted at the counseling center because “they really did not have the resources to help everyone with anxiety.” Geneva stated that the university offered services that provided considerable help for students with mental health disorders:

They have counseling, psychiatry, and groups that you can talk to - trauma groups, rape groups, specific substance abuse [groups], everything. I have actually talked to several people who have been in these groups, and they said they helped them tremendously. I was actually recommended to one of these groups, so I will probably try that out next semester.

Ava had a less-than-perfect experience with accommodations in an online course due to additional costs that were incurred:

I feel like an accommodation for someone with anxiety or [for] someone like me that would be super beneficial — I am autistic as well — would be for online courses to not cost more than in-person classes. Like when I talked to the disability office at my school, that was not an accommodation they could offer. I was eligible for scholarships that would not be applied for school online. I think that is crap for them not to offer these disability services.

However, many students commented on the multiple benefits of online courses and the subsequent reduction in anxiety. Ella, a hybrid learner, compared how different professors operated and which type she preferred. “I have one [online] professor that will let you retake all homework assignments, redo papers and quizzes, at your leisure.” Olivia also stated it was really nice to be able to retake assignments:

I can go back into the book and study that part. I need to figure out what I missed there because I am also dyslexic as well—I have both things going for me. It has really helped to relieve a lot of the stress, and I have done better.

Some participants admitted that they hesitated to ask for the accommodations that they were legally entitled to have, either because they were too introverted to speak up to an authority figure or because they actually did not know their legal rights regarding their education (Weis & Bittner, 2021). Darlene stated, “I do not feel like I can tell them.... I do not care to tell anybody.” Melody also neglected to reach out for accommodations. “Most of the time, I will not even tell them [professors] I have anxiety. I will just act like I am completely fine.” Rosa shared that one professor tried to deny her accommodations, and she had to go to the department head to make sure the accommodations were implemented.

Participant data indicated that most undergraduate college students with anxiety disorders became overwhelmed with the constancy of coping with the requirements for attending a higher education institution. Maneuvering the university protocols, comprehending professor instructions, completing their assignments, and just dealing with normal everyday life

took a toll on them emotionally, physically, and mentally that undergraduate students without anxiety disorders did not seem to experience (Mutalik et al., 2016). Therefore, it was important that undergraduate students with anxiety disorders took time for themselves in order for their minds to rest and their emotions to settle.

Discussion

Zhang and Wang (2022) reviewed contemporary research on anxiety in college students and noted that the majority of studies were quantitative and relied on self-report rather than a clinical diagnosis. This study addresses both of those limitations because it is qualitative, giving a voice to the participants, and the participants in the study were clinically diagnosed with anxiety rather than simply reporting a condition on a survey. Although there were a few studies about the challenges of college students with anxiety disorders, those studies were executed through surveys or questionnaires.

Participant data from this study indicated that students welcomed the opportunity to share their lived experiences of the phenomenon through their voices. In so doing, the participants felt they were not struggling alone; people considered their voices on the topic worthy of consideration. These participants also felt that they had, in some way, served others. The significance attached to the opportunity to voice their personal, medical, social, economic, emotional, and even mental reactions to their disorders echoed in the words of many of these participants. Melody stated, “I struggle with stress, anxiety, depression, substance abuse disorder, like all the things. I just want to do all I can, even if it is a research study.” Fiona stated that she chose to be involved in this study because she held a hope that the stigma attached to mental health anxiety disorder could be alleviated. She continued, “I just want to break that stigma, in a sense.” Olivia added, “I feel like I am trying my best ... being honest with myself and seeing that I do have anxiety.”

Data indicated that several of these participants’ anxiety was affected by their improper eating, sleeping, exercise, and alcohol behaviors. Wen et al. (2022) found that quality of sleep can have detrimental effects on anxiety, quality of life, and academic achievement. The subsequent anxiety hurt their academic performance. For example, Ella - whose prior sexual abuse led to eating, sleeping, and exercise issues - dealt with nightmares and anxiety attacks which led to academic struggle. Vitagliano et al. (2023) suggest mindfulness training and exposure to nature/physical exercise could reduce stress and anxiety.

