

CHAPTER 15

Staying
Healthy

JoAnne Herman and Danny Baker, both of the University of South Carolina, Columbia, contributed their valuable and considerable expertise to the writing of this chapter.

Most students can handle the transition to college just fine using various coping mechanisms. Others drink too much or smoke too much. Some overeat or develop an eating disorder like bulimia or anorexia. Some become so stressed that their anxiety overwhelms them.

This chapter explores the topic of *wellness*, which is a catchall term for taking care of your mind and body. Wellness means making healthy choices and achieving balance. Wellness includes reducing stress, keeping fit, keeping safe, and avoiding unnecessary risks.

IN THIS CHAPTER, YOU WILL LEARN

- How to achieve and maintain good physical and mental health
- The importance of maintaining balance in your life
- The most common health problems college students face
- How to deal with depression and anxiety
- How to stay safe on campus

Stress

When you are stressed, your body undergoes rapid physiological, behavioral, and emotional changes. Your breathing may become more rapid and shallow. Your heart rate quickens, and your muscles begin to tighten. Your hands may become cold and/or sweaty. You may get a “butterfly” stomach, diarrhea, or constipation. Your mouth and lips may feel dry and hot, and you may notice that your hands and knees begin to shake or tremble. Your voice may quiver or even go up an octave.

You may also experience confusion, trouble concentrating, inability to remember things, and poor problem solving. You may feel fear, anxiety, depression, irritability, anger, or frustration, have insomnia, or wake up too early and not be able to go back to sleep.

Stress has many sources, but two seem to be prominent: life events and daily hassles. Life events are those that represent major adversity, such as the

death of a parent or close friend. Researchers believe that an accumulation of stress from life events, especially if they occur over a short period of time, can cause physical and mental health problems.

The other major source of stress is daily hassles. These are the minor irritants that we experience every day, such as losing your keys, having three tests on the same day, problems with your roommate, having to pay for an unexpected emergency repair, or caring for a sick child.

Managing Stress and Depression

The best starting point for handling stress is to be in good shape physically and mentally. When your body and mind are healthy, it's like inoculating yourself against stress. This means you need to pay attention to diet, exercise, sleep, and mental health. But what if you do all these things and still feel "down" or panicky? You may have a chronic case of depression or anxiety. A specialist can tell you if your symptoms are caused by chemical imbalances in your body—something that you may not be able to correct on your own. It's important to seek help, which may include psychotherapy, medication, or a combination of the two. If you don't have a local doctor, head for the campus health center.

Modifying Your Lifestyle

You have the power to change your life so that it is less stressful. You may think that others, such as teachers, supervisors, parents, friends, or even your children, are controlling you. Of course, they do influence you, but ultimately you are in control of how you run your life. Lifestyle modification requires that you spend some time reflecting on your life, identifying the parts of your life that do not serve you well, and making plans for change.

For instance, if you are always late for class and get stressed about this, get up 10 minutes earlier. If you get nervous before a test when you talk to a certain classmate, avoid that person before a test. Learn test-taking skills so you can manage test anxiety better.

Your caffeine consumption can also have a big impact on your stress level. Consumed in large quantities, caffeine may cause nervousness, headaches, irritability, an increase in heart rate, stomach irritation, and insomnia—all symptoms of stress.

Relaxation Techniques

You can use a number of relaxation techniques to reduce stress. Learning them is just like learning any new skill. It takes knowledge and practice. Check with your college counseling center, health clinic, or fitness center about classes that teach relaxation. These classes are often advertised in the student

newspaper. Some colleges and universities have credit courses that teach relaxation techniques. You can also learn more about relaxation at any bookstore or library, where you'll find a large number of books on relaxation techniques. In addition, you can buy relaxation tapes and let an expert guide you through the process. The technique you choose will be based on your personal preference.

Exercise and Rest

Exercise is an excellent stress management technique, the best way to stay fit, and a critical part of weight loss. The beta endorphins released during exercise can counteract stress and depression. While any kind of recreation benefits your body and soul, the best exercise is aerobic. In aerobic exercise, you work until your pulse is in a "target zone" and keep it there for 20 to 30 minutes. You can reach your target heart rate through a variety of exercises: walking, jogging, running, swimming, biking, walking a treadmill, or using a stair climber. Choose activities you enjoy so you will look forward to your exercise time.

