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Claremont McKenna College

**At the Intersection of Identity: An Exploration of Sense of Belonging and Depression**

submitted to  
Professor Stacey Doan

by  
Kalah Brown

for  
Senior Thesis  
Spring 2023  
24 April 2023



**At the Intersection of Identity: An Exploration of Sense of Belonging and Depression**

Kalah Brown

Claremont McKenna College

Senior Thesis

Dr. Stacey Doan

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### **Abstract**

Belonging is vital to our well-being, health, and identity. At the same time, belongingness is tied so closely to our identity, such that our specific identity may influence the extent to which we feel that we belong, as well as moderating the relationship between belonging and mental health. This present study investigates whether intersectionality, how and if a person is a minority, moderates the relationship between belonging and depression. College students were administered the Beck's Depression Inventory II and the General Belongingness Scale. They also filled out demographic information to capture their identity and levels of intersectionality. Both belonging and intersectionality were, respectively, correlated with depression. However, intersectionality did not significantly moderate the relationships between belonging and depression. The results of the study still suggest that identity affects feelings of belonging and that it is associated with depression. The relationship between depression and belongingness appears invariant across groups. Therefore, institutions should implement community building activities to ensure all members have a higher sense of belonging.

*Keywords:* Belongingness, depression, intersectionality

### **At the Intersection of Identity: An Exploration of Sense of Belonging and Depression**

We all long to belong. More than just a desire, belonging is a fundamental need. From the beginning of mankind, people have belonged to groups. Within the groups, people worked together to survive and thrive. They hunted and gathered together, they raised children together, and they protected each other. Not belonging to a group puts one's survival at risk. Belonging is essential to identity. Our lives and our world are organized around the need to belong. We choose to live in families and communities. We choose to belong.

Belonging is essential for basic functioning. Maslow places belonging above physiological and safety needs but below esteem and self-actualization within his hierarchy of needs (Maslow, 1954). Once one's basic needs have been met, the next most important need is one's sense of belonging. One cannot feel accomplished, cannot fulfill their full potential, before they have belongingness and love. Baumeister and Leary (1995) wrote one of the most influential articles about belonging. They described belonging as a "fundamental human motivation" (Baumeister & Leary, 1995, p. 497). The social bonds we have help fulfill our need to belong. These social bonds must have both frequent positive or neutral interactions as well as consistent mutual caring (Baumeister & Leary, 1995).

Belonging is more than just being a member of a group. It is a feeling of unity within the group. It is a feeling that there is a common thread of beliefs between you and the other members of the group. This need to belong can sometimes lead us to change who we are in order to be accepted, usually by the dominant group in a society. But if we are not our authentic selves, there is then an inner conflict of whether we truly belong. We may continue to force ourselves to be someone we are not, which can cause internalized prejudice and hatred. We not only hinder our ability to belong to the group our authentic self is a part of, but we also hold ourselves back from reaching our full potential as our authentic self.

Without a sense of belonging, we are more susceptible to negative feelings and outcomes. Lower levels of belonging are a significant predictor of greater depressive symptoms, even after controlling for initial depressive symptomatology (Dutcher et. al, 2022). These low levels of belonging can predict greater depressive symptoms four months in advance. On the other hand, a sense of belonging can lead to better well-being (Jetten et. al, 2015). People who belong to more social groups are also healthier and live longer than those who are members of fewer social groups (Jetten et. al, 2015). However, Jetten et. al (2015) argued that it is not only the number of groups one belongs to, but also how significant they are to one's identity. The number of "*psychologically important*" groups that one belongs to is associated with self-esteem (Jetten et. al, 2015, p.1). The more social groups one is a member of, the higher their self-esteem; the relationship is not bidirectional.

