Exercise and Mental Health

February is almost ending but how are the New Year’s resolutions coming along? The start of every year usually means people have decided they want to lose weight, get in shape, stay healthy. This decision to start exercising is in fact the best decision one can make for their mental health. But why?

Exercising is known to have many positive effects on mental health and brain function. Aerobic exercises, as simple as a 30-minute brisk walk three days a week, are believed to show improved sleep, decreased fatigue, increased mental alertness, increased interest in sex, and stress relief. Exercising also releases endorphins which increase the feeling of happiness and euphoria. Increased heart rate, through exercise, and increased blood flow to the brain which has been linked to improving mood and attention.

An effective way to treat depression and anxiety is to increase the amount of exercise done in a week. It is already recommended to exercise for at least 45 minutes a day where the heart rate is significantly increased, however not everyone can manage to take this time every day. In this case, it is important to exercise a few times a week, whenever possible. The benefits of increased endorphins aren’t always evident immediately however over time a difference in behavior and attitude can definitely be seen.

Michael Otto, PhD, a professor of psychology at Boston University has acknowledged that “Exercise is something that psychologists have been very slow to attend to. People know that exercise helps physical outcomes. There is much less awareness of mental health outcomes — and much, much less ability to translate this awareness into exercise action.” It has been seen that exercise not only helps patients who have depression, but also prevents a relapse.

NYU’s very own Wendy Suzuki has focused her lab on understanding how aerobic exercise might improve long-term memory functions dependent on the hippocampus, executive functions dependent on the prefrontal cortex (Basso et al., 2015), and on mood and imagination/creativity. Current studies are examining the effects of long-term increases in aerobic activity on a wide range of mood and cognitive functions in healthy young adults.

Essentially, exercise is a cost-free and effective method in improving mood and reducing anxiety without using medication. Studies have shown that as little as 20 minutes of exercise a day can improve brain function and overall mental health. So the next time you feel too lazy to go to out for a jog and are about to break that New Year’s resolution of staying healthy, just remember exercise can prevent future illnesses. It can keep you happy, and it can positively change your entire future.

By: Simran Bharadwaj
CAMS Course of the Month: Love Actually

By: Kiran Khatau

Here at the Newsletter we are excited to introduce a new segment called CAMS Course of the Month! We will be highlighting popular courses in the CAMS department. This month, in celebration of Valentine’s Day, our course is Love Actually. I was able to sit down with the founder and head professor of the course, Dr. Ferrari, and have an in-depth conversation about the class.

When creating the course, Dr. Ferrari really considered this the type of course he would have wanted to take when he was an undergrad. The course looks at the experience of love through many different lenses. We experience love through our entire life cycle, beginning in our first moments, through adolescence and adulthood, and into late life. The course also looks at how we deal with the loss of love through breakups, heartache, mourning, and even death. Dr. Ferrari knows that pretty much everyone has some experience with love, but the understanding of these concepts is mostly taken for granted. Through his professional career this became even more apparent as many of the mental health issues people faced could be read through the lens of interpersonal relationships.

The course really aims to have a small, close-knit setting. Through the last few years, the course has been overwhelmingly popular, filling up quickly. In an attempt to keep classes cozy, rather than change to a large lecture setting, Dr. Ferrari opted to open several small sections. The classes are structured around the readings, which range from academic papers to classic literature to popular culture pieces. Along with that, students are required to put together a creative final project in the form of a song, short performance piece, visual art, etc. Students then have the opportunity to showcase their project at a bar in Brooklyn with a performance space. This is one of Dr. Ferrari’s favorite parts of the course, and something he hopes to be able to continue.

CAMS Courses To Try

How do anxiety disorders develop? What distinguishes anxiety from other mental health disorders? This course examines the research and clinical data surrounding anxiety disorders such as phobias or obsessions and compulsions. Students observe a diagnostic assessment of a child with an anxiety disorder and debate different treatment modalities.

Fear Factor: Advanced Seminar in Anxiety Disorders (CAMS-UA 205)

Can early experiences of separation and loss lead to psychological, behavioral, and psychosomatic problems? Can these problems be addressed in the context of a healing relationship? This course examines how healthy interpersonal attachment is defined, facilitated, and maintained, along with key principles of effective bonding. It considers how early neglect and trauma can lead to a disrupted or fractured attachment style among children.

