

## Depression Among New York University Students May 2010

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"Mental illness is absolutely going off the charts on college campuses," says Hara Marano, who prepared the report for a May newsletter published in association with Psychology Today. "College counseling centers used to be the backwaters of the mental health care system. Now they are the front line." (USAToday, 2002).

Depression is a state of low mood and aversion to activity (Wikipedia, 2010) and is a problem for students all over the world today. New York University's students are no different. NYU is a highly competitive school where depression can begin to emerge among the stressed students. Suicide is unfortunately one of the leading causes of death amid college-aged people.

Some signs and symptoms that may occur if someone is depressed are:

- Anger and/or irritability, persistent sadness
- The feeling of being "empty", and anxious
- Changes in sleep patterns (insomnia, in particular during the early hours of the morning, or oversleeping which is also known as hypersomnia),
- Loss of interest in everyday activities, Appetite or weight changes (a significant weight gain or loss, by more than 5% of body weight),
- Irritability or restlessness
- Loss of energy
- Concentration problems
- Unexplained aches and pains
- Frequent thoughts of suicide or death

(Wikipedia, 2010)

Why am I so interested in this topic? I probably wouldn't have been until my first semester at NYU when I decided to see a psychiatrist. Of course it wasn't just the four classes I was taking at NYU, all of the homework I had to do, or the two hour commute to and from the city four days a week. It was also my stressful

home life, my full time job, my part time job, and all of the rest of things I am supposed to do in life, i.e., walk the dog, do the dishes, cook dinner, give a backrub to my fiancé, who has the time?

I am normally excellent in time management. I have always been able to juggle ten things at a time and never break a sweat, that's why I am great at my job. I am a Radiology Assistant, which means I have to be in charge of at least three doctors every day. I tell them what to do, what procedure to go to next, fix their computer, answer phone calls, make phone calls; the list goes on forever.

Two years ago, I worked my full time job and went to school full time at night for medical transcription. It was a breeze for me. I graduated with a 4.0 without really ever having to study. So why is it more difficult for me now? I did add two hours of commuting to and from school, my second part time job, and actually studying, but nothing is impossible, right? This is not always the best way of thinking. People that believe they can do the impossible are more likely to fail than those who can brace themselves and manage time and assignments according to priority.

So, I decided to see a psychiatrist for help with stress management and was diagnosed with clinical depression. I'm sure by the look on my face; my psychiatrist knew I was surprised to hear this diagnosis. I didn't understand, me, depressed? It had never occurred to me. I always thought depression was a disease that made people want to lay in their beds, not go to work, and give up on life. But someone can be depressed and still be able to function.

"To be or not to be, that is the question." (Shakespeare, 1599-1601?)

After analyzing this quote, Hamlet, the lead role in William Shakespeare's *Hamlet*, is deciding whether to choose life or death, to be or not to be alive. This is a question many people with depression have faced. People face many problems each day; for people suffering with depression, these problems become overwhelming or perhaps even intolerable.

I read a very interesting article in *Science Daily* about deep brain stimulation for the treatment of severely depressive patients. The first paragraph reads:

*ScienceDaily* (Jan. 11, 2010) — "A team of neurosurgeons at Heidelberg University Hospital and psychiatrists at the Central Institute of Mental Health,

Mannheim have for the first time successfully treated a patient suffering from severe depression by stimulating the habenula, a tiny nerve structure in the brain. The 64-year-old woman, who had suffered from depression since age 18, could not be helped by medication or electroconvulsive therapy. Since the procedure, she is for the first time in years free of symptoms.”

The article then goes on to explain how this is possible and the ideas that lead up to it. After reading the article, I wondered if this could actually be true. It has a “too good to be true” feel. If advance in this study is made during the course of this research of depression in New York University students, it will be investigated further.

“There is no question that all of the national surveys we have at our fingertips show a distinct rise in the number of mental health problems,” said Jerald Kay, M.D., Professor and Chair of the Department of Psychiatry at the Wright State University School of Medicine. Indeed, in the past 15 years, depression has doubled and suicide tripled, he said. According to a survey from the Anxiety Disorders Association of America (ADAA), universities and colleges also have seen an increase in students seeking services for anxiety disorders.

This quote was taken from article that went on to talk about depression and anxiety among college students. The article states that most mental disorders are found between the ages of 18 to 24. The national number of mental health problems is increasing but specifically among college aged students. One reason is because of the stress level of going into the world and doing things on their own for the first time. Another reason is the sheer stress of homework, classes, peers, and time management that they may have never had encountered before.

