



Breaking Through

WELLNESS NEWSLETTER

SPRING 2011

Signing Off

By Paul Welch, LICSW, Editor

This edition of *Breaking Through* will be the last one produced by the Wellness Center at FSU. Started in the Counseling Center in the Fall of 1999, *Breaking Through* was produced twice a year since then.

Our newsletter started as a way to reach those members of the college community who might be interested in reading about mental health and wellness topics and to give those of us who work here who enjoy writing an avenue to do that. Many of the topics we selected came from our work with students or from events that emerged from the world at large.

We hoped to both educate and console our readers by writing about topics that were relevant to the struggles students brought to our offices. Many times, students would come to the Wellness Center thinking that they were the only ones dealing with a particular problem. By writing about topics in a general way, we hoped to help students feel less alone.

We also wanted to offer practical help and hope through our writing.

Breaking Through topics covered the whole range of health and wellness topics, like coping with

depression and anxiety, eating disorders, and relationship violence. We also wrote about dysfunctional families, substance issues, gambling and internet addictions, and a wide variety of relationship issues and concerns. In an attempt to address the whole person, we began writing about physical health topics in recent years too, including what to know when having an STD check, coping with bedbugs, and flu-fighting 101.

Breaking Through was a collective labor of love. It could not have been produced without the dedication of many staff members and interns at the Counseling Center, Health Services, and the Office of Wellness Education. Regular contributors included Andrew Lipsky, Jeanne Haley, Marie Margulies-Ellias, and Pam Lehmborg and I thank each of them for their generosity of time and energy and for the gift of writing that they all share. *Breaking Through* would never have looked so good if it were not for the creative and thoughtful design ideas of Bonnie Lewis-Gentry, who painstakingly produced each edition and made sure that it got maximum distribution. Thank you also to Melinda Stoops who used her keen attention to detail to proofread each edition.

Though this will be the final edition of *Breaking Through*, please look for mental health and wellness topics on our website at www.framingham.edu/counseling. Many of the past editions of *Breaking Through* are also archived on that site. We thank those readers who took the time to give us feedback. We listened to you and the publication was made better by your suggestions.

We hope that we accomplished our goals of both educating and helping members of the FSU community to better understand mental and physical health issues and, to ultimately, feel less alone.

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Omnia mutantur,
nos et mutamur
in illis.

All things change,
and we change with them.

The following is the very first article to appear in our newsletter in the Fall 1999 edition. The topic is as timely and relevant today as it was over 11 years ago.

More Than Just the Blues

By Paul Welch, LICSW, Editor

We all get the blues from time to time. You know, those times when you aren't quite yourself, when you can't seem to get up in the morning with your usual vigor; when you just don't have the energy to do all that you need to do in the course of your day. Or you might have had an argument with a significant other, or done poorly on an exam, and you feel down, angry at someone or something, or at yourself. But then, sometimes miraculously, you feel better. Something changes or shifts and you're back to your old self again.

For some people, though, pulling themselves back from the blues isn't so easy. You feel sad, or mad, or irritable longer than others might. You might have trouble sleeping or eating. And it doesn't just last a day or two. It lasts for weeks or longer. And nothing you do seems to help. For you, and 17 million Americans like you, the blues become something else—clinical depression.

Symptoms of Depression

People who experience clinical depression might have several of the following symptoms that might last for a period of a few weeks or longer.

- Persistent sad, anxious, or empty mood
- Loss of interest or pleasure in activities, including sex
- Irritability or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, and pessimism
- Problems with sleep or appetite
- Decreased energy or fatigue
- Thoughts of death or suicide
- Difficulty with concentration, memory, or making decisions
- Chronic aches and pains

Some people may become depressed because they are experiencing acute or chronic stress, and may feel there is no way out of their particular situation. Other people may be genetically predisposed to becoming depressed if, for example, they have a parent or close relative who suffers from depression. Others may experience symptoms of depression as a result of medical conditions such as thyroid or neurological problems, diabetes, heart disease, or cancer. It is important to rule out any kind of medical problem in determining if you might be depressed.

Medication May be Helpful

Okay, so you might be depressed. Now what? Well, the

good news is clinical depression is treatable. People do get better. Antidepressant medications have been used since the 1950's and research has gotten even better in the last ten years. Medications such as Prozac, Zoloft, and Paxil target a brain chemical called serotonin, helping many people feel less depressed, less anxious, and less angry. Other medications such as Wellbutrin and Effexor target other brain chemicals and seem to have similarly positive results for many people. Some people are trying an herb called St. John's wort in combating their depression.