The depression, that a low sense of belonging may cause, can lead to negative academic performance (Hysenbegasi et al., 2005). But a higher sense of belonging can lead to better academic performance, being healthier, and feeling happier (Walton & Cohen, 2011). In the latter study, two cohorts of first-year students were assigned to two conditions. The two conditions were belonging-treatment and control. In both conditions, participants were given an ostensible report of a survey of upperclassmen students at their school. For the belonging-treatment condition, the survey results detailed the students' sense of belonging. The report showed that most students initially had difficulty with their sense of belonging their first year, but as time passed, their sense of belonging grew. These results demonstrated that low levels of belonging are common and temporary. The survey report for the control condition focused on different topics that had nothing to do with belonging. After reading, participants in both cohorts wrote anecdotal essays that connected to the topic of the report they read, and then were recorded



speaking about their essays and experiences. At the end of their college career, all the participants sent in their transcripts to assess academic performance and responded to a survey about their well-being and health. The results of the study indicated that the treatment condition affected academic performance, well-being, and health. The present study investigates more than just a sense of belonging, but also depression and the relationship between the two.

Depression is a mood disorder that affects how you feel, act, and think. Symptoms, which can vary from mild to severe, include: feeling sad, worthless, or guilty; loss of energy; trouble sleeping enough or too much; and loss of interest or pleasure in activities one used to enjoy. It does not discriminate and can affect people of all genders, races/ethnicities, and social classes. From the aforementioned study by Dutcher et. al (2022), we understand how sense of belonging and depression are correlated, with low levels of belonging predicting future feelings of depression. Walton and Cohen's (2011) study did find a critical caveat. The correlation between belonging and academic performance, health, and happiness was only present in the African American participants, and not in the European American participants. European American participants' GPAs increased over the course of their college experience, regardless of which cohort they had been a part of. African American participants in the control cohort showed no change in GPA from the initial intervention to their graduation. Similarly, at the end of their college career, African American participants in the control group had significantly lower levels of subjective happiness in comparison to African American participants who had been in the treatment cohort. European American participants had very similar levels of subjective happiness regardless of cohort. This is evidence of a long-term impact based on the treatment, but in the week after the initial intervention, daily surveys collected information about feelings of belonging. Those surveys showed a correlation between sense of belonging and any adversity

that African American participants had experienced that day or the day prior for the ones who had been a part of the control cohort. African American participants in the treatment condition cohort did not have that correlation, suggesting the intervention “untether[ed] their sense of belonging from daily hardship” (Walton & Cohen, 2011, p. 1449). If the intervention had never occurred, the European American students would have had an increased sense of belonging as they continued through college regardless. However, the results also show that if the intervention had never occurred, the African American students would not have progressed as significantly, which would have impacted their academic performance, health, and well-being. Since the intervention had a greater influence for African American students than European American students, their study suggests that a sense of belonging, and well-being may be moderated by race.

In that case, other demographic aspects of identity may also moderate this relationship. The literature on whether gender impacts sense of belonging is substantially focused on situations of STEM education and careers. Men report higher levels of belonging more often than women do (Rainey et. al, 2018). The literature on whether socioeconomic class impacts sense of belonging indicates a direct relationship between the two variables, such that as socioeconomic class increases as does sense of belonging (Ostrove & Long, 2007; Soria, 2014). This present study builds off these studies and investigates whether income, gender, and race may moderate the relationship between sense of belonging and depression.

In addition to studying how gender and race influence sense of belonging, Rainey et. al (2018) considered intersectionality as well. They found that women of color were less likely to report a sense of belonging than white men. Their study was centered around STEM majors’ experience in their classrooms and departments. This present study also considers

intersectionality's ability to affect belongingness but is not narrowed down to only STEM majors. It also instead proposes that intersectionality is a moderator.

There is a gap in the literature about whether intersectionality moderates the relationship between sense of belonging and depression. Kimberlé Crenshaw coined and defined the term "intersectionality." In her first paper about the concept, she explained the single-axis framework we have used, especially in law and politics, that views gender and race as "mutually exclusive categories of experience" (Crenshaw, 1989, p.139). With Black women as the focal point of the paper, she explores the intersections of gender and race. Black women experience more than just "the sum of racism and sexism" (Crenshaw, 1989, p. 140). The intersectional experience, which anyone who identifies as a minority in more than way experiences, is distinctly different from the experience of privileged groups. To focus only on privileged members of groups is to continue to perpetuate the single-axis framework. By doing so, those who are "multiply-burdened" are further marginalized (Crenshaw, 1989, p. 140). Furthermore, attempts to understand, and hopefully mitigate, any of the harmful experiences and consequences of this complex discrimination becomes more difficult.