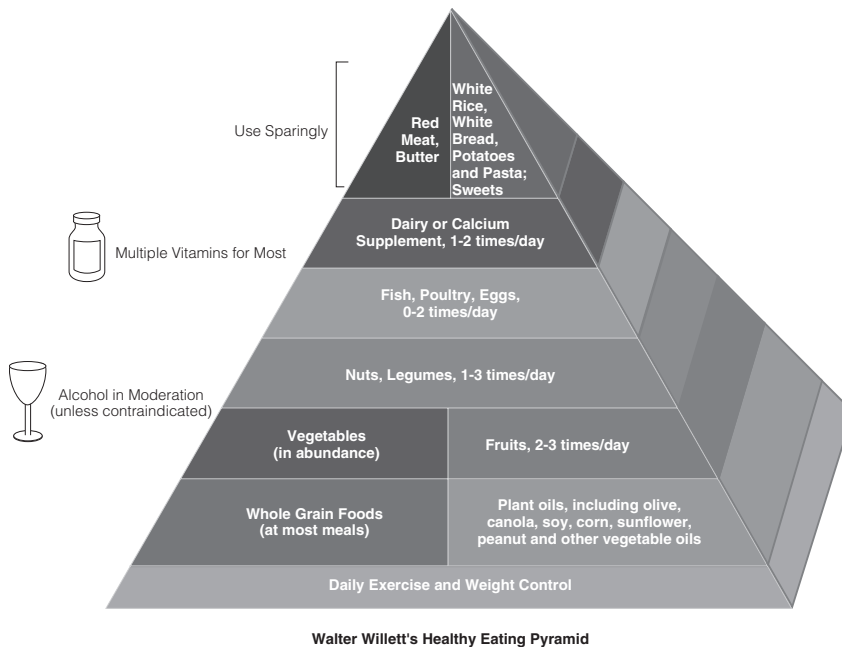
Getting adequate sleep is another way to protect you from stress and help alleviate the symptoms of depression. Although college studies require hours of homework, it's unwise to stay up till the wee hours of the morning. Most people need a minimum of six hours of sleep a night. Getting enough rest makes you more efficient when you are awake. It also helps make a lot of other activities more enjoyable. If you regularly have trouble sleeping, get medical advice. Sleep deprivation takes a terrible toll on the body.

Nutrition and Body Weight

"You are what you eat" is more than a catchphrase; it's an important reminder of the vital role diet plays in our lives. You've probably read news stories telling how more and more young people are obese than ever before in our history. Many attribute this to the proliferation of fast food restaurants, which place "flavor" and "filling" before "healthy." One chain even made its burgers larger in response to consumer research.

So what to do? It's not easy at first, but if you commit to a new eating regime, you will not only feel better, but you'll be healthier—and probably happier. Ask your student health center for more advice, including the newest food pyramid (Figure 15.1) that shows you how to follow a healthy diet. If your college has a nursing program, it might be another source of information on diet. Meanwhile, here are some suggestions:

1. Restrict your intake of red meat, real butter, white rice, white bread, potatoes, and sweets. "White foods" are made with refined flour, which has few nutrients—so you're only getting empty carbs (translation: calories). Instead, go for fish, poultry, and soy products, and use whole wheat

**Figure 15.1**

SOURCE: Reprinted with permission of Simon & Schuster Adult Publishing Group from *Eat, Drink, & Be Healthy: The Harvard Medical School Guide to Healthy Eating* by Walter C. Willett, M.D. Copyright © 2001 by President and Fellows of Harvard College.

bread. (Speaking of carbs, you're probably aware of the Atkins and South Beach low-carb diets. They work on some people and not on others. It's wise to ask your doctor before following one of them.)

2. Eat vegetables and fruits daily. These are important building blocks for a balanced diet. Instead of fruit juices, which contain concentrated amounts of sugar (more empty calories), go for the fruit instead.
3. Avoid fried foods—fries, fried chicken, and so forth. Choose grilled meats instead. Avoid foods containing large amounts of sugar, such as donuts.
4. Keep your room stocked with healthy snacks, such as fruit, vegetables, yogurt, and graham crackers.
5. Eat a sensible amount of nuts and all the legumes (beans) you want to round out your fiber intake.
6. Make sure the oils you buy are either polyunsaturated or monounsaturated. While oils are 100 percent fat, they don't mess with your cardiovascular system unless you use too much of them and start gaining weight. Avoid trans-fatty acids and saturated fats when shopping for oils. These are substances that clog arteries.
7. Always read the government-required nutrition label on all packaged foods. Check sodium content (sodium will make you retain fluids and increase your weight) and the number of fat grams. A goal to strive for is a diet

with only 20 percent fat. So if you read that a product has 160 calories per serving and only 3 grams of fat, it's a good choice. For a quick way to check, double the number of calories per serving, move the decimal point twice to the left, and compare the number to the fat grams per serving.

