

# Psychological Challenges of Students in Higher Education

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An increasing amount of attention is being directed to the transition to higher education as experienced by traditional-age and adult students. It is a movement that incorporates a great deal of stress and challenge. Although some students are able to experience this transition as a challenge to personal growth, other students are overwhelmed by the changes and experience emotional maladjustment and depression.

Issues of adjustment and general development require persistent attention by campus professionals due to the immediate relevance to college success. Complex psychological histories often underpin these problems, further complicating treatment. These difficulties are often present as inefficiencies in coping with familial separation, time and stress management. basic study techniques, goal setting, relationship formation, handling emotions, and self-esteem crystallization. Personal, academic, social, and professional success depend on the student's ability to manage these aspects of their lives.

## Family Dynamic

Families in the United States are experiencing significant stress and functional discourse marked by unparalleled changes in family structures. The home environment for many young people represents a place of instability and emotional upheaval where security, caring, and nurturing are depleted or nonexistent. Separation divorce, death, or abandonment removes one or both parents from the family. The lack of attention and affection that may accompany such change adversely impacts children. Subsequent emotional and financial difficulties of a single parent household further strain the family dynamic.

Substance abuse: domestic violence: emotional, physical, and sexual abuse: and mental illness plague some families. At an alarming rate, young people enter higher education with dysfunctional family backgrounds that evoke stress and trepidation in students. For children of alcoholics, for example, the college social climate that is impressed by alcohol use produces significant anxiety as the student grapples with the personal and familial implications of watching and participating in drinking practices. It is imperative that schools recognize the existence and impact of family discourse and childhood trauma on students, and provide them with the support necessary to enable them to cope with their situations and succeed within the collegiate environment.

## Depression

With a lifetime prevalence rate of 17 percent in the general population, a significant number of men and women suffer from a clinical episode of depression at some time in their lives, according to Chris Segrin and Jeanne Flora in 2000. An estimated 7 million women and 3.5 million men can be diagnosed with major depression in the United States: similar numbers are diagnosed as experiencing dysthymia, or minor depressive symptoms. College students are twice as likely to have clinical depression compared to people of similar ages and backgrounds in the workforce, according to Wayne A. Dixon and Jon K. Reid in 2000.

Depression manifests in varying degree from general symptomology to a clinical disorder. Symptoms occur in four general domains of human functioning: emotional, cognitive, physical, and behavioral, with mood disturbance being the predominant feature. Typical symptoms of depression include a change in appetite or weight, sleep, and psychomotor activity: decreased energy: feelings of worthlessness or guilt: difficulty thinking, concentrating, or making decisions: or recurrent thoughts of death or suicidal ideation. Anhedonia, or a loss of interest in activities that were once considered pleasurable, accompany social withdrawal. Depression is a risk factor for a number of other negative health outcomes including diminished immune function and poor illness recovery.

Depression constitutes a problem of enormous personal and social significance, and its impact on American college students is indisputable. Depression interferes with intra- and interpersonal processes, academic and social integration, and retention. Some depressed individuals may evince a hostile, uncooperative, and self-criticizing interpersonal style eliciting negative responses from others. Poor social skills and social

acuity are thought to make people vulnerable to the onset of depressive symptomology and other psychosocial problems pursuant to the experience of negative stressful life events.

### **Eating Disorders**

Typically developing between the ages of twelve and twenty-five, eating disorders are a life-threatening reality for 5 to 10 percent of American women and girls past puberty. An estimated 64 percent of college women exhibit some degree of eating disorder behavior, a situation that pushes the body image issue to the forefront of concern in higher education. Although most people diagnosed with anorexia or bulimia nervosa are women, men also suffer from these disorders.

Problematic eating behavior is best conceptualized on a continuum that illustrates the range of eating behavior from normal to weight-preoccupied to chronic dieter to subthreshold bulimia/anorexia and full bulimia/anorexia. Compulsive dieting and overeating behaviors fail to meet the clinical criteria for a label of disorder. These practices, however, often intensify and reach eating disorder status.

Eating disorders stem from a complex interaction of biological, psychological, sociological, spiritual, and cultural factors. American culture's emphasis on thinness and physical beauty, the prevalence of dieting, myths about food and nutrition, and perfectionistic expectations contribute to this growing problem. Eating disorders often start when an individual experiences a major problem and feels helpless and out of control. It is not uncommon for a student suffering from an eating disorder to report a personal or family history of eating or mood disorders. They typically possess a character profile of achievement-oriented personality, low self-esteem, and drive for perfectionism. Obsession, loneliness, anxiety, depression, guilt, fear of sexual maturation, and feelings of inadequacy are psychological correlates often associated with problematic eating behaviors.