Since research has shown that individually certain identity factors that categorize one as a minority and/or not privileged in some capacity lead to lower levels of belongingness, a sum of these factors (an intersectional existence) may show even lower levels of belongingness. My first hypothesis examined whether as intersectionality increases, which is defined as being a minority in more than one area, levels of belongingness decrease and feelings of depression increase. Following that, my second hypothesis investigated whether the relationship between sense of belonging and depression is moderated by intersectionality. If intersectionality is a moderator, as it increases, the correlation between sense of belonging and depression is stronger.

## Method

### Participants

This study's participants were students from a small, liberal arts college in Southern California. The total sample size was 182. There were more female (56.0%, n=102) than male participants (43.9%, n=80). There were more participants who identified as people of color (59.9%, n=109) than as White (40.1%, n=73). Participants who identified as Black, Middle Eastern, Native American, Asian, Latinx, or Mixed Race were categorized as people of color. Those who selected "Other/Prefer not to say" were categorized as White. More of the participants' parents' combined income was above the median family household income from 2019, which is the year this data was collected, (74.7%, n=136) than under the median family household income (25.3%, n=46).

### Measures

Participants were part of a larger study on college student health, only the relevant surveys are described here.

#### *Beck's Depression Inventory-II (BDI-II)*

The original questionnaire, BDI-I, was published in 1961. The 21-item survey was then revised twice, once in the 1970s, BDI-IA, and then again in 1996, BDI-II. The last revision was prompted by the changed diagnostics for Major Depressive Disorder in the DSM-IV. Only three items, punishment feelings, suicidal thoughts, and interest in sex, were left untouched; everything else was either removed and replaced, or reworded. Additionally, in the updated version, participants are asked to consider how they have felt in the past two weeks, while the original inventory only asked about the past week. Responses to each item are on a scale of 0 to 3. For example, item 12 asks about loss of interest and the response options are: 0 - I have not

lost interest in other people or activities, 1- I am less interested in other people or things than before, 2 - I have lost most of my interest in other people or things, 3 - It's hard to get interested in anything. The value of each response is summed to create a total score. Total scores range from 0-63. The severity of the depressive symptoms was indicated by total score grouping. The grouping was: 0-13 is minimal depression, 14-19 is mild depression, 20-28 is moderate depression, and 29-63 is severe depression. Item 9, which asks about suicidal thoughts or wishes, was excluded from this present study since there was not a clinician present while the questionnaire was being administered. For this data set, Cronbach's Alpha was .89.

### ***General Belongingness Scale (GBS)***

This scale was developed in 2012 to assess general belongingness. Up to that point, most measures of belongingness were specific to certain relationships (friends, family, co-workers, etc.) or environments (work, school, etc.) The GBS consists of 12 total items on two subscales, acceptance/inclusion and rejection/exclusion. In the original measure, item responses are on a 7-point Likert scale, but the present study condensed it to a 5-point scale. The response set ranged from 1 to 5, with 1 representing Strongly Disagree and 5 representing Strongly Agree. The items on the rejection/exclusion subscale were reversed scored so that the two subscales could be combined for a total belongingness score. Total scores could range from 12 to 60. Higher total scores indicate greater general belongingness. An example of a question from the acceptance/inclusion scale would be: I feel accepted by others. An example of a question from the rejection/exclusion scale would be: I feel like an outsider. For this data set, Cronbach's Alpha was .93.

