

EIGHT

Crisis on the Campus

College is where the fragility factor is having its greatest impact. By all accounts, psychological distress is rampant on college campuses. The young are breaking down in record numbers and showing serious forms of distress in ways previous generations did not. The hottest place on college campuses these days is not the local brewpub, the athletics center, or the famous-architect-designed student union. It's the campus counseling center. Once backwaters of the mental health system, dealing primarily with roommate problems, relationship issues, and schedule stress, campus counseling centers are now the new front line in the battle against mental illness. Through their doors are likely to march about 10 percent of the student body in any given year. In 2005, 9 percent of all college students sought counseling on campus; at some schools the rate exceeds 50 percent.

The severity of student mental health problems began rising in 1988, dramatically so in the 1990s, according to an annual survey of campus counseling center directors conducted by the psychologist Robert Gallagher of the University of Pittsburgh. The University of Michigan Depression Center, the nation's first, estimates that 15 percent of college students nationwide are now suffering from clinical depression alone. In a 2005 survey conducted by the American College Health Association, 19.6 percent of students reported experiencing depression in the past school year; 13.4 percent had anxiety. More than 90 percent of the forty-seven thousand students surveyed reported feeling overwhelmed at least

once during the school year; 28.6 percent had the feeling on eleven or more occasions. Over 45 percent of students felt so depressed they said it was difficult to function. The collective forms of distress on campus affect from 10 to 20 percent of students in any given year, depending on the school. In addition to those students seen clinically, rates of self-reported depression are climbing, surveys show.

Relationship problems haven't gone away; instead, their nature has dramatically shifted, and their severity has escalated. Colleges report ever more cases of obsessive pursuit, otherwise known as stalking, leading to violence, even death. In the past fifteen years, sexual assaults have quadrupled. A survey of 366 counseling centers in 2005 recorded 375 cases of obsessive pursuit, with 92 students being injured and 4 killed by their pursuer. Anorexia or bulimia in florid or subclinical form now allegedly afflicts 40 percent of women at some time in their college career; female athletes are especially prone to eating disorders on campus. There's no sign of letup in sight; experts report that eating disorders are on the rapid rise now among preteen girls.

Eating disorders have become so much a part of the collegiate landscape that disparaging one's body is now regarded as a norm of female behavior. As one former college official explained, "I have a friend who is a first-year dean at an Ivy. She told me that the residence halls have serious plumbing problems caused by the prevalence of bulimia among the female students." She admitted that she herself couldn't vouch for the story—but that she believed it. Maybe it is apocryphal. But it brilliantly captures the situation.

Emotional distress is rampant on U.S. college campuses, and it is openly discussed and, often, well recognized. But sometimes the biggest danger is actually hidden from view. The psychological fragility of students is damaging the mental and physical health of individuals. But it is also corrosive to the collegiate infrastructure. The mental state of students is now interfering with the core mission of the university, says Steven Hyman, provost of Harvard University and a psychiatrist who was formerly director of the National Institute of Mental Health.

The vast majority of the nation's college counseling centers report that they are under siege, trying to meet the demands of unprecedented numbers of students with a wide range of serious and—this is important—increasingly complex psychological problems. From major and manic depression to eating disorders to self-harm to substance abuse, campus

mental health centers are dealing more and more with acute conditions that have, in their extreme form, life-and-death consequences. Shedding their reputation as the Rodney Dangerfield of college services (because they get so little respect), counseling centers are more and more seen as critical to the core mission of the university—relieving the mental burdens that impede students from learning and incubating the next generation of civil society.

As a result, the issues that campus counseling centers now face reach into the highest offices of higher education. There isn't a meeting of college presidents where the subject of student mental health doesn't come up, observes Hyman, as provost the second-highest officer of Harvard University. "It's an important, nationwide problem in higher education," he says. Adds Kevin Kruger, associate executive director of the National Association of Student Personnel Administrators, the organization of college student affairs officers: "It's one of the top five critical issues on campuses." "By the tenth or eleventh week of the semester," says Russ Federman, director of counseling and psychological services at the University of Virginia, "we are near saturation. All appointments are filled up—and we are strongly resourced. But students don't stop coming." Although they are struggling to manage swarms of students with serious depression and anxiety disorders, colleges are also reluctant to keep expanding services for fear that they might cross some invisible line and transform themselves into therapeutic communities.

The middle of the night may find a SWAT team of counselors calming down a dorm wing after having crisis-managed an acute manic episode or yet another incident of self-mutilation. Morning will certainly find the staff administering psychotherapy to students struggling to overcome histories of trauma such as childhood sexual abuse, relationship problems, including date violence, and that dormitory staple, eating disorders.

Did we mention substance abuse? Attention deficit disorders and learning disabilities? At one elite institution, 10 percent of students report problems with binge drinking. Rare is the college that has not experienced a student suicide. A ten-thousand-student campus can expect one student suicide a year. That doesn't count all the highly disturbing attempts.

Hospitalization, a court of last resort, is commonplace. Ninety-one percent of counseling centers hospitalized at least one student in 2005; one hospitalized a hundred. On one five-thousand-student campus where

most students are commuters, three to six students are typically hospitalized a semester, primarily for suicidal gestures and first psychotic breaks.

In 2001, 85 percent of North America's student counseling centers reported an increase in "students with severe psychological problems" over the past five years. Thirty percent of them had a student suicide; 60 percent of them dealt with obsessive pursuit cases (fifty persons injured, five killed). By 2005, 96 percent of counseling centers observed that the percentage of students with significant psychological problems was growing. Just between 2004 and 2005, counseling center directors reported increases in self-injury, the number of students with eating disorders, sexual assault cases, and students reporting previous sexual abuse. They also found themselves facing an increased demand for crisis counseling.

"Every director of every college counseling center is reporting more hospitalizations, more serious problems, and taking care of sicker students," says Richard Kadison, a psychiatrist who heads Harvard University's counseling center.

"The world isn't getting crazier," observes Pamela L. Graesser, director of counseling at Rivier College, a small Catholic institution in New Hampshire whose students are primarily from blue-collar families. "College is just getting more like the real world around it." College is available to more people than it used to be. The problems Graesser saw twelve years ago when she worked in a psychiatric hospital "are the same ones I now see on campus." In 1965 there were four million college students in America. Today there are fourteen million. And more of them live off campus, not as tightly tied to the campus community as students once were.

It may be that colleges are seeing the true prevalence of mental disorders that exists in the larger world. There simply is not as much surveillance in the outside world, and college is more available to more people than it was a generation ago. Still, their counseling services overtaxed, schools are responding by triaging cases, rationing counseling, and, some say, over-relying on medications to get kids through what may, in the end, prove to be an unusually difficult (but not necessarily permanent) transition to adulthood in especially confusing times. "Counseling centers are struggling with doing brief crisis stabilization versus addressing fundamental issues to effect change," laments Federman.

Schools literally can't afford to have anyone fall through the cracks; student suicide presents huge liability issues and is highly disruptive to the whole campus. At the same time, parents are pressing colleges to take

on even more responsibility for student safety, well-being, and success. "Universities feel the need to respond in an ethical way," insists Joseph M. Behan, head of counseling at the School of the Art Institute of Chicago.

No one's sure when the demand for counseling and more intensive psychiatric services will begin to level off. Or where, or even how, to draw the line between academic and therapeutic community. But this much is clear: lots of students in college today have lots of psychological needs beyond traditional adjustment and developmental issues. "Through 1996," reports the psychologist Sherry Benton, assistant director of counseling at Kansas State University, where 40 percent of seniors have used the services at some point in their four years, "the most common problem students came in with were relationship issues. That is developmentally appropriate." But in 1996 anxiety overtook it. And it has remained the top problem ever since.

