

MY MEDICATED STUDENTS

I'm not that kind of doctor.

By Lee Burdette Williams

I AM NOT A MEDICAL DOCTOR . . . but sometimes I think I sound like one.

"What exactly do you take? What's the dosage? When did you last take it?"

It's August 22, and I watch as my students—new, shiny, incoming first-year students—and their parents unload vehicles full of electronics, clothes, books, linens, and all the other things a first-year student in the year 2004 believes to be absolutely necessary to collegiate success. Hidden among the boxes or perhaps tucked in a purse, there may be a bottle of pills: Prozac, Zoloft, Paxil, Adderall, Celexa, Parnate, Ritalin, Ativan, Equinal, Cylert. Our university's researchers tell us that at least 10 percent of new students entering college are taking medication to manage depression, anxiety, or attention deficit and hyperactivity disorders, and if that self-reported number is accurate (I'm fairly certain it's quite low), it means that about 14 of the 140 students enrolling in the residential college program I direct will be toting a prescription along with a new set of sheets and towels.

As I watch the stoic fathers and concerned mothers cart the milk crates and mini-fridges up stairs to their students' rooms, my mind is elsewhere. I'm imagining my office, a month from now. I am sitting in a chair, looking across at a student who is obviously struggling. She (though it could be a he) is there because of a precipitous drop-off in classroom performance or an inci-

dent that was troubling to the residence life staff, or perhaps she has been convinced to come see me by a friend. The conversation goes something like this:

"So, what do you think is going on with you that has people concerned about you?" I ask.

"I don't know. I just can't. . . I feel like. . . I don't know. It's hard to get out of bed. Things feel kind of . . . heavy or something. I don't know. I feel . . ."

"Sad?" I ask. "Do you feel sad?"

"Yeah! I think that's it. I think I feel sad."

And there I sit, with an eighteen-year-old student who barely recognizes her own emotions. Eventually, I will learn that this student has been taking an antidepressant for a couple of years, maybe longer. But she decided to stop taking it when she started college or has decided to reduce her dosage, and now she is

barely able to make sense of the world.

I OFTEN PICTURE my medicated students living their adolescent years in worlds where the sharp edges have been smoothed for them, the way an attentive parent will pad the sharp corners of the furniture while a toddler learns to walk. There is nothing inherently wrong with this; any parent worth the title feels compelled to protect a child from pain and help them succeed. These students have succeeded at getting their lives together enough to do well academically, graduate from high school, and enroll here at this fairly selective state

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university. Could they have succeeded without the help of drugs? I have no way of knowing.

What I do know is this: any first-year college student worthy of his or her pierced nose has an agenda that includes asserting independence, developing a sense of autonomy and self-authorship, and a powerful determination to stretch the limits of themselves and all of those around them. One of the best ways to do this is to reject what Mom and Dad (and the pediatrician) expect from them: taking their meds. Just as students will choose not to attend church or will consider changing majors from one their parents prefer to one they prefer, they can be expected to reduce their medication or stop medicating themselves altogether.

When that happens, the sharp edges of the world reappear in spades. But like a toddler who has never learned to walk without assistance, these less medicated students seem to have difficulty negotiating the emotional minefield. The social and psychological skills needed to maneuver on the complicated playing fields of residence hall living, of classroom pressures, of new and exciting freedom are diminished. A student doesn't get invited by her roommate to dinner one night, and her world falls apart. A student gets a "C" for the first time ever, and she can't sleep for two days, crushed by a fear of failure. A student lands in the hospital after a drinking binge coupled with Ritalin. Common disappointments and everyday frustrations are curveballs, and students go down swinging futilely at them.

So they end up in my office. I recently told a friend on the faculty that our profession's preparation programs need to add a class in psychopharmacology, because those of us out here in the trenches need to know some things. I need to recognize the name of a drug—brand and generic—and know what it's prescribed for, and I need to know what a prescribed dosage says about a student's condition, what symptoms occur when a student stops taking it, the interaction effects with alcohol,

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and how long it takes for a maintenance level to be achieved when a student resumes taking it.