### ***Intersectionality***

Since this present study is using intersectionality as a moderator, I had to operationalize the concept into a variable. Although, as aforementioned, intersectionality is more than just the sum of status(es) as a minority, participants had not been asked specific questions about how they feel their intersectional identity, if that is the case, has influenced their life. Therefore, for the purposes of this study, I did sum the demographics of the participants to create the moderating variable. Participants were asked their race, gender, and each of their parents' income. The two incomes were combined for a total household income. For each identity category, the participants were assigned either a 0, if they are in the majority and/or are privileged in said category or a 1, if they are a minority. For gender, men were coded as 0 and women were coded as a 1. For race, White participants were coded as a 0 and participants of color were coded as a 1. For income, participants whose household income was above the median were coded as a 0 and participants whose household income was below the median were coded as a 1. The three categories were summed to create the intersectionality variable. Scores ranged from 0 to 3. Scores of 2 and 3 indicated an intersectional experience.

### **Procedure**

Data were analyzed using a secondary source. Data were collected using Qualtrics.

### **Results**

The average score across all participants for the BDI measure was 8.02 ( $SD=7.20$ ). The average BDI score was higher for women ( $M=9.08$ ,  $SD=7.92$ ) than men ( $M=6.61$ ,  $SD=5.86$ ). The average BDI score was higher for those below the median income ( $M=9.26$ ,  $SD=8.66$ ) than those above the median income ( $M=7.58$ ,  $SD=6.59$ ). The average BDI score was higher among participants of color ( $M=8.20$ ,  $SD=6.69$ ) than White participants ( $M=7.72$ ,  $SD=7.97$ ). The

average score across all participants for the GBS was 48.99 ( $SD=9.10$ ). The average GBS score was higher for men ( $M=49.58$ ,  $SD=8.47$ ) than women ( $M=48.55$ ,  $SD=9.56$ ). The average GBS score was higher for those above the median income ( $M=49.88$ ,  $SD=8.21$ ) than those below the median income ( $M=46.43$ ,  $SD=11.00$ ). The average GBS score was higher for White participants ( $M=49.93$ ,  $SD=8.84$ ) than for participants of color ( $M=48.39$ ,  $SD=9.25$ ).

Following descriptives, we ran a correlation analysis. There were numerous significant correlations. Depression was significantly correlated negatively with general belongingness ( $r=-.43$ ,  $p<.001$ ). Depression was positively significantly correlated with gender ( $r=.17$ ,  $p=.023$ ) and intersectionality ( $r=0.16$ ,  $p=.037$ ). General belongingness was negatively correlated with income ( $r=-.17$ ,  $p=.027$ ) and intersectionality ( $r=-.15$ ,  $p=.043$ ). See Table 1 for more information.

Table 1  
*Correlation Matrix*

Variable	1	2	3	4	5
1. BDI	-				
2. GBS	-.43**	-			
3. Gender	.17*	-.06	-		
4. Income	.10	-.17*	.06	-	
5. Race	.03	-.08	.25**	.14	-
6. INT	.16*	-.15*	.68**	.68**	.72**

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

Afterward, we ran linear regression analyses to investigate whether general belongingness had an effect on depression, and, subsequently, if that relationship was affected by intersectionality. The main effect of general belongingness on depression was present ( $B=-0.32$ ,

$p < .001$ ), such that as general belongingness increased, depression decreased. There was not a main effect of intersectionality on depression ( $B = 0.75$ ,  $p = .166$ ). Before we analyzed the moderation, we centered the data for general belongingness and intersectionality. For each variable, we subtracted the mean of all of the scores from each individual score, so that the distribution was shifted, and the mean was equal to 0. By doing this, we reduced multicollinearity and improved moderation. To calculate the interaction, we multiplied the centered predictor, general belongingness, by the centered moderator, intersectionality. The result was not significant ( $B = -0.04$ ,  $p = .488$ ), indicating that intersectionality does not moderate the relationship between general belongingness and depression.