Obesity

People have been joking about the “freshman 15” forever, the 15 pounds that new college students traditionally put on. But it's no joke that new college students tend to gain an excessive amount of weight during their first term. There are a lot of reasons, among them increased stress, lifestyle changes, new food choices, changes in physical activity, and alcohol consumption. In addition to following the nutrition guidelines above, other ways to avoid obesity are eating smaller meals more often, getting regular exercise, keeping a food journal (to keep track of what you are actually consuming), and being realistic about dieting.

Eating Disorders

Some students suffer from anorexia nervosa (anorexia is the common term) or bulimia. Anorexia is self-starvation. Bulimia is the “binge and purge” disease, in which a person gorges on food and then vomits it up. Both eating disorders are psychological conditions that need treatment.

There are no drugs specifically designed for these eating disorders, but a doctor may recommend an antidepressant, since depression is one of the root causes of these disorders and may worsen the longer the individual engages in anorexic-bulimic behavior. Often, the best help is counseling. Your counseling or health center should have professionals on staff to help anorexics and bulimics cope with, and eventually learn to modify, their eating habits.

If you or a friend exhibits symptoms of one of these conditions, it is important to seek assistance. Watch for these warning signs:

- Extreme participation in dance, gymnastics, or wrestling to take off more weight.
- Loose-fitting clothing that masks body shape and provides warmth.
- Incessant diet soda intake.
- Frequent colds.
- Carbohydrate cravings, such as for potato chips or cookies.
- Shopping at several stores to conceal purchases of food or laxatives.¹

¹List excerpted from Robert Finn, “Detective Work May Be Needed to Spot Eating Disorders: Clinical Pearls,” (Psychosomatic Medicine), *Clinical Psychiatry News*, September 2003, v31, i9, p. 62(1). Copyright 2003 International Medical News Group. Reprinted with permission.

While there is no cure for anorexia or bulimia, a wise counselor can help victims of this disease work their way toward a healthy lifestyle.

Suicide

Suicide is the second leading cause of death, after drinking, among college students. About 1,100 college students kill themselves each year. The reasons include general depression, loneliness, the breakup of a relationship, poor grades, a lack of close friends, or a combination of factors. Often someone who decides to take his or her own life dies without leaving a reason.

Most suicidal people send out signals to us (see Table 15.1 for warning signs); often, sadly, we simply don't believe or hear them. A potential suicide needs help as soon as possible. It may be difficult to convince someone—or yourself—that help is needed.

If someone you know is considering suicide, the most important things you can do are listen and stay with the person to make sure he or she is safe. Avoid arguments and advice giving. And when the time is right, escort the person to the campus health or counseling center or a local hospital.

Finally, remember there is no shame attached to having a mental health problem. Most depression and anxiety occur when chemical imbalances in your system clash with stressful times in your life. Proper counseling, medical attention, and legal prescription drugs carefully chosen by a doctor can turn your world toward the bright side.

Table 15.1 Some Warning Signs of Suicide

<ul style="list-style-type: none"> ● depression ● feeling hopeless or helpless ● anger or hostility ● inability to feel pleasure ● feeling guilt ● isolation or withdrawal ● impulsive behavior ● thinking a lot about death ● talking about dying ● recent loss including loss of religious faith, loss of interest in friends, sex, hobbies, or other activities previously enjoyed ● change in personality ● change in sleep patterns 	<ul style="list-style-type: none"> ● change in eating habits ● diminished sexual interest ● low self-esteem ● no hope for the future—believing things will never get better, that nothing will ever change ● giving things away that are valued ● ending important relationships or commitments ● promiscuity ● severe outbursts of temper ● drug use ● not going to work or school ● being unable to carry out normal tasks of daily life
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Stress and Campus Crime

With all the stress you may be experiencing from relationships and your studies, one thing you certainly want to avoid is becoming a victim of crime. College and university campuses are not sanctuaries—criminal activity occurs on campuses regularly. It is important to take proactive measures to reduce criminal activity on your campus. The first step is to become familiar with how you can protect yourself as well as your personal property.

Most institutions of higher learning are engaged in active crime prevention programs. If you live on campus, your resident advisor will be aware of crime prevention information and may sponsor crime prevention speakers as part of your residence hall programming.

Personal Property Safety

Most campus crime involves theft: books stolen and sold back to bookstores, computers and other expensive items stolen and traded for cash. To reduce the chances of such occurrences, follow these basic rules:

- Record the serial numbers of your electronic equipment, and keep the numbers in a safe place.
- Mark your books on a preselected page with your name and an additional identifier such as your driver's license number. Remember on which page you entered this information.
- Never leave books or book bags unattended.
- Lock your residence even if you are only going out for a minute.
- Do not leave your key above the door for a friend or roommate.
- Report lost or stolen property to the proper authority, such as the campus police.
- Don't tell people you don't know well about your valuable possessions.
- Keep your credit or bank debit card as safe as you would your cash.

