

Depressing Realities

Rachel Adams has students she believes suffer from depression but who don't seek or accept help. She wonders how colleges can reach out -- and about the limits on what they can do.

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As I got ready to turn in my spring semester grades this week, I was depressed to realize I would have to fail two students who hadn't finished the work in my classes.

I say "depressed," but I wasn't really. I'm using this word as a shorthand to describe my gloomy sense of wishing I had been a better teacher. The students were the ones who were actually depressed, which was precisely the problem.

As someone who teaches disability studies, I think a lot about how to make my classes accessible to students with a range of learning styles and physical abilities. I present material in varied formats and offer different options for completing assignments so that students can produce work that best reflects what they've learned and what they are capable of doing. Because of their subject matter, my courses attract students with disabilities, and I'm used to accommodating them.

But I find students with depression among the hardest to accommodate. Students who are depressed tend to withdraw and vanish rather than to ask for help. When they do show up to class or office hours, they are unmotivated and joyless. The very nature of their illness often makes the professor into an antagonist rather than a source of support.

Tania, a student who -- ironically enough -- failed my class on disability studies, didn't respond to my email messages about an upcoming presentation. She showed up in my office 15 minutes before class looking exhausted, her skin covered in an angry rash. "I didn't do the work, OK?" she said in a despairing tone. "I know you're going to yell at me, so why don't you just do it?"

Putting aside my dismay over the missing presentation, I asked how I could help. Tania dissolved into tears: she was depressed and having trouble getting her work done. She hadn't bothered to register with our Office of Disability Services because she felt so confident at the beginning of the semester. I made sure she had seen a therapist and gave her the chance to make up for the missed presentation. I urged her to stay in touch and ask for my help rather than vanishing if she continued to struggle. I also suggested that she contact the ODS to help her get accommodations for her other courses. (Do I even need to say that I did not yell at her?) After that day's class, I never saw her again. She didn't do the presentation or turn in a final paper. When it came time to turn in my grades,

I had no choice but to give her an F.

My other student, Aurora, did register with ODS late in the semester after sitting silently during seminar discussion for most of the term and then missing a series of classes. Through ODS, she asked for extra time on her final paper and the opportunity to make up for her lack of participation. The deadlines we had set came and went, I was unable to reach her, and she too failed the class.

Tania and Aurora are hardly unique. In *The Noonday Demon*, Andrew Solomon writes that depression is the leading cause of disability in the world's population over age 5. Up to 19 million Americans (3 percent of the total population) suffer from depression, while manic depression affects 2.3 million people and is the second leading killer of young women, the third of young men. "Worldwide, including the developing world," Sullivan writes, "depression accounts for more of the disease burden, as calculated by premature death plus healthy life years lost to disability, than anything else but heart disease."

College students are particularly vulnerable, and rates of depression are on the rise. College creates an environment of high expectations, constant evaluation and deadlines that can heighten stress and anxiety. A 2008 study from Columbia University (<http://psychcentral.com/lib/depression-in-students/>) found that up to 50 percent of college students experience psychiatric disorders, although fewer than 25 percent seek treatment. Students suffering from psychiatric illness are less likely to attend class, complete assignments and graduate from college. They are more prone to engage in substance abuse. Suicide rates among college students have nearly doubled since the 1950s.

An elite residential university like mine is especially likely to produce or exacerbate depression. Students are especially susceptible when they are living away from home for the first time, often with less experiences and resources for coping with adversity than older adults. A rising senior at my university blogged recently (<http://www.vice.com/read/going-to-an-ivy-league-school-sucks-400>) that my university is "a place of unimaginable wealth, privilege, cruelty, pressure and stress.... Depression is normal, but here, it's the norm."

I know some of my colleagues see the rising incidence of disability among their students as evidence of the medicalization of our culture. The problem is not that more students are experiencing learning, mood and behavior disorders, they tell me, but that we live in a society that is too quick to diagnose and medicate conditions that, in the past, would be considered ordinary human behavior. So too, they argue, privileged students often use diagnoses as an excuse to get accommodations that give them an unfair advantage over their peers.

Given the stigma surrounding disability, there is little incentive for students to claim disability for the purposes of personal gain. It is far more likely for students to avoid getting treatment (<http://www.swarthmore.edu/academic-advising-support/students-psychological-impairments>) than to deliberately pursue a diagnosis to get a competitive edge. Indeed, research shows (<http://psychcentral.com/lib/depression-in-students/>) that less than

25 percent of students suffering from psychiatric illness seek treatment.

Depression is a real disability that needs to be accommodated, in the same way we accommodate students who use wheelchairs or have vision impairments. Beyond the minimum requirements stipulated by the Americans With Disabilities Act, colleges and universities need to do all they can to help students with disabilities by providing adequate counseling and accommodations.

But we also need to face the unfortunate fact that sometimes college, especially a highly competitive, residential college like the one where I teach, is an unhealthy environment for students with more severe forms of depression. Maybe depression is one disability I'm not able to accommodate. And maybe my students, in vanishing from class, are making that decision for themselves.

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