Helping a Friend

When Friends Turn to You
Every year Stanford students get counseling from Counseling and Psychological Services (CAPS). Many students approach CAPS directly.

However, some may turn to a friend first. That friend may be you. When a friend turns to you, it is because they trust and respect you. Also you may be first to recognize when a friend needs help and can suggest supportive resources, such as CAPS.

The Residence Dean (RD) and CAPS consultant are professional resources who can assist students with problems. You’re RAs, CAs, and PHEs can also support you. You can also aid and comfort your friends by being knowledgeable about the following topics.

Tips on Being Accessible
The more accessible you are, the more comfortable your friends and other students will be with approaching you. The way you interact with friends and fellow students on a daily basis also helps build and establish trust.

Being approachable means showing interest and concern for others. Sitting at dinner with a student who doesn’t seem to have many friends presents an opportunity to get to know them better. Being visible in the residence (present at meals, available in your room, perhaps with the door ajar) shows you care. It reveals an interest in being involved with others in your community and creates opportunities to make new friends.

Caring about Friends
Be alert to how friends in the house are feeling and sensitive to their moods. Being observant can help you discern signs of unhappiness, unusual stress or changes in students’ normal living patterns. Those who aren't eating well, sleeping much or taking care of themselves may be sending out messages that they need help.
When you notice a friend's change of habits or appearance, you might want to talk with your friend. Just knowing that you care can be helpful to a friend facing a difficult time.

You may also wish to discuss it with the Resident Fellow (RF), Resident Director (RD) or the CAPS consultant. This is especially important when roommates or other students also notice and report that someone is anxious or upset.

**Help Create Perspective for Friends**

Talking to a friend away from the house can help give the person perspective on a problem. Going off-campus for coffee or a meal provides privacy and physically moves you and your friend to a neutral location. It also gives space for some well-needed objectivity. Sometimes all you have to do is listen, be sincerely sympathetic and promise support.

**Understand the Problem**

Friends may come to you with a clear idea of what is bothering them. A friend may think she's pregnant; someone else may have failed a mid-term exam. A transfer student might think he or she made a mistake by transferring to Stanford or a student may be upset because a family member is sick.

It is not uncommon for new students to think that the Office of Admissions made a mistake in accepting them. Everyone else at Stanford appears incredibly smart, athletic, attractive and talented. Sometimes students feel they are at the bottom of the heap whereas in high school they were valedictorians, class presidents or yearbook editors. Common feelings many new and returning students share are lowered self-esteem and worries about whether they'll make it at Stanford.

Upper class students are concerned about choosing a major and what will happen after they graduate. In addition to worries about career or graduate school, students about to leave Stanford often experience feelings of anxiety. These feelings relate to becoming independent from their families and striking out on their own. For all students, friendships and romantic relationships are the source of many counseling concerns, as well as feelings of loneliness and alienation.
Sometimes students aren't exactly sure what is bothering them. They may experience a general sense of boredom, depression or anxiety. Encourage friends who seem unhappy to talk about how they are feeling. When students are distressed because they feel depressed, it's important to free them from needing to find a reason why.

**See Each Person and Their Problem as Unique**

While it's helpful to be familiar with common problems friends may have, realize that each person's problem is unique. As your listening skills improve, you'll recognize key personal details. More than anything else, it's important to let friends know it's not wrong or a personal failing to admit defeat or confusion. After all, we are only human.

**Depression in College Students**

Depression in college students is not uncommon. Here are a few things that may be useful to know about depression when helping your friends.

Depression may be a short-lived mood or a more prolonged state of mind that can be relieved by professional help. Reasons for depression among students include the following:

- Homesickness
- Death or divorce of parents
- Loss of significant relationships
- Unexpressed anger
- Experiencing failure
- Unresolved identity issues
- Sometimes feelings of depression come without apparent reason. The following physical symptoms can be associated with depression:

- Sore throat
- Swollen glands
- Lingering colds
- Mononucleosis or other viral illnesses
- Anemia
- Endocrine gland problems
Mild Depression
Milder forms of depression can pass quickly. Often support from friends and family helps alleviate depressed feelings. Talking also helps depressed people gain objectivity about a situation. Your friend may become aware of a pattern in relationships or may re-evaluate an expectation by talking about it.

By listening and showing concern, you can provide an opportunity for a depressed friend to air their feelings. You can also offer comfort and companionship to those who would prefer not to talk about what is bothering them. The Bridge is a good resource for students to talk out problems. Another good alternative is exercise or increased activities.