The Prozac Payoff

Although it lands on their doorstep as one more problem, colleges are in fact the new beneficiaries of what many consider one of the great successes of medicine. Call it the Prozac payoff. Colleges are reeling from the number of students arriving already on antidepressant and other medication. A decade and a half of improved drugs has encouraged earlier diagnosis. By minimizing symptoms, early treatment of depression—along with institutional accommodation of disability—has enabled students to stay in the academic system who in other eras might not have made it to college, or would have dropped out after a semester or drifted into community colleges. Today they are attending the nation's elite institutions, where academic, living, and developmental demands sometimes overwhelm the coping skills they have yet to acquire and the drugs don't deliver. Many require psychiatric monitoring and care—care that they don't always get or that they actively reject.

The American Academy of Child and Adolescent Psychiatry reports that about 5 percent of American children under age eighteen are seriously depressed. The prevalence of anxiety is 13 percent for children ages nine to seventeen. Some experts believe the figures for depression in children are higher, that one in four will experience a serious episode before turning eighteen. Although antidepressant use has recently been declin-

ing because of warnings regarding children, antidepressant prescriptions doubled between 1998 and 2004.

"Many who wouldn't have gotten to an elite college before are getting here because they were treated when younger," observes Harvard's Kadison. "They need ongoing, intensive care," which not every school has the resources to supply. Many students fall apart given the looser environment, erratic sleeping patterns, and added stresses of college.

Although colleges are now reaping the Prozac payoff, college being what it is, they must also deal with Prozac rebellion. In many cases it is the real trigger for a depressive episode. A significant proportion of students attempts to go off their medication once they get to college. Many figure that now that they are out of the house, where problems first arose, their troubles should be over and they can manage on their own. "They think college will solve their problems," observes Rosemarie Rothmeier, director of student counseling at Austin College in Sherman, Texas. "They say, 'My parents were the problem.' Or, 'I had no friends before, but now I do.' They go off their medication, and indeed, they don't feel bad immediately. It takes some time for symptoms to return."

Others seek to escape the possibility that they may have to be on medication for the rest of their lives; they see medication as pathologizing what they are feeling. They think, "I want to be like everyone else." Still, David Mednick, co-director of counseling at Fairleigh Dickinson University in New Jersey, reports that his "biggest concern is the number of depressed patients needing medication who have not yet followed through filling a prescription. They do not like the idea of being on medication; they share the public prejudice against needing medication to feel well."

Still others slip back into depression surreptitiously. They fall prey to a more disorganized lifestyle and experience the return of symptoms because of disrupted dosing schedules. And then there is that stark fact of campus social life. "Many students stop taking their antidepressants in order to drink," reports Rothmeier.

Today, 14 percent of college students filling out their prematriculation health forms indicate they are actively being treated for clinical depression. That's *before* they get to campus. Many more are diagnosed on campus. When 134 colleges recently sponsored a depression screening day, 12,999 students showed up; 5,199 were referred for treatment.

One index of the upswing in depression on campus is prescription patterns. The number-one prescribed drug for college students is not the

birth control pill or an acne medication. It's Prozac. In second place are antianxiety agents, significant because depression and anxiety are now considered two faces of the same disorder. The number-three spot goes to all other SSRIs combined. Of two thousand students entering Harvard's student mental health system in 2001, more than one thousand were given prescriptions for one of four leading antidepressants. That doesn't count other antidepressants or prescriptions given to students by outside physicians. On average, over 25 percent of campus counseling center clients now take psychiatric medication, up from 9 percent in 1994 and 17 percent in 2000.

Prozac, however, turns out to be proxy for a number of problems. "It's an indirect indicator that lots of psychiatric illness is being treated on college campuses," says Morton Silverman, a professor of psychiatry at the University of Chicago, former head of its counseling services, and current senior adviser to the national Suicide Prevention Resource Center. Like many working in the college setting, he is more apt to use a diagnosis of depression than any other. The destigmatization of mental illness has proceeded only so far. "Depression is more accepted than schizophrenia or bipolar illness or personality disorder. It's still not okay to have a more serious psychiatric problem," especially among graduate students in law and medicine, for whom such a diagnosis might eventually pose licensure problems.

Spring Break(down)

April is the cruelest month. College counseling centers feel the crunch, giving a whole new meaning to "spring break." Students who put off counseling all year suddenly realize they're going home soon. "They're going back to the situation that made them crazy in the first place, or back to the abuser," reports Rivier's Graesser. Seniors flock in with anxieties about confronting the real world.

And there's a whole new rite of spring. It starts just after college acceptance letters go out. Parents call the counseling centers at the schools where their offspring have been accepted. "They say, 'My son or daughter has a serious eating disorder' or 'has been hospitalized for depression; what can you do to support them?'" reports Mark H. Reed, counseling director at Dartmouth College. They're footing the bill; access to mental health care is now one of the factors they weigh before writing a check.

In addition to handling more cases of depression diagnosed before college, counselors find that they are picking up many more new cases of depression in college. "There are increases in both undergraduate and graduate students carrying a diagnosis," reports Silverman.

"More students are coming to college predisposed to developing depression," he observes. There are more students with a family history of the disorder. And there are many more students with prior sexual and physical abuse, both of which increase the risk for depression. "The incidence of sexual and physical abuse was on the rise ten years ago," he says, "and that generation is now coming to college."

Many looked forward to college as a place where they could be free to get the help their families discouraged—or made necessary in the first place. Although many students come to college openly declaring experience with depression, large numbers do not make it known—until a crisis erupts. Reed worries "most about the students we don't see."

Cases of moderate to severe depression are rising also because depression often—and increasingly—co-occurs with other problems, such as alcohol and drug abuse and personality, eating, and anxiety disorders. The compounding of disorders renders conditions hard to treat and even suggests that some more fundamental disturbance is dysregulating numerous systems of the brain and body at one time. It may be that the seeds of disorder are sown early in development by the hormonal chaos of insecure attachment. In ways both subtle and profound, early experience shapes the neural pathways that underlie lifelong susceptibility to anxiety, depression, and personality disorders; it shapes their architecture, their excitability—and their responsiveness to later efforts at change. "We're seeing more depression because more other disorders are arriving and present as depression," explains Silverman.

Most college counseling directors confess to being surprised by the number of students turning out to have bipolar disorder. It typically presents dramatically, with an acute manic episode. "We are seeing more first episodes of mania every year," Silverman reports. "It's very disruptive. It generally means hospitalization for the student. The number of hospitalizations for psychological reasons is going up each year, and the percentage attributable to bipolar disorder has risen." In 2005, 366 campus counseling centers hospitalized a total of 2,462 students for psychological reasons, up from 2,210 in 2004.

The boom in bipolar disorder may be an outgrowth of too-liberal use of

antidepressant medication; antidepressants can stimulate mania. And it may also reflect wanton diagnosis of attention deficit disorder in schoolchildren. "It's difficult to tell the difference between ADD and bipolar disorder in kids," says Reed. "Lots of ADD turns out to be bipolar disorder."

The trouble is that the kinds of stimulants that work for attention problems, not to mention caffeine—that mainstay of college life—are precisely wrong for bipolar illness and can trigger a manic episode. "The first manic episode is related to a stressor, such as sleep deprivation," Reed explains. "Almost always some substance is also on board." He believes it is often an attempt by a student at self-medication.