“...Depression is not sobbing and crying and giving vent, it is plain and simple reduction of feeling...People who keep stiff upper lips find that it's damn hard to smile.” (Guest, 1976)

Many people think that depression is simply crying and sobbing without the ability to do anything else. People also think that depression means that a depressed person just lies around in their bed all day crying. This idea isn't true for most people with depression. Someone can be a “functionally depressed” person, maybe go to work every day, go to school, socialize, and seem just fine but not be just fine.

College students often experience this kind of depression. They know that they

must go to class, maybe work, and socialize with friends. They don't want to feel depressed and try to continue on with everyday events, but moments spent alone are spent worrying, crying, and stressed. After interviewing eight New York University students currently enrolled in classes, this is true for the majority of them. Most have families or other obligations and responsibilities, and still continue on with their daily activities, not lying in bed crying all day.

A case study currently being developed on eight New York University students show that stress in college and time management dilemmas closely overlap. Also, family history is a common factor in the majority of the students. Although the case study continues, there is plenty of information so far to prove that the main issue with depression in college students comes from the stress of time management. For many college students, this is the first time out in the world managing for themselves, but not for the majority of these college students. All students that participated in this case study are in the SCPS program at NYU, or School of Continuing and Professional Studies, which means the majority of students enrolled, are adults. The questions asked thus far as follows:

1. Have you been clinically diagnosed as depressed or having a feeling of depression, if clinically diagnosed, what was the diagnosis?
2. When did you start having feeling of depression? Recently while at NYU or before attending classes?
3. Do you believe there is something specific that brings on your depression such as stress or is it a general feeling?
4. Are you on any medications for depression?
5. How old are you?
6. How prepared were you to enter NYU? Have you attended other colleges?
7. Do you have any family history for mental illness? If yes, who and what disease?

Summary of students:

Student #1: This 20 year old female in her third semester at NYU had been diagnosed with depression and mild anxiety by her psychiatrist while she was in her first semester at NYU. She feels that time management is a big issue for her. She feels that she might also be a perfectionist, which makes her try her best on

everything. She thinks she needs to focus on some of her assignments and put others off until they are due instead of doing everything right away, perfectly. She is currently taking Lexapro for her depression and anxiety. She doesn't feel she was prepared because she came straight from high school and did not take any time to herself. She felt maybe a little overwhelmed because she came from a small town to a big city and it was a much faster paced life. She felt a little isolated. She feels that the Lexapro helps with her depression but makes her anxiety slightly worse. Her symptoms subside when she is not in school, or on break. She has no known family history of mental illness.

Student #2: This student is a 25-year-old female in her second semester at NYU. She has been feeling depressed for a very long time, maybe since childhood but has never seen a psychiatrist. She feels more depressed while in school. Her primary physician has referred her to a psychiatrist but she has not made an appointment yet. She feels a general feeling of depression during most activities but gets stressed with schoolwork easily, and this may exacerbate the feeling of depression. She does not take any medication for depression currently. She had taken college classes before but this was a different experience. This is a lot more pressure for her than the community college she had attended previously. She has no known family history of mental illness.

Student #3: This student is a 20 year old female her in second semester at NYU. She has never had an issue with depression before but feels since school started last semester that she will consider going to see a psychiatrist. I informed her that if this were something she would like to do, NYU offers counseling at the health center and she will look into this. She's not sure if she is depressed but feels unhappy most of the time. When she is stressed with schoolwork, she has a lot of trouble eating and sleeping and has lost fifteen pounds since she began going to NYU. She does not take any medication for depression currently. She had taken a semester of community college courses before attending NYU. She feels she was prepared for this experience because she is a mature, responsible adult. She feels time management is an issue for her. She likes to spend time with her friends and still get her work done, which is sometimes a battle. She is aware of her mother having a problem with depression but is not aware of any other family member having a mental illness.

Student #4: This student is a 26-year-old male in his second semester at NYU. He has an issue with depression from time to time but not consistently. He has a problem with anxiety. He has been seeing a psychologist for the past 2 years,

before he started at NYU. He is from New Jersey and feels that he has more anxiety while going to school from the amount of school work he has to do as well as traveling into this big city three days a week and still working. He says he feels jittery a lot of the time because he is constantly running from one place to the next. He feels time management is an issue for him but only because there isn't enough time in the day to do what he wants to do. He is always running from work to school then doing homework. He has a two-year-old son and shares custody with his son's mother. He takes Cymbalta for his anxiety disorder. He feels that he was prepared to enter college. He has a bachelor's degree from SUNY Albany. Both his Mother and Father have problems with depression and see therapists.