Advanced Seminar: Attachment and Loss (CAMS-UA 206)
Marion vs. Lady Bird: An Ongoing Saga

By: Allie Degen

The movie Lady Bird showcases a realistic mother-daughter relationship between Marion McPherson (Laurie Metcalf) and her daughter, Christine ( Saoirse Ronan), who goes by the nickname “Lady Bird.” Most of the film is focused around Lady Bird’s life and how she copes with different experiences throughout one of her last years of adolescence, including graduating from a Catholic high school, applying to colleges, and losing her virginity. The dynamic between Lady Bird and her mother plays a significant role in the progression of the film, and in Lady Bird’s own development. The trailer alone identifies several different areas in their relationship where improvement is much, much needed.

According to attachment theory, the relationships we build with people around us (i.e. parents/caregivers) while we are children are essential in shaping the way we form various types of relationships as we become older. There are four main attachment styles widely recognized in developmental psychology: secure, anxious, avoidant, and anxious-avoidant. Many psychologists have characterized this mother-daughter relationship as one of anxious-avoidant attachment, in which both people desire closeness and intimacy but as they are approaching the ideal threshold, they become uncomfortable and withdraw from the other person (Shorey 2015). This kind of attachment tends to originate from children receiving love and nurturing with unpredictable sufficiency.

Throughout the movie, it is easy to see how much Lady Bird and her mom love each other. They have lots of bonding activities reserved for the two of them, like listening to audiobooks in the car and going to open-houses with no intent to buy. They’re comfortable talking about rather sensitive topics with one another. On the other hand, they both have very strong personalities, so when they both begin to emerge – which happens at such a high level of attachment – they often end up screaming and insulting each other. This pattern of attaching and withdrawing frequently occurs throughout the film. Though there are no flashbacks explaining exactly why this relationship plays out the way it does, there are clues that may give evidence for the roots of the problems between Lady Bird and her mother.

One of the biggest stressors for the McPherson family is Mr. McPherson’s struggle with depression, though Lady Bird doesn’t find out about it until midway through the movie. This reveals that Lady Bird’s parents make an effort to hide the depression from her, which puts a lot of stress on them. And because the McPherson family is not particularly wealthy – and Lady Bird’s father loses his job right as she is about to go to college – Marion has to work incredibly long hours as a psychiatric ward nurse to financially support the family. With all of this added stress, it may be inferred that Marion depends solely on her family to support her emotionally.

Additionally, Marion mentions once in the film that her mother was an “abusive alcoholic,” which likely influenced her to want to raise her daughter differently and build a close, lifelong relationship with her. Yet this aspiration may be driven by an underlying fear Marion has that her daughter will abandon her one day. Coupled with this, Lady Bird expresses a strong urge to leave her hometown of Sacramento and start a new life on the East Coast; she even applies to East Coast colleges behind her mother’s back. Marion is frustrated by Lady Bird’s desire for independence, often calling her selfish and ungrateful for the support she receives from her family. However, this only pushes Lady Bird further away from her as the two of them battle for power in each other’s lives. This constant push-and-pull is very disappointing yet realistic to watch, and we can only hope that as Lady Bird grows and matures, she and her mother can overcome their differences and develop a far more powerful bond.

Again, the ultimate realization that stems from analyzing the relationship between Lady Bird and her mom is that it is all too real. So many relationships – and not just mother-daughter – involve anxious-avoidant attachment, and it is nearly impossible to conquer underlying problems without addressing that they exist. If there is any hope of issues being resolved, they must be discussed and dealt with appropriately. Luckily, there is hope for Lady Bird and Marion; the only thing standing in their way moving forward is time.
CAMS SUMMER INTERNSHIP 2018

- Gain practical field experience in a mental health setting working with children and adolescents.
- Work on a specific clinical, research, education, or administrative project at the Child Study Center for 15-20 hours per week over a 12-week period.
- Participate in a didactic seminar 1 day per week where senior practitioners and leaders in the field of child and adolescent psychiatry and psychology, will share their experience, expertise, lessons learned, and advice about entering the field.

WELLNESS INITIATIVE AT NYU (WIN) INTERVENTION PROJECT

- A NEW WELLNESS INITIATIVE TO A SELECT NUMBER OF FIRST-YEAR STUDENTS AT NYU.
- UTILIZE EVIDENCE-BASED PRACTICES STEEPED IN YOUNG ADULT DEVELOPMENT, POSITIVE PSYCHOLOGY, AND NEUROSCIENCE TO IMPROVE THE PHYSICAL AND MENTAL WELLNESS OF COLLEGE FRESHMEN.

NATHAN KLINE INSTITUTE - ACCEPTING 2 INTERNS!