### **Substance Use**

Alcohol, tobacco, and other drug use on college and university campuses poses tremendous concern for parents, students, higher education professionals, governmental officials, and the general community. No school is immune to substance use and resulting adverse consequences. Alcohol, tobacco, and marijuana are the most commonly used drugs on college campuses, but this use encompasses drugs or varying forms including amphetamine, caffeine, cocaine, hallucinogen, inhalants, opioid, phencyclidine, sedative, hypnotic, anxiolytic, steroids, and poly substances. An essential feature of substance abuse is a maladaptive pattern of substance use leading to recurrent and clinically significant impairment or adverse consequences. Substance use and abuse are characterized by noted inefficiencies in life functioning, impaired relationships, high-risk behavior, and recurrent legal troubles. Substance dependency emerges from repeated use of the substance despite significant problems related to its use.

Substance abuse appears to be etiologically linked to "complex interactions of genetic predisposition, psychological vulnerability, and sociocultural influences" (Archer and Cooper, p. 77). Extensive family history of addiction, poor self-esteem, negative emotional orientation, and few coping skills actively play a role in substance dependency. Skewed perceptions of social norms, peer values and behaviors, and pre-college substance use influence a student's use patterns. Many students who abuse substances are unready to recognize how their life is being adversely affected by their use, and believe substance use to be a part of normal development and experimentation.

The negative effects of student substance use are not campus centered, and impact both the campus and wider communities. Substance use is associated with increased absenteeism from class and poor academic performance. The majority of injuries, accidents, vandalism, sexual assaults and rape, fighting, and other crime on- and off-college campus are linked to alcohol and other drug use. Unplanned and uninhibited sexual behavior may lead to pregnancy, exposure to sexually transmitted diseases, and HIV/AIDS. Driving under the influence, tragic accidents, alcohol poisoning, overdosing, and even death from accidents, high-risk behaviors, and suicide carry tremendous, life-threatening implications for all involved. Tobacco use is associated with severe health risks and illness, physical inefficiency, and even death. Fires caused by careless smoking practices place all students at risk.

Students who abstain, use legally, or use in moderation often suffer secondhand effects from the behaviors of students who use substances in excess. Nonbinging and abstaining students may become the targets of insults and arguments, physical assaults, unwanted sexual advances, vandalism, and humiliation. Sleep deprivation and study interruption results when these students find themselves caring for intoxicated students.

## Other Psychological Disorders

Summer M. Berman and colleagues estimated in 2000 that 37 percent of Americans between the ages of fifteen and twenty-four, many of whom are college students, have a diagnosable mental illness. The fact that the age of onset for many major illnesses is the years from eighteen to twenty-four, the range in which most traditional-age students fall, further complicates the matter. Higher education must realize that a large percentage of college students are, or will be, affected by mental illness. These disorders range from mild and short-lived to chronic and severe, including such illnesses as depression, anxiety, schizophrenia, and bipolar disorder, and appear at varying rates on campuses.

The early-twenty-first-century student brings a set of experiences and personal and psychological problems that may predispose them to mental illness. It is not unusual for a college counseling and mental health center to diagnose students with anxiety, mood, eating, impulse control, personality, substance-related or other mental disorders. Students may enter college 'with challenges originating from learning, attention-deficit, and disruptive behavior disorders that are first diagnosed in infancy, childhood, or adolescence. Dual diagnosis further complicates students' social and academic integration and success.

If detected, most mental illnesses are treatable or manageable, allowing the individual to proceed effectively through life's daily routines. Unfortunately, many cases are not diagnosed or treated, and the consequences for the college student are life altering. Many students diagnosed with mental illness withdraw from college before earning a bachelor's degree; however, with proper attention and support they may have been successful in the collegiate environment.

## Campus Services

The services that institutions provide to address students' personal and psychological problems depend heavily on the school's philosophy, available resources, and campus need. Colleges and universities of all types should develop and implement confidential services that span multiple policy arenas in order to sufficiently address these problems. Creating partnerships with various facets of the institution, such as the college counseling and mental health center, student health services, women's center, learning center, spiritual and religious organizations, and other associations, expands the scope of programs offered and students affected.

Comprehensive initiatives that incorporate the domains of psychotherapy, treatment, prevention, outreach, academics and learning, and career, enable institutions of higher education to sufficiently ensure that services are meeting the diverse personal and psychological needs of students. Individual, group, couples, and children and family counseling opportunities address issues related to family, relationship, and personal dynamics. Psychological, neuropsychological, alcohol and drug, and career assessments provide information necessary to better serve the student. Colleges and universities also disperse self-help and educational materials as well as employ standardized programs and interactive computer systems. Schools may outsource counseling services or develop a referral system to direct students to services offered in the community. Connections with twelve step and support groups within the community further assist students. Outreach within and outside the campus enables schools to educate society about the issues surrounding personal and psychological problems and programs.

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