Student #5: This student is a 22-year-old male in his first semester at NYU. He has never seen a psychologist and has never really thought about going although he feels that maybe he is depressed. He says he has a family history of depression and bipolar disorder. He feels stressed and overwhelmed during school but feels that is normal for him. He spends a lot of time alone thinking by himself when he has the time. He says time management is an issue for him because he is taking four classes and wants to spend a lot of time with his friends going out. He lives in the city. He is unhappy because he doesn't have a girlfriend. He doesn't take any medications for depression. He feels that he was prepared to enter NYU. He is normally a "laid back" kind of guy and can usually handle anything. He says, "What does not kill me only makes me stronger", Friedrich Nietzsche. His Mother has bipolar disorder and suffers from depression and his Grandmother (on Mother's side) has severe anxiety.

Student #6: This student is a 46-year-old female in her second semester at NYU. She has seen a psychiatrist many times but not consistently. She has been seeing different psychiatrists since she was in her childhood. She knows she has an issue with depression but would not like to take any medication. She doesn't believe in taking medication for most things. She also states she has a significant family history of severe depression. Her Mother, brother, and Aunt (Mother's sister) have severe depression. Mother also has anxiety. She doesn't feel her depression is severe. Sometimes she has crying spells or feelings of sadness, but her husband really helps to support her. She has two children, two girls, one in her early 20's, the other in her senior year of high school. She definitely feels that her depression is worse while in school and time management is a big part of that. She works a part time job, but is a mother to two girls and goes to school full time. She

commutes about an hour to NYU four days a week. She feels that she was prepared to enter into NYU but wished she had waited until her kids were out of school.

Student #7: This 44 year old female in her second semester at NYU has recently started seeing a psychologist and was diagnosed just last week with mild depression. She has been going through a lot in her life lately and the added pressure of full time school at night is “pushing me over the edge”. She has a lot of responsibility. She is not married and does not have children. She works full time as well as school full time. She is only in her second semester at NYU and she believes that school has a strong impact on her depression; some may be due to time management. She likes to go out for drinks and wants to have fun but struggles to find enough time for her homework and studies. She feels her priorities are not in that great of an order. Her psychologist has not put her on any medication, but believes that talk therapy and relaxation techniques may help. They just began doing these in her sessions. She feels at the time that she entered into NYU; she was as prepared as she could have been, but life events had changed. She did divulge that her sister had recently lost her job and her parents were “feeling the pain of the economy”. She would like to take a break from school but would not be able to reenter into her program. She has no known family history of mental illness.

Student #8: This 32 year old male in his third semester at NYU had started feeling depressed in the end of his second semester. He felt that the depression had subsided when he was on winter break but the feelings had started coming back again while in his third week of this semester. He has a wife and two daughters. He has not seen a psychologist yet but has thought about it. I did let him know that the student health center had therapists and psychologists he could speak with if he wanted to. He is working a part time job, only a few hours a week, and his wife is supporting the family. He doesn't like the feeling of his wife being the sole provider even if he is going to school to make their lives better. He feels maybe this adds to his feelings of depression. He felt prepared to enter into NYU. He had gone to college and received a bachelor's degree in business about 6 years ago. Unfortunately, his business had not been doing well. After it failed, he decided to look into a new career. His mother had post-partum depression, according to his father, but currently has no other symptoms.

The identities of the students have been taken out to protect their privacy. The answers were extremely different and varying from student to student. Most students have a family history of mental illness, specifically depression in immediate family members. Only one of eight students was right out of high school, the rest have families and have experienced college before. The majority of the students also felt that time management is a major problem for them. I thought it was interesting that it was normally the mothers with the mental illness rather than the fathers. This could also be that in a lot of cultures, men are more secretive and not willing to tell their family members that they may have a problem or admit it to themselves.

“For many college students, one of the biggest differences between high school and college is the need to effectively manage your own time. If you began learning time management skills in high school, you have a definite advantage over many college students. Still, you need to make adjustments for the academic environment.” TimeManagementHelp.com

The majority of these students feel that they were prepared for college when they entered NYU, most are older and not right out of high school and most have a family history of mental illness. All of the students have a problem with time management. So maybe if time management can be eased, the depressed feeling will either resolve or be less prominent.