- INDEPENDENTLY PERFORM MOUSE GENOTYPINGS AND UNDERSTAND THE BASICS OF MOUSE BREEDING AND GENETICS.
- INDEPENDENTLY BE ABLE TO SETUP AND PROGRAM THE OPTICAL STIMULATION EQUIPMENT.
- UNDERSTAND THE BASIC PRINCIPLES OF MOUSE BEHAVIORAL TESTING IN THE CONTEXT OF MENTAL DISORDERS.

MCSILVER INSTITUTE: POVERTY POLICY & RESEARCH - ACCEPTING 2 INTERNS!

- SURVEYING CAREGIVERS OF CHILDREN WITH BEHAVIORAL DIFFICULTIES AT VARIOUS HEALTH CLINICS THROUGHOUT NEW YORK CITY
- DATA COLLECTION: INCLUDING CONSENTING CAREGIVERS AND/OR PROVIDERS, ADMINISTERING SURVEYS AND CONDUCTING FIDELITY ASSESSMENTS (OBSERVATIONS).
- DATA ENTRY AND DATA MANAGEMENT TASKS.
- CLEANING AND ORGANIZATION OF LARGE DATA SETS
- INTERNS WILL HAVE ACCESS TO A VARIETY OF WORKSHOPS AND TRAININGS TO DEVELOP CLINICAL AND RESEARCH SKILLS

These internships are for credit through NYU.
You must be enrolled as a NYU student or visiting student to participate

APPLY TODAY
https://goo.gl/32CFVS
CAMS SUMMER INTERNSHIP 2018

SOCIAL MEDIA & MENTAL HEALTH - ACCEPTING 3-4 INTERNS!
- LEARN HOW TO INTERPRET SOCIAL MEDIA IN AN ACCURATE AND SYSTEMATIC WAY
- DEVELOP AN ACTIONABLE PLAN FOR RESEARCHING A PHENOMENON USING TWITTER DATA
- GAIN DEEPER UNDERSTANDING ABOUT QUALITATIVE AND QUANTITATIVE METHODS AND PROGRAMMING LANGUAGES

GENDER AND SEXUALITY SERVICE
THE GENDER AND SEXUALITY SERVICE PROVIDES EVALUATIONS AND THERAPEUTIC SUPPORT FOR CHILDREN, ADOLESCENTS, AND FAMILIES DEALING WITH THESE ISSUES. WE HELP WITH BEHAVIORS CONSIDERED AT VARIANCE WITH GENERALLY ACCEPTED GENDER ROLES. WE ALSO HELP YOUTH EXPERIENCING SEXUAL OR GENDER IDENTITY ISSUES AND PROVIDE ASSESSMENTS FOR PUBERTY SUPPRESSION AND CROSS-GENDERED HORMONE TREATMENTS.

DIAGNOSTIC BEHAVIORAL THERAPY
- PRIMARY ROLE: ONGOING MANAGEMENT OF PATIENT AND FAMILY-LEVEL PROGRESS/OUTCOME DATA COLLECTION, ENTRY, AND MANAGEMENT, UTILIZING A DEFINED BATTERY OF VALIDATED PSYCHOSOCIAL ASSESSMENT MEASURES
- SECONDARY/POTENTIAL ROLE: POSSIBLE PARTICIPATION IN CLINICAL VIGNETTE AND THERAPEUTIC TRAINING VIDEO SERIES DEVELOPMENT.

INNOVATION LAB - ACCEPTING 2 INTERNS!
THE DEPARTMENT OF CHILD & ADOLESCENT PSYCHIATRY IS LAUNCHING THE PICKY EATING APP, AN INTERACTIVE MOBILE APPLICATION INTENDED TO ADVANCE OUR UNDERSTANDING OF WHY SOME CHILDREN DEVELOP EXTREMELY LIMITED FOOD PREFERENCES. THE CAMS INTERN WILL JOIN OUR TEAM AS WE CONTINUE DEVELOPMENT OF THE PICKY EATING APP AND BEGIN DEVELOPMENT OF OUR NEXT DOMAIN

SOCIAL LEARNING PROGRAM
- EVALUATE AND MANAGE RECRUITMENT DATABASE
- ANALYZE AND ORGANIZE RECRUITMENT WORKFLOW
- CONDUCT PHONE SCREENS TO ENROLL FAMILIES IN GROUPS
- EVALUATE AND MANAGE RECRUITMENT DATABASE
- ANALYZE AND ORGANIZE RECRUITMENT WORKFLOW
- CONDUCT PHONE SCREENS TO ENROLL FAMILIES IN GROUPS
Taking Time for Yourself

