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Dark Days: For college students, depression can intrude on "the best four years"

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dark

For college students, depression can intrude on “the best four years”

By Alicia Nemiccolo MacLeay '97

days

As a Colby freshman, Michael Farrell '00 had excellent grades, wonderful friends and a loving and supportive family. He was active in theater, sang in music groups, went to parties and was known around campus. Farrell excelled in what many would call the best four years of his life.

And every morning he woke up feeling like his best friend had just died.

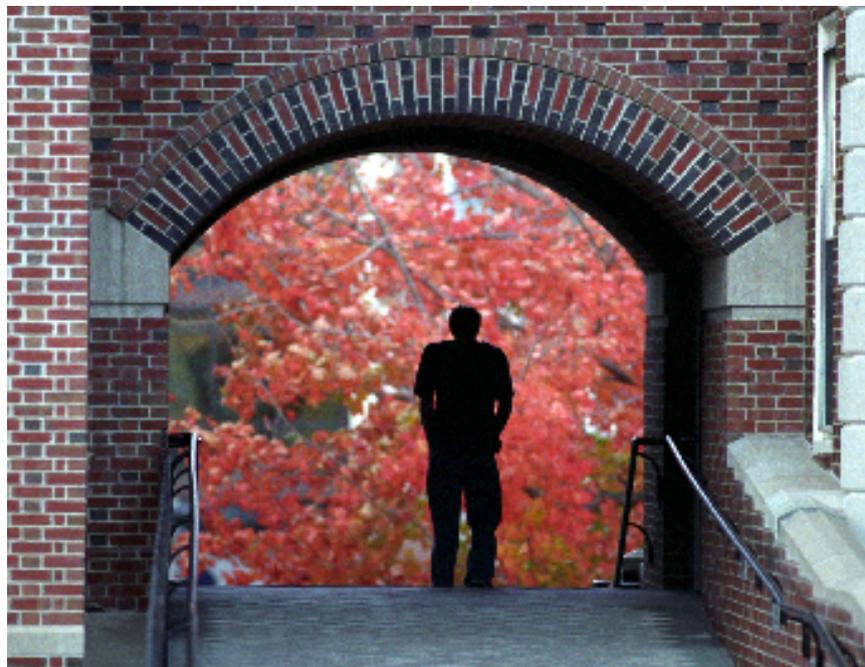
Farrell couldn't understand why he felt worse every day, despite having everything going for him. "I have no alcoholic father. I have no abusive mother," he said. "So there was this guilt complex every time I felt horrible." The guilt added to his confusion and growing sense of hopelessness. If he wasn't happy then—with a 3.7 GPA, great friends and activities and a college he loved—when would he ever be happy? He turned to a Colby counselor at the Health Center to discuss a developing inferiority complex, but by late spring Farrell was having suicidal thoughts.

Colby students are judged to be among the happiest college students around. It's not just an anecdote, either—more than 90 percent of participants in Associate Professor of Economics Michael Donihue '79's 2000 Colby Student Lifestyle Survey said they were very happy, mostly happy or indifferent to their social and academic lives. For this majority, college includes the usual highs and lows of young adulthood. "Developmentally this is a time of huge transitions, and kids do a lot of soul searching," said Patti Newmen, director of counseling services. But for a smaller population, college is darkened by a socially isolating mental disorder—depression.

The symptoms of depression vary with individuals. A depressed student may feel sad or empty inside. He may lose interest in hobbies or friends or have difficulty concentrating. She might have trouble sleeping or become irritable. "It's not just the people who are necessarily sleeping 20 hours a day and withdrawing from social activities," said Farrell. "There are people who just keep up appearances in the best way."

Newmen often sees students who say, "Anyone looking at my life would say I have a great life. So, why am I so miserable?" That incongruity causes more stress, she said.

The causes of depression are complex, too. Family history and



psychological make-up can make an individual vulnerable. Stress from academic demands, adjustment to college social life or sexual orientation, for example, can contribute. An episode may be tied to a situation, like a sick parent, or can occur after a specific event, such as a death in the family. But sometimes depression occurs suddenly and for no apparent reason.

In 2001-02 the Colby Health Center saw 77 students for medical treatment

of depression, and counseling services saw more than 150 students for symptoms of depression. While the 2001-02 numbers included a surge after 9/11, Melanie Thompson, M.D., medical director of health services, says the number has been rising since she arrived at Colby nine years ago. She suggests two reasons—general practitioners, like her, are better able to diagnose depression, and the rate of incidence may be rising.

With doctors diagnosing teens earlier and with more effective drugs available, "students who might have had to stay home are able to function better with that diagnosis and come to school," Thompson said. Students known to be on medication or in therapy are personally notified of services offered, including free, confidential counseling with any of three licensed counselors, monthly doctor's check-ups, assistance in getting prescriptions filled and a counselor on-call 24 hours a day. They also have one advantage over students who first confront depression at college. "They have a history of seeking help and utilizing help," Newmen said.