Severe Depression
Some depressions may be initially severe, such as those related to the death of a loved one. However as caring friends express support and the individual deals with his or her grief, the depression responds and improves.

Sometimes people experience depression for extended periods of time. Severe depression may be a biological imbalance, a response to life experiences or biological processes, or a familial depression manifesting. The following symptoms show signs of severe depression:

- Low energy
- Loss of appetite
- Weight loss
- Poor concentration
- Preoccupation with feelings of sadness, hopelessness or worthlessness
- Erratic sleep patterns
- Various physical symptoms, such as constipation, headaches, or joint pain
- Lowered self-esteem or self-blame
- Preoccupation with suicidal thoughts
- Apathy or withdrawal

Be concerned when a cluster of these symptoms persists. If your friend has not sought professional help, encourage him or her to speak with a CAPS counselor. CAPS offer a 24-hour service for
Severe depression can be treated. It is important to seek help from a trained professional immediately, as you would for any serious illness. Call CAPS at (650) 723-3785, 24 hours a day.

When a Student Thinks about Suicide
Most people have experienced suicidal thoughts at one time or another. Usually these thoughts are transitory, brief expressions of despair that reflect the perceived futility of a moment. When these thoughts linger and are associated with symptoms of depression, the danger of suicide is real. Be alert for the following cues:

- Physical or psychological changes
- Withdrawal from friends
- Giving away personal articles
- Statements such as, "I'd be better off dead"

Take all gestures of suicide seriously — even jokes.

When You Become Aware of Suicidal Thoughts
Most people who consider suicide are relieved to have the opportunity to talk about their concerns. Others will react with embarrassment or anger when you bring up the subject. If a friend wonders why you are asking about suicide, give a direct and truthful response ("I'm concerned about you. I want to make sure you're all right. You know I'm available if you need help.")

Be compassionate in all situations dealing with a suicidal friend; your ultimate goal is to get the student to seek professional help.

Talking to the Student
When you talk to your friend, ask, "Are you thinking of hurting or killing yourself?" Don't be afraid to ask the question directly. You won't be planting the idea of suicide in his or her head for
the first time. Also asking the question will not push your friend over the edge from thought into action. Their response will simply eliminate the possibility that you’re making false assumptions about his or her intentions.

If the student admits to considering suicide, assess the degree of risk. Ask if he or she has thought about how and when they'd kill themselves. Do they have access to a means for doing it? If your friend has a definite time, a specific method as well as access to the method, the risk is probably high.

**If a Suicide Plan Appears Imminent**
1. Call 9-911 for immediate assistance.
2. Immediately convey what is happening and the details of the student's plan to the CAPS on-call representative.
3. If suicide appears imminent call 911. If you are concerned that there is a risk of suicide, call the CAPS crisis line for assistance, 650-723-3785.

**Concerned about Suicide, but Not Sure**
1. If it's during the day, first call the CAPS consultant. He or she will help assess the situation. If it’s in the evening or on the weekend, contact the CAPS on-call person.
2. Recommend that your friend speak with a CAPS counselor today or tomorrow. Offer to go to CAPS with the student. In most instances, CAPS prefers that students make their own appointments. However, if immediate attention is necessary (and you fear your friend won't make an appointment), consult with CAPS for further assistance.
3. Notify your RF, RD and Director of the Row about all situations that a student has expressed suicidal thoughts or has a suicide plan.

**Do’s of Suicide Intervention**
- Take every suicide threat seriously.
- Directly ask if the student is considering suicide or has a suicide plan.
- Show care and concern.
- Be as calm and composed as possible.
- Consult with CAPS, your RF and RD.
**Don'ts of Suicide Intervention**
- Abstain from dismissing or discounting suicide threats.
- Refrain from panic when a student expresses suicidal thoughts.
- Avoid trying to cajole the student out of suicide by joking or minimizing the situation.

**Roommate Problems**
Often students want to switch roommates. They may complain that their roommate is a slob. They protest the roommate's sexual activity in the room. They say the person is inconsiderate and selfish. Often they want staff members to tell the roommate to behave differently by cleaning up the room, entertaining elsewhere or stop playing the stereo at 1:00 a.m.