Automobile Safety

- Keep your vehicle locked at all times.
- Do not leave valuables in your vehicle where they can be easily seen.
- Park in well-lighted areas.
- Maintain your vehicle properly so it isn't likely to die on you.
- Register your vehicle with the proper authorities if you park on campus. This identifies your vehicle as one that belongs on campus and assists police when they patrol the campus for unregistered vehicles belonging to potentially dangerous intruders.

Personal Safety

- Find out if your campus has an escort service that provides transportation or an escort during the evening hours. Are you familiar with the hours and days of service? Use this important service if you must travel alone during evening hours.
- Write down and memorize the telephone number for your campus police. Are your police commissioned officers with the power to arrest? Do they receive special training in preventing crime in an academic community?
- If your campus has emergency call boxes, find out where they are and how to operate them.
- Be aware of dark areas on campus and avoid them, particularly when walking alone.
- During evening hours, travel with at least one other person when going to the library or other locations on or near campus.
- Let someone know where you will be and a phone number where you can be reached, particularly if you go away for the weekend. Sometimes parents call and become concerned when they can't reach you. An informed roommate can minimize the potential for parental concern.
- While jogging during the early evening and early morning, wear reflective clothing. And find a jogging partner so that you are not alone in situations where help is not readily available.

The majority of violent crimes on or near college and university campuses involve alcohol or drug use. Friends watch out for friends. Look out for one another. Be aware that some “friends” may not have your best interests at heart.

Your behavior both on and off campus should be proactive in terms of reducing opportunity. Remember the difference between fear and concern. Fear is an emotion that generally appears after a critical incident. However, responses to fear are short-lived, and we soon return to old habits. Concern, on the other hand, allows us to make safety measures a part of our everyday routine. Be concerned.

YOUR PERSONAL JOURNAL

Here are a number of topics to write about. Choose one or more, or choose another topic related to stress management or campus crime.

1. If you have been feeling stressed lately, write about it. Name the stressor, describe how you are feeling both mentally and physically, list possible rea-

- sons for your stress, and describe the possible options you have for dealing with it.
2. It's been said that anticipating a potentially stressful event can be worse than the actual event. What were your biggest concerns before you came to college? Was your stress justified or not? Write about the lessons you have learned from this transition.
 3. After reading the information on eating healthy, what steps do you plan to take to change your diet?
 4. What reason can you offer for the number of suicides among college students? What can anyone do to reduce this number?
 5. What behaviors are you willing to change after reading this chapter? How might you go about changing them?
 6. What else is on your mind this week? If you wish to share it with your instructor, add it to this journal entry.

READINGS

Surviving the Everyday Stuff*

The coauthor of The Ultimate College Survival Guide tells you how to cope with weight gain, illness, and dirty laundry when you're living on your own.

By Janet Farrar Worthington

Drop the chalupa. No, really, put it down. Now look in the mirror, and consider the dreaded “Freshman 15.” Imagine yourself stuffed like a sausage into those retro–Lenny Kravitz hip-huggers that looked so good when you bought them. Look out—the zipper is feeling the strain, and if that waistband button pops off, some poor bystander could lose an eye. The “Freshman 15,” an almost universal college phenomenon, happens when people who have been used to fairly sensible, balanced diets suddenly have too much freedom—to snarf late-night pizza, fries with every meal, and daily ice cream from the “build-your-own-sundae bar” in the dining hall. The result: Until they figure out how to eat right, they blimp up into chunky little Pillsbury dough people.

Actually, if your worst problem as a freshman is a hefty tummy, your problems are pretty small. But sometimes it's the “small” everyday things that can get you down. Here's a troubleshooting guide to help you survive some of the everyday stuff—eating right, keeping clean clothes, and maintaining your health.

**Careers & Colleges*, March-April 2003, v23, i4, p. 22(4). Reprinted with permission.

THE “FRESHMAN 15”

Let's face it: Ordering a Diet Coke with the Meat-Lover's Pizza special from the place that delivers until 2 a.m. isn't going to “cancel out” the extra sausage. When your mom told you to eat your vegetables, she probably didn't mean french fries and onion rings. And fried mozzarella sticks aren't the ideal source of daily calcium or vitamin D.

But how do you stay trim when temptation is everywhere—especially in the dining hall with its “Wednesday Burrito Night”? Is it hard for freshmen to eat a balanced diet?

“Oh, my God, yes,” says Charisse Lyons, a recent graduate of the University of South Carolina in Columbia. “I don't know if I gained the Freshman 15, but I definitely gained. I always ate on campus. I think I ate a hamburger every day my freshman year.” Although healthy food was available, it's not as good as the junk,” she adds, and having a comprehensive meal plan—with Pizza Hut and Taco Bell outposts in campus eateries—actually made things worse.