Perhaps the clearest index of the campus mental health crisis is the weedy appointment calendar of a college counseling psychologist. The National Survey of Counseling Center Directors reveals that in one typical week, one college mental health counselor sees:

- 6 incest victims (2 suicide attempts)
- 3 drug and alcohol abuse cases
- 2 psychotic—on meds and supportive counseling
- 2 rape victims
- 1 physical abuse victim
- 2 eating disorder cases
- 2 depression following death in the family
- 1 schizophrenia in remission
- 1 child of alcoholic parent
- 1 married grad student with homosexual urges
- 3 traumatized by broken relationships

Drinking to Oblivion: Why Passing Out Is In

There is a September ritual every university faculty member and administrator has come to dread. "Every fall," reports John Portmann, assistant professor of religious studies at the University of Virginia and author of *Bad for Us: The Lure of Self-Harm*, "parents drop off their well-groomed freshmen, and within two or three days many have consumed a dangerous amount of alcohol and placed themselves in harm's way. These kids have been controlled for so long they just go crazy."

Students around the globe have long been known to bend an elbow,

and rare is the university without its share of brewpubs near campus. But the nature of student drinking has changed dramatically in recent years. Once a means of social lubrication, drinking has acquired a darker, more desperate nature. In the first two weeks of the 2006–7 school year, one well-regarded eastern university issued sixty "alcohol-related conduct violations"—in a freshman class of thirteen hundred. "The number is way up," said a vice president. "Something has changed. Something is going on in the high schools." The conduct violations primarily involved fist-fights, sexual assaults, and roommate conflicts. The administrator couldn't help noting that this was the brightest class the school had ever admitted, as measured by SAT scores, and their extracurricular experience was pretty spiffy, too.

Like the students who do it, the drinking today is highly goal directed, and the new goal in drinking is exceedingly blunt: to drink as much as possible as quickly as possible. Binge drinking is defined as consuming more than five drinks (four drinks, for women) at one sitting. Campuses nationwide are reporting worrisome increases in binge drinking over the past decade, with alcohol-related hospitalizations commonplace. A major football rivalry, with its party atmosphere, can send dozens of drinkers to the hospital with acute alcohol poisoning. Tied directly to the increase in alcohol abuse is a rise in violence on campuses. Its most significant manifestation is an increase in sexual assaults.

Alcohol is the drug used by most young people in America. Overall, more than 40 percent of collegians report binge drinking. In its 2005 survey of over forty-seven thousand students at seventy-four colleges, the American College Health Association found that 40 percent of students consumed five or more drinks in one sitting at least once in the prior two weeks. A total of 37.2 percent of students reported that as a result of their drinking, they did something they later regretted. And among the students who drank, 30.4 percent forgot where they were or what they had done. Binge drinking is rising fastest among girls, and they are especially drawn to alcopops, a kind of Kool-Aid with a kick. Alcopops are sweet, fruit-flavored drinks that hide the taste of alcohol—there are 1.5 ounces of spirits in every 12-ounce serving. They're marketed almost exclusively to the young and widely seen as a "girlie drink."

Since picking up a glass—and bending an elbow to bring it to the mouth—can impede the process of getting drunk, students have turned to technology to support speed drinking, relying on an external device to

leverage the efficiency of their efforts. Hence, their invariable party prop is the beer bong, about as blunt an instrument as you'll ever see—essentially a quart-size or larger funnel borne aloft, the outflow channel being a short hose that is inserted in the mouth. This crude device—trash technology—resembles nothing so much as an intravenous infusion setup. Nothing comes between you and your booze. You just have to open your gullet. You can hold the tubing aloft yourself and dance ecstatically while drinking. Or you might boogie up to a communal beer bong, whose large reservoir feeds multiple hoses at one time, and latch on. Some enterprising wag always manages to roll a large, portable multiuser beer bong onto the beach at spring break—you don't even have to be an engineering student to rig one up.

Of course, there's no law requiring the reservoir to be filled with beer; wine, alcopops, or hard spirits work just as well, especially for women, ever mindful of beer bloat. In Ann Arbor, Michigan, home of one of America's foremost research universities and its largest stadium, football Saturdays are famous. So is 914 State Street, site of the three-story beer bong—hung outdoors from a balcony via thirty feet of tubing—that is a frequent stopping-off point for students. The highly public nature of participation, often before a large gathering of bystanders, only serves as encouragement.

The beer bong might be the ultimate emblem of shifting patterns of student social life. One-on-one dating is a quaint relic of the 1950s. Socializing among the young today takes place primarily in groups. And large parties are far more frequent on most campuses—and off campus—than they used to be. Once confined to weekends, they now occur every night of the week on some campuses. Group socializing puts a great demand on social skills. Alcohol rushes in where social skills leave off.

The resemblance of the beer bong to an infusion apparatus goes beyond appearances. It totally obviates the need for voluntary action. You just have to be there. Intention is not even in the equation. Drinking from a beer bong removes the possibility of pausing even to think, "Should I order another?"—a step that, by comparison, now seems the social equivalent to soul-searching. This is not a case of judgment impaired. Judgment is circumvented altogether. By its very nature the beer bong holds decision making in contempt of the party spirit and evades it entirely. Once you latch onto the beer bong, gravity does all the work. The beer bong bypasses the brain. And in doing so, it disconnects you from your own self.

Beer bongs are not the only change in drinking patterns over the past decade. Hard liquor flows furiously, too, and most binge drinking now involves distilled liquor. "Power hours" are popular, in which students down as many shots as possible in a limited amount of time. And "twenty-one on twenty-one" is a new rite of passage; turning twenty-one is the occasion for a celebration in which you are given two hours to down twenty-one shots just after midnight on your actual birthday.

High spirits can quickly turn to dead spirits. The new desperation that fuels binge drinking is reflected in a rise of mean violence on campus. Binge drinking is strongly linked to sexual assault and rape. Each year, more than seventy thousand college students are victims of alcohol-related sexual assault or date rape. An estimated fourteen hundred college students die each year from alcohol-related injuries. That doesn't count the half-million students who are injured each year under the influence of alcohol.

After the party's over, students often come to class inebriated or hung over, if they get there at all. The heaviest drinking occurs, of course, on weekends, which now begin on Thirsty Thursday, but the effects increasingly hang over the whole week. In a 2002 survey of 772 Duke University undergraduates, researchers found that 51 percent of those who drank at all had had at least one blackout in their drinking lifetimes. Researchers were shocked to find that blackouts—a lack of memory of events that occur during a period of heavy drinking without a loss of consciousness—were so common. Members or pledges of fraternities and sororities are twice as likely as their non-Greek classmates to get drunk at least weekly, and are at significantly higher risk of being injured—falling out a window, getting burned—or injuring someone else.

The Duke study suggests that heavy drinking by students is not a pastime to wink at. Drinking prior to full brain maturation damages neurocognitive functioning in many ways—it impairs decision making in the executive center of the brain, boosting preference for short-term rewards and desensitizing people to long-term losses. But the most troublesome outcome of all may be that it especially undermines the structures that allow people to impose voluntary control over drinking in the future. Sure, it impairs learning and memory—and the adolescent brain is more sensitive to memory impairment than is the adult brain—but it also increases the risk of later alcoholism by close to 50 percent. "The Grim Neurology of Teenage Drinking," blared the *New York Times* headline, re-

porting that "47% of those who begin drinking alcohol before the age of 14 become alcohol-dependent at some time in their lives, compared with 9% of those who wait at least until age 21."

One popular cocktail is any kind of alcohol mixed with so-called energy drinks like Red Bull. But it packs a particularly mean punch. It significantly reduces the perception of impairment—without reducing alcohol-related deficits. The disconnect students experience between their perceptions and objective measures of their abilities may actually cost more of them their lives—because they believe they are unimpaired when they get behind the wheel to drive back to campus.