**Roommates Can Talk out Their Differences**
Often roommates can settle things between themselves without anyone becoming involved. Here's what one staff member said:

A student came to talk about his roommate who spent all of his time with a girlfriend in the room. The student would often leave his room angry, unable to study or sleep. My perception of the situation was that both men were extremely nice and liked each other a great deal. Yet the girlfriend in the room was creating tension.

Although the student was reluctant to intrude on his roommate's relationship, it was his room too. I pointed out the roommate didn't know that the student was uncomfortable because he'd done nothing to resolve the situation. I suggested that he talk to his roommate. After he did, the roommate became aware of the student's feelings. This one conversation helped the roommates become closer and enjoy each other more.

**Develop Communication Skills**
Often the student hasn't spoken with the roommate. The student who is your friend may be afraid that his or her roommate will become angry or resentful. You can encourage your friend to tell the roommate how he or she feels about certain behaviors. Your friend may appreciate help in becoming assertive. Give your friend practice voicing complaints by role-
playing a discussion between the student and the roommate.

Encourage your friend to first verbalize his or her ideas of the worst possible reactions from the roommate. Ask your friend to play the role of the person he or she plans to confront. Then reverse roles so that the student plays him or herself and you take the part of the roommate. By practicing in this way, you can help relieve your friend’s anxieties about the actual encounter in advance. Helping your friend practice assertive behavior allows them to solve their immediate problem. It also enables them to gain confidence in their ability to handle future problems on their own.

Stay Neutral
If you witness a roommate dispute, it's best not to take sides. Encourage the roommates to listen to each other and help them agree on a compromise solution. In roommate switches among upper class students, it is essential that everyone agree to it, not just the roommate(s) desiring the switch. If all parties agree to an in-house switch, it is up to the RF or Row Director to give final approval.

Eating Disorders
Concerns about diet, weight and attractiveness are prevalent among Stanford students due to the value our society places on slimness. In our culture, being slim is a symbol of being beautiful, healthy, competent, happy and in control. The pursuit of slimness is often an attempt to attain all of these qualities.

Amazingly enough, many commonly accepted dieting practices are actually unhealthy preoccupations with body image and weight. People who eat fad diets or engage in nutritionally unbalanced eating practices currently may not have a diagnosable eating disorder. However, unhealthy eating patterns and behaviors are reason for concern; they can affect a person's feelings of well-being and self-esteem.

A prolonged lack of essential nutrients unbalances brain chemistry and metabolism over time, affecting thought patterns and behavior. Participating in unsound eating practices today upsets the foundation for good health and primes the body to
develop future eating disorders.

Promote healthier attitudes by educating yourself and your friends about the cultural relationship between food, slimness and dieting. By doing this, we can transform the culture that makes eating disorders epidemic (instead of focusing on eating disorders as the problem).

Pressure to be slim affects everyone, but the cultural standard for women is particularly harsh and unrealistic. It is not surprising that food and diet problems are extremely common and severe among women. Since 90 percent of those diagnosed with Bulimia and Anorexia Nervosa are female, we'll refer to women in this section. However, do keep in mind that men are also affected by these disorders.

**Recognizing Bulimia**

Bulimia is defined as recurrent episodes of binge eating. This is rapidly consuming large amounts of food with an average of two binge-eating episodes a week for three months. Other symptoms include the following:

- Persistent over-concern with body shape and weight
- Feeling lack of control over eating behavior during the binges
- Regular self-induced vomiting, use of laxatives, diuretics, strict dieting, fasting, and/or vigorous exercise to prevent weight gain

You may hear about someone with bulimia because of reports of vomit in the bathroom. You may also observe peculiar eating habits among your friends. Women with bulimia feel trapped and out-of-control. This is a serious health problem, but it is not usually an immediate medical emergency.

**Recognizing Anorexia Nervosa**

Anorexia Nervosa involves refusing to maintain personal body weight above the normal minimum for a person's age and height. This includes weight loss that leads to a body weight that's 15 percent below age and height expectations. It also means not gaining sufficient weight during normal growth periods, resulting in bodyweight that's 15 percent below expectations. Symptoms include the following:
• An intense fear of gaining weight or becoming fat, even though the person is underweight
• A distorted perception of personal body weight, size or shape
  (This means "feeling fat" even when emaciated or believing one body area is "too fat" although the person is obviously underweight.)
• Missing three consecutive, normally expected menstrual cycles
  (known as primary or secondary amenorrhea and periods only occur by administering estrogen)

**A Typical Pattern**
Awareness of a student with anorexia nervosa often develops in the following way. During the first week of school, everyone notices a thin young woman who exercises frequently, but eats only small salads. She uses many excuses for not eating with others. In the ensuing weeks, roommates and friends become concerned as her weight decreases. Friends and acquaintances begin to watch what this woman eats and keep track of her physical appearance.