“Eating junk food does catch up with you,” says Lyons, who shed the extra pounds when she moved into a campus apartment where she could cook her own meals. “You'll go home for the holidays, and everybody's like, ‘What happened to you? You've been eating!’ I think the best thing to do is get a small meal plan, buy your own fruits and vegetables, drink water, and take advantage of the gym.”

Eating “healthy” just requires some common sense. If you're buying food in a grocery store, shop for a balanced meal—including proteins, fruits, and vegetables, etc. Take a few seconds to check out the labels. You can do a lot just by consistently selecting low-fat, or better yet, fat-free versions of fatty favorites, such as mayonnaise, cookies, salad dressing, tortilla chips, and cheese. (Note: Beware of sneaky wording. The phrase, “light yogurt,” for example, may just mean it's made with Nutrasweet instead of sugar; even though it has fewer calories, it may have just as much fat as regular yogurt.)

Controlling Your Intake

Here are some more tips on conquering the “battle of the bulge.”

- **Don't reward yourself with junk food.** You've studied four solid hours for your economics test. It's nearly midnight, and somebody's sending out for pizza. “You deserve it,” says your well-meaning roommate—who has the metabolism of a racehorse and couldn't gain weight if she chugged Crisco. Cover your ears. If you must order something, go light. Get a grilled chicken sandwich or a Greek salad. Listen instead to the bathroom scales: They're screaming. “No, no! Get off me, Tubby!”
- **Stock your own food.** If you can, rent a small refrigerator; if you can't afford it, stockpile some snacks that don't have to be kept cold: a few little containers of low-calorie pudding or applesauce, low-fat granola bars or

pretzels (most pretzels have no fat), or boxes of fruit juice or V-8. Get a hot pot and fix yourself some soup.

- **Check out the whole menu.** In the breakfast line, look beyond that custard-filled doughnut and see what else is out there. Check for grapefruit, a hard-boiled egg, and toast (plus jelly has no fat). Look for whole-grain cereal (fiber is always nice) and skim milk. At lunch and dinner, choose the salad and fruit plates.
- **Exercise.** Every little bit helps—even if it's just taking the stairs instead of the elevator, or jogging up and down the halls of your dorm, or around your room for 10 minutes a night.
- **Drink lots of water.** You're supposed to drink eight glasses a day, anyway. It's good for the skin, and it works wonders on the appetite—you don't get nearly so hungry if you're already sloshing around full of water.
- **Find a food buddy.** It's easier to go through anything if you're not alone. Seek out friends who are also trying to stay trim.

Advice for Vegetarians

College dining can be especially tricky for vegetarians. Shelley Habbersett ran into trouble during her sophomore year at Westchester University in Pennsylvania. “Because I wasn't eating meat, I didn't know exactly where to get my protein,” she says, “so I ate a lot of carbs.” And she gained weight. “I actually went to a nutritionist to see what was going on. I was worried because I was getting tired; I didn't know what was wrong with me.” The nutritionist's good advice was to eat more fruits and veggies, plus protein-rich foods like peanut butter and beans. This diet put her back on track.

LESSONS IN LAUNDRY

When Malik Husser started out at the University of South Carolina, he had relatively few problems adjusting—even though he came to the 26,000-student campus from the tiny town of Goose Creek, South Carolina. But one thing really ticked him off his freshman year—rudeness in the laundry room.

“When I first got to college, I hated the laundry room,” he says. “People would leave their clothes in there forever when I really needed the dryer or washer, so I'd be sitting around waiting.”

Because he wanted to be nice, Husser says he didn't feel right raking other people's clothes out of the washer or dryer. On the other hand, when it was his clothes in there, his fellow launderers weren't always so tactful.

“I had to get used to people taking my stuff out of the washing machine and putting it on the side,” he says. “I had to really adjust to that.”

Eventually, Husser developed a strategy of precision timing—knowing exactly how long he could stay away for the washer and dryer cycles, and returning the instant his clothes were done.

Unless you babysit your clothes in the laundry room, or watch the clock like a hawk, ready to swoop down on your loads and whisk them on the next phase of the process, you may find yourself in the same boat. Rude launderers also strike loads of clothes that are still in the dryer. Sometimes they take out still-damp laundry just to make use of the dryer time somebody else—you—just paid for. Sometimes, if they like a particular garment, they have even been known to help themselves to it.