The stress of classes and still keeping up with their daily activities and responsibilities can be enough to increase chances of depression if already predisposed. The majority of the students interviewed also had some family history of mental illness and/or depression.

New York City is a hectic city and NYU is a competitive school. Combining the two stressors with time management skills that are not up to par may cause depression in students. I would like to propose a solution; time management exercises. So what can a New York University student do to decrease their chances of depression?

- 1) Organize all tasks at hand, right them down, and do the most difficult or stressful tasks first.
- 2) Write everything down. The more aware of a situation you are, the more prepared you will be.



- 3) Plan the next day the night before. Preparation is one of the most important keys,
- 4) Always remember you can do a task the following day, not everything needs to be done today.
- 5) Remember to breath and take a moment to yourself. Sometimes it's hard, but there are some opportunities.
- 6) Exercise or walk more often. The more exercising you can do, the better you feel and perhaps more confident.

(Some of these ideas were taking from [www.TimeManagementHelp.com](http://www.TimeManagementHelp.com) and some were given to me by my Psychologist)

The students were asked 14 days ago to participate in the daily activities and keep a diary of emotions throughout the day. The diaries were very extensive. Seven out of eight students felt that these activities helped their stress levels in the short amount of time, but not their depression. The students will be followed for a few more weeks to get a more thorough evaluation.

The students that said that the exercises helped their stress level said that it did so for a few different reasons. Student #7 said that it was a great idea to organize the next day, the night before. She had always done this exercise in her head, but to write down the tasks and cross them off as she completed them throughout the day gave her a sense of achievement, and a little relief, lightening her stressful feelings.

Student #1 loves to exercise but doesn't find much time. She feels exercising helps to decrease her stress levels but hasn't had time to do so in the last 10 days. I recommended to her that she walks, or go up and down the stairs in her office building on her lunch hour at work. Also, I recommended using the stairs as much as possible. She will do these activities and report back next week to see if it helps her stress level. She was the one student that these activities did not help.

The other students said that the activities helped, but with no specific reasons why or what. They were asked to think if there is one specific activity, recommended or not, that made them feel less stressed or depressed. All the students agreed that taking time to breath helps them to relax in stressful situations, but only at that moment.

The research on depression among New York University students will continue until the May 2010, when a complete claim will be submitted. Based on a study of eight NYU students with signs and symptoms of depression, some diagnosed, can stress management exercises help to reduce the symptoms of depression?

Half of Americans surveyed in a recent poll said they or their family members had suffered from depression and 43 percent say they believed depression is a personal weakness, according to the National Mental Health Association. (NY Times, 1991)

I was speaking to a friend the other day about depression and my brief history with it. She told me that depression is a weakness and nothing more. I quickly fired back with "That is a completely ignorant statement, if you do research, you will find out much more". She didn't respond well to my comment, but agreed that she is fairly uneducated when it comes to depression.

This ideology bothered me. Depression was seen as a weakness years ago, but has been much developed since then. Depression is considered a disease that can be treated, according to Elisabeth Rukeyser, chairwoman of the mental health association, in the same NY Times article.

I want people to understand that depression is not simply a weakness.

What are some causes of depression?

Some types of depression run in families, indicating that a biological vulnerability to depression can be inherited. This seems to be the case, especially with bipolar disorder. Families in which members of each generation develop bipolar disorder have been studied. The investigators found that those with the illness have a somewhat different genetic makeup than those who do not become ill. However, the reverse is not true. That is, not everybody with the genetic makeup that causes vulnerability to bipolar disorder will develop the illness. Apparently, additional factors, possibly a stressful environment, are involved in its onset and protective factors are involved in its prevention.

Major depression also seems to occur in generation after generation in some families, although not as strongly as in bipolar I or II. Indeed, major depression can also occur in people who have no family history of depression.

An external event often seems to initiate an episode of depression. Thus, a serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can trigger a depressive episode. Very often, a

combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder. Stressors that contribute to the development of depression sometimes affect some groups more than others. For example, minority groups who more often feel impacted by discrimination and are disproportionately represented. Socioeconomically disadvantaged groups have higher rates of depression compared to their advantaged counterparts. Immigrants to the United States may be more vulnerable to developing depression, particularly when isolated by language. (MedicineNet, 2010)

The majority of the students I have been following throughout this semester have a family history of depression or other mental illnesses. These students may have been predisposed genetically to have depressive tendencies, as MedicineNet described. The stress of school, especially time management, and other life events may have triggered the symptoms of depression.