But why has binge drinking become such a serious problem only in the past decade? It has to do with the changing nature of social life, insists the psychologist Bernardo Carducci, a professor at Indiana University Southeast, where he is founder and director of the Shyness Research Institute. Students, he finds, increasingly lack garden-variety social skills, the kind acquired over time in repeated face-to-face encounters, first with adults and then with peers, the kind that breed sensitivity to others, the understanding of often-subtle interpersonal cues, and the ability to resolve conflicts. Heavy drinking has become the quickest and easiest way to get accepted. "Much of collegiate social activity is centered on alcohol consumption because it's an anxiety reducer and demands no social skills," says Carducci.

"Plus, it provides an instant identity; it lets people know that you are willing to belong." Whether it is your usual style of socializing or not, "everyone binges the first few weeks of college," reports a professional observer of student life who is not long out of college herself.

"You have this transition period," explains Carducci. "Anytime there is a period of transition, there is a period of uncertainty. And uncertainty leads to conformity; uncertainty makes us turn to others. When you're turning to others, when you're trying to affiliate, you turn to people who are most like you. And when you are uncertain, you are much more likely to be subject to social influence. People get you to do things so that you will feel like you fit in."

Social anxiety is so great among the young that it has given rise to the new custom of pre-gaming, the act of quickly consuming a large amount of alcohol even before going out to a party. "In college," reports Greg Moore of the University of Kentucky, "the students often find they cannot deal with conflict and are often anxious about social situations—anx-

iety they often treat by multiple shots of vodka before they head out the door."

Today's students drink, contends Joyce Bylander, provost of Dickinson College, because they are so fragile. "It's the fragility of today's students that creates the need for them to be medicated and anesthetized in some way with alcohol, to be able to be social, to be out there. It emboldens them to be on display in some ways; to have a certain numbness they are less self-conscious. But it also decreases their capacity for good judgment. They may think they're more open, but they are, in my opinion, more vulnerable."

The new patterns of alcohol consumption are fueling a "substantial increase" in students seeking treatment as a result of acts of violence, observes Isabel Goldenberg, head of student health at George Washington University. "Only a few years ago, this would have happened only two or three times a year. We feel it is linked to fewer coping skills, little experience in conflict resolution and little experience in community living. Alcohol is also a large part of this. Last year, through October, we had 36 hospital admissions for acute alcohol intoxication. This year we have had 76 admissions."

A veteran of three campuses, Bylander has "never had to hear a sexual assault case on any college campus I've ever worked where alcohol was not a party to the assault." She tells of the e-mail that "fell into our hands, in which a group of young men were describing a party they wanted to have. They wanted to make sure there was plenty of alcohol there and that the women got plenty of alcohol because, they said, 'it's the only chance we have for having sex with them.' Right off the bat that's a violation of the law, because the law says that women who are incapacitated by alcohol cannot give consent. If that's not predatory behavior, I don't know what is."

The shocker is, Goldenberg adds, that the more alcohol abuse among college students increases, the higher their test scores or GPAs. "Is this a function of increased intelligence, increased competition or increased stress? We don't know, but it means that as many of our schools become more competitive, we are selecting a higher risk population of students."

Binge drinking appears to go far deeper than group validation and stress relief. The psychologist Paul Joffe of the counseling center at the University of Illinois at Urbana-Champaign believes that students engage in binge drinking as a misguided, but readily accessible, way to put meaning in their

lives. From extensive interviews he has conducted with students, he contends that binge drinking is, at bottom, a quest for authenticity and intensity of experience. It gives young people something all their own to talk about, and sharing stories about the path to passing out is a primary purpose, a pathway to bonding.

The MySpace phenomenon has underscored the need to have a story to tell—and even show. Edward Spencer, associate vice president for student affairs at Virginia Tech, a man who spends a great deal of time around students, told me that “the enormous quantities of alcohol” so many students are increasingly willing to drink really mystified him—until he began sitting down and talking to students about it. “Students now see getting drunk as an opportunity to be onstage and tell your story on MySpace,” he reports. The performance element is a recent addition to the alcohol culture. “The binge is a moment to preserve on MySpace, a moment to tell people about. It’s an opportunity for intensification, preservation, and demonstration for others.”

In a world of the young dominated by text messaging, the need for story-centered narratives—even narratives of getting “wasted”—may be greater than ever. Still, it’s an inverted universe in which drinking to oblivion is the way to feel connected and alive.

Down on the Pharm

If alcohol abuse is a quick bulwark against anxiety over lack of social skills, students also have their own instant solution for feats of performance on demand—“pharming.” Students openly sell and share prescription drugs. Drug abuse is widespread—especially with prescription drugs.

There was a time not long ago when the most popular shortcut to success was CliffsNotes. Today the shortest path to achievement is Modafinil (a drug used to treat narcolepsy and other sleeping disorders). Or Ritalin or Adderall, prescription medications that act as stimulants and are widely used to treat attention deficit disorder. Students call them “study drugs.” They boost mental focus and sharpness.

CliffsNotes at least maintain the power of achievement squarely in the student. Drugs put the power of success on the pharmacy shelf. They work in the short term, making users feel sharper, but their long-term value is unclear. They totally disconnect students from their own sense of purpose or motivation. They may cause subtle—and possibly permanent—

disturbances in still-developing brains. But that isn’t their worst subversion; they keep students from developing skills of self-regulation. If you never have to confront your own demons of distraction, you never learn to subdue them.

The Social Fabric Unravels

The consequences of the mental health crisis on campus are far-reaching. The ripples can already be felt—and can be expected to influence life in America for years, if not decades, to come. Along with the military, the university is a major front line of cultural assimilation in America, the place where the increasing ethnic and cultural diversity of the population finds common ground and diverse groups become more or less integrated. What the university experience is about—implied by its very name—is providing and promoting a sense of community, shaping and molding a cohort as it prepares them to meet the demands facing their generation. It is supposed to be a place of face-to-face interaction academically and socially.

But college officials report that mission is, in the words of one, “getting challenging.” One major effect of depression and other mental health problems is to break down the sense of community. Depression is a disorder in which one of the most prominent and identifying symptoms is social withdrawal. Further, even when it isn’t manifest in clinical disorder, the perception of being under stress, so widespread on campus as well as off, discourages people from making the extra effort it sometimes takes to communicate effectively across differences of religion, ethnicity, gender, gender identity, or background.

Given its core population of those on the verge of adulthood, the university can be thought of as a leading indicator of societal and perhaps political trends. By this index, it’s not unreasonable to expect increasing polarization in years to come.

In 2004, there was a perceptible drop in interaction between students from differing backgrounds, according to the annual survey of incoming freshmen conducted by the Higher Education Research Institute at UCLA. Fewer friendships or study groups crossed any lines at all; 67.8 percent of the 300,000 incoming freshmen surveyed reported that they frequently socialized with someone from a different racial or ethnic group, down from 70 percent in 2001. What’s more, a growing number of

students appeared unlikely to have a diverse set of friends in college, with fewer of them expecting to socialize with people outside their own racial or ethnic group. This was the lowest percentage recorded since the question was added to the survey in 2000. Further, fewer students than ever care about promoting ethnic understanding: 29.7 percent in 2004, versus 46.4 percent in 1992.

Resignation, Not Rebellion

Marissa, the Yale we met in Chapter One, first became aware of how constricted her life was during high school. "I loved poetry and photography and all this 'weird' stuff. But I felt like I wasn't allowed to explore. I was typecast as the one who'd do the best on all the tests. I was class president, star lacrosse player. I didn't do it because I wanted to; it's just what everyone expected me to do. I had to get the best grade on the test because I knew everyone was expecting it. I didn't care. I played that game. It was like, 'Whatever . . . next.'"