Ellis’s (1958) REBT theory, as was previously noted, contended that irrational core beliefs created intense negative emotions that caused suffering. This theory did not go far enough, and many questions were left unanswered. The missing answers were how “irrational” was measured in reference to core beliefs and what the origin of the core belief was. Those beliefs originated as time passed, and as core beliefs developed, suffering occurred when the core beliefs were defied. An example was Harvey, who confessed that many of his core beliefs originated from his sexuality. Because of these core beliefs and the friction they caused between his family and him, his anxiety disorder—his suffering—increased. To get to the root of the pain, Harvey needed to understand where the core beliefs originated, whether they were irrational, and if behavior modification would relieve his family friction and his suffering.

Implications

This transcendental phenomenological research has unearthed findings that have theoretical, empirical, and practical implications for higher education institutions and their personnel. This study's findings showed that counseling services for students with mental health disorders are important to educational institutions, parents, and undergraduate college students with anxiety disorders. An example is Sallie’s case, where she was placed on a waitlist during

her freshman year of college, and the problem was partially relieved only during her sophomore year. Students often have stressors that bring on anxiety attacks that need immediate counseling or medical services. While in-person counseling is lacking (Pfender et al., 2023), online options such as Co-Dependents Anonymous (CoDA) or Support Groups Central are available (CoDA.org, 2023; Curtis & Pedersen, 2022). Although the COVID-19 pandemic undoubtedly increased anxiety among college students, levels of anxiety have not decreased to pre-pandemic levels (Vitagliano et al., 2023). Conversely, multiple studies state that levels of anxiety are higher than ever, highlighting the need for in-person and online services (Zhang & Wang, 2022).

Therefore, the need exists for expanding counseling center services and adding additional mental health professionals to the counseling centers (Pfender et al., 2023). Although it has become clear that in many higher educational institutions, the university counseling centers have begun to increase their staff, the staff has not enlarged commensurate with the increase in first-year college acceptance rates. Demand has increased for these services, and the universities have been slow to meet these needs (Center for Collegiate Mental Health, 2017). Because the need for these services is in such great demand on campuses, it is mandatory that the university educational leaders budget in such a way as to hire more counselors. A college must provide exemplary services for undergraduate students with mental health disorders (Browning et al., 2021).

Participant data indicated that finances created stress for undergraduate college students with anxiety disorders. Being responsible for themselves as adults, they found that budgeting could be difficult for personal needs, in addition to paying for tuition, books, etc. Harvey, Ava, Camille, Ella, and Oliver are examples of undergraduate college students with anxiety disorders who presented disparate situations of how financial stress influenced their educational progress. Financial stressors contribute to the anxiety impact of undergraduate students with anxiety (Browning et al., 2021). These stressors increase anxiety and negatively affect mental and physical health (Potter et al., 2021). As far back as 20 years ago, 65% of college freshmen feared that they would not have enough money to finish their degrees (Higher Education Research Institute, 2002). Today, it has become impossible for many students to attend college without a job.

The number of college students taking medicine for anxiety continues to rise (Hoeflich et al., 2023). Participant data indicated that students who were placed on pharmaceuticals and who were involved in therapy often were more able to deal with their mental health disorders if the medicine was properly prescribed. For example, Melody, who suffered from anxiety and bipolar disorder as a result of sexual assault and bullying, found that anti-depressants made her condition worse until she was prescribed alternative medication. Other examples, for whom these mood-altering medicines helped, were Fiona, who was prescribed Zoloft, and Vanessa, who was prescribed Zoloft and Vraylar. These medications produced an effect that reduced their anxieties and enabled better focus and concentration, increasing their chances of academic success.