A few weeks ago, I had asked each student to keep a diary of their daily events as well as doing stress relieving exercises and documenting which ones may have helped. In the midst of the diary, we also had spring break which gave a baseline of life without school.

All eight students felt less stressed while on spring break. One student went on vacation to a family home upstate, the other seven continued their lives, working, and taking care of children.

I had met face to face with four of the students last week while they were on spring break. All four students looked brighter, happier, even refreshed. The students said they still felt anticipation for the assignments coming up, class requirements, and dealing with classes every day, but all felt relieved for the week.

After reading through the diaries, most students felt stressed the day of, or the night before classes. Most of the students do not eat well, sleep very much, nor make time for themselves, throughout the day. Of the students I met with face to face, I was able to go over their diaries with them and make suggestions that may help them. The other four students I had written e-mails back to with similar suggestions.

One of the students gets plenty of sleep; I suggested that she wake up an hour earlier every day. In this hour she can enjoy a cup of coffee, write out her plans for the day, and any assignments she may have to do. She decided not to watch TV during her hour of down time. Her kids are asleep and she enjoys the silence. It has only been a week and a half, but she says it is making a big

difference in her daily life. Having the plan for the day is the most helpful part for her. She carries it around with her in her bag, and crosses off each goal achieved. This makes her feel relieved and less overwhelmed.

One student doesn't have a lot of time to herself during the day, doesn't sleep well, or eat well. She only gets about four hours of sleep a night but says she functions just fine on that and doesn't have time to sleep any more. She sleeps in on weekends. She is not as easy to work with on her stressful activities. I suggested that she start eating better and more frequently. She only eats once or twice a day. I had also suggested a month ago that she jog on her lunch break at work since she loves to exercise. She says she does this usually twice a week, not every day. She does think it helps sometimes, but maybe sometimes it makes her feel more rushed during the day.

I'll need to find more activities that she will be willing to do to help her time management. I suggested that she plan her day ahead of time as well, but she was not willing to do so. I do not get a thorough diary from her either. Any activities I will try to recommend for her must be things she can do during work or school. I will suggest listening to relaxing music, breathing exercises, and stretching exercises that she can do at her desk while at work.

The diaries are getting very interesting, especially with the addition of spring break. It's interesting that some of the suggestions are really helping people's symptoms. I will continue on working with the students and making daily suggestions to ease stresses.

"I start to feel like I can't maintain the facade any longer, that I may just start to show through. And I wish I knew what was wrong. Maybe something about how stupid my whole life is. I don't know. Why does the rest of the world put up with the hypocrisy, the need to put a happy face on sorrow, the need to keep on keeping on?...I don't know the answer, I know only that I can't. I don't want any more vicissitudes, I don't want any more of this try, try again stuff. I just want out. I've had it. I am so tired. I am twenty and I am already exhausted."  
(Wurtzel,1994)

In the book *Prozac Nation*, Wurtzel is a depressed young women struggling with life. This quote is one of many that portray what goes through her mind on a daily basis. Imagine having to deal with life everyday feeling this way. It's not a choice, it's a disease.

Students have a lot of daily stress, this includes NYU students. The stress of homework, classes, schedules, and teachers isn't all there is. The students of the McGhee Division are adult students continuing their education. Adult students tend to have families and other responsibilities that students directly out of high school may not.

Student #1 had been on Lexapro for the past year or so. She had been tapering off the medication for the past two months, and last week, she took her last half pill. Within twenty-four after her last pill, she began experiencing withdrawal. She kept a diary of her symptoms.

She said within twenty-four hours, she began having intense headaches, stomach pains, vomiting, and "brain zaps". She described a "brain zap" as a chill within her brain that also went down her arms and sometimes her spine. If she moved her head too quickly, got cold, was startled, or jogged, she felt these zaps.

The most alarming of her symptoms was her one day of extreme depression. She stated she had called a new psychologist (she stopped seeing her doctor) to make an appointment during this day. Unfortunately, she could not get an appointment until the following week, which she later cancelled. She said during her depression experience, she felt extremely unhappy, negative about herself, negative about her job and co-workers (she was at work), and most importantly, hopeless.

