Counseling helps combat stress

(Continued from page 1) since the late 1960s, according to Kahn, who has worked with MIT students for about 20 years. In the 1960s, students were more concerned with social issues — the Vietnam War, the civil rights movement, feminism and gay liberation struggles. Students came to therapy worried about how to “cope with things” and incorporate “three important social issues” into their academic life. “There was more of an interest in where the country was going,” in the nation and early seventies, according to Kahn. Today, students are “more preoccupied with self-direction,” he added.

Support networks needed
Heavy course loads, career decisions, relationship and roommate issues are typical stresses of student life, according to Ronald C. Fleming, chief social worker in the Medical Department. But when students do not have a dependable support system to turn to — a role their family used to play — they may have a hard time coping with everyday college pressures, he noted.

It takes time to build a good support system and students should not be afraid to ask for help, he said. “MIT’s support network works,” he said. Students should feel free to turn to the dean’s office, social workers, resident assistants and academic advisors for help. But students need to initiate contact — “that’s the one thing we can’t do for them,” Fleming added.

Breaking up with a boyfriend or girlfriend often brings students into counseling, he said. It is a painful experience. Some students may find themselves starting a new relationship as MIT when still involved with someone back home. This situation, though common, can cause much guilt and confusion. Counselors can help students work through these issues and feel better about themselves, Fleming said.

A serious illness or death in the family is a common source of depression and anxiety. A student who is constantly worried about a sick parent or making frequent visits home will have a hard time concentrating on course work or enjoying a social life. Sometimes students need to vent their feelings to a supportive listener, he said.

Emotional problems for minority students at MIT are no different than the general student population, but minorities must cope with “subtle and not-so-subtle aspects of discrimination” at MIT and in the Boston area, he said. This creates a “specific” additional pressure for minorities. Myra Rodrigues, a social worker who has been working with minority students at MIT for 17 years, is available to provide counseling and support, he said.

Rodrigues co-facilitates a “minority discussion group” each semester. This year, the group will discuss the minority community in Boston, the history of local black and Hispanic culture, male—female communication, stress, nutrition, time management and sexual well-being, Rodrigues said.

Drug and alcohol problems
Students with a serious drug or alcohol problem are unlikely to recognize their problem and seek help, Fleming said. Drug and alcohol problems usually surface when a student begins to do poorly in classes or “act out” in a living group. The problem may come to the attention of an academic or resident advisor who may advise the student to seek help. In other cases, a troubled student may go unnoticed and isolate himself alone in his room, drinking. The only “sign” of a problem may be that his roommates never see him around, Fleming said.

Drug and alcohol counseling is available on campus — a weekly support group, run by Fleming, is free and open to MIT students. Al-Anon Anonymous and Narcotics Anonymous, national self-help groups, meet weekly in the medical building and are run by community members, not MIT staff. Al-anon, a group geared to adult children of alcoholics, and family members and friends of alcoholics, also meets weekly in the medical building. These meetings are also open to students.

Some students are “situation-al” drug or alcohol users who get high to deal with stressful situations, he said. Others have “full blown” drug or alcohol problems. Students with serious problems can be evaluated and referred to outside residential treatment programs. All mental health records are confidential and remain separate from medical and academic files, he said.

Coping with stress
Avoiding isolation is “critical” in coping with stress, according to Janet H. Van Ness, director of MIT’s Health Education Program. “It is common for students to feel they have to handle their problems on their own...but self-imposed isolation” can be harmful, Van Ness stressed. To cope with stress, students should identify their “personal resources” — classmates, friends, family and machine assistants — and turn to those people when in need, Van Ness said.

Coping with chronic stress often requires changing life style patterns. “Regular aerobic exercise,” such as jogging, swimming, and long brisk walks, “can esti- oin a lot of stress,” according to Van Ness, but it must be kept up regularly.

Usually, when a paper is due or a test is coming up, exercise is “first to go,” Van Ness said. When fatigued, exercise can actually increase energy levels. Getting regular sleep is also another important step in stress reduc- tion. Students tend to “work hard all week and play hard during the weekend,” but this isn’t healthy, Van Ness pointed out. “It’s better to integrate play and recreation” into a weekly routine, she said.