By: Natalia Lantigua

When you feel an odd pain, cough a little too much or sneeze a little too hard your first thought is, “I should probably see a doctor for this.” How about feelings of exhaustion, stress, overwhelming or indescribable moments of demotivation? How long before you feel it is time to address these concerns? Most often, our society tends to valorize individuals who are able to demonstrate resilience during high stress high pressure situations. This often gives the impression that one must constantly be “grinding” in order to be productive. Mental health has always come second when compared to physical health and usually isn’t addressed until we notice it to be deteriorating. Taking The Science of Happiness with Daniel Lerner, MAPP and Dr. Alan Schlechter under the Department of Child and Adolescent Mental Health Studies, I learned that you don’t need to wait until you have a mental illness in order to start caring for your mental health. The same way our bodies require nutrients, sleep and exercise in order to stay healthy, our mental health requires some level of Tender, Love and Care (TLC) in order to have a healthy brain. And even with a mental illness, caring for your brain helps to alleviate symptoms. To take a mental health day does not make you “weak” or signal incompetency in any way (we are not robots!). Instead, it is a key way of practicing self-care because you are reducing burn-out. An exhausted brain cannot fully function, so taking mental health days allows for both your brain and body to rest so you are able to recharge and actually be more productive when you come back. Here are some activities I enjoy while taking my mental health day:

1. Hug someone I love
2. Take a hot shower
3. Play with puppies
4. Write in a journal
5. Attend a Zumba class
6. Watch a documentary
7. Avoid social media
8. Have a good laugh

Active Minds at NYU

By: Kiran Khatau

Active Minds is a club at NYU dedicated to promoting positive mental health on campus, raising awareness of mental health issues, and promoting resources for students in need of support. The NYU chapter was founded in 2014, and is part of a national organization originally founded in 2000 by Alison Malmon, who’s brother died of suicide. Her goals were to “…combat the stigma of mental illness, encourage students who needed help to seek it early, and prevent future tragedies like the one that took her brother’s life.” The NYU chapter hopes to uphold these ideals on our campus.

The club hosts events during Suicide Prevention Awareness Month, National Eating Disorder Awareness week, National Day without Stigma, World Mental Health Day, and/or Stress Less Week. All the events are open to all NYU students interested in mental health. The club recently hosted a Spring Kickoff event with Dr. Jess Shatkin from the CAMS department regarding his new book. They are currently in the process of planning events for National Eating Disorder Awareness Week, which is from February 26th – March 4th, as well as hosting an extraordinary speaker—Danee Sergeant—in April. During Finals, they will also be hosting Stress Less Week, which includes events like “Free Cookies and Compliments,” “Puppy Therapy,” and different crafting activities.

While there are many worthwhile causes and clubs to join while at NYU, we hope you come out to some Active Minds events. Students will gain insight regarding mental health issues in contemporary society and, at the very least, have an opportunity to de-stress from the otherwise hectic and stressful college atmosphere.
Low Cost Treatment at NYU

By: Ryah Freih

Warning: Contains Sensitive Material

“I lay in bed for hours and stare at the wall, you know what I mean?”

The psychiatrist did not in fact know what I meant. I ended most of my symptom descriptions with the rhetorical question, an affirmation of logical suspension in depressive actions. Maybe the wall staring episodes and chronic physical aches manifested themselves in insomnia, or a dissociated gaze, or a nauseating lunch full of crackers and coffee. Regardless of the behavior, depression successfully vacuumed worth from every action I engaged in. The chemical imbalance (or what have you) colored my perspective grey and left a stagnant boredom in my chest, or quite poetically, a gravity of nothingness.

I lifelessly moved through adolescence with a formative negativism that skewed my understanding of neurotypical normalcy. I arrived at university without healthy social skills and drove myself further into a depressive grave, one without friends, without family, without support: a heterogeneous mix of fear and vacancy. Eventually, an old friend of mine insisted I make an appointment with a therapist. I was unsure where to begin. I was recently insured through NYU and painfully unaware of how to navigate student health, even pressing the correct floor button in the health center’s elevator was a challenge (it was much easier to press buttons three through five).

Wellness and counseling offers ten free academic sessions per year. Meeting with a therapist every 2-3 weeks only helped so much when the sixty minutes allotted was not enough to cover the thoughts that spun my mind dizzy. After a few months of going to counseling, I naively believed I was getting better, that maybe my continued depression was a phase, an adjustment period of sorts. But getting out of bed became an excruciating feat, and I was once again pushed back into wellness office for a new therapist.