Laundry List

- **Avoid marathon laundry sessions.** Yes, it takes only one night to wash and dry six loads at once—but that’s one long, tedious night. If you do quick loads throughout the week, you’ll save time in the long run.
- **Invest in a folding clothes rack.** Some students save lots of money and time by never paying to dry their clothes. They just wash them and bring them back wet to hang up in their rooms.
- **Wash clothes on weekdays.** Avoid the Sunday-night crowd.
- **Wash like colors together.** It is the sadder but wiser student who washes a red shirt with white socks in hot water.
- **Temperature matters.** Institutional hot water is really hot. The general rule is use hot or warm water for whites or lights, and use cold for colors. If you’re washing everything in one load and you know nothing is going to “bleed,” it’s probably safe to use warm. If you’re not sure, go for cold.
- **Check out local laundromats.** Some places offer “laundry by the pound” service. If you’re totally stressed by exams and schoolwork, you might want to splurge and have someone else do your laundry for you.

Washin’ Wares

- **A sturdy plastic laundry basket.** You’ll probably keep it forever. You can use it to stow loose clothes or loose gear, particularly when you’re moving in or out.
- **A laundry bag.** If your room is too cramped, this may be the way to go. It probably holds just as much as a basket, and it can be stored much more easily. (However, because air flow in laundry bags tends to be poor, your clothes may be prone to mildew.)
- **Powder or liquid detergent.** Go to a low-priced store like Wal-Mart and buy a big box or bottle. Don’t waste your money buying micro-Tide in the laundry room.
- **Stain remover, odor remover, and bleach.** These “three horsemen” of the laundry apocalypse can make a huge difference in your appearance. Remove any stains before you wash clothes. Don’t count on the detergent alone to do the job. Spray odor remover, such as Febreze, on anything that stinks—including piles of clothes just sitting around your room. And finally,

when it comes to bleach: Don't fear it, embrace it. Use it whenever you wash whites, and they'll come out looking crisper and more like new. Hint: Add the bleach to your regular detergent when the water is first running, BEFORE you put in the clothes. Undiluted bleach can "spot" and ruin clothes.

- **Optional:** A mesh bag for delicate items such as hosiery and lingerie that you probably should, but don't want to, wash by hand.

IF YOU GET SICK

Eating right and exercising will hopefully prevent illness. But sickness may still come knocking, and some problems you can treat yourself with a well-stocked medicine chest (see checklist). But you should see a doctor if:

- You have a fever of greater than 101 degrees that doesn't get better with aspirin, ibuprofen, or acetaminophen. Be especially cautious of a fever associated with a shaking chill.
- You have severe pain that's unexplained—not caused by a muscle injury, tension headache, menstrual cramps, or mid-cycle pain, which some women experience about two weeks after their last menstrual period.
- You're unable to keep down food or water for more than 24 hours.
- You're unable to urinate, or you haven't had a bowel movement in several days.
- You notice any unusual discharge, blood in your urine or bowel movements, or blood when you cough.
- You experience burning when you urinate, which could be a sign of irritation or infection.
- You're having upper respiratory problems. If you've been coughing for several days, cough syrups don't help and your chest is getting sore, or if you're short of breath and can't take a deep breath.
- You have a sore throat that lasts longer than a couple of days.
- You're feeling excessively fatigued for several days and can't "perk up."
- You become severely depressed or begin to have suicidal thoughts.

Medicine Chest Checklist

Stock up now, because it's inevitable: Sooner or later, you will get sick, and chances are, it won't be during normal business hours—and worse, you'll have a paper due or a big test the next day. You'll probably need:

- **Something for a headache.** You can get brand names, or buy generic medications, which are generally just as good and a lot cheaper. The basic ones are aspirin, acetaminophen (the key ingredient in Tylenol), ibuprofen (found in Advil or Motrin), and naprosyn (found in Aleve). Before you buy, read the labels. Some pain relievers do not mix well with alcohol and can damage your liver. Others can irritate your stomach.

- **Antihistamines or decongestants for colds.** Again, read the label: Some of these can make you sleepy. Others can make you wired. Also, it's better to buy drugs that need to be taken every four to six hours, instead of the 12-hour kind. This way, no matter how they affect you, they'll wear off a lot sooner.
- **Cough drops or cough syrup.** The basic choices are a cough suppressant to soothe your throat or an expectorant to loosen up congestion in your chest.
- **Bandages.** Get a multipurpose box, with a variety of sizes.
- **Antacids.** Indigestion happens, particularly after late-night pizza. Some people prefer the kind you drink; others would rather chew pills like Tums, or take acid-blocking tablets that work for hours.
- **Medicine for diarrhea or an upset stomach.** You definitely don't want to go shopping for this when you need fast relief for a digestive tract out of whack.
- **Cotton balls, tissues, swabs, and tweezers.** These are essential for all types of minor body repairs.