The Health Center aims to make all students aware of its resources and educates COOT leaders and hall staff every year. But telling students is only half of it. "We can't go out and drag them in here," said Thompson. "So, some of them we won't see until they're in crisis."

Two years ago Thompson presented a study of college students and depression at the New England College Health Association's annual conference. "What was of note to me was how many students come in and *don't* say, 'Hi, I'm depressed,' but leave with that diagnosis," she said. In Thompson's study sample only eight students out of 95 diagnosed with depression came in with that complaint. Students are more likely to seek medical help for symptoms related to depression,

like fatigue, insomnia or anxiety, than for depression itself. “They don’t want to have that,” she said.

In addition to the usual adjustments of a first-year student, Kate Thurman ’02 was learning to deal with her deafness in a larger college setting after “immense support” in high school. “Starting over at Colby was tough from day one because there was suddenly no one looking out for me,” said Thurman. She had to ask professors for flexibility with certain projects and explain the microphone they needed to wear to feed their voices into hearing aids for her cochlear implant. She even skipped meals because the cacophony in the dining halls made it impossible for her to take part in conversation.

Thurman found herself lying awake every night wondering, “what is wrong with me?” When Thompson first diagnosed Thurman with depression, Thurman denied it. “That’s impossible,” she said. “I come from a great family and a privileged upbringing.” Once Thurman accepted the diagnosis she began counseling and learned how to cope with and overcome depression. “I spent a lot of energy denying my depression,” said Thurman. “But depression can, and does, hit all walks of life.”

Students often are relieved to learn that depression can be caused by a physical factor, like a chemical imbalance in the brain. “You can’t help it or you would have stopped it by now,” Thompson tells patients. “Somehow I think they need to hear it over and over. It’s still stigmatized.”

To avoid that stigma some people try medicating themselves with alcohol or drugs instead of seeking medical help. Usually that just prolongs the time without treatment and can lead to substance abuse problems. To prevent complications with antidepressants the Health Center recommends that students discontinue any alcohol and illicit drug use. “I’ve actually had some patients decline medicine because they thought they would be unable to decrease their alcohol use,” Thompson said.

The complications from alcohol and other depressants go beyond physical effects. A socially isolated student may drink to escape or feel more comfortable in a crowd, but alcohol is a short-term solution, says

George Ladd, a visiting psychology professor whose research includes adolescents and depression. “When the alcohol is not there again, you’re back in the dumps,” Ladd said. “You haven’t learned any practical social skills.” Drug and alcohol use also weaken positive buffers against depression, like relationships with friends and families, good conversations and successful academics. “If those things start disintegrating and you’re just left with the drugs and alcohol, that’s just not enough.”

Expectations about college also can be blown out of proportion, exacerbating depressed students’ confusion about what’s wrong with them. Family and friends tell students that college will be the best four years of their lives. “Students realize they’re in a privileged environment and if they’re not feeling emotionally sound that’s very distressing,” said Newmen. “To call your parents who are spending all this money and say, ‘I don’t even know if I should be here because I can’t sleep. I’m crying for no apparent reason,’” causes a lot of guilt in students. “But, if you’re not feeling good inside, it doesn’t matter where you are.”

Depressed people may feel they should be able to snap out of it. But when people are near the point of clinical depression, they’re “in a rut that’s very difficult and rare to climb out of alone,” Ladd said. Recovery doesn’t automatically mean medication or long-term therapy, but Ladd says changes in the individual’s behavior and circumstances need to take place. “It’s not something that can be shook off.”

There was one point where I just gave up. I just let go,” said Anna, a junior who suffered from depression the spring of her sophomore year. She stopped paying attention to what she wore, how she looked or even maintaining friendships. “I wouldn’t go out of my way to be nice or anything. I was just withdrawing.”

Anna, who asked that her real name not be used, felt overwhelmed by academics, by deciding whether to study abroad and by petty misunderstandings among her friends. She didn’t want to study during exam period. (Her roommate made a schedule and helped her through it.) By the time she went home for the summer Anna was so despondent she

couldn’t even face unpacking. “I’m a really organized person,” she said. “I had let go of all that control and organization I had. From that point on everything else was a bigger deal and more overwhelming.”

Anna’s family noticed her mood change and her mother tried to help her pinpoint what might be wrong, but Anna never considered professional help. “I just thought it could never get better and I didn’t know

what I was going to do,” she said. One day her mother found a draft of a suicide letter in Anna’s room. It explained the despair she felt and why she was considering ending her life.