Whatever. Marissa shrugs and delivers the expression that virtually defines her generation. Apathetic. Dismissive. Compliant. Without passion, affect, or energy. It's the sound of hostility and resignation rolled into one locution. It recognizes that their lives are regimented and directed by others—parents, coaches, pricey professionals hired to train them—but they don't see a way out. They don't have the courage to rebel or the skills to stand on their own. Because they've never had to grapple with the kinds of unhurried and unstructured experiences that breed coping strategies and resilience, they collapse when they encounter pressure, adversity, or simply unexpected circumstances.

Marissa just wanted someone "to ask me what I really loved or who I really was. No one seemed capable of that. I realize now that it was my fault. I should have screamed: 'Let me take photography.' But in my very competitive all-girls school you just didn't do that." She applied to Yale for early decision and "cried for three weeks afterward. I was so sick of having to excel and be this person that I just didn't want to be. I had a dream of dropping out and running around the country in this Jack Kerouac type of existence. I longed for a much more organic experience." For Marissa as for many, it took a breakdown to jump-start her sense of self, to give herself permission to abandon premed and start on more personally meaningful studies—and to develop a tolerance for human frailty.

Hanging on Through High School

Why is it that kids like Marissa who seem to do well through high school fall apart in college? (Hint: it has to do with the removal of external structure and routine, and exit from the programmed and protected cocoon of home.)

It's a mistake to think that today's college students are really just a bunch of privileged brats who've had it way too easy and merit little sympathy for their problems. Or to dismiss them because they are suffering from homegrown pressures to compete and perform, and the psychic stresses and social-emotional deficits engendered by such pressures. They do in fact have to prepare themselves for a world far different from the one most of today's adults emerged into. A constantly changing, anxiety-provoking, overstimulating, and, yes, more highly competitive world. The world impinges on these kids in ways generations before never dreamed of, and it has from an early age.

Moreover, not everyone is so privileged.

One psychologist told me of receiving a call from a daughter of privilege who had been a client while in high school. Now a freshman at college, she didn't like the food on campus. She prevailed on her parents to set her up in an apartment. All that was lacking was a letter from the psychologist authorizing the need for a move off campus into an apartment where the girl could live with reference to her own needs exclusively. The psychologist refused.

Isn't a university *supposed* to gather many people of many different backgrounds? And isn't half the challenge of college learning to live with others and discovering how strange are the customs and rituals of the little tribe your family represents? Is it a privilege to live alone off campus? Or a sentence to loneliness and depression? A refusal to learn social skills? An unwillingness to help her own cohort forge a common context for their lives?

I have talked to counselors and directors of campus counseling centers across the country. From every single one I heard horror stories of sexual and physical abuse and also a kind of privileged neglect—in the face of parental anxiety and overinvestment—today's students had been subjected to. But here's what confused me. A lot of the kids seemed to do

well enough in high school to get into some of the country's "best" colleges. How is it that kids who seem to be functioning well until college have difficulties once they get on campus? Aren't they survivors? Wouldn't they have developed resilience?

Not necessarily, says the psychologist Marie van Tubbergen of Ann Arbor, Michigan. Van Tubbergen spent a year of predoctoral internship at the University of Massachusetts, in its counseling and testing center. Sometimes, she says, the students are just holding things together until they get to college.

"I encounter this a lot among the traditional college student (age eighteen to nineteen at time of freshman year)," she told me.

My personal theory is that [in high school] students are able to tolerate an enormous amount of stress and family conflict because (a) they have no choice about where to live, (b) they have enormous external structure: school, family rules, et cetera, and (c) there is some sort of cognitive setup that believes that they just need to "get out of the house" or "be on their own" or "out of high school" and then they will be free of their problems.

Students survive brutal family environments in high school with the presumption that if they can just live it out, it will be over. Then they get to college, and after a couple of months or a couple of years they discover that (a) they do now have choices about where they will live and who they will see, (b) they have only their own resources to set/maintain a structure and routine to support them, and (c) their problems did not magically go away even though the reasons for their problems are not now part of their daily life. This leads to the terrifying insight that their problems may never "go away."

Van Tubbergen told me that she constantly hears "heartbreaking stories of abuse, neglect, and family conflict. These kids held it together in the belief that it would be over soon. Then they leave home and it isn't over. And there's nothing left to blame. They discover the emotional fact that if you leave the stimulus, it doesn't mean your problems are solved. And they experience sadness and rage. 'If it's over and I'm still unhappy, then it's just me.' Their family relationships affect all the relationships they are in now."

Suicide on Campus

Since depression is the single biggest risk factor for suicide, and since the severity of mental problems on campus is increasing, it might be expected that the number of campus suicides would be skyrocketing. But that is not the case, although a few highly publicized incidents at Harvard, MIT, and New York University have fostered a general perception that ivory towers are for jumping.

It is more likely that the social structure of college protects people in some way—or the traditional structure of college has in the past—and that colleges have been doing a pretty good job of keeping suicide attempts from being successful. The suicide rate is actually lower on campus than among same-age people outside.

"Suicide is not a good marker for the rise in mental disorders in colleges," insists the University of Chicago's Silverman. "Every suicide is a personal tragedy. But it's not a reflection on university policies or procedures."

Every suicide is also enormously disruptive to an entire campus. So counseling centers make a big effort to prevent problems by reaching out to students with programs of information. "We're no longer just 'mental health professionals,'" says Harvard's Kadison. "We're marketing directors, trying to figure out how to connect with students who might need our services." The only problem is that outreach programs, such as after 9/11, work too well. Where Harvard's mental health service was seeing 240 new cases a week in January 2001, it was up to 280 a week in January 2002.

MIT is still reeling from a suicide in 2000, when a young woman a month from her baccalaureate and entering a graduate program set herself afire in a campus dorm. Her family sued the university, on the grounds that parents should be notified if a student is suicidal, and the lawsuit, ultimately settled in 2006, was allowed to proceed against specific administrators and medical staff on the grounds that they should have prevented her death, inasmuch as they knew she was troubled.

"We can't do that," says Kadison. The trust that help seeking will be kept confidential, often particularly from their families, is what encourages students to come in in the first place. "The students are adults at age 18. We are all seeing suicidal students. We'd just be a switchboard calling families all the time."

For the year 2004, 366 campus counseling centers reported 154 student suicides, three-quarters of them among males. To the extent that it was known, 45 percent of the students were depressed, and 27 percent had relationship problems. Some 13.5 percent of the students were troubled by grades.

One chilling effect of the MIT lawsuit has been the adoption by some universities of mandatory leave policies for students who present a "serious threat" of suicide. But it's not yet clear whether such policies are legally and ethically viable, and they may conflict with federal disability and privacy laws. Nor is predicting who is at high risk of suicide, even among students with serious conditions such as bipolar disorder, an exact science. Schools are bending over backward to do all kinds of outreach on campus—online surveys of suicidal ideation, e-mail counseling, depression screening, stress-reduction clinics—in hopes of finding distressed students and persuading them to seek treatment before disorder declares itself in suicide. In 2005, Harvard even created a new administrative position, widely dubbed the "fun czar," to help students counter a "depressing social" scene and create a climate of happiness on campus.

Birth of the Blues: Age of Risk

What accounts for the increased vulnerability of young people to mental disorders today? Certainly, there has been no shift or drift in genetic makeup. More likely, many factors combine in ways subtle and overt to create susceptibility that becomes a headlock in the presence of performance pressures and the absence of very basic coping skills.

A major reason for the surge in serious problems on campus may be that college is the age of depression—along with many other mental disorders. Increasingly, mental health professionals recognize that depression, anxiety disorders, bipolar illness, personality disorders, and schizophrenia are conditions that first arise in late adolescence and young adulthood. Ages eighteen to twenty-five are now recognized as prime time for the eruption of mental illness, making college, with its concentration of eighteen- to twenty-five-year-olds, the prime place. Catching disorder quickly is critical, as early management strongly influences how illness plays out over adulthood. And so it is that in every imaginable way, colleges are the first, best hope for rescuing the minds of America's future.

A Cumulative Burden of Stress

Young people today do live in a far more complex world than their parents inhabited. That alone can set the stage for overloading abilities to cope. In the face of novel problems, the young are indeed on their own. There is no acquired or accumulated wisdom that their families can hand down to the next generation; there is no model of successful behavior for the kids to absorb at the breakfast table. The very thing they need most—the freedom to experiment and make their own adaptations to life as it confronts them—is largely denied them in their overcontrolled hothouse upbringing.

Today's college students have faced competitive pressures from an early age, and they are carrying a cumulative burden of stress. "It's more stressful to be a kid growing up these days," says Dartmouth's Reed. "These students experienced competition to get into kindergarten. They are on a treadmill, develop portfolios, and cultivate a few narrowly specialized 'areas of excellence' to get into the best prep school."

By the time they get to college, some lose their love of learning. "Many are on a treadmill with blinders," he adds. That does more than rob them of childhood. "Most of their self-esteem comes from a few areas of excellence. They fail to develop an internal system to sustain them in all environments." Like Marissa, "they've sunken under the weight of obligation at an early age."

It isn't the competitive orientation by itself that is so damaging. It's the *chronicity* of the competitive pressure that is most harmful. Competition per se can be good. It is energizing, mentally clarifying, a stimulus to peak performance. But even marathons are finite, and the regimen of preparation is reasonably clear-cut. Constant competition, on the other hand, is a chronic stressor. Like all chronic stressors, over time it depletes resources. Worse, it has its own direct negative effects. It is specifically damaging to centers of learning and memory in the brain.

For those students not at a first-tier college, the pressure, ironically, may be especially intense. "They really suffer a crisis in confidence about their future," observes Michael Doyle, head of student psychological services at Loyola Marymount University in Los Angeles. "They feel like they lost out already. So, many feel more pressure to succeed."

What's more, in previous generations, troubled students just disappeared from campus. "Now we're seeing the opposite end of the spectrum," says Austin's Rothmeier. "Parents have too much of an investment. They don't want students to take off time." She often encourages students to lighten their course load, especially if they are on medications. "But these are kids who are used to juggling. The suggestion to slow down is difficult to accept." They're afraid their transcript might be affected and that will put them at a disadvantage for graduate school.

Family Failings

Backgrounds of family dysfunction—even in economically privileged students—contribute to the increasing incidence and severity of student psychological problems. "More students have a family history of mental disorder," reports Silverman. "More have a history of sexual or physical abuse. And we're seeing more kids from troubled backgrounds." A disproportionate number of troubled students come from divorced families and received bad parenting, he says. "They lack the social skills to function in group settings and they lack affect-regulation skills, which make them volatile and act out."

Lacking a supportive family base, young people grow up unbuffered from stress—before they have learned how to handle it. Living in fractured families can lead to greater instability in their psychological lives. It's hard for young people to focus and define themselves if the ground is always shifting beneath their feet. "You have to have an internalized sense of stability to draw on when under stress," points out Linda K. Hellmich, staff psychologist at the counseling center of the University of Kentucky. "Otherwise you become overwhelmed and the bottom drops out."

For those coming out of abusive families, college presents distinctive internal challenges. "It's confusing," says Rivier's Graesser. Living with nonfamily, they suddenly realize "there's a whole other way of being in the world. Once out of the unhealthy system they get a good look at it for the first time. And they typically have crises around going home, beginning with just before or just after Thanksgiving. It's not easy for them to break free of a whole system of thinking that made it normal for them to clean up their mother's vomit after school every day."

Lite Sustenance

The big issue for most students is how to separate successfully from their families, moving from dependence to independence. That's a challenge under the best of conditions. It's especially difficult for the large number who never got what they needed at home or who suffered abuse or neglect at home—or whose parents remain overinvolved in their lives.

The current generation of students was completely formed by the culture of consumption. The means of gratification today's kids learned while growing up doesn't sustain them in moments of challenge or crisis, which are really developmental opportunities and require looking inward rather than outward or backward for solutions.

In addition, they are carrying a cumulative burden from the fact that adolescence begins earlier and lasts longer. In the media-rich world that today's kids live in, they are exposed to a lot of stuff before they have the cognitive and emotional tools to deal with it. For example, they no longer have to discover their sexuality; it's thrown at them from the time they sit in front of a television screen or pass a billboard while safely strapped into the family car. Not many know what to do with it.

Brain Drain

If there's one distinguishing feature of the current crop of college students—indeed, the current dynamic of college life—it is a lack of critical thinking, decision-making, and problem-solving skills, all skills located in the frontal cortex, the executive portion of the brain. These skills hinge on reflection, inner intellectual processes that include evaluating the relevance and validity of information, probing for more information where needed, analyzing and marshaling evidence, developing hypotheses, making reasoned judgments, assessing ambiguity, constructing arguments to persuade others (and ourselves), formulating inferences, calculating likelihoods, envisioning alternative strategies, generating new ideas. They are absolutely essential for analyzing problems and identifying solutions. They don't just operate in some disembodied intellectual sphere; there is, in fact, no such realm. They are the same skills required for maintaining

balance when the emotional alarm circuits of the brain are activated—say, when a student gets dumped by a boyfriend.

This is a generation that is used to excessive parental involvement in decisions, often via cell phone, unusually receptive to prescription remedies, and often conditioned to external rewards rather than contemplation. Their experience favors external solutions to problems—pre-gaming, substance use—rather than self-searching. Reflection is not promoted, or even valued, in their goal-directed, achievement-oriented young lives. The general lack of discussion and debate in classrooms on such formerly hot-button topics as, say, ethics is mute testimony of contempt for critical analysis.

Contemplation is a mental skill that, like all skills, must be cultivated and practiced. It both demands and builds the ability to regulate one's emotions so as to not get sidetracked by them—the ability to tolerate internal states. It requires concentration, the ability to focus attention and maintain the focus despite momentary unpleasantness or confusion of thoughts, a way to maintain objectivity about subjective experience.

There is nothing inherently wrong with the capabilities today's young have grown to acquire. It's just that they are not the skills most suited to identifying and removing mental stumbling blocks to happiness. And they may even foster them. Without well-oiled skills in reflection and the development of some mental discipline, there is no core sense of self to call on in a crisis, and it is easy to be overwhelmed by emotion. Given their impatience and intolerance for imperfection, they are sitting ducks for turning to alcohol, medication, or even cutting rather than navigating a tide of disappointment with self-analysis or confidence in their own brainpower to see them through.

There's No There There

Most of all, perhaps, they lack a sense of self. Or they are totally disconnected from themselves. The disorders of perfection from which many suffer—such as anorexia and bulimia—are signs they are driven by pleasing others and meeting the standards of others. Performance-enhancing drugs disconnect them even from their own success. In part they have no identity because they have no challenges to develop themselves on. Like Marissa, they feel empty.

Nil on Skills

With their narrowly specialized hothouse childhoods, many students today come to college lacking the very skills that would help them cope most effectively with whatever challenges they encounter. Counseling center directors cite widespread shortage of social and emotion-regulation skills among students.

"Kids need more connection to healthier relationships with friends and professionals," says the Chicago Art Institute's Behan. "Lots of students learned pathological ways of relating to others, not only in their families but in their peer groups. Healthy connections to others are for most students the primary way to work out their problems. Getting people connected is the solution to the isolation and loneliness students feel that precipitate their crises."

"Many students lack acceptance of internal events like sadness, anger and anxiety," says the psychologist Jacqueline Pistorello of the University of Nevada, Reno. Like others in her field, she sees such widespread problem behaviors as drinking and self-cutting as attempts by students to dissipate sadness, anxiety, and frustration. "I see large numbers of students who don't know how to handle anger," said one counseling director who didn't want his school identified. Such students may get particularly disturbed by a bad grade.

Diversity Can Be Daunting

Many universities today pride themselves on the diversity of their student populations and are unusually welcoming to students of many backgrounds. These may include immigrants from all over the world as well as minorities within the United States. Speaking across different cultures enriches the experience of college, a time of expanding minds. But it requires relationship skills at a moment when those seem to be in short supply.

It takes time for most students to make the intellectual, social, and cultural adaptations to diversity, and that puts a burden on students for which not everyone is equally prepared. Although such learning is critically important for the future of the country, it puts a special stress on negotiating differences among people with different views of social relations

and different degrees of social skills—a special stress at a time when they are making all their other adaptations to college, including being away from home. “Diversity is a big challenge,” reports one administrator. “The crossing of religious, ethnic, and racial lines is not as easy as we would like, and I’m talking about friendships and study groups, not dating. It takes effort and energy.”

Yes, it’s exciting to encounter people from all different cultures, says Christine M., a junior at Duke University. But “diversity puts more stress on negotiating differences. Different groups bring different ideas of how to make relationships work.” As a result, there is widespread failure of relationships—between the sexes as well as between races and ethnic groups—that is “a big contributor to unhappiness on campus.”

the widespread lack of social skills is compounded by a paucity of decision-making skills. It’s hard to know how to make decisions on your own if you’ve never been in a position to do so. “I see a lot of kids who are unhappy because they are making bad decisions,” Christine observes. “One girl, for example, was miserable because she was sleeping with forty different guys a month. But then they go to their parents, say they’re depressed, and wind up getting medication for their unhappiness without learning to make better decisions.” College does not provide close-enough models of successful adult behavior to learn from, she adds.

The Underground

Substantial as they already are, the problems currently plaguing students and taxing college resources may be just the tip of the iceberg. Students themselves point to a huge amount of mental anguish still underground. This may be particularly the case in the most elite schools. “In the atmosphere that is established at a competitive university,” says Sarah C., a graduate of one highly competitive university who received her master’s degree at another, “it is often difficult to express personal vulnerability.” And while suffering is almost always isolating, there is a particularly painful twist to it at the most selective schools. Students there compound their private pain by believing they are the only ones experiencing problems. “Indeed,” observes Sarah, a former peer counselor, “many students look around them and see others effortlessly finding success and happiness at college. And they feel as if they are the only ones who aren’t happy or who are having trouble finding friends or achieving academically.”

Once, students might have gained comfort from talking to each other. But today “the dorm community of a competitive university is not a ‘safe’ place to expose personal weaknesses,” she says. The climate is just too adversarial. Students even compete over their eating disorders, vying at the dinner table to see who can eat the least. Generally, however, students go to great lengths to keep their problems private. “In my opinion,” Sarah adds, “this has created a culture of suffering in silence.”

Here’s the irony: problems that get talked about with peers often get normalized and put in a manageable perspective. What’s more, talking among peers opens an opportunity for others to pass on helpful information in a casual way, as peers are likely to freely offer suggestions for handling issues they have also struggled with. At the very least, airing problems with peers can eliminate the sense of isolation that often encourages distress to fester and grow in the rich soil of silence.

You might think that college athletes have an automatic advantage in this regard; they play on teams and team camaraderie encourages sharing of problems. But athletes are now among the most distressed students on any campus and experience an array of pressures, including performance pressures, scholastic achievement pressures, the pressure to maintain a competitive weight—along with the cumulative burden of years of competition. And, as coaches find, they tend to keep their problems to themselves, until they’re in a crisis that visibly impairs performance—or keeps them from showing up at all for a scheduled competition or practice. Like the ivy-clad dormitories with rotting infrastructure invisible to even a practiced observer, today’s college athletes are not anywhere near as healthy as they appear.

A Generation Makes Its Mark—on Itself

Perhaps most puzzling of all the mental health problems on campus is the rise of self-injury—deliberate cutting or cigarette burning or other repetitive mutilation of body tissue. Cutting seems to be the most common type of self-injury. Cutters often use razors, utility knives, scissors, needles, broken glass—whatever they find—to make repetitive slices on their arms, legs, or other body parts. Some people burn themselves with cigarettes or lighters, others pull out their own hair.

Whatever the form, self-injury is making dramatic marks on campus life. Because self-harm is not a diagnostic category, data on its prevalence

are virtually impossible to come by. But there appears to be an absolute increase in its occurrence among the young. No one knows whether it's a sudden epidemic or has been rising gradually. There used to be a great deal of secrecy about such strange behavior. Alarmed at the rapid rise of campus incidents of self-harm, colleges themselves are focusing attention on the problem. "It has now reached critical mass and is on all our radar screens," says Russ Federman. In 2003, nearly 70 percent of college counseling center directors reported increases in cases of self-injury. Women are about twice as likely to engage in it as men.

It's highly disturbing for a student to walk into a dorm room and find her roommate meticulously slicing her thighs with a shard of glass or a razor. And it winds up becoming highly disturbing to the whole residential community: self-injury always mobilizes a crisis response, so that it can be distinguished from a suicide gesture. The self-burning or bloodletting has the outward appearance of a suicide attempt. Or a cry for help.

Self-harm is, however, the polar opposite of suicide—a gesture, bizarre though it is, that is highly functional and actually life affirming. It specifically enables people to cope—it's just that they don't know any other way to alleviate intolerable states of mind. "These students go about cutting their wrists or burning their hands very matter-of-factly," says one campus counseling center director. "It's the best coping mechanism they can come up with. Most are seeking relief from unpleasant affect."

Cutting and other forms of self-harm may well be the emblematic activity of the psychically shielded and overly fragile. The signature stigma of the psychologically stunted, self-mutilation, carried out in isolation, reflects the inability of the young to cope with or even to articulate the distress of intense negative emotions or numbness, or to speak out in many ways. It is, in short, the almost inevitable collision of limited problem-solving abilities and emotional dysregulation among those who have been deprived of their own self-authenticating experiences in the world.

In a random sampling of 3,069 students at Cornell and Princeton, conducted in the spring of 2005 over the Internet, 17 percent of them—20 percent of women, 14 percent of men, many of them graduate students—reported that they had cut, burned, or harmed themselves at least once in the course of their lives. The average age at first incident of self-injury was between fourteen and fifteen. But 41 percent of the self-injurers started between the ages of seventeen and twenty-two—most likely when they were already in college. This "increasingly popular method of regu-

lating distress," said the researchers, enabled most of the self-injurers to function well enough to go undetected.

Where Is the Self in Self-Harm?

How do I know I exist? At least I know I exist when I cut.
—Post on an Internet message board for those
who self-injure

Self-harm is a serious symptom, says Federman. An extreme one, even. But of what? "It isn't about taking their life," he says. "It freaks others out, and people are agitated by it. But rarely does cutting constitute imminent danger to the self. There's not usually suicidal ideation." Most often, self-destructive students are acting out problems of relationships, and incidents often follow an experience of personal rejection. "The primary reason for self-injury is emotional regulation," insists Pistorello. "These people do not have the safety of a trusting relationship, which is how one learns to regulate emotion. As a result they withdraw and use themselves."

A sense of searching for authenticity and self-validation runs through accounts of self-harm. Many women grew up in families where their own feelings were dismissed. Or they experienced sexual abuse and had no way of articulating their feelings of pain and shame. Cutting becomes a way to express one's self. Because so many young people are detached from their self, have been deprived of the kinds of experiences in which they might discover it or even trip over it, self-harm can be the way to anchor oneself, as the psychiatrist Keith Ablow puts it, "to some sort of reality—the reality of the flesh."

In another dark way, says John Portmann, self-harm may have positive ramifications. It spares others. "This is the first generation of adolescents to really mutilate themselves in significant numbers, males as well as females. Most people, especially guys, when they are frustrated harm others. It also is a continuation of narcissism. Part of the reason why we're in the midst of the wimp phenomenon is that young people are accustomed to thinking only of themselves, seeing themselves as the center of the universe. But when they get frustrated, instead of harming people around them, as people always used to do, their first thought is of themselves once again, and they harm themselves instead of the people around them, because they mean more to themselves than anyone else does."

A Dangerous New Remedy for Anxiety

Most people go to great lengths to avoid blood and pain; it's difficult to understand how harming can be constructive. A pure paradox, morally, biologically, psychologically, self-harm is simply baffling to those who've never done it. Self-mutilation is an extreme way of making inner distress visible, mainly to themselves. Those who have been most shielded from hurt harm themselves to feel real and alive. "When there is no feeling when you are dead inside, the pain, the blood, it proves I am alive. The blood is so red and beautiful and I can feel again," one cutter confided to British researchers.

"There's a euphoric element to it. It's an impulsive act done to regulate mood," observes Armando Favazza, vice chairman of psychiatry at the University of Missouri and author of *Bodies Under Siege: Self-Mutilation in Culture and Psychiatry*. "Those who do it want to live. They do it to feel better." It is, he contends, an extremely effective treatment for anxiety. People who do it report it's "like popping a balloon." There's an immediate release of tension. Students say, "The slate is wiped clean." It's not very different from the way people with bulimia feel after purging. Favazza says it provides rapid but temporary relief from feelings of depersonalization, guilt, rejection, and boredom, as well as sexual preoccupations and chaotic thoughts.

"It's basically a home remedy for anxiety, and a very effective one at that," adds Arthur Nielsen, a Chicago psychiatrist and an instructor at Northwestern University. Supporting the assertion that self-injury is on the rise is evidence that rates of anxiety are dramatically increasing and that average U.S. children today report more anxiety than psychiatric patients of the 1950s.

Driven to Distraction

There is definitely a cultural component to self-harm, Favazza insists, pointing to culturally sanctioned practices of self-mutilation such as body piercing and tattooing, even religious and cultural scarification rituals. The more acceptable body mutilation practices are in any context, the more likely they are to be used pathologically. Even divorced from cul-

tural rituals, the behavior is not new. Judy Garland, he says, was a "big-time cutter." Princess Diana admitted to episodically harming herself. "It was always around. The interesting question is why it is coming out of the closet *now*."

Physical pain helps people disconnect from intense emotional turmoil, says Federman, but the effect lasts only a few hours. Yet the physical pain becomes a way of giving objective reality to the overwhelming emotional pain or intolerable numbness. "As the blood flows down the sink," one cutter wrote in an e-mail to a British researcher, "so does the anger and the anguish. It's a way of transferring scars and wounds inside onto a visible object, in my case my arm (once my leg and once my chest). It's easier to deal with it on the outside and it's a way of communicating the pain within."

Not to be overlooked is the sense of power it confers. In a way, self-harm is all about control. "It allows people to take control of painful processes they feel are out of control," says Federman. For those who have been regimented and told what they want since birth, who have lived under the anxious scrutiny of their parents, and for whom the world has been painted a risky place, self-harm is a way to actively assert control over the domain of the body. It provides the illusion of control over themselves. "It's a way of persuading oneself that 'I can control my world,'" adds Portmann. What's more, those who cut usually control the information surrounding their act; they almost always keep it secret, and they usually wear clothing to hide the telltale scars.

Although most cutting is a highly private act, Favazza reports that he now knows of cutting parties—groups of girls who get together to cut in each other's presence. And some female students, he says, like to hang out with cutters. That has given rise to "pseudo cutters"—those who cut not to gain release but to belong to the group.

No Outlets Beyond the Self

No one is sure why self-mutilation was rare just a generation ago but seems commonplace now. "Forty years ago there were huge movements of social change students could act on," Federman points out. Today students are more inward-turning; the self is seen as the primary arena for action.

Here lies perhaps the ultimate paradox of scarification: self-harm re-

flects the inability to find something else to do that makes one feel more alive. Earlier generations sought meaning in movements of social change or intellectual engagement inside and outside the classroom. "But young people are not even speaking up or asking questions in the classroom," reports Portmann.

At least to some degree, the pattern of psychic unrest afflicting students today reflects a constriction of cultural outlets for anger and anxiety. Growing up in a consumer culture, young people are forced to focus on themselves rather than direct their energy outward to the world. "There is such a passivity to disorders such as self-harm and bulimia," observes Joseph Behan. "You have to ask, why are students not acting out more progressively to help society? Why are they not raging against the things that have neglected or abused them? There's no dialogue in the culture today for being socially focused."

The lack of cultural outlets for anger and anxiety "leads to things like self-cutting as a form of protest," says Federman. So constrained and stressed by expectations, so invaded by parental control, today's students have no room to turn—except against themselves. Their self-absorption makes it logical that they would use themselves as a stage of operations. Emotional well-being directly suffers when there are few distractions from egocentric concerns.

A Design for Dewimping

Favazza considers it imperative that self-mutilation be stopped as soon as it's discovered. Otherwise, the impulsive cutting can become more repetitive and take on a life of its own with addiction-like qualities. Episodic cutting may take place three or four times a year. But those for whom the impulse to cut has become more autonomous may cut themselves three or four times a week. Treatment of self-mutilation often involves psychotherapy plus antidepressants, which decrease the impulsivity behind most acts of self-harm.

But increasingly, the most effective treatment for self-harm is dialectical behavior therapy, a blending of Eastern and Western psychological strategies with an emphasis on the learning of emotion-management skills in both individual and group settings. "Dialectical" because it grapples with the fundamental paradoxes and contradictions of self-harm—and of life itself. It also recognizes that cutters are doing the best they can

to cope—but holds their toes to the fire to do more. It was developed by the psychologist Marsha Linehan at the University of Washington in the 1980s specifically for those who self-harm, and it has been applied to an expanding range of disorders ever since. In some ways, "dialectical behavior therapy" is a misnomer; it's much more than a therapy. It's a corrective worldview that sees the interrelationship of health and understanding, and views both not as static things but as ongoing processes hammered out through a continuous Socratic dialogue with the self and with others.

As much philosophy as psychology, dialectical behavior therapy sees self-harm as making perfect sense in psychologically constrained circumstances—a learned coping technique for unbearably intense and negative emotions among people whose very sense of self was somehow invalidated by earlier experience. Over the course of a year, it trains individuals to balance life's tensions and complexities as an ongoing, dynamic process that accommodates the constant flux of real emotions without getting overwhelmed by them. Mimicking the conditions of life, it teaches coping skills in a group setting, where people learn basic principles of asking for what they want, responding to challenges, and using negative feelings constructively rather than as a signal to shut down.

What is so remarkable about dialectical behavior therapy is that it is a veritable instruction manual for redressing the psychological fragility that characterizes the nation of wimps. It addresses a range of deficits that appears to be almost generational. In acknowledging complexity and contingency, in recognizing distress and pain as facts of life, in reducing confusion about identity, in teaching emotion-regulation techniques and interpersonal effectiveness, in its understanding of individuals in contexts, in balancing acceptance and change, self versus other, and thoughts versus feelings—in accommodating the nature of modern reality—dialectical behavior therapy aims to develop perspective and coping skills that so many have been deprived of. It is presented as a yearlong course requiring classroom interaction. Colleges would do well to transpose dialectical behavior therapy from the clinical to the academic, present it as a course in basic life skills, and require it of all new students.