She had felt depressed before starting Lexapro, but nothing this intense. She said she did not feel the inclination to harm herself or anyone else, so she did not seek help from the emergency center. The next day, she felt better, but not back to normal. A week later, she is just beginning to feel like her old self again. She decided to taper herself off of Lexapro because she did not want to be on medication anymore and did not want to see her doctor anymore. She plans to find another psychologist eventually, but not right now.

Student #1 will continue to keep her diary and continue her classes and school work off of her medication and note the differences.

Student #5 had not been keeping in contact with me for the past few weeks. He said that he had been too busy to keep a diary or e-mail me. He had sent me a message this week to tell me that he had been using the stress relieving exercises. He had been jogging on his lunch break at work, taking two five-minute breaks a day at work to sit alone, and calmly breathe and stretch.

He said he's not sure if these things are helping his stress levels on a whole, but that it makes him feel better at the moment, and shortly after. He said he will try to make a list of activities in the morning or at night the day before and cross them off as he completes each task. He also said that he would like to be in contact at least on a weekly basis, so we will meet for coffee on Sundays.

"That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end. The fog is like a cage without a key." (Wurtzel, 1994)

Wurtzel describes the feelings someone with clinical depression may experience. Imagine a day where everything goes wrong, you're miserable and it doesn't look like it's going to get any better. Now, imagine having that feeling for months, or even years. If you had felt this way for so long, how could you believe there is an end?

Over the past two weeks, I have gotten great feedback from my eight students. I was able to meet with five of them to talk in person. The two other students sent e-mails and the remaining student called to speak with me over the phone.

I now have exactly half of the students participating in the daily journal entries when they write down the next day's events. They all feel that this has helped their stress levels by now. Three of the students feel very strongly about the journals and will continue to do them every night. The other student said she will try it for awhile. All four students feel that writing down the next day's tasks in order and crossing them out as they happen, helps a great deal. It is a great relief to cross one of the tasks off the list.

One student that does not participate in the journal says it's because he has too many large tasks, and doesn't feel that the list is rewarding. His list consisted of:

1. Wake up
2. Eat breakfast
3. Go to work (as a waiter)
4. Walk home from work
5. Eat dinner

6. Go to the gym
7. Go to sleep

I see how a list for him would not be rewarding. The major task is going to work, other than that, everything is elective. His work is very stressful. He doesn't have time throughout his day at work to take a few minutes to breathe and relax because he will fall too far behind. He wants to know what he can do to ease his stress.

He already exercises, which is a great stress reliever, and he agrees. He is in great shape already. He doesn't go to the gym to lose weight or tone, but just as stress relief. He walks to and from work.

Since he doesn't go to work until 10:30am, I asked him if he could wake up early. He currently wakes up at 10:00am and rushes to work. He has been going out with his friends at night and not getting home until 2 or 3 in the morning. He said he will cut back on going out as much, and wake up a few days a week at 8:00am to go for a jog, walk, or just relax and have a cup of coffee by himself. Maybe if he doesn't start his day as stressed, the rest of the day will be less stressed. He will try this new idea this week and report back to me.

Also, Louise Hathaway states on NaturalBloom, "When you wake up in the morning, shower, put on your make up, get dressed, make your bed, and be sure to put your shoes on! This may sound silly, but often just lounging around the house in pajamas can make a person feel tired and not inspired to do much. Just taking the time to get dressed and take care of yourself in the morning helps you feel more confident and ready to begin your day with flair!" (Hathaway, 2005)

This idea is something I had never thought of. When I wake up in the morning to have time to myself to relax, I lounge around in my pajamas until the very last minute. I feel so comfortable in my sweat pants and a big cozy sweat shirt, but Hathaway's statement is true. I feel so much better about myself after I take a shower, and get ready for the day. I am also going to try this to feel if I have more self confidence and feel better.

Hathaway also goes on to make these two points:

- "Just say no to caffeine! Drinking caffeine can cause your nerves to feel just a bit more frayed. If you must drink caffeine, then drink it only until noon, and for the

rest of the day, drink decaffeinated drinks only. You'll notice that you'll sleep better, and feel a little bit less angst during the day. Drinking water and exercising will give you more energy to replace the lack of caffeine!