The Dark Side of College Life: Academic Pressure, Depression, Suicide*

By Daniela Lamas

Caitlin Stork tried to kill herself the first time when she was 15. She was hospitalized, discharged, and attempted suicide again.

The doctors diagnosed depression and put her on Paxil. It wasn't until the drug drove her into a manic state that she was diagnosed with bipolar disorder, and prescribed lithium. Stork is now a senior at Harvard University, still taking the mood-stabilizing lithium and the anti-psychotic Seroquel.

"You would never believe how much I can hide from you," Stork wrote for a campus display on mental health. "I'm a Harvard student like any other; I take notes during lecture, goof off . . . but I never let on how much I hurt."

Stork is one of a growing number of college students coping with mental illness. More students, with more serious problems, are using campus mental health centers than ever before. The number of depressed students seeking help doubled from 1989 to 2001, according to one study, and those with suicidal tendencies tripled during the same period.

**Knight Ridder/Tribune News Service*, December 15, 2003, p. K3481. Copyright 2003 Knight Ridder/Tribune. Reprinted with permission.

Suicide is the second-leading killer of college students—with an estimated 7.5 deaths per 100,000 students per year, according to a study of Big 10 campuses from 1980 to 1990. Three New York University undergrads died in three separate apparent suicides this fall (2003).

It's a complicated landscape, where it's easier to find blame than answers. Doctors and students point to increased academic pressure, starting at a much earlier age. In addition, there's easy access to drugs and alcohol in a culture where stress is the norm and sleepless nights a badge of honor.

Students with serious mental illness also are getting diagnosed and medicated earlier. As such, some young adults—like Stork—can make it to college, while they might not have years earlier. Colleges acknowledge this is a hot issue. With limited funds, they've hired more psychiatrists, stepped up hours at counseling centers, instituted outreach programs throughout the campus, and instructed teachers to watch students during exam times.

"Around this time, it's very, very hard, but we don't turn people away," said Florida State University's counseling center director, Dr. Anika Fields, who called the weeks before first-semester exams "crunch period."

But critics say colleges need to do more. There's little evidence of which interventions work best, stigma still surrounds mental illness, and students describe a disconnect between counseling centers and the campus population.

Many schools simply aren't ready, says Stork: "The science is advancing faster than the universities."

At the University of Miami, the number of students with psychiatric appointments at the counseling center has more than tripled in the past 10 years—from 61 in the 1991–1992 school year to 264 last year. "That's a big, big jump," said Dr. Malcolm Kahn, the center's director. "The good part is that there's less stigma about having this kind of problem, and getting treatment for it."

It's no different at FSU, where there were 1,235 sessions with psychiatrists in the 2001–2002 school year, up from 306 psychiatric sessions five years ago.

"They keep coming. Sometimes they come on their own, sometimes they come because they may have heard us speak at orientation, sometimes their parents urge them, or the staff, or their friends," said Fields, who noted that students requesting non-emergency appointments have to wait at least one month.

Florida International University's counseling center added a campus psychiatrist last year—a service just over half the colleges nationwide offer, according to a national survey of counseling center directors. This is particularly useful as exams approach.

“Even if they won’t come in when they’re depressed, or anxious, they will come in when it starts to affect their grades,” said Dr. Cheryl Nowell, who directs FIU’s counseling and psychological services center.

A bill before Congress acknowledges this swell, seeking to add funds for campus counseling centers. The bill cites evidence that depression nearly doubles in the freshman year.

Indeed, students’ problems are more severe than they were five or 10 years ago, said Dr. Jaquie Resnick, who directs the University of Florida’s counseling center and heads the Association of University and College Counseling Center Directors—an observation backed up by 85 percent of her colleagues in the national survey.

“And this is just the beginning. We’re starting to smell it, starting to see smoke on the horizon,” said Peter Lake, a professor of law at Stetson University who co-authored “The Rights and Responsibilities of the Modern University: Who Assumes the Risks of College Life?” He believes mental illness—particularly self-inflicted injury—will soon eclipse alcohol as the No. 1 issue on campuses.

Already, Kahn sees students with depression, anxiety, academic problems, family and relationship problems, and eating disorders. Many come to college having previously sought treatment. For those whose parents were supportive during high school—keeping them on their medication—the freshman year can be challenging.

“Once you go off to college, you’re the one responsible,” Stork said. “But one of the problems with mental illness is that when you get sick, you stop being responsible.”

For students without diagnosed mental illness, it’s still hard to recognize whether problems exist, and to ask for help. Having more counselors helps, they say, but it’s not enough.