The practical implications of the findings of this study offer recommendations for the United States Food and Drug Administration (US FDA), for drug manufacturers, for distributors, for retailers, and for Congressional leadership. Because so many undergraduate students with anxiety disorders rely on mood-altering and other drug specificities to help control some of the negative effects of their disorders, it is imperative that the US FDA continues to closely monitor drug manufacturers' production processes. It is essential that drug manufacturers continue their research to find drugs that would better control and ameliorate the symptoms of the disorders of undergraduate college students with anxiety disorders. Additionally, consideration should be given to the cost of drugs because even with medical insurance, undergraduate college students with anxiety disorders have co-pays for medical office calls and prescribed drugs they cannot afford. Since one-fourth of college students have

delayed access to medical care due to confusion (Nobles et al., 2019), colleges must take additional steps to orient students to medical services that are available.

Furthermore, data analysis shows that the fallout from the physical and mental confusion for undergraduate college students with anxiety disorders often impairs or destroys their relationships with their families (Fernandez et al., 2023). Although generational issues conceivably might be interpreted as tangential to the focus of the origin of anxiety and family relationships, the opposite is the case. Because the focus is on undergraduate students with mental health anxiety disorders, the foundation of much of these students' anxiety originated as small children and progressed into adulthood. The worldview of their earlier years frequently clashed with a new adult worldview that contradicted that which had been instilled by family, friends, etc. This clash contributed to increased family friction and exacerbated anxiety, which affected educational concentration. Both undergraduate college students with anxiety disorders and their parents must therefore be alert to the emotions that create anxiety stressors that could veer toward suicide in order that these students may seek immediate counseling and medical assistance. For employers of undergraduate college students with anxiety disorders, data indicates that these students are dedicated workers who, when entering a work situation, need a great deal of understanding when their workload becomes too stressful. For the communities in which students live and study, data shows that discrimination and stigma experiences continue to plague undergraduate students with anxiety disorders. Malevolent treatment, such as rejection, negative facial expressions by family members or others on the street, derogatory comments in school classrooms and churches, or bullying and assault, causes college students with anxiety disorders to avoid face-to-face interactions with others.

Limitations

Because this research concerned a mental health disorder, there needed to be evidence to support that disorder, so either a doctor or therapist statement verifying that the student had been diagnosed with anxiety was required. Some participants may have been hesitant to divulge this information and may have chosen not to participate. This study had a limited population because participants were recruited from two four-year institutions in the Southeastern United States. These findings cannot be generalized to undergraduate college students with anxiety disorders enrolled in other higher education institutions, such as vocational and technical colleges or community colleges. A further limitation of the study is that there are only two male participants among the 15.

Recommendations for Future Research

This research was focused on understanding the stressors of undergraduate college students with anxiety disorders. It is conceivable, therefore, that the stressors for anxiety disorders could be different for these somewhat older students than for the average undergraduate students who enter college immediately after high school graduation. Additional research is needed to determine barriers to success for both traditional college students and students in graduate school. In the life of almost every undergraduate college student with anxiety disorders, there is dissension of some fashion with a family member or with the entire family. The effects of cognitive immaturity and family parenting styles on academic success warrant further attention. There is a significant need for additional resources and services to deal with the mental health effects of anxiety, depressive moods, psychosomatic problems, lack of self-esteem, suicidality, and substance abuse in college students. Although counseling services are becoming more available, an investigation of the efficacy of these services and their impact on the academic achievement of students warrants further study.

The purpose of this qualitative study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders. The essence of the experience for undergraduate college students with anxiety disorders was condensed to be *solitary but not alone*. As these participants traveled this journey, they discovered that there were others like them with shared experiences. During the focus group of this study, some participants noted they had never been to a social event during their college experience. The participants connected during the conversation and made plans to attend together. As the focus group concluded, Paisley stated: “Maybe I will see you there, and we can be anxious together.” The sentiments expressed in this conversation epitomize the experience of many students with anxiety. They desire to be understood, appreciated and heard. They discovered that there were others like them who were traveling the same road; they were not alone.

Funding Details

No agencies provided funding for this project.

Disclosure Statement

No financial interest or benefit has arisen from this research.