Given the lack of significance regarding intersectionality as a moderator, individual demographic categories were explored as moderators to see if the relationship with general belongingness and depression changed based on income, race, or gender. As we checked for each one as a moderator, we controlled for the other two. There was not a main effect of income ( $B = 0.51$ ,  $p = .647$ ) nor race ( $B = -0.61$ ,  $p = .559$ ), respectively, on depression. Also, there was not an interaction effect when either income was analyzed as a moderator ( $B = 0.06$ ,  $p = .561$ ) or when race was analyzed as a moderator ( $B = -0.12$ ,  $p = .279$ ), for the relationship between general belongingness and depression. The main effect of gender on depression was present ( $B = 2.24$ ,  $p = .024$ ), such that female participants had higher levels of depression than male participants. There was not, however, an interaction effect ( $B = -0.12$ ,  $p = .285$ ) when gender was analyzed as a moderator for the relationship between general belongingness and depression.

Although the moderation was not significant, Graph 1 offers an observable difference by gender. When belongingness is low, there is a difference in depression by gender, where women



have higher levels of depression; but when belongingness is high, there is not a difference in depression by gender. See Table 2.

Graph 1

*Sense of Belonging and Depression moderated by Gender*

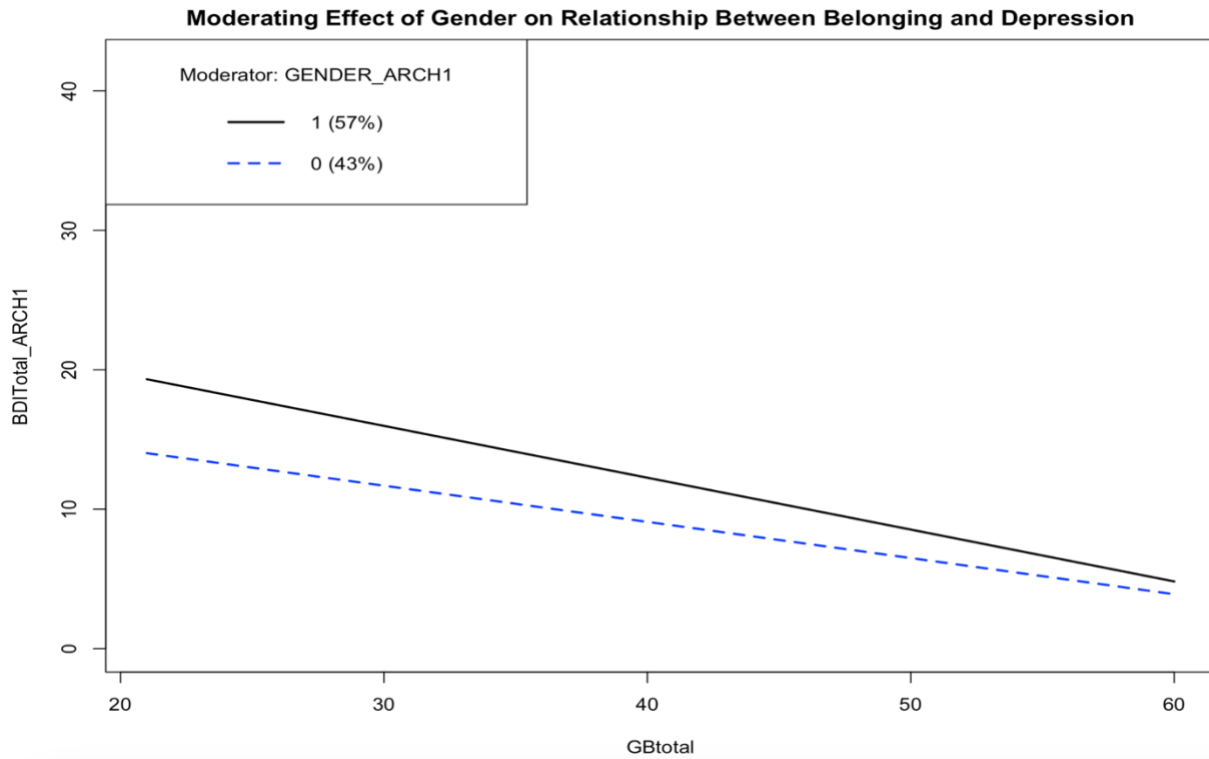


Table 2

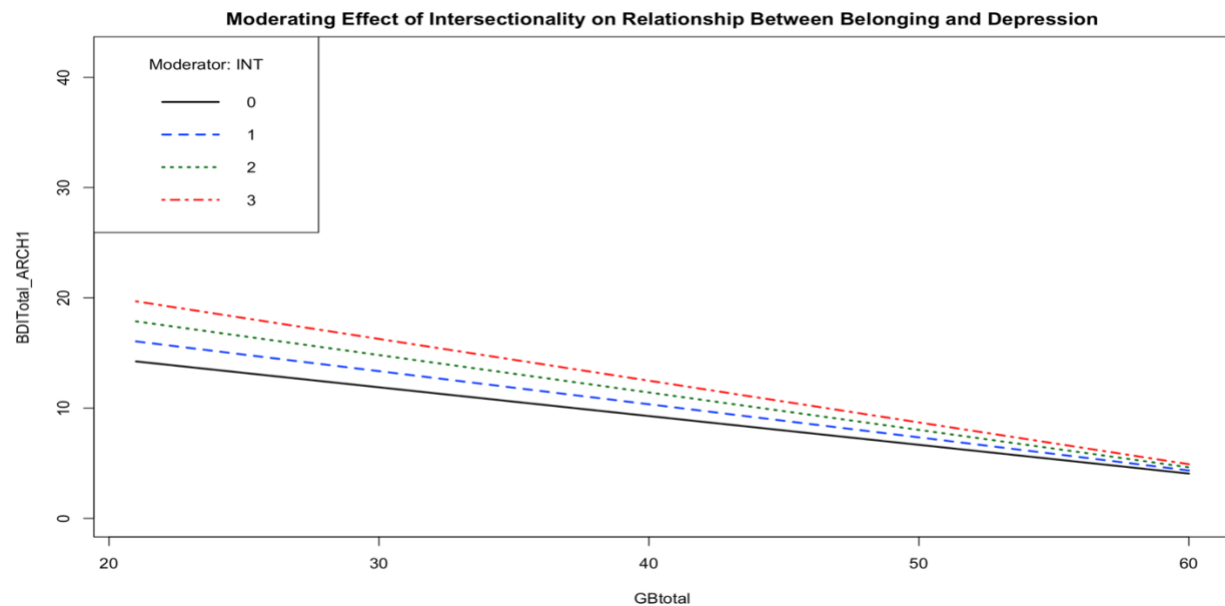
*Descriptives of Variables*

	Gender	Mean	SD
BDI	Male	6.61	5.86
	Female	9.08	7.92
GBS	Male	49.58	8.47
	Female	48.55	9.56

Graph 2 offers a visual of the original hypothesis where intersectionality is the moderator. When belongingness is low, intersectional participants (those with scores of 2 or 3) have higher levels of depression, but when belongingness is high, there all the groups have similar levels of depression. Additionally, at low levels of belongingness, as the intersectionality score increases, depression levels increase. At low levels of belongingness, participants with intersectionality scores of 3 have the highest levels of depression.

## Graph 2

### *Sense of Belonging and Depression moderated by Intersectionality*



## Discussion

The purpose of this study was to gain a better understanding of the relationship between sense of belonging and depression and the role of identities. Results suggested that intersectionality is correlated with both sense of belonging and depression, respectively, such that, as intersectionality increased, sense of belonging decreased, and depression increased. Discrimination is constant and consistent in individuals with intersectional identities; therefore, there is an amplification of marginalization, which can lead to lower levels of belonging and

higher levels of depression. For every group organized by the intersectionality variable (non-minority, minority in one category, minority in two categories, and minority in all three categories), as belongingness increased, depression decreased. However, intersectionality did not moderate that relationship. Our results suggest that minorities in two or more categories did not have a significantly different experience with how much belonging mitigates depression compared to non-minorities and minorities in one category.