-Limit your sugar. When we are stressed, it's tempting to go for the chocolates or the ice cream in the freezer, but it's only going to make you feel worse in the long run. Sugar causes you to feel "high" for a short period of time, but after the sugar high passes, you are going to crash and feel even worse than before. If you feel that you absolutely must have sugar, have one scoop of ice cream, not three, or just one cookie instead of half the pack. Gorging yourself is going to make you feel sick, and make you feel worse about yourself as well. Showing yourself that you have the willpower to only stick to one treat (or even better, none at all) will give you more confidence, and you'll feel better physically, as well!" (Hathaway, 2005)

These two points were also relayed to the same student. He has been going out drinking with his friends a lot. It's great to hang out with friends, have a drink, and unwind but he says he always has rum and coke. His intake of caffeine and sugar is very high considering he has 6 -7 drinks per night he goes out.

He is already going to cut down on high nights of going out. Also, 6 -7 drinks is a little excessive and he is aware of that, but he will switch to a glass of wine, or a light beer to cut out the caffeine and lower his sugar intake. He said he will also try rum and diet coke. (Better than no compromise I guess).

"If a warrior is to succeed at anything, the success must come gently, with a great deal of effort but with no stress or obsession." (Castaneda, 1991)

My interpretation of this quote as it applies to myself, as well as other NYU students under a great deal of stress and pressure as the semester comes to the end, is to succeed, we must be able to relax, and focus on the task at hand. We can only write one paper at a time, study for one test a time, and do each homework assignment at a time. Don't look at the total number of tasks, but rather each task at a time, then cross it off your list.

There has been a rash of suicides at NYU in recent years. After two in the Bobst Library in 2003, the school installed plexiglass barriers on the railings facing the atrium.

Dr. Kelly Posner, who directs the suicide risk assessment program at Columbia Presbyterian Hospital, said suicide is the second-leading cause of death in college students.



"Forty-nine percent of college students say they've been so depressed at any one time that they have trouble functioning. Fifteen percent will have met criteria for clinical depression. At least 10 percent will have seriously thought about suicide in any given year," said Posner. "So it's a major issue that's not particular to any one university but one we really need to address."

NYU students' ID cards carry a number they can call if they feel they need help. Posner, however, said colleges need to get better at identifying students who are at risk and help them get the treatment they need to save their lives. (Spitz, 2009)

"The internal report, completed last December, comes as the prestigious school struggles to lift student morale in the wake of the four deaths between September and March. The report also found that NYU freshmen appear to be more depressed than students at other universities. At NYU, 16 percent of its freshmen "seriously considered suicide" at least once last year - three percentage points higher than the national average." (Guart, 2004)

So, why is depression running rampant through New York University? Guart goes on to explain in his article, *New York UNIVERSITY NOW A 'MEDS' SCHOOL: Doling out antidepressants*, which a problem may be that NYU counselors at The Wellness Center are handing out antidepressants and other medications too easily. This theory is not true within the students I have interviewed this semester because none of them had used NYU's Wellness Center.

Although, Guart says in his article "The school doled out meds to 750 students - or one in five who used NYU's University Counseling Service." One student out of every five that used the Wellness Center had been put on medication. This seems alarming, but maybe it's because the people that go to The Wellness Center for help only went there as a last resort. Other students that have a family physician and have had their own insurance may be more inclined to visit their doctor sooner, because they had already established a relationship.

"What is it about NYU? Or being a student there? Or living in New York? Or is NYU just really unlucky among the many colleges filled with stressed-out or clinically depressed students?" (Kelly, 2009)

“Here’s the piece of the story that puzzles me: Toronto has had a public library since the 1970s with a similar atrium and floors high enough to jump from. I’ve never heard of someone committing suicide there — there are likely many other facilities with similar physical designs and layouts. Is NYU’s latest tragedy a horrible combination of relatively easy access to a lethal option and a vulnerable population? If so, what’s the solution? Is there one?” (Kelly, 2009)

Maybe this is the problem, a combination of an easy option and stressed college students in an anxiety-ridden city. So, what is the solution? The 10<sup>th</sup> floor had been plexiglassed off, and a student had jumped off anyway. Maybe the solution isn’t to take away the easy access option, but to start by counseling the students. There could be an introduction class that lets students know that they have access to counselors at The Wellness Center. Also, maybe the class could offer time management ideas, as well as stress relieving activities.

Since NYU students have a high rate of diagnosed depression, the class could be given as a workshop during the summer as well as before finals and midterms. If professors feel that a student is having trouble psychologically, they could recommend that they see someone at The Wellness Center, and have a pamphlet to hand to them with any information they may need to get help.

"Although the world is full of suffering, it is also full of the overcoming of it." Helen Keller.

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