Learn Coping Strategies

In addition to medication, psychotherapy is usually recommended to help people try to understand the underlying causes for their depression. The goal of therapy might be to help you think about your problems differently, discuss ways to increase your social and emotional support, or learn new coping strategies to better manage the stress that may be triggering the depression. Of course, maintaining good nutrition and getting regular exercise also helps people manage depression better.

Whatever you try, it's important to know you are not alone and you don't have to suffer. When you've got more than just the blues, getting the right kind of help is just what the doctor ordered. If you, or someone you care about, is struggling with depression, call the Counseling Center for a consultation. It could turn your life around.

“Who are you?”
said the Caterpillar . . .

“I hardly know, Sir,
just at present,”
Alice replied rather shyly,
“at least I know who I *was* when I
got up this morning,
but I think I must have been
changed several times
since then.”

LEWIS CARROLL
Alice's Adventures in Wonderland

The following article appeared in the Spring 2009 edition.

Cognitive-Behavioral Therapy

By Andrew Lipsky, LICSW

If you were asked to raise your hand or tap your finger, you could easily accomplish this task. If you were asked to create a mental image of a spoon or your favorite TV character, once again, you could do this easily and quickly. However, if you were asked to experience an emotion within such as anger or excitement, this would be more difficult. It would require you to think about people, situations, and past feelings to summon these emotions.

You can exert control over your behavior and your thoughts, but controlling your feelings without thought or action is impossible. How we interpret situations and events and assign them meaning determines how we feel. This is why when someone tells you that “you shouldn’t be angry”, “don’t be sad”, or asks “why aren’t you happy?”, it is absolutely frustrating, because we can’t change how we feel on command. However, we can change how we feel and our general mood over time if we interpret situations differently, and react differently. This is a central premise of cognitive-behavioral therapy, often called CBT.

CBT is not the process of spreading sunshine in your life to make things look better, and therefore it is not a “power of positive thinking” strategy. CBT can shed light, as it can demonstrate the power of realistic thinking, and categorizing situations more clearly and accurately. For example, let’s say you have just woken up at 8:35 AM for an 8:30 class—a class with a professor who is well known for a strict attendance policy. In addition, the professor mentioned that students might be well advised to not miss this particular class. You immediately think you have messed up, and suddenly your stomach feels a bit uncomfortable and your heart races for a moment until you quickly catch your breath.

How you perceive this situation will be based on your own past experience, including your observations of how others have handled adverse situations. You may “predict” the future by thinking that the professor will humiliate you if you show up late for class. You may call yourself a “slacker”, or label yourself as “lazy”. You may generalize by saying that you always mess up somehow. You then start feeling guilty and note that you should’ve woken up and gotten yourself to class. You then feel anxious, down, and guilty. The thought of going to class makes you feel even more anxious, so you try to stop thinking about it.

This causes you (and many students) to skip class and to temporarily feel better—but soon your anxiety increases because you know you have not dealt with the situation. The problem is still a problem. This is how thoughts, feelings, and behavior are intertwined.

CBT does not advocate the notion of simply saying this situation will turn out fine. In fact, there might be consequences for having shown up late. However, one might alternatively

think, “OK, I have made a mistake, but it would be in my best interest to go to class...and even if I am not allowed in, I will apologize and speak with the professor after class so that they know I am invested in the class. This will be my best course of action for getting back on track and knowing exactly where I stand with the professor...and next class, I will set two alarms!” You don’t feel great, but you feel a bit less anxious, and more confident about your next move. You probably feel a bit anxious as you open the door and set foot in the class, but after dealing with the situation, your anxiety is diminished and your mood elevates. You have now cleared a path toward solving your own problems.

CBT has proven itself over almost four decades of research. It has been found to be as effective as medication for many non-psychotic mental health problems, such as depression, anxiety, panic attacks, obsessive-compulsive disorder, post-traumatic stress disorder, bulimia, and insomnia. It also is a shorter-term treatment in comparison to psychoanalysis, which reigned supreme in the psychotherapy world for decades prior to the 1980’s and required people to attend one to five weekly treatment sessions for years. While there are other shorter term therapies that have shown promise, CBT has been the most rigorously researched, and has been found to be an effective therapy. Almost all therapists use some tenets of cognitive therapy within their practice.