“I was trying to withdraw so they wouldn’t miss me when I was gone,” said Anna. Her mother immediately called a social worker at a local hospital for advice. “She was so startled and so scared,” said Anna about her mother. “To see her like that was scary for me, too.” Once her mother

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Kate Thurman ’02

understood the depth of her depression, Anna realized she couldn't continue as she had been. She had to change somehow. With the help of a physician Anna regained her mental health and motivation.

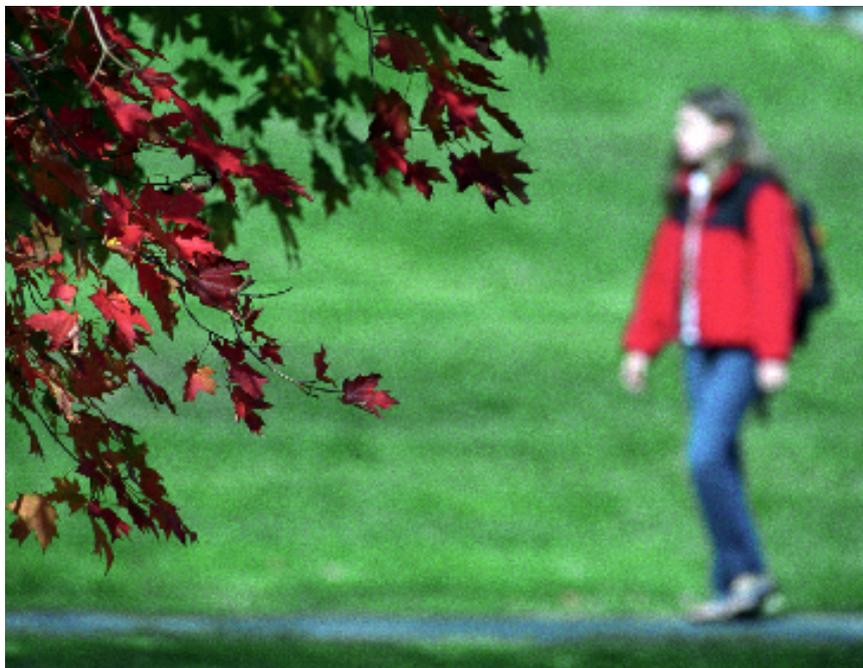
Despite the misery and suicidal thoughts she suffered with depression, Anna sees now that the experience changed her outlook. "Just knowing there was a point where I was suicidal and if I had the right thought at the right minute I easily could have done something rash—it just seems like I'm here for a reason," she said. She is now considering volunteering for a suicide prevention hotline.

That ability to make changes is key to recovering from depression, Ladd says. "We're dynamic human beings," he said. "We can actually create our own physiology through the way we think." Antidepressants can stabilize a depressed person's physiology in the short term to hold back a depressive state, he says. But if an individual continues to think the same destructive thoughts or use the same inappropriate, irrational behaviors to deal with the world, then "physiology is just not going to hold back the depressive state over the long haul."

A highly controversial recent study claimed a single antidepressant is no more effective than a placebo. Ladd agrees. "Are there antidepressants that work? Absolutely," he said. "But they work in conjunction with other antidepressants or they work in conjunction with other types of therapies." Others say these studies are flawed and that many patients on a placebo improve due to the psychological counseling that's part of the study design. Medication and counseling, often in combination, are regarded as the standard treatments for depression.

At Colby, those therapies include one-on-one talks with Health Center counselors, who help patients develop ways to cope with challenges and to identify, understand and avoid depression. Colby offers group sessions for eating disorders, bereavement and other issues but has never found enough interest among students to launch a depression support group, partly because of students' busy schedules, Newmen said. And "partly because it's a small campus and people are uncomfortable."

But when people share, they often discover that others have experienced similar feelings and concerns. To that end, Newmen encourages students to talk with their families. "That in itself can be therapeutic



because any kind of secret that has a sense of shame to it is harmful." Openness also combats depression's feeling of isolation, which is similar to that experienced with eating disorders. The parallels don't end there. Having another mental disorder, like an eating disorder, increases the risk of depression.

Sometimes I just can't imagine what it would be like to be happy," said one first-year student, who became anorexic her fresh-

man year of high school and progressed into severe depression. By junior year her depression had led to social withdrawal, cutting and self-hatred. "I felt as though I deserved to suffer because I couldn't achieve perfection in any form," she said.

Slim and blond, with a friendly and likeable manner, she also seemed troubled and vulnerable as she told her story. Depression made it difficult to focus, she said, ended some friendships and eventually changed her whole way of living. "A lot of times it would help to bury myself in my schoolwork and focus on academics, but other times it was just impossible to do anything," she said.