“A lot of students aren’t that comfortable going up to a psychiatrist, and saying, ‘Hey, I need some help,’” said Peter Maki, a University of Miami student and member of the group Counseling, Outreach, Peer Education (COPE). Maki, a psychobiology major, is one of a group of students trying to turn COPE from a group that does “secretarial work” to a link between counseling center and student body.

“There’s definitely a gap,” said Ashley Tift, a University of Miami senior who chairs COPE. She referred a friend to the counseling center who was depressed and drinking too much. It helped, but she wouldn’t have known where to turn if she weren’t involved with COPE.

At Harvard, Stork heads a student group, the Mental Health Awareness and Advocacy Group. At a conference last year, members learned that personal contact has been proven the best way to reduce stigma—better than

education. They created an annual mental health awareness week, with panels, relaxation techniques, and prominently displayed student narratives on bulletin boards in a heavily trafficked campus area. An undergrad with obsessive-compulsive disorder wrote about her need to wash her hands 50 times per day. A depressed freshman considered taking too many pills, lying in bed while everyone else seemed to welcome the new opportunities and activities.

With these and her own experiences in mind, Stork urges Harvard's resident advisors to "err on the side of nosiness" rather than risk missing a student in trouble.

When all safety nets fail, there's the threat of suicide. In a nationwide study, 9 percent of college students admitted to "seriously considering attempting suicide" between one and 10 times in the 2002–2003 school year and just over 1 percent actually tried to kill themselves.

Jed Satow was a sophomore at the University of Arizona when he committed suicide in 1998. He was impulsive, acted without thinking of consequences, but neither his friends, professors, or parents recognized his actions as signs of depression, said his father, Phil Satow.

"People don't know when their roommate or friend has crossed the line. This sort of thing is not generally talked about," said Satow, president and founder of the Jed Foundation, a nonprofit that aims to decrease the youth suicide rate. "The reality is that there needs to be cultural changes on college campuses to deal with stress and depression."

The Jed Foundation has a free Web site, Ulifeline.org, which links students to mental health centers, information and anonymous screening for issues including depression, eating disorders, and suicide. Colleges can subscribe, enabling students to avail themselves of all the services.

"This allows students on their own, without stigma, to be screened 24 hours a day," Satow said. "If you take a public health approach, alerting the whole campus in what to look for, in all probability more kids like my son will come in. It's a real communal problem."

CAMPUS MENTAL HEALTH SURVEY

In a survey of nearly 20,000 students on 33 campuses, college students reported experiencing the following within the 2002–2003 school year:

Feeling overwhelmed by all they had to do:

	Male %	Female %	Total %
Never:	10.8	2.6	5.4
1–10 times:	68.8	64.5	65.8
11+ times:	20.4	32.9	28.8

Feeling so depressed it was difficult to function:

	Male %	Female %	Total %
Never:	60.6	52.6	55.2
1–10 times:	33.3	39.8	37.7
11+ times:	6.1	7.6	7.1

Seriously considering attempting suicide:

	Male %	Female %	Total %
Never:	90.8	89.1	89.7
1–10 times:	8.2	10.0	9.4
11+ times:	1.0	0.8	0.9

Attempting suicide:

	Male %	Female %	Total %
Never:	98.6	98.7	98.6
1–10 times:	1.2	1.2	1.3
11+ times:	0.3	0.1	0.1

SOURCE: American College Health Association, National College Health Assessment: Reference Group Executive Summary, Spring 2003.

SOME SYMPTOMS OF DEPRESSION

Think your friend or child might have a problem? The following are some symptoms of depression, from the National Institute of Mental Health. Not everyone who is depressed experiences every symptom.

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities, including sex
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

DISCUSSION

1. Discuss whether “maintaining balance” is a realistic goal for college students. Do you actually know other college students who have achieved balance in their lives? If so, how did they do that? Discuss how you might learn from them.
2. This chapter offers a number of strategies for reducing stress in college. Discuss whether or not we “covered all bases.” Can you identify any strategies that fellow students employ to reduce stress but actually have the opposite effect?
3. Often, stress results in positive outcomes. Share those with your group.
4. Does the reading “Surviving the Everyday Stuff” stimulate your own thinking about how college is influencing your eating patterns? Have your eating habits changed since you came to college? Compare your habits with those of your discussion group. What specific stressors are influencing your eating patterns, and what can you do to modify them?
5. One of the chapter readings reports on mental health challenges affecting college students, with special attention to depression and suicide. One trigger for depression may be the sense of “loss” of their pre-college lives, and hence a type of grieving for that lost life before something better replaces it. Reflect on your own college experience to date and think about what you have “lost” and “gained.” Compare some of these outcomes with those of others in your group. Is your experience typical? Better? Worse?