The results of this study are consistent with the findings of a few studies. For all groups, lower levels of belonging were associated with higher levels of depression (Dutcher et. al, 2022). On average, men had higher levels of belonging than women, Whites had higher levels of belonging than people of color, and those in a higher socioeconomic class had higher levels of belonging than those in a lower socioeconomic class (Rainey et. al, 2018; Walton & Cohen, 2011; Ostove & Long, 2007).

This study has several limitations which may have impacted the results. First, both the BDI-II and the GBS are self-reports. Because of this, participants may have exaggerated or understated their feelings of depression and/or belongingness. Additionally, participants may have been biased to how they were feeling in the moment of responding, which would not be representative of how they feel generally. Also, I did not take into account what year of college the participants were in. First-year college students may be more likely to have lower levels of belonging than upperclassmen. Perhaps, a non-minority first-year student may have similar levels of belonging as a second-year student who is a minority. Transition periods, like into college, may involve shifts in feelings of belongingness. Another limitation is how many participants there were in each category of intersectionality. 36 of the participants were not a minority, 57 of the participants were a minority in one the categories analyzed, 67 of the

participants were a minority in two of the categories analyzed, and 22 participants were a minority in all three categories analyzed. Considering the participants of this study were from a Predominately White Institution, these demographics are impressive. However, future research may attempt to have more balanced representation in each category. A final limitation is the operationalization of intersectionality. The categories were defined in a way that each minority identifier was equal to another. The experience of a wealthier White woman was designed to be the same as a wealthier man of color. The experience of a wealthier woman of color was designed to be the same as a poorer White woman. However, we cannot assume this is the case. Depending on the environment and situation, one identity factor may serve as an advantage or disadvantage at any given time. The intersectional experience varies for each individual, especially when the marginalized identity factors differ. Future research may more effectively operationalize intersectionality so that we can see which specific identity groups are most affected by how sense of belonging affects depression. These results can allow us to ensure we offer resources to support those who need them most.

While the results of this study were not statistically significant, there are few implications and recommendations. In this study, there is still some evidence that at low levels of belongingness, minorities have higher levels of depression. Therefore, although at high levels of belongingness there is not a difference in levels of depression, when belongingness is low, minorities are more susceptible to depression. Since depression can negatively affect all spheres of life, attempts to prevent or mitigate it are imperative.

Across the country, many schools have worked on increasing the diversity of their student body. In this context, diversity is usually a quantifiable variety of ethnicity/race, gender, socioeconomic status, etc. While this is a pivotal first step, schools should progress towards

efforts of multiculturalism. Multiculturalism is more qualitative than diversity. It involves the attitudes of community members, the curriculum, and the overall levels of inclusion. When multiculturalism is valued, members of the community feel more valued. Currently, in most institutions, including schools, success is reliant on assimilation to the dominant culture (Delpit, 1995). Even though an institution may be diverse, the dominant culture still defines the norms. A person who comes from a different background will almost inevitably feel out of place, like they do not belong, if they have to conform. If an institution works towards multiculturalism, it is less likely there will be a dominant culture at all. Thus, members of the community will have a stronger sense of belonging. This shift in ideology will take time; therefore, I have a few other recommendations that can be implemented sooner. First, orientation activities can introduce new members of a community to social and (if applicable) academic norms. These transition activities should be implemented throughout the entire first year. Although many institutions offer orientations as the new member initially joins the community, consistent and constant offerings will ensure all members have the opportunity to engage with other members and build relationships. The next recommendation is mainly for schools but can be applied in other institutions as well. Research has found that students have higher levels of belongingness when their professors are accessible and approachable (Booker, 2016). These types of professors relate to their students and engage with their students in and out of the classrooms. When students feel there are people in their corner, who care about them as a student and as a person, they will feel a stronger sense of belonging.

It is human nature to want to belong. We crave connection and community. When one is a minority, they may feel that they do not belong in the community they are in. This lack of belonging has detrimental consequences for that individual. Therefore, with careful consideration

and implementation of resources and support for these individuals, institutions can foster a sense of belonging that will result in success and well-being. We all long to belong, and we all deserve to belong.

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