References

- Akibar, A., Niemann, Y. F., Blumenthal, H., & Vosvick, M. (2019). Dimensions of sexuality and social anxiety in emerging adulthood. *Journal of Gay & Lesbian Mental Health, 23*(2), 255–266. <https://doi.org/10.1080/19359705.2019.1568945>
- Assari, S., & Lankarani, M. M. (2018). Violence exposure and mental health of college students in the United States. *Behavioral Sciences, 8*(6), 53–67. <https://doi.org/10.3390/bs8060053>
- Baruah, J., & Vasudevan, A. (2019). The vessels shaping mental health or illness. *Open Neurology Journal, 13*, 1–9. <https://doi.org/10.2174/1874205X01913010001>
- Bottesi, G., Noventa, S., Freeston, M. H., & Ghisi, M. (2019). Seeking certainty about intolerance of uncertainty: Addressing old and new issues through the intolerance of uncertainty scale-revised. *PLOS One, 14*(2), Article e0211929. <https://doi.org/10.1371/journal.pone.0211929>
- Boumosleh, J. M., & Jaalouk, D. (2017). Depression, anxiety, and smartphone addiction in university students: A cross-sectional study. *PLOS One, 12*(8), Article e0182239. <https://doi.org/10.1371/journal.pone.0182239>
- Browning, M. H., Larson, L. R., Sharalevska, I., Rigolon, A., McAnirlin, O., Mullenbach, L., Cloutier, S., Vu, T. M., Thomsen, J., Reigner, N., Metcalf, E. C., D’Antonio, A., Helbich, M., Bratman, G. N., & Alvarez, H. O. (2021). Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States. *PLOS ONE, 16*(1), Article eo245327. <https://doi.org/10.1371/journal.pone.0245327>
- Center for Collegiate Mental Health. (2017). Standardized data set. In *Center for collegiate mental health: 2017 annual report* (pp. 16–21). Penn State. <https://ucarecdn.com/061e1dc5-d5a7-46fb-9874-448a4b58300e/>
- CoDA.org. (2023). *Co-Dependents Anonymous*. <https://CoDA.org>
- Cooper, K. M., Downing, V. R., & Brownell, S. E. (2018). The influence of active learning practices on student anxiety in large-enrollment college science classrooms. *International Journal of STEM Education, 5*(23), 1–18. <https://doi.org/10.1186/s40594-018-0123-6>

- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Crocq, M. (2015). A history of anxiety: From Hippocrates to DSM. *Dialogues in Clinical Neuroscience, 17*(3), 319–325. <https://doi.org/10.31887/DCNS.2015.17.3/macrocq>
- Curtis, L., & Pedersen, T. (2022). *The 6 best online anxiety support groups in 2022*. PsychCentral. <https://psychcentral.com/health/best-online-anxiety-support-groups>
- Ding, T., Zhu, C., Lingling, J., & Gu, S. (2022). College students' anxiety after returning to school during the COVID-19 epidemic: What should we care. *Medicine, 101*(48), Article e32068. <https://doi.org/1097/MD.0000000000032068>
- Ellis, A. (1958). Rational psychotherapy and individual psychology. *The Journal of General Psychology, 59*(1), 35–49. <https://doi.org/10.1080/00221309.1958.9710170>
- Fernandez, L. R., Giron, S. E., Killoren, S. E., & Campione-Barr, N. (2023). Latinx college students' anxiety, academic stress, and future aspirations: The role of sibling relationship quality. *Journal of Child and Family Studies, 32*, 1936–1945. <https://doi.org/10.1007/s10826-022-02474-z>
- Grove, A. B., Sheerin, C. M., Wallace, R. E., Green, B. A., Minnich, A. H., & Kurtz, E. D. (2023). The effect of reduction in irrational beliefs on posttraumatic stress disorder (PTSD), depression, and anxiety symptoms in a group treatment for post-9/11 veterans. *Military Psychology*. Advance online publication. <https://doi.org/10.1080/08995605.2023.2236924>
- Haft, S. L., & Zhou, Q. (2021). An outbreak of xenophobia: Perceived discrimination and anxiety of Chinese American college students before and during the COVID-19 pandemic. *International Journal of Psychology, 56*(4), 522–531. <https://doi.org/10.1002/ijop.12740>
- Hakami, R. M., Mahfouz, M. S., Adawi, A. M., Mahha, A. J., Athathi, A. J., Daghreeri, H. H., Najmi, H. H., & Areeshi, N. A. (2017). Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. *Mental Illness, 9*(274), 42–47. <https://doi.org/10.1108/mi.2017.7274>
- He, T. B., Tu, C. C., & Bai, X. (2022). Impact of social support on college students' anxiety due to COVID-19 isolation: Mediating roles of perceived risk and resilience in the post-pandemic period. *Frontiers in Psychology, 13*, Article e948214. <https://doi.org/10.3389/fpsyg.2022.948214>
- Higher Education Research Institute. (2002). *The official press release for the American freshman 2002*. University of California Press.
- Hoeflich, C. C., Nutley, S., Striley, C. W., Miller, L., Riba, M. B., & Morris, M. R. (2023). Current psychiatric treatment for college students with depression only, anxiety only, or comorbid depression & anxiety (2013–2019). *Journal of Affective Disorders, 230*, 348–352. <https://doi.org/10.1016/j.jad.2022.09.133>
- Hong, B. S. S. (2015). Qualitative analysis of the barriers college students with disabilities experience in higher education. *Journal of College Student Development, 56*(3), 209–226. <https://doi.org/10.1353/csd.2015.0032>
- Isenberg, G., Brown, A. M., DeSantis, J., Velosky, J., & Hojat, M. (2020). The relationship between grit and selected personality measures in medical students. *International Journal of Medical Education, 11*, 25–30. <https://doi.org/10.5116/ijme.5e01.f32d>
- Jones, P. J., Park, S. Y., & Lefevor, G. T. (2018). Contemporary college student anxiety: The role of academic distress, financial stress, and support. *Journal of College Counseling, 21*, 252–264. <https://doi.org/10.1002/jocc.12107>
- Lauriola, M., Mosca, O., & Carleton, R. N. (2018). The intolerance of uncertainty inventory: Validity and comparison of scoring methods to assess individuals screening positive for anxiety and depression. *Frontiers in Psychology, 9*, Article 388. <https://doi.org/10.3389/fpsyg.2018.00388>

- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.
- Little, W. (2016). *Introduction to sociology* (2nd ed.). <https://opentextbc.ca/introductiontosociology2ndedition/>
- Liu, C., Wang, L., Qi, R., Wang, W., Jia, S., Shang, D., Shao, Y., Yu, M., Zhu, X., Yan, S., Chang, Q., & Zhao, Y. (2019). Prevalence and associated factors of depression and anxiety among doctoral students: The mediating effect of mentoring relationships on the association between research self-efficacy and depression/anxiety. *Psychology Research and Behavior Management*, 2019(12), 195–208. <https://doi.org/10.2147/PRBM.S195131>
- Makari, G. (2012, April 16). In the Arcadian Woods. *The New York Times*. <https://opinionator.blogs.nytimes.com/2012/04/16/in-the-arcadian-woods/>
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.
- Mutalik, N. R., Moni, S., Choudhari, S. B., & Bhogale, G. S. (2016). Depression, anxiety, stress among college students in Bagalkot: A college-based study. *The International Journal of Indian Psychology*, 3(4), 2349–3429.
- Nobles, A. L., Curtis, B. A., Ngo, D. A., Vardell, E., & Holstege, C. P. (2019). Health insurance literacy: A mixed methods study of college students. *Journal of American College Health*, 67(5), 469–478. <https://doi.org/10.1080/07448481.2018.1486844>
- Novella, J. K., Ng, K., & Samuolus, J. (2022). A comparison of online and in-person counseling outcomes using solution-focused brief therapy for college students with anxiety. *Journal of American College Health*, 70(4), 1161–1168. <https://doi.org/10.1080/07448481.2020.1786101>
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>
- Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications.
- Pfender, E., Weir, S., & White, A. (2023). Support marshaling strategies among college students with anxiety and depression. *Journal of American College Health*. Advance online publication. <https://doi.org/10.1080/07448481.2022.2155063>
- Potter, A. S., Owens, M. M., Albaugh, M., Garavan, H., Sher, K. J., Kaufman, J., & Barch, D. M. (2021). Obsessive-compulsive disorder in the adolescent brain cognitive development study: Impact of changes from DSM-IV to DSM-V. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(4), 421–423. <https://doi.org/10.1016/j.jaac.2020.07.904>
- Reeves, T. C., & Oh, E. (2008). Generational differences. In *Handbook of research on educational communications and technology* (3rd ed.; pp. 295–303). Routledge.
- Schwandt, T. A., Lincoln, Y. S., & Guba, E. G. (2007). Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Evaluation*, 2007(114), 11–25. <https://doi.org/10.1002/ev.223>
- Short, N. A., Lechner, M., Bell, K., Black, J., Buchanan, J., Ho, J., Reed, G., Corzine, A., Riviello, R., Martin, S. L., Liberzon, I., Rauch, S., & McLean, S. A. (2020). Anxiety sensitivity prospectively predicts increased acute posttraumatic stress and related symptoms after sexual assault. *Journal of Traumatic Stress*, 33, 1111–1120. <https://doi.org/10.1002/jts.22613>
- van Rooij, S., & Stenson, A. (2018). An introduction to anxiety. *Anxiety.org*. <https://www.anxiety.org/an-introduction-to-anxiety>
- Vitagliano, L. A., Wester, K. L., Jones, C. T., Wyrick, D. L., & Vermeesch, A. L. (2023). Group nature-based mindfulness interventions: Nature-based mindfulness training for college students with anxiety. *International Journal of Environmental Research and Public Health*, 20, Article 1451. <https://doi.org/10.3390/ijerph20021451>

- Weis, R., & Bittner, S. A. (2021). College students' access to academic accommodations over time: Evidence of a Matthew effect in higher education. *Psychological Injury and Law*, *15*, 236-252. <https://doi.org/10.1007/s12207-021-09429-7>
- Wen, L., Shi, L., Zhu, L., Zhou, M., Hua, L., Jin, Y., & Change, W. (2022). Associations between Chinese college students' anxiety and depression: A chain mediation analysis. *PLoS ONE*, *17*(6), Article e0268773. <https://doi.org/10.1371/journal.pone.0268773>
- Yang, W., Chen, Y., Wang, C., Qu, J., & Gao, Y. (2023). Comprehensive psychological crisis intervention of college students with anxiety disorder. *CNS Spectrums*, *28*, S2. <https://doi.org/10.1017/S1092852923002523>
- Zhang, H., & Wang, D. (2022). Commentary: The global prevalence of depression and anxiety symptoms among college students and its influencing factors – a commentary on Li et al. (2022). *The Journal of Child Psychology and Psychiatry*, *63*(11), 1231–1322. <https://doi.org/10.1111/jcpp.13660>

Notes on Contributors

Whitney S. Dickerson, Ph.D., a native of Kentucky, is an experienced professional in marketing, corporate communications, and event planning. She is currently pursuing opportunities in higher education administration and leadership to implement her skill set in marketing and mental health.

Timothy R. Nelson, Ed.D., is a National Board-certified middle school math teacher in South Carolina with teaching and administrative experience at all levels of K-12 education. In addition to his work there, he serves as a subject matter expert in quantitative research and teaches graduate courses on research methodology, educational statistics, and professional publication.

ORCID

Whitney S. Dickerson, <https://orcid.org/0009-0008-4945-8078>

Timothy R. Nelson, <https://orcid.org/0000-0002-6976-6149>