She began seeing a pediatrician who specialized in eating disorders, as well as a psychologist and a psychiatrist, in the spring of her junior year in high school, after friends sent anonymous e-mails of concern to her mother. With antidepressants and therapy her mental health improved, but she hasn't put depression in her past yet.

"Adjusting here makes a lot of symptoms come back," she said. "I'd like to put it behind me, but at the same time it becomes almost a way of life. You never know when it's coming, but it always comes back. It's the same thing with the eating disorder aspect of it. I just have to wait it out and try to hang on."

She is considering meeting with a Colby counselor to talk. She says it's hard to know whom she can open up to and has noticed the way people joke about or dismiss her illness.

"It's a taboo thing, but it's something that shouldn't have to be. A lot more people could get the help they need if people weren't so afraid of it," she said. "It takes a certain person, but being open is the best thing you can do."

This student is that "certain person." For the speech required of each

senior at her high school, she spoke openly to the entire student body about her own sufferings with depression, anorexia and self-mutilation. After the speech some classmates shied away from her honesty and even her closest friends didn't know what to say. "It made me feel uncomfortable that even after I tried to be open, it was still too unpolitically correct to address openly," she said.

She now is trying to raise awareness of depression at Colby and for several weeks was ready to have her name published in this story. Later she had second thoughts and asked that her name not be divulged. Telling her life story, she said, "is too exposing, and I'm not ready for that yet."

As individuals like her push depression out into the open, stigmas are removed and depression becomes more accepted in society as a medical illness. Still, many fear being labeled with a mental illness. Newmen says students' reactions range from feelings of comfort discussing depression with anyone to being afraid to mention it to their own parents.

To accommodate those concerns, counseling services at Colby has a waiting area separate from the medical side. Newmen has had students arrive a few minutes late for every appointment so they can walk right in, and one waits in the regular waiting room until Newmen walks by to signal she is free. "If people aren't comfortable they don't use our services," said Newmen.

Students needn't be on the brink of mental collapse to take advantage of counseling, and having a depressed mood does not equate to a diagnosis of clinical depression. The majority of students come for less than four sessions, Newmen says. "I often say to people that these are normal issues they *should* be dealing with. I'd be almost more worried about you if you didn't have these concerns."

While the Health Center maintains confidentiality on all counseling and medical records, there is one exception. If an individual is a danger to himself or others there is an ethical obligation to keep the student safe, no matter what. When somebody is clearly suicidal, parents need to be notified, Thompson says. "But there are fuzzy lines in between," when parents might disagree on what they should be told about their adult son's or daughter's medical treatment. Recently MIT and other universities have contended with lawsuits related to on-campus suicides and the services schools provide.

Suicide is the second leading cause of death among college-age students, with an estimated 1,088 occurring on U.S. campuses each year, according to the National Institute of Mental Health. Colby is

fortunate to have had no suicides on campus in about 30 years, although Earl Smith says he and Janice Kassman both have dealt with some close calls in their roles as dean of students.

Staff from the Dean of Students and Security offices, faculty members and students all have brought students to the Health Center out of concern. Sometimes students harm themselves and get scared and come in on their own, Thompson said. For the couple of students a year who make a suicide attempt or a credible statement of intent, Colby recommends a leave of absence. "When in doubt, the school tends to err on the side of caution," Thompson said. Students can return only if they have medical approval, but students often do return to successful college careers.

Often friends and family are afraid to question a depressed person about suicide, fearing they'll plant the idea. Bringing up suicide is not a bad thing, though, says Farrell, who not only has been suicidal but has lost friends to the act. "It's saying, I'm recognizing that there's something wrong." That outreach can be a crucial step in prevention.

Farrell's bout with depression freshman year left him feeling desperate. "Every morning you wake up. You feel absolutely horrible. You have absolutely no reasons for why. You have no answers," Farrell said. "That's the scariest damn feeling in the world."

Feeling hopeless the summer after his freshman year, Farrell found himself writing different drafts of a suicide

letter at 2 a.m. While editing one for content, it struck Farrell how distorted his mindset had become. He decided it was time to see a doctor.

With talk therapy and several months of intense medication Farrell began recovering. His doctor also discovered a physical cause for his ailments—extremely low testosterone levels, which he now treats. Farrell was relieved to finally have a reason for his depression. Just two years later, during a stressful period of his junior year, he felt himself slipping a little, "but the great thing was I knew what it was," he said. "I knew what I had to do. I knew who I needed to talk to and it never got anywhere to the point it got freshman year."

For some, depression is a one-time occurrence never experienced again. For others, it is a chronic condition requiring attention to prevent. Now, years after being suicidal, Farrell still monitors himself for signs of depression with regular therapy. "Once a month I sit down with a woman and I tell her how great my life is," he said. "Because you know what? I never want to go through anything like that in my life ever again."

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