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Anxiety and the Post-Modern Student

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By Anne E. Figert

When I first started teaching at Loyola University Chicago over 26 years ago, the only times I heard the word *anxiety* had to do with math or science anxiety. As educators, we felt equipped to fix any math and science anxiety that impeded our students' learning. But what about general anxiety or depression that goes beyond impeding learning and affects all aspects of the students' life? How do we help our students with something we are usually not trained to identify, much less "fix"?

Experienced educators now know much more about their students' mental health as a result of the 1990 Americans with Disabilities Act and educational accommodations which have resulted from student 504 plans and Individualized Education Programs (IEPs). This is a good thing. Accommodations related to physical conditions, such as blindness or hearing impairment, are not questioned. When it comes to mental health, however, health conditions are stigma-

tized: questions arise about whether or not it is really a health or medical condition. I, for one, am happy to provide these mental health accommodations.

I am a medical sociologist who studies medicalization, how everyday health or bodily conditions are made into medical conditions or disorders. The most common medical diagnoses I hear about in my work, as a professor and chair of a department, are ADHD, anxiety, and depression, which have all increased in numbers recently. But are these increases due to the increased medicalization or to an overdue social recognition of real suffering? Are we seeing increased numbers because of greater awareness of mental health conditions or is there a real increase in the number of people with mental health conditions? I say "yes." In other words, there is no easy answer because you cannot separate the two. There is an old adage in sociology, called the Thomas Theorem, which holds that if people define things as real, they

are real in their consequences (see T*he Child in America: Behavior Problems and Programs.* W.I. Thomas and D.S. Thomas. New York: Knopf, 1928).

So what is happening to our students today? Anxiety has replaced depression as the number one reason that students seek mental health services. Are we equipped to deal with this in our classes and on our campuses generally? What happens when we try to fix with very limited campus resources rather than understand and accommodate? We can start by understanding our students' social, cultural, and economic conditions and the social pressures they face.

For example, my daughter texted me recently that her high school was on "lockdown," which caused all kinds of anxiety for me as a parent. But for the 2,500 students, teachers, and administrators on "lockdown" it must have been awful. Later, she told me that she was scared and did not want to return to school after spending an hour in a dark classroom and huddled in the corner. I did not blame her. This was not the first time this has happened to her. Three days later another school shooting occurred (in Florida, Texas, Maryland … pick a week, any week).

The long-term effects of violence or the threat of violence on our students are horrendous, and are long lasting: They endure and can recur over a psychological lifetime. When I was my daughter's age, we were engaged in duck-and-cover drills in case the Soviets decided to drop nuclear bombs on us. But this was the occasional Cold War anxiety and didn't interfere to great lengths with my daily life: We weren't worried that another student was going to shoot us. I grew up in Texas, where guns were omnipresent, but I never thought to have a daily worry about being shot by another student. Today, I teach in classrooms where the computers are configured with panic buttons; instructions on the walls alert us about what to do in case of an active shooter; and special door jams prevent entry. I am anxious, too, as a professor.

Traditional-aged students today are the post-Columbine generation. Think about it. The date of the Columbine tragedy was April 20, 1999, the year college freshmen were born. There have been over 200 school shootings since then. This is also the social media generation, or iGEN. Social media platforms such as Facebook (2004), the IPhone (2007), Instagram (2010), and Snapchat (2012) were developed when our current students were preteens or teens. Our nontraditional students may have been some of the first users. Creating a social media persona, making sure that the others see you having a good time, and the pressure to keep up your "streaks" daily all contribute to an anxious generation for everyone to see.

Finally, students are anxious about the high costs of Jesuit higher education. I would like to address the costs of higher education today, especially in Jesuit higher education. At Loyola

University Chicago, undergraduates without financial aid see a total bill of over $60,000 a year. Many students with merit and aid are still working year round in addition to attending school. Without the job, they cannot attend school. Without attending school, they may not get the lifestyle they aspire to or grew up with. Students are coming to us tired, anxious, and depressed, and that is a place to start for all of us. Throw in students of color, nonbinary or cisgendered, and students who have been sexually assaulted and of course you will continue to see high rates of self-harm, hospitalizations, anxiety, and depression.

So what can we do? Recently, *The Chronicle of Higher Education* published a series of articles and videos on the rise of anxiety among students using data from the Health Minds Study of college students. In addition to *The Chronicle's* suggestions, my students have stated that knowing that someone at the university cares is important. It can be little things for you such as a simple email following up with that student who has not shown up for a week to classes. This may be the lifeline that they need. Trusting that you as a caring faculty member won't yell at them, they may tell you that they need help. This is hard. You were not trained for this. But fol-

lowing up and being understanding go a long way. I have even walked students over to the Wellness Center. I am not a therapist, but I can be understanding. When a student had a panic attack in one of my classes over giving an oral presentation, I adjusted my expectations to help them achieve the pedagogical goals of communicating their survey results.

Someone showing concern – simply listening – can make all the difference. You can't "fix" things, but you can ask, "What can I do to help?" Other pedagogical suggestions include finding alternatives or multiple measures of class participation, making smaller assignments instead of one big term paper or killer final, giving extensions on tests or papers without requiring the elaborate doctor's notes, and just being approachable or non-stigmatizing of mental health. None of these suggestions are rocket science, but all of these suggestions lead us to practicing the Jesuit value of *cura personalis*, care for the entire person, their bodies and their minds. We need to make that a practice and not just a marketing slogan.

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Available Resources:

Education and Data:
The Health Minds Study is an annual web-based survey study examining mental health, service utilization, and related issues among undergraduate and graduate students. Since its national launch in 2007, HMS has been fielded at over 180 colleges and universities, with over 200,000 survey respondents. Consider enrolling your college or university in this to find out more about your students and their needs.

Reducing Stigma:
Active Minds is a non-profit organization that works through student led chapters on over 400 college campuses to increase awareness and destigmatize mental health issues. If your college doesn't have a chapter, consider working with students to sponsor one.
http://www.activeminds.org/about

Bring Change to Mind is a non-profit founded by the actress Glenn Close that is working with professors, scientists and students to reduce the stigma concerning mental health on high school and college campuses.
https://bringchange2mind.org

Where to get help:
In addition to your own campus wellness center, there is help for students online:
https://adaa.org/finding-help/helping-others/college-students/facts#

National Suicide Prevention Lifeline Call 1-800-273-8255 Available 24 hours everyday

Advocate for changes in higher education:
http://www.apa.org/advocacy/higher-education/mental-health/index.aspx