**What To Do**
Coping with a food-obsessed friend is a complex issue. Eating problems are particularly troublesome because, on one hand, a person's body is her own. On the other hand, someone you know is behaving in a self-destructive manner. Although it's important to respond to situations that endanger health, most of these cases do not require immediate medical attention.

It is frequently difficult to overcome the denial, secrecy and shame associated with eating disorders. If you approach a friend about her eating habits, she may resent the intrusion or welcome your caring and assistance. Affected individuals generally benefit from psychological counseling and the support and compassion of friends.

Anorexic people have an intense fear of gaining weight or becoming fat even though they are underweight. A person with bulimia will go on eating binges and then engage in behaviors meant to prevent weight gain. What they have in common is that the meaning of food and diet is extremely distorted. They
may lie, manipulate and hide their behavior in a desperate attempt to lose weight. They might tell different stories to different people. This can result in residents and staff fighting with each other about what is "best" for the student. Working through one or two staff member can minimize this conflict.

If you suspect that a friend has an eating disorder, discuss your concerns with the RD or RF on staff. They will discuss the situation with the assigned CAPS consultant. Different strategies may apply depending on the situation and the individual's problem(s). The staff will coordinate a plan to intervene on behalf of the individual. They will also redirect attention to the ways all residents are affected by cultural and environmental pressures on eating behavior.

Vaden offers physical and psychological evaluation, brief psychotherapy and an ongoing body image group. Your RD and CAPS consultant have constructive suggestions about what to do and a list of resources.

**Involving Others**
If the disorder affects other residents (e.g., vomit in the bathroom), it becomes a residence problem, not a personal one. Discuss your friend with appropriate staff members (i.e., Resident Fellow/Director of the Row, Residence Dean, CAPS consultant). Consult with your assigned CAPS consultant if you have questions about this.

**The Ramifications of Your Involvement**
If you do decide to speak with your friend, understand that addressing the eating disorder will affect your relationship. Discuss the possible impact on your friendship and how you feel it might affect it. Ask what would be most helpful and be willing to listen.

Let the person know it's okay if she relapses into disordered eating patterns — you don't expect her to change quickly. Compliments or comments about weight are usually unwelcome. They are a double-edged sword. Know when to pull back. If you become very involved, you may want counseling to help sort out the issues.
Summary
Poor self-image and self-destructive eating behaviors are widespread and eating disorders are a concern to all of us. It is important that you recognize your limitations as a friend.

Residence staff can be particularly helpful to students with these problems, especially if they use the resources that are available. But even if all the appropriate interventions are made, it may be some time before the student gets help. Regardless, this is a frustrating situation for staff which may ultimately require administrative intervention by the University.

Staying Balanced with Life
All students experience periods of stress, depression, anxiety, and feelings of inadequacy. Knowing what's normal and predictable for most students will help you avoid interpreting these situations as a crisis. Residence staffs are aware of ways to assist students, so you can trust your RD or CAPS consultant to help. Problems that require professional intervention include eating disorders, prolonged or serious depression, violent or self-destructive behavior and persistent roommate conflicts.

If a friend needs professional intervention, you can say, "I am really concerned about how depressed you've been feeling. I appreciate how you've confided in me, but I don't feel I can give the help you need. I think it's time for you to speak with an experienced professional who helps people in similar situations."

Most often friends help friends just by noticing how they feel, expressing concern and spending time with them. You can help your friends in most situations with good listening skills and the appropriate referrals.

However, some problems do not have a solution. A friend who is grieving over the death of a parent cannot be offered a "remedy" for his or her feelings. Sometimes compassion and suggestions will not make someone feel better. Don't take this personally. However, be sure to recommend that your friend seek help that's available to them through CAPS.
Taking Care of Yourself

With the busy campus life, it can be easy to forget to take care of yourself. When you think it would be helpful to find perspective on your life, talk with your RD or CAPS consultant.

You need to take care of yourself. Make time to see friends and try to stay balanced between your educational responsibilities and the rest of your life.

Remember that you are human too, with your own needs, anxieties and problems. The same resources that are available to your friends and the residents in your house are available to you, too. By attending to your own needs, you can maintain a healthy perspective on yourself and your world.