I hopped between therapists a few more times and saw a psychiatrist at the health center. My prescription was luckily inexpensive but the evaluation fees, co-pay payments, follow up appointments all began to add up, especially as therapy was a required component for my treatment. And I worked to pay for all of it. Then came a day when I couldn’t afford to go to therapy any-
Living Through Anorexia
By: Cayla Berejikian

Warning: Contains Sensitive Material: Eating Disorders

It started with a photograph. A few weeks into the swim season. I had changed my eating habits to improve my performance, as I finally had a goal to qualify for the league meet in the 100 butterfly. A photograph my mom took at a swim meet popped up on the desktop. I almost didn’t recognize myself. The girl on the screen was smiling, with lean, toned legs. I remember thinking that I looked great, that I’d lost weight. I attributed the change to my newfound diet and exercise routine, which at the time consisted of three hours a day of vigorous training in the weight room and pool. I moved up to the varsity team then noticed my weight had dropped from 125 to 115 pounds. I felt like beaming.

I decided to push it just a little further and speed up the weight loss I was already seeing. I cut back on snacks before practice. I started to keep track of my meals. Three meals a day, strictly one medium sized serving, no snacks. It was easy, simple. At first I didn’t notice the hunger. At 110 pounds, my coach approached me after practice to ask if I’d been feeling sick lately, saying that I looked thinner than usual. I insisted I was fine. Doing great, better than ever. And I truly believed it. I had never felt more on top of the world. His concerns were overshadowed by compliments and admiration from my friends: “You are so toned!” “I can see your abs!” “You have the best body of anyone on the team. I wish I had your body.” In a world where I had never felt special or celebrated for my individuality, I was suddenly receiving accolades for dieting and being positively noticed for my changing appearance. I remember thinking that if nothing else separated me from my peers and friends, I had really great willpower. And that was completely in my control.

Anorexia Nervosa is not just weight loss. It is a distorted reality. No matter what you look like, you are too large. And you do not need to be emaciated or underweight to have this disorder. Perhaps you are not underweight enough for immediate concern. Maybe just your family starts to notice. Maybe they don’t. But the longer you wait, the further you slip and the harder it is to get back up.

Before I knew it, I was 105 pounds. My menstrual cycle stopped for one week. Then one month. Then half a year. I did not tell anyone. I reasoned that it was because I was working out so hard, like an Olympic athlete.

The DSM-5 describes the symptoms as a restriction of energy intake, an intense fear of gaining weight, a disturbance in the experience of one’s own body weight, and denial of the seriousness one’s low bodyweight. That last part is the most important and most terrifying. Experiencing Anorexia does not feel like having the flu. It feels like having a talent. Most of all, it is about the control. Many people with the disorder have reserved and perfectionistic personalities as well as low self esteem, so taking control over something like diet and appearance is gratifying and empowering. Take it from me.

Things only changed when I mentioned in passing to my mother that I had stopped getting my period. She immediately took me to the doctor. At the time, I rolled my eyes at
Living Through Anorexia cont.

By: Cayla Berejikian

Warning: Contains Sensitive Material: Eating Disorders

her, but in retrospect, her decision saved me from harming myself further. My doctor looked at my height and weight chart. He was concerned and asked me if I had ever felt the need to diet. I said no. He knew I was lying. Then, I learned that I had been losing over one pound a week, which is fine if you need to lose weight. But I was not supposed to be 100 pounds. So, my body had started to shut down. My reproductive system was failing first, something called amenorrhea. He asked me again, did I think I needed to lose weight? I started to cry. And for the first time, I realized I was afraid. That appointment forced me to accept that something was wrong. Without a wakeup call, I don’t know how much lower my weight would have dropped, and how much damage I could have done to my body.

I was doing it to be healthy, to be strong. But every time I ate I would squeeze my sides, feeling for fat. The paranoia followed me all day. If my jeans felt tight, I couldn’t focus in school. I began to hate myself for each snack I ate, each time I gave into my own hunger.

Recently, I have been working towards developing not only a healthy relationship with food, but a healthy relationship with myself. If I believe that I deserve to be happy and healthy, to feel my best, and to indulge from time to time without suffering afterwards, I can begin to take the steps towards better habits. I am working on relinquishing the need to control, listening to my body, and trusting that my weight can be stable and healthy if I am also stable and healthy. But still, every time I walk by a window, I have to remind myself not to scrutinize the woman I see. Even though I know I am not overweight, I fight to against self judgement and thoughts that I am too bulky. And although I got rid of Myfitnesspal, I still find myself subconsciously counