

EFFECT OF SELF-DISCLOSURE ON DEPRESSION MANAGEMENT AMONG UNIVERSITY STUDENTS IN KENYA

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ABSTRACT

Purpose of the study: This study explores the role of self-disclosure as an interpersonal communication strategy in the management of depression among university students in Kenya, with a specific focus on Jomo Kenyatta University of Agriculture and Technology (JKUAT). Amid rising concerns over student mental health and persistent stigma surrounding depression, the study examines the content, context, and perceived therapeutic value of self-disclosure.

Methodology: A mixed methods design was employed, utilizing concurrent triangulation to integrate quantitative data from 321 student respondents with qualitative insights from four university counselors.

Findings: The findings reveal that while close friends and counselors are key disclosure targets, a significant number of students refrain from disclosing their emotional struggles to anyone. The most commonly disclosed topics include academic stress, relationship challenges, and financial hardship. However, most students limit their disclosure to general or moderately detailed emotional expressions, citing fear of judgment, lack of privacy, and limited trust as major barriers. Despite these challenges, self-disclosure was perceived as beneficial in improving mood and coping with depression, especially when received with empathy and confidentiality.

Conclusion: The study concludes that self-disclosure has significant therapeutic potential but remains constrained by cultural stigma and inadequate support systems.

Recommendations: Recommendations include strengthening peer support, enhancing mental health literacy, improving the confidentiality and accessibility of counseling services, and embedding disclosure skills in student development programs. These interventions are vital in fostering emotionally safe environments that encourage openness and support psychological resilience among university students.

Keywords: *Self-disclosure, depression management, university students, Kenya*

BACKGROUND OF THE STUDY

Depression is a pervasive and debilitating mental health disorder that impairs emotional, cognitive, and physical functioning, significantly diminishing quality of life. It is characterized by persistent sadness, loss of interest or pleasure in activities, fatigue, difficulty concentrating, and disturbances in sleep and appetite (American Psychiatric Association, 2013). According to the World Health Organization (2021), over 280 million people globally suffer from depression, with low- and middle-income countries (LMICs) bearing a disproportionate burden. Among vulnerable populations, university students are particularly affected due to the unique psychosocial stressors they face including academic pressures, financial challenges, social isolation, and identity transitions (Dyrbye et al, 2006; Ibrahim et al, 2013).

Despite the increasing burden, stigma, inadequate access to mental health services, and cultural norms that suppress emotional openness often prevent students from seeking help. In such environments, interpersonal communication, especially self-disclosure, becomes a pivotal process in managing depression. Social Penetration Theory (SPT), developed by Altman and Taylor (1973), provides a useful lens for understanding how self-disclosure unfolds in interpersonal relationships. According to SPT, self-disclosure is central to relational development, progressing from superficial layers to more intimate ones. The depth and breadth of information shared reflect and influence the closeness and supportiveness of interpersonal bonds.

Applied to depression management, SPT suggests that as individuals disclose more deeply and personally, sharing thoughts and emotions related to their psychological distress, they open the

door to emotional support, validation, and connection. These interpersonal benefits can buffer against the isolating effects of depression and serve as entry points into peer and professional support systems. Conversely, when disclosure is constrained by fear of stigma or social rejection, the resulting emotional isolation can worsen depressive symptoms.

In many African settings, including Kenya, cultural beliefs often associate mental illness with weakness, spiritual failure, or moral deviance (Atilola, 2015; Lund et al, 2016). These norms contribute to a culture of silence around psychological distress, limiting opportunities for meaningful self-disclosure. University students, navigating a critical developmental phase marked by identity exploration and social realignment, are particularly vulnerable to both mental health challenges and the inhibitions around discussing them.

Recent studies have indicated that when students are encouraged and supported to engage in self-disclosure; whether with peers, family members, or professionals, they are more likely to access care, build social resilience, and benefit from interpersonal interventions such as psychotherapy (Derlega et al, 2001; Vogel et al, 2007). Given the centrality of communication in building trust and accessing support, there is a growing need to understand how self-disclosure, as conceptualized within Social Penetration Theory, influences depression management in university settings. This study focuses on the Kenyan context, where high rates of depression, persistent stigma, and limited access to care necessitate a deeper understanding of communication-based coping strategies.

STATEMENT OF THE PROBLEM

Depression is a significant and growing mental health concern among university students in Kenya, with studies reporting that over one-third of students experience moderate to severe depressive symptoms (Othieno et al, 2014; Otieno et al, 2024). The psychosocial stressors of university life including academic pressure, financial uncertainty, and social isolation, are compounded by cultural stigma, limited access to professional mental health services, and a lack of supportive interpersonal networks. Consequently, many students suffer in silence, unable or unwilling to seek help or express their emotional struggles.

One crucial but underexplored pathway to effective depression management lies in self-disclosure; the process of voluntarily sharing personally relevant and emotionally sensitive information.

Within the framework of Social Penetration Theory (Altman & Taylor, 1973), self-disclosure is central to relationship development and psychological intimacy. The theory posits that as individuals disclose deeper layers of their personal selves, they foster greater emotional closeness, trust, and social support, all of which are protective factors in mental health. However, the effectiveness of self-disclosure in managing depression depends on both the depth of disclosure and the quality of interpersonal responses received.

Despite this theoretical significance, there is limited empirical research in Kenya that specifically investigates how university students engage in self-disclosure about their mental health struggles, and how such disclosure contributes to emotional relief, support seeking, or treatment uptake. Even less is known about how social demographic factors such as gender, age, or personality traits may moderate the impact of self-disclosure on depression outcomes.

This study, therefore, addresses a critical gap by examining the role of self-disclosure as a communication strategy in the management of depression among Kenyan university students. It seeks to provide evidence-based insights that can inform interpersonal and institutional mental health interventions in the Kenyan context and other similar low- and middle-income settings.

RESEARCH OBJECTIVE

To examine the effect of self-disclosure as an interpersonal communication strategy on the management of depression among university students in Kenya.

RESEARCH QUESTION

What is the effect of self-disclosure as an interpersonal communication strategy on depression management among university students in Kenya?

LITERATURE REVIEW

Theoretical Framework

This study was anchored on two theories: Disclosure Decision Model and the Social Penetration Theory.

Disclosure Decision Model (DDM)

The Disclosure Decision Model (DDM), proposed by Omarzu (2000), frames self-disclosure as a deliberate and strategic process where individuals consciously evaluate whether, how, and to

whom they disclose personal information. Central to the DDM is the concept that disclosure is goal-directed, with individuals sharing personal information for specific purposes such as seeking emotional support, strengthening relationships, or gaining social validation. In mental health contexts, self-disclosure serves as a mechanism for emotional regulation or psychological relief, but involves a calculated assessment of potential rewards like empathy and understanding versus risks such as judgment, rejection, or loss of privacy.

Following this risk-benefit analysis, individuals adopt different disclosure strategies ranging from full disclosure to selective sharing or complete non-disclosure based on whether anticipated benefits outweigh risks. The model recognizes that disclosure decisions are shaped by individual needs, perceptions of the recipient's trustworthiness, and broader cultural contexts, making it particularly relevant in Kenyan universities where cultural taboos and stigmatization fears influence disclosure choices. However, the DDM has limitations including its overemphasis on rationality while potentially overlooking impulsive or emotionally driven disclosures, underrepresentation of cultural norms in collectivist societies, and focus on isolated disclosure instances rather than long-term behavioral evolution. Despite these limitations, the DDM provides valuable understanding of the psychological calculations involved in disclosure decisions and emphasizes the importance of creating supportive environments that encourage openness.

Social Penetration Theory (SPT)

Social Penetration Theory (SPT), developed by Altman and Taylor (1973), provides a foundational framework for understanding how interpersonal relationships evolve systematically from superficial exchanges to deeper, more intimate communication through self-disclosure. The theory posits that self-disclosure is central to relational development, allowing individuals to transition from surface-level interactions to emotionally meaningful connections, which is particularly relevant in depression management where gradual sharing of personal information plays a critical role in therapeutic and supportive relationships. SPT highlights the dual dimensions of breadth and depth in self-disclosure, where breadth refers to the range of topics discussed and depth relates to the level of intimacy, with initial conversations typically focusing on general stressors before transitioning to core emotional issues such as trauma or psychological distress.

The principle of reciprocity is a core tenet of SPT, suggesting that self-disclosure by one party often prompts reciprocal disclosure by the other, which helps cultivate supportive environments necessary for managing depression. In therapeutic contexts, limited strategic self-disclosure by therapists may foster trust, while mutual sharing among peers reduces stigma and enhances emotional bonding. However, SPT also recognizes the concept of de-penetration, where intimacy within relationships can regress if clients perceive breaches of trust, judgment, or stigma, potentially leading to withdrawal from therapy or support networks. In the context of university students in Kenya, SPT is instrumental in explaining how trust and intimacy are cultivated through gradual and reciprocal self-disclosure, underscoring the importance of supportive interpersonal relationships in promoting psychological well-being and addressing barriers posed by stigma and limited access to mental health resources.

Empirical Review: Self-Disclosure and Depression Management

The literature establishes self-disclosure as a critical mechanism for interpersonal communication and psychological well-being, serving both social and therapeutic purposes in depression management. Foundational work by Altman and Taylor (1973) through Social Penetration Theory demonstrates that self-disclosure facilitates relational development through a gradual layered process from superficial to intimate exchanges, fostering trust and strengthening emotional bonds. Jourard's (1971) seminal work "The Transparent Self" reinforced these findings by showing that openness enhances emotional clarity and reduces psychological distress. Building on these foundations, Derlega et al. (2001) identified the motivational and relational functions of disclosure including emotional expression, validation, and intimacy building, while cautioning that premature or excessive sharing may result in relational strain if privacy boundaries are violated.

Meta-analytic evidence supports the therapeutic value of structured self-disclosure interventions in mitigating depressive symptoms. Youn et al. (2022) reported that disclosure interventions among adolescents and young adults significantly improved emotional expression and perceived support, contributing to symptom reduction. Gonsalves et al. (2023) confirmed that disclosure in both peer-led and therapeutic settings actively promotes depression recovery, emphasizing the necessity of emotionally safe environments. Greene, Derlega, and Mathews (2006) emphasized

that therapeutic alliance depends on clients' perceptions of safety and confidentiality, without which disclosure may be stifled and therapeutic gains limited. The Johari Window model by Luft and Ingham (1955) illustrates how disclosure expands self-awareness and fosters mutual understanding, with Naslund et al. (2016) demonstrating that peer-led disclosures in support groups improved self-esteem and emotional well-being.

Cultural context significantly shapes disclosure behaviors, with Triandis (2018) demonstrating that individuals in collectivist societies often refrain from emotional openness to preserve group harmony. Stangl et al. (2019) found that stigmatization of mental illness in African settings is reinforced by communal expectations, deterring help-seeking behavior. Al-Krenawi and Graham (2011) observed that Middle Eastern societal norms discouraged open disclosure, resulting in emotional suppression and poor mental health outcomes. Recent studies by Werle and Byrd (2022) and Werle, Byrd, and Coalson (2023) highlight that self-disclosure paired with high communication competence leads to favorable relational perceptions, while low competence may yield mixed results, reinforcing that disclosure must be context-sensitive and strategically facilitated.

The importance of audience and context in disclosure outcomes is emphasized by Chaudoir and Fisher (2010), who noted that disclosures to trusted recipients like close friends or therapists produce more positive emotional outcomes than public disclosures. Nesi, Choukas-Bradley, and Prinstein (2018) found that public disclosures, especially on social media, can expose individuals to judgment and cyberbullying. Region-specific research by Shah et al. (2021) in Kenya observed that university students who confided in peers or counselors experienced improved mental health outcomes, though demographic moderating effects were not examined. Similarly, Keller et al. (2016) found that empathetic clinicians facilitated disclosure and symptom relief in the U.S., yet socially anxious or marginalized women still faced barriers, highlighting the need for culturally grounded research that captures the multidimensional nature of disclosure in different contexts.

RESEARCH METHODOLOGY

This study employed a mixed methods design using concurrent triangulation to examine self-disclosure in depression management among university students at Jomo Kenyatta University of

Agriculture and Technology (JKUAT) in Kenya. The researchers collected quantitative and qualitative data simultaneously from a target population of approximately 44,000 students enrolled between 2017/2018 and 2021/2022. Using the Mugenda and Mugenda (2003) formula for populations exceeding 10,000, the study calculated a minimum sample size of 384 students, with standard values of Z (confidence level), $p = 0.5$ (unknown population proportion), $q = 1 - p$, and $d = 0.05$ (significance level).

The data collection involved structured questionnaires administered to systematically selected students for quantitative data, while qualitative data came from in-depth interviews with four student counselors selected through convenience sampling. Student counselors administered the questionnaires to ensure ethical handling and participant comfort given the sensitive nature of mental health topics. Data analysis used SPSS v23 for descriptive statistics and inferential techniques including Pearson's correlation and linear regression to assess relationships between self-disclosure and depression management, while qualitative data from face-to-face interviews was captured through note-taking to provide contextual depth to the statistical findings.

FINDINGS

Descriptive Statistics Results

This study examined self-disclosure's role in depression management among university students by exploring three key dimensions: breadth, depth, and perceived therapeutic impact. The breadth analysis identified whom students disclosed to (peers, family, counselors) and what information they shared, revealing social dynamics and support networks. The depth component assessed how much detail students were willing to share, ranging from general emotional states to highly personal experiences, while also measuring their comfort levels and psychological safety with chosen confidants. Finally, the study evaluated perceived impact by examining how sharing emotional experiences influenced overall well-being, including access to emotional support, symptom alleviation, and improved coping strategies, providing a multidimensional understanding of self-disclosure as an interpersonal communication strategy for mental health support.

Breadth of Disclosure

To assess the breadth of self-disclosure, the study examined the individuals to whom students most comfortably disclosed their feelings while at university, as well as the range of issues they shared. This analysis aimed to illuminate the structure of students' informal and formal support systems, the dynamics of trust, and the nature of interpersonal interactions influencing disclosure patterns. Table 1 summarizes the findings on preferred disclosure targets.

Table 1: Disclosure Targets

		Frequency	Percent
Disclosure Targets	Close friends	51	15.9
	Roommates	23	7.2
	Academic advisors	13	4.1
	University counsellors	35	10.9
	Lecturers	10	3.1
	Classmates	19	5.9
	Family members	14	4.4
	Chaplaincy	13	4.1
	N/A	143	44.5
	Total	321	100.0

The data reveal that close friends were the most frequently cited confidants (15.9%), underscoring the pivotal role of peer relationships in students' emotional support networks. This finding aligns with McCrae and Costa (2008), who observed that individuals high in extraversion often develop deeper interpersonal bonds and are more inclined toward emotional sharing. University counselors were the second most preferred disclosure recipients (10.9%), indicating the importance of professional support systems. This supports findings by Rickwood et al. (2005), who emphasized the critical role of institutional mental health services in facilitating safe and effective emotional expression among university students. Roommates (7.2%) and classmates (5.9%) also emerged as significant sources of emotional support. Shared living spaces and academic collaboration likely contribute to the development of trust and familiarity, making these relationships conducive to disclosure.

Interestingly, only 4.4% of students disclosed their feelings to family members, suggesting that while familial ties remain important, they may be less accessible or less emotionally available during the university period. Cultural and generational differences, physical distance, and norms

discouraging emotional openness within families may contribute to this trend (Branje et al., 2010). Other formal support figures, such as academic advisors (4.1%) and chaplaincy staff (4.1%), were cited infrequently. Their relatively peripheral role in students' emotional lives may reflect the formal and often hierarchical nature of these relationships. Lecturers were the least preferred confidants (3.1%), likely due to the professional boundaries that limit emotional engagement in academic settings. These patterns are consistent with findings by Ibrahim et al. (2013), who noted that students often avoid formal institutional avenues for emotional support in favor of more personal, less judgmental interactions.

A particularly noteworthy finding is that 143 students (44.5%) reported not disclosing their emotional struggles to anyone. This substantial proportion points to serious barriers to self-disclosure among university students. Perceived stigma, fear of judgment, and emotional vulnerability were likely contributors, as supported by Vogel et al. (2007). Within Kenyan cultural contexts; characterized by collectivist values and social expectations of emotional restraint, these barriers may be amplified. Mak and Chen (2006) emphasize that in such societies, individuals often suppress personal struggles to avoid social disruption or shame, further discouraging open disclosure.

These findings suggest that while students do engage in emotional disclosure, they rely heavily on informal peer networks; particularly close friendships and roommates. Institutional support systems such as counseling services are utilized but remain underutilized, and formal academic figures are least trusted for emotional expression. The high prevalence of non-disclosure highlights an urgent need for interventions that reduce stigma, enhance trust in institutional supports, and promote culturally sensitive dialogue around mental health within the university environment. The study further explored the range of topics that university students are most likely to disclose when sharing their feelings and experiences. The aim was to identify the primary issues students discuss with others and understand the emotional and psychological concerns that influence their well-being. As shown in Figure 1 below, the results provide insight into the various themes that emerge in students' disclosures and highlight the factors that shape their emotional experiences during university life.

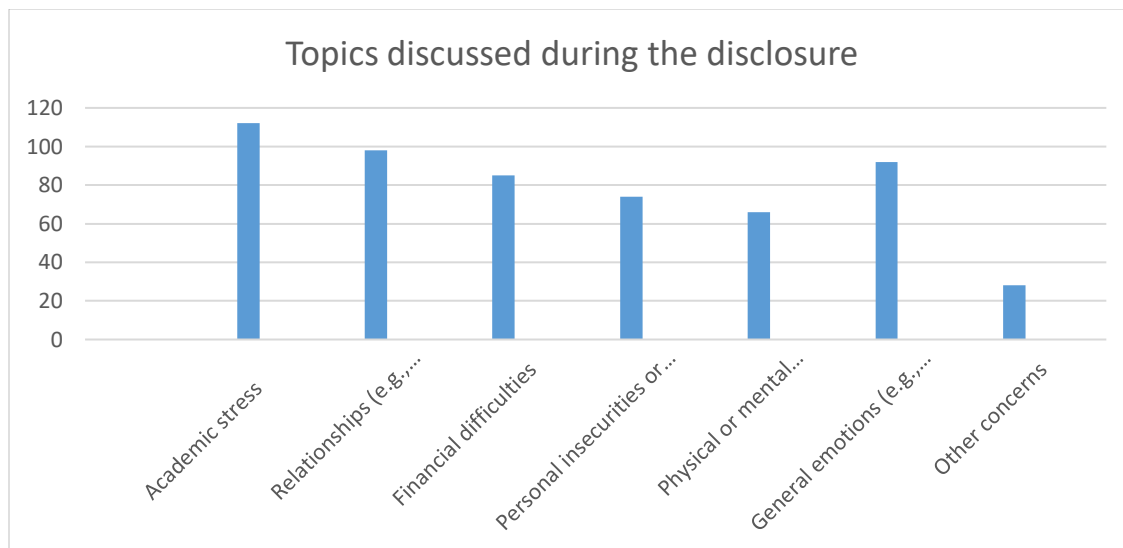


Figure 1: Topics Discussed During the Disclosure

The results revealed that academic stress was the most frequently disclosed issue, reported by 118 respondents (61.7%). Students identified concerns related to workload, examinations, and performance expectations as central to their distress. This finding corroborates previous literature emphasizing academic pressure as a predominant source of student stress (Misra & McKean, 2000; Andrews & Wilding, 2004). Relationship-related challenges, including familial, romantic, and peer dynamics, were disclosed by 100 participants (53.9%). This underscores the salience of interpersonal relationships in students' emotional lives. While such relationships often serve as protective factors (Tynes & Markoe, 2010), difficulties within them may exacerbate emotional distress (Kinnunen & Pulkkinen, 2003).

Financial hardship also featured prominently, with 85 respondents (45.2%) reporting economic challenges as a source of psychological strain. This finding is consistent with prior studies linking financial insecurity to elevated stress and poorer academic outcomes (Robotham, 2008; Lohfink & Paulsen, 2005). Disclosures related to personal insecurities and self-doubt were noted by 75 students (41.1%). These concerns typically reflected low self-esteem, identity confusion, and anxiety about personal adequacy, issues commonly experienced during transitional life stages such as university (Parker et al., 2001; Lowe & Cook, 2003).

A total of 114 students (35.5%) discussed issues pertaining to physical and mental health, including anxiety and depression. These findings align with Eisenberg et al. (2009), who report a high prevalence of psychological distress among college populations, often accompanied by reluctance to seek help due to stigma. Storrie et al. (2010) similarly document the increasing visibility of mental health needs within higher education. Career-related anxiety was disclosed by 91 respondents (28.3%), highlighting concerns about employability, future prospects, and life beyond university. Such anxieties are common among emerging adults preparing to transition into the workforce (Lent et al, 2001).

In contrast, a smaller proportion of students (26.2%) reported disclosing general emotions such as sadness or happiness without specifying underlying causes. This suggests a tendency to frame emotional experiences within identifiable life contexts, consistent with Rice et al. (2012), who note that mood disclosures among students are frequently tied to concrete stressors. Finally, 5.9% of participants disclosed less common themes, including spiritual reflections, creative goals, and broader existential concerns. Although infrequently discussed, these topics represent significant aspects of personal development and identity formation, particularly in the university context (Pittman & Reich, 2001). These findings illustrate that university students are most inclined to disclose issues that are immediate, tangible, and stress-inducing, particularly those related to academics, relationships, finances, and mental health. The diversity in disclosure themes suggests that interventions must be responsive not only to individual psychological needs but also to broader structural and cultural influences that shape students' lived experiences.

Depth of Self-Disclosure

To further understand the intricacies of self-disclosure among university students, the study explored the depth of disclosure, defined as the level of detail shared and the perceived emotional safety during such interactions. This focus was critical for assessing both the richness of shared

personal experiences and the students' comfort in expressing sensitive information.

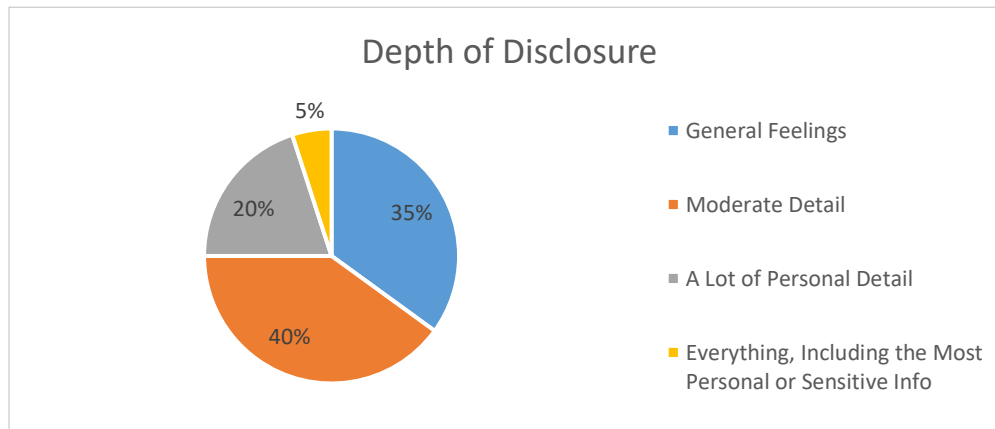


Figure 2: Depth of Disclosure

As illustrated in Figure 2, students' disclosure tendencies varied across a spectrum of detail and emotional vulnerability. A notable 35% of respondents reported sharing only general feelings, such as stating they were "feeling down," without delving into the specifics of their emotional state. This group likely employed surface-level disclosures to maintain emotional boundaries or to avoid vulnerability. Conversely, 40% of participants disclosed emotions with moderate detail. These disclosures often involved the description of specific events or triggers, such as academic stressors or interpersonal conflicts, which influenced their emotional states. This pattern demonstrates a balance between openness and caution, reflecting a moderate level of comfort and trust.

Approximately 20% of the students reported high-depth disclosures, involving detailed accounts of personal experiences, coping strategies, and emotional struggles. These disclosures indicate higher levels of trust in the recipient and a greater willingness to seek emotional support. However, only 5% of respondents shared their most personal or sensitive information, suggesting that deep, uninhibited self-disclosure remains rare within this population. These findings align with prior research that emphasizes the influence of perceived safety, relational closeness, and stigma on disclosure behavior (Parker et al., 2001; Eisenberg et al., 2009). The study assessed the comfort levels of university students in disclosing their feelings, using a 5-point Likert scale ranging from 1 (very uncomfortable) to 5 (very comfortable). The findings are summarized in Table 2

Table 2: Comfort Level in Disclosing Feelings to Others

		N	Mean	Std. Deviation	Skewness	Kurtosis	
		Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
How comfortable are you with disclosing your feelings to others?		321	2.43	1.008	1.198	.132	.941
Valid N (list wise)		321					

The mean score of 2.43 indicates a generally low-to-moderate comfort level among respondents in disclosing their emotional experiences. This suggests that a substantial portion of students are hesitant or ambivalent about opening up, potentially due to fears of judgment, breach of confidentiality, or cultural stigma surrounding mental health. The relatively high standard deviation (1.008) reflects considerable variability in comfort levels, with some students feeling relatively open to disclosure while others remain highly reserved. This finding supports the idea that self-disclosure is not a uniform behavior but a complex, context-dependent process influenced by personality, social environment, and cultural norms. A meta-analysis of social media self-disclosure by Chu, Sun, and Jiang (2023) found that demographic factors such as gender, age, and cultural background significantly moderated how disclosure impacted psychological well-being, reinforcing the notion that disclosure dynamics must be understood within broader interpersonal and cultural contexts.

The skewness coefficient of 1.198 indicates a positively skewed distribution, suggesting that a significant proportion of participants reported lower levels of comfort with self-disclosure. This pattern underscores the predominance of disclosure apprehension within the sampled population. Consistent with prior empirical findings (Sprecher & Hendrick, 2004), this trend may be attributed to the influence of social norms and the fear of emotional vulnerability. These factors are particularly salient in collectivist cultural contexts such as Kenya, where self-restraint and the preservation of social harmony are often prioritized over personal emotional expression.

The kurtosis value of 0.941 indicates a moderately peaked distribution with light tails, which is consistent with Altman and Taylor's (1973) Social Penetration Theory. The theory posits that emotional disclosure develops in stages, beginning with superficial topics and only gradually moving toward deeper, more intimate revelations as trust is established. This progression likely contributes to the overall moderate comfort scores observed. These findings demonstrate that while some students are willing to disclose moderate or deep personal experiences, the majority remain guarded in their emotional expression. This underscores the need for university interventions that create safe, stigma-free environments and promote supportive interpersonal communication to enhance students' willingness to seek help and share emotional burdens.

Barriers of Disclosure

The study aimed to explore the barriers to self-disclosure of depressive feelings among university students. Recognizing the critical role of self-disclosure in mental health, the study sought to identify specific challenges that hinder students from sharing their emotional struggles. Respondents were allowed to select multiple applicable barriers, providing a comprehensive understanding of the factors that discourage or inhibit self-disclosure. The findings are as presented in Figure 3 below.

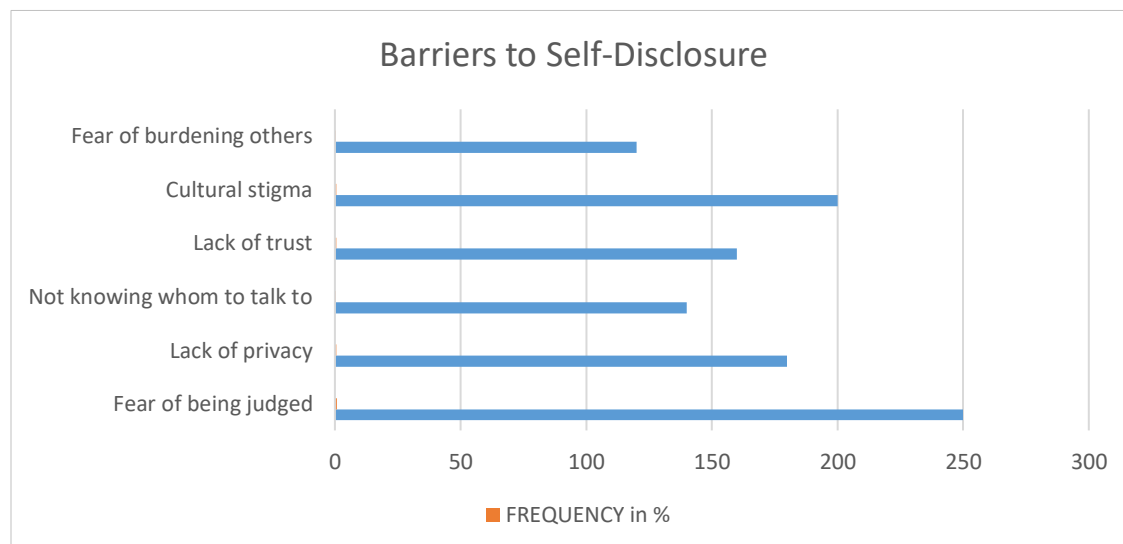


Figure 3: Barriers to Disclosure

Figure 3 presents a summary of the key barriers to self-disclosure reported by university students in the study. The most frequently cited barrier was fear of being judged or misunderstood, reported by 215 out of 321 respondents (67.0%). This finding underscores a pervasive apprehension about negative social evaluation, which continues to inhibit open discussions about emotional distress. Such apprehension aligns with previous research indicating that perceived stigma significantly curtails willingness to disclose mental health concerns (Vogel et al, 2006). Within university environments where acceptance and perceived competence peers are highly valued, students may fear reputational damage or exclusion if seen as emotionally vulnerable. Moreover, in collectivist societies like Kenya, cultural imperatives around emotional restraint and maintaining social harmony further discourage open disclosure (Mak & Chen, 2006).

The second most reported barrier was lack of privacy or a safe environment, cited by 178 respondents (55.5%). This suggests a significant need for secure and confidential spaces to facilitate emotional expression. Consistent with findings by Barry et al. (2013), young people often refrain from self-disclosure when they perceive that trust and confidentiality may be compromised. In contexts where students are uncertain about who might overhear or misuse shared information, they may opt for silence, aggravating feelings of isolation and internal distress. Equally notable was the challenge of not knowing whom to talk to, reported by 162 students (50.5%). This finding highlights a gap in students' awareness of available or trustworthy support systems. Rickwood et al. (2005) argue that uncertainty about where to seek help, or about the reliability of potential confidants, acts as a substantial deterrent to help-seeking behaviors. This lack of clarity may be especially pronounced in under-resourced university settings, where mental health services are sparse or poorly publicized.

A lack of trust in others was cited by 149 respondents (46.4%), further reinforcing concerns about confidentiality and the fear of betrayal. Trust has been widely documented as a critical determinant of disclosure behavior, especially in contexts involving sensitive or stigmatized information (Rickwood et al., 2005). Without a foundation of emotional safety, students may refrain from sharing their struggles, thereby reducing the likelihood of timely support or intervention.

Cultural or societal stigma also featured prominently, reported by 140 respondents (43.6%). This aligns with broader scholarship emphasizing that in many collectivist societies, mental illness is associated with shame, weakness, or spiritual failure, which discourages disclosure (Mak & Chen, 2006). For many students, internalized stigma may lead to emotional suppression, further complicating their mental health trajectories. Additionally, 125 students (38.9%) expressed fear of burdening others, indicating concern for the emotional well-being of peers or family members. In collectivist cultures where group cohesion is prioritized, individuals may avoid disclosing distress to prevent causing emotional discomfort to others (Mak & Chen, 2006). This self-imposed silence, although well-intentioned, may intensify feelings of loneliness and psychological distress.

These quantitative findings are supported by qualitative insights obtained through interviews with university counselors. One counselor noted:

“Many students are reluctant to open up initially. There’s a lot of stigma around mental health, and some are afraid of being judged, especially if seen by their friends attending therapy. This causes them to mask and drop off, and that makes therapy very ineffective. It takes time to build trust.” (Counselor A)

Another counselor elaborated on the challenges of diagnosis and trust:

“Sometimes the biggest challenge is identifying whether it’s depression or just sadness. Students don’t always know how to describe what they feel. Another challenge is trust issues-they don’t trust you enough to disclose, and that affects therapy.” (Counselor B)

The influence of institutional pressure was also discussed:

“One of the main challenges is the attitude towards therapy. Some students have preconceived opinions and therefore choose not to open up, especially when forced to attend therapy sessions by the system.” (Counselor C)

“There are several challenges when it comes to disclosure. Some students don’t know what they are struggling with, or they don’t want to talk about it. Others only come to therapy because it’s compulsory, especially after being caught in examination irregularities. Some will only attend one

or two sessions, and some students end up dropping out of therapy abruptly when they start to feel vulnerable.” (Counselor D)

These findings highlight the multifaceted barriers that impede self-disclosure among university students. They reflect a dynamic interplay of psychological vulnerability, structural limitations, and cultural influences. Addressing these challenges requires comprehensive strategies such as enhancing trust in university counseling systems, safeguarding confidentiality, promoting mental health literacy, and fostering culturally sensitive environments to facilitate openness and emotional support. Targeted interventions that normalize emotional expression and provide safe avenues for disclosure could significantly improve depression management outcomes in Kenyan universities (Agutu, et al, 2020; Rickwood et al, 2005).

Perceived Impact of Self-Disclosure on Depression Management

This study aimed to explore university students' perceptions of the impact of self-disclosure on depression management. Specifically, it sought to determine the extent to which students felt supported when disclosing their feelings, whether sharing their emotions improved their mood, and how effective they perceived self-disclosure as a coping strategy for depression. The findings are as tabulated in Table 3 below

Table 3: Students’ Perceptions of effects of Self-Disclosure on Depression Management

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
I feel supported by my peers when I share my feelings of depression	321	2.32	1.139	0.115	.132	0.354	.263
Talking about my feelings with friends or family improves my overall mood.	321	4.45	0.794	0.678	.132	-0.512	.263
Self-disclosure helps me manage my depression symptoms.	321	3.50	1.017	-0.231	.132	-0.567	.263
I believe self-disclosure is an effective way to cope with depression.	321	4.02	0.896	-0.559	.132	-0.389	.263
Valid N (listwise)	321						

Table 3 presents descriptive statistics on students' perceptions of self-disclosure as a coping mechanism for depression. The findings reveal a complex and layered understanding of emotional expression within the university setting. Quantitative results indicate that students reported a relatively low mean score of 2.32 when asked whether they felt supported by peers after disclosing depressive feelings. The relatively high standard deviation (1.139) suggests substantial variation in peer responses, with some students experiencing support and others reporting indifference or discomfort. These findings align with previous research showing that peer-based mental health support can be compromised by stigma and inadequate awareness (Eisenberg et al, 2007).

In contrast, respondents expressed strong agreement (mean = 4.45, SD = 0.794; skewness = -0.678) that discussing emotions with friends or family improved their mood, suggesting that trusted personal relationships serve as important emotional anchors. This perception is reinforced by Vogel et al. (2007), who found that emotional disclosure within supportive interpersonal contexts enhances well-being and reduces psychological distress. Regarding self-disclosure as a strategy for managing depressive symptoms, students expressed moderate agreement (mean = 3.50, SD = 1.017), with mild negative skewness (-0.231) indicating a leaning toward favorable attitudes but also highlighting ambivalence. This may be due to inconsistent outcomes from disclosure, a finding echoed in Kahn and Garrison's (2009) study, which showed that the benefits of disclosure are often contingent on the quality of response and the safety of the environment.

A more definitive endorsement emerged in relation to self-disclosure as a general coping mechanism (mean = 4.02, SD = 0.896; skewness = -0.559), reflecting a shared belief in its psychological utility. This view is supported by Chaudoir and Fisher's (2010) Disclosure Processes Model, which emphasizes how emotional disclosure promotes self-regulation and facilitates the building of supportive relationships.

These quantitative findings were reinforced by qualitative data drawn from in-depth interviews with university counselors. One counselor explained, *"When clients are able to open up and really share what they're going through... it gives me the chance to tailor our sessions in a way that actually meets their needs... Without that kind of openness, it can feel like we're just scratching the surface."* Another counselor highlighted the transformative role of disclosure, stating, *"Self-*

disclosure is often the moment where things really shift... That one moment of honesty can mark the beginning of real healing.” These insights reflect the interpersonal nature of therapy and underscore the pivotal role of trust and vulnerability in successful treatment outcomes.

Other counselors emphasized the timing and quality of self-disclosure as key therapeutic accelerants. Early and genuine disclosure was seen as instrumental in building rapport and trust: *“When a student is willing to be vulnerable and honest from the start, it helps us build a strong rapport really quickly... we can get to the root causes rather than just treating symptoms.”* Another remarked, *“Students who are open about their feelings tend to move through the healing process much more quickly... On the other hand, those who remain guarded take longer to trust.”*

These qualitative narratives complement the statistical trends and collectively illustrate the dual importance of safe disclosure environments and culturally sensitive therapeutic engagement. As Rickwood et al. (2005) observe, self-disclosure is most effective when embedded in emotionally secure contexts with reliable support structures. In the Kenyan university context, where stigma, mistrust, and emotional restraint are often culturally reinforced, these findings underscore the urgency of fostering open, empathetic, and confidential spaces that empower students to disclose and seek help.

Inferential Statistics

Correlation Analysis: Self-Disclosure and Depression Management

Correlation analysis was employed to examine the strength and direction of the relationship between self-disclosure and depression management. The Pearson correlation coefficient (r), which ranges from -1.00 to +1.00, was used to assess linear association. According to Gujarati and Porter (2010), the coefficient reflects the degree of relationship between two variables, where positive values indicate a direct association and negative values indicate an inverse relationship.

As shown in Table 4, the correlation between self-disclosure and depression management was positive and statistically significant, with $r = 0.538$, $p < .01$. This indicates a moderately strong positive relationship, suggesting that higher levels of self-disclosure are associated with more effective depression management among students. The result supports the notion that students who

openly share their emotional experiences are more likely to experience psychological relief, improved emotional regulation, and stronger coping outcomes.

This finding aligns with prior literature. Chaudoir and Fisher (2010) emphasize that self-disclosure facilitates cognitive processing, emotional catharsis, and social support mobilization, all critical mechanisms in depression mitigation. Similarly, Kahn and Hessling (2001) argue that disclosure fosters validation and connectedness, which reduce feelings of isolation and internalized stigma. The current study's findings are also reinforced by Song et al. (2015), who observed that self-disclosure is positively associated with pro-social behaviors and emotional responsiveness. In the context of mental health, this suggests that individuals who disclose more tend to engage in supportive interpersonal interactions, thereby enhancing their resilience and mental well-being.

Table 4: Pearson Correlation between Self-Disclosure and Depression Management

	Depression Management	Self-Disclosure
Depression Management	1.000	.538**
Self-Disclosure	.538**	1.000
Sig. (2-tailed)		.004

Regression Analysis: Self-Disclosure and Depression Management

To assess the influence of self-disclosure on depression management among university students, a multiple linear regression analysis was conducted. This focused on the role of self-disclosure as a predictor of how effectively students manage depressive symptoms. The results highlight the statistical strength and practical importance of self-disclosure within the broader interpersonal communication framework.

Table 5: Regression Model Summary – Self-Disclosure and Depression Management

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.574	.325	.310	2.63792

The correlation coefficient ($R = .574$) indicates a moderate positive relationship between self-disclosure and depression management. The R^2 value of .325 implies that self-disclosure explains 32.5% of the variance in depression management outcomes. The Adjusted R^2 of .310 accounts for

model complexity and affirms the predictive value of self-disclosure as on depression management.

Table 6: ANOVA Self-Disclosure and Depression Management

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	331.250	1	331.250	38.772	.000
Residual	692.324	319	2.170		
Total	1023.574	320			

The ANOVA table shows that the regression model is statistically significant ($F = 38.772$, $p < .001$), indicating that self-disclosure significantly predicts depression management.

Table 7: Regression Coefficient – Self-Disclosure

Predictor	B	Std. Error	Beta	t	Sig.
(Constant)	2.145	0.720	—	2.980	.003
Self-disclosure	0.380	0.070	0.390	5.429	.012

The regression coefficient for self-disclosure ($\beta = 0.390$, $p < .05$) demonstrates that it has a statistically significant and positive impact on depression management. This suggests that as students increase their level of self-disclosure, they are more likely to experience improved outcomes in managing depressive symptoms.

The regression equation based on the model is:

$$Y = 2.145 + 0.380X$$

Y - Depression Management; X- Self-Disclosure

Discussion

The study found that self-disclosure serves as a significant predictor of positive mental health outcomes among university students in Kenya, despite facing considerable barriers. Students most commonly disclosed emotional distress to close friends, university counselors, and roommates, with academic stress being the most frequently shared concern, followed by interpersonal and financial issues. However, nearly half of the participants (44.5%) reported not disclosing their feelings to anyone, reflecting deep-seated stigma, fear of judgment, and cultural norms that discourage vulnerability. The depth of disclosure was generally limited, with most students sharing only superficial or moderately detailed emotions rather than deeply personal content, reinforcing

the gradual, layered nature of disclosure processes contingent on relational safety and individual comfort.

The study established a positive correlation between self-disclosure and depression management ($r = .538, p < .01$), with regression analysis confirming self-disclosure as the strongest and only statistically significant predictor among disclosure variables ($\beta = .390, p < .05$). While students reported emotional relief and improved mood after disclosure, they expressed mixed feelings about the quality of support received, particularly from peers, highlighting a disconnect between disclosure and its emotional rewards. Qualitative data from university counselors revealed that voluntary, early disclosures in emotionally safe, non-judgmental environments yielded better therapeutic outcomes compared to system-imposed or crisis-driven disclosures. Counselors observed that cultural expectations, negative perceptions of therapy, and lack of institutional trust contributed to student guardedness, even when emotional distress was apparent. The research demonstrates that although students recognize the emotional value of self-disclosure in managing depression, their ability to engage meaningfully in this process remains constrained by interpersonal, cultural, and institutional barriers.

CONCLUSION

The study concludes that self-disclosure plays a critical role in supporting students' emotional well-being, though this process remains constrained by various barriers. The research revealed that close friends and university counselors serve as primary confidants, while academic stress, relationship challenges, and financial difficulties emerged as the most commonly disclosed topics. However, a significant portion of students disclosed their emotional struggles to no one, and most participants shared only general or moderately detailed emotions rather than deeply personal experiences, indicating limited emotional safety and trust in their interpersonal and institutional environments.

Despite these limitations, self-disclosure was perceived as beneficial for enhancing mood, fostering social connections, and improving depression management outcomes. However, significant barriers including fear of judgment, lack of privacy, and uncertainty about confidants continue to undermine students' willingness to engage in meaningful emotional disclosure. These findings demonstrate that self-disclosure functions as a relational process shaped by broader social,

cultural, and institutional dynamics rather than simply individual choice, highlighting the need for universities to create safer environments that encourage openness and emotional support among students.

RECOMMENDATIONS

The study recommends that universities should establish comprehensive peer support mechanisms and mental health literacy campaigns to address the barriers preventing students from engaging in self-disclosure. Institutions should invest in structured peer-support programs and peer counselor training since students are more likely to disclose to friends than professionals. Additionally, universities should implement sustained, culturally grounded mental health campaigns that reflect collectivist and religious values in Kenyan society to normalize conversations around mental health and reduce stigma associated with psychological distress. The study also recommends that counseling services should be made more accessible, discreet, and responsive through strengthened confidentiality protocols and digital innovations such as anonymous virtual counseling platforms. Universities should integrate interpersonal communication and emotional disclosure training into student development curricula through orientation programs and life skills workshops. Furthermore, counselors should receive continuous professional development in trauma-informed care and cultural competence to foster deeper therapeutic relationships. Finally, further research should explore how digital platforms and sociocultural dynamics influence self-disclosure behaviors among university students to better understand the intersection of technology, cultural norms, and personal identity in disclosure decisions.

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