I can learn this, I'm sure. Most of us can. What keeps me up at night, what stumps me in those conversations in my office, what poses one of the most difficult ethical dilemmas of my career, however, is not pharmaceutical. It is something that goes to the very heart of what I believe and practice as a professional educator, someone who tries to respect students' choices, their independence, their desire to become true adults.

THE CONVERSATION CONTINUES: "So you stopped taking the Zoloft, and now you're having a hard time going to class, focusing on your work, and getting along with people. Do you think you should maybe start taking it again and then maybe talk with your doctor or with our counseling center staff about your preference to stop taking it?"

"But my doctor and my parents won't agree with that."

"Maybe staying on it is a good thing for you, academically and socially."

"But it changes who I am. Any of these medications changes who I am. I just want to know what I'm like when I'm not taking medication."

My heart breaks. Of course they want to know. Who wouldn't? But what if the person they really are is someone who cannot

concentrate in a classroom or who has a streak of creativity that doesn't mix well with traditional higher education or whose personality is irksome to others? What if ceasing their medication leaves them horribly, dangerously depressed? What should I say? Take the medication, be someone that maybe you're not, get decent grades, and graduate? Or stop if you want to, and see what the world, and you, are like without it, even though you might fail your classes, end up in trouble, disappoint your parents, and cause me or my staff significant grief? I don't know what they were like before. I don't know what led to the decision to prescribe medication. What if ceasing to take medication leads to significant depression and possibly suicide? Or a manic episode that includes high-risk behavior?

Sometimes they tell me that they've not made a conscious decision to stop taking their meds; they simply forget. For years, their parents have monitored their

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medication, putting out a pill with breakfast. But these students are sometimes barely able to figure out how to separate the lights from the darks when they do their laundry. They no longer eat breakfast, and they keep absurdly irregular hours. Remembering to brush their teeth in the morning is a challenge. Finding a bottle of pills in the jungle they call their room? Unlikely. Sometimes their medication requires a decent amount of sleep in order to be effective. College students sleeping eight hours each night? Not in this residence hall.

SUPPOSE I could just send them to my capable colleagues in the counseling center, but I can't shake the feeling that this problem goes deeper than any of us can fathom. This is not a college student problem, I realize. This is a serious social problem in a nation that has become increasingly dependent on drugs to solve problems. I struggle with this, as I know my counseling colleagues do. I don't know how to distinguish, with certainty, those students who are truly in need of medication to function appropriately and those who are seeking relief from the typical emotional distress of this incredibly challenging, transitional, soul-searching time in their lives. I might have taken the same route as a first-year student myself. College is stressful, life is difficult, disappointments are everywhere. Who among us wouldn't forgo the anguish if we could?

I certainly don't intend to judge the decision that parents make to medicate their children. I have seen too many friends with children struggle over this issue to think that it's a simple decision. I know that you can't look at a struggling eight-year-old and see the future. Medicate him? It might mean that he can now con-

centrate in class and do well in school and get along with the other kids. It might also mean that he never becomes the person he was meant to be. So don't medicate him? Maybe he turns into an eighteen-year-old with a terrible academic record or worse. Or maybe he grows into a bright, highly energetic, creative eighteen-year-old who gets a scholarship to art school and plays in a band and has a thousand friends.

Is the question one of personhood? Who are we except the relationships and experiences of our lives, and if we are medicated, are we somehow not who we were meant to be? Did the vaccination I received as a child that prevented me from contracting polio alter the road I've traveled to this point? Who can ever know for sure?

But what I ask most often is this: Who are my students? The question plays in my head like background music as I watch the move-in process. They come with a carload or more of belongings that must somehow fit into half a room. They come with a parent or two (or, quite often, more) and siblings. They come with a transcript and test scores that allow the

university to predict, with some accuracy, how they might perform. And some of them come with their bottles of pills and their prescriptions and a sneaking suspicion that by being medicated, they might be missing out on something important. They certainly come with an agenda—that hard-wired need to become someone with a life of their own. I just wish I knew how all of this baggage will get unpacked in that too-small room upstairs.

I grab a milk crate out of the trunk and head for the front door of the residence hall. I figure I've got a few weeks until the first one shows up at my door with more questions than I'll ever be able to answer.

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