CBT is a collaborative therapy, and is in no way a mysterious process. Counseling Center staff utilizing CBT strategies will be asking about your thoughts, feelings, and behavior, and will be open with you about their thoughts and questions about your situation and issues you present. They will attempt to identify the thought patterns that may be creating problems for you, and working together, you may discover why this might be so, and how to go about making positive changes in your life.

While CBT has been proven to be an effective therapy, feeling comfortable with your counselor and your own motivation to achieve the goals you desire are highly predictive of you having a positive, useful experience in therapy.

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We can change how we feel and our general mood over time if we interpret situations differently, and react differently.

The following article appeared in the Fall 2003 edition.

Stretching Your Body & Mind

As the majority of people reading this article likely know, college can be a time of significant stress. In addition to the stress presented by the demands of classes (i.e., homework, tests, presentations), there are numerous other stressors that present themselves along the way (e.g. sharing a small living space with another person, relationship difficulties, being away from home).

*Exercise has
the power
to boost our
emotions, too.*

Unfortunately, many of us respond to stress by engaging in behaviors that often lead to increased feelings of tension. These ineffective coping strategies can include: decreasing hours of sleep (to cram for a test, catch up on overdue work), increasing caffeine intake, eating more, smoking more, drinking alcohol or using drugs, and trying to avoid the source of stress. As a result, we may end up feeling even more stressed or

discover that short-term solutions lead to larger problems.

The good news is that there are many positive ways of responding to stress or anxiety. One of these methods is exercise. The Surgeon General reported that, in addition to providing a number of physical benefits, exercise promotes psychological well-being and decreases the experience of depression and anxiety. In addition, there is evidence that exercise may also be an effective means of dealing with other mental health issues (Cooper, 2002).

Exercise appears to have an immediate positive effect on mood and attitude and can lead to a feeling of relaxation. Research has not only demonstrated that 20 to 40 minutes of aerobic exercise can improve mood, but has also found that this positive effect can last several hours after the person has stopped exercising (Nor-

den, 1996). Non-aerobic exercise, such as lifting weights, also appears to have a positive effect on a person's mood.

So, those of us seeking a healthy way of dealing with stress may want to consider exercise. It can be low-cost, require little (if any) planning, and has numerous physical benefits. There are a number of options here on campus: check out the new fitness center, join an intramural team, or go for a walk. And, you don't have to do this alone. Grab a friend and you can de-stress together.

References

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Physical Activity and health: A report of the Surgeon General, retrieved October 2002 from <http://www.cdc.gov/nccdphp/sgr/sgr.htm>

The following article appeared in the Spring 2007 edition.

Health Matters

By Ilene Hofrenning, Director of Health Services

Safer Sex

Closeness, touching and intimacy are good for your health. Many college students are sexually active, some in long-term committed relationships, others with more than one partner. If you choose to become sexually active, consider your health and peace of mind by practicing "safer sex." Safer sex means being intimate, but using measures that minimize the risk of sexually transmitted infections (STI's). Not having sex is the only sure way to eliminate the risk for STI's. Caressing, hugging, kissing, and masturbation are extremely low risk practices, as well as limiting your sexual contact to one person your entire life if your partner is also monogamous and does not have an STI.

How you can reduce the risk of contracting an STI

- Use a latex or polyurethane condom every time you have vaginal, oral, or anal intercourse.
- For oral-vaginal or oral-anal sex, use latex dams. These are latex squares, and act as preventive barriers.
- Don't have sex while under the influence of alcohol or drugs. (It can cloud your judgment.)
- Discuss a new partner's sexual history with him or her before beginning a sexual relationship. This isn't always easy, but you might start the conversation by saying "Can we talk about sex?" That will surely get your new partner's attention!

Health Services has free condoms available in our waiting room. If you have questions about condom use, safer sex, STI's or are interested in being tested for STI's, please stop by and talk to one of our nurse practitioners. We can do testing for most STI's in Health Services, located on the first floor of Foster Hall, the Health and Wellness Center. Please call 508-626-4900 if you have questions.

Paul Welch published the first Counseling Center newsletter in the fall of 1999 and then, in the spring of 2007, expanded Breaking Through to include Health Services and Wellness Education, making it truly a wellness newsletter. For over 11 years, Paul has provided the inspiration and creative energy for every single edition, often writing articles as well as editing. He encouraged all the staff to participate and because of his efforts, we created a publication to be proud of.

Thank you Paul!

- from all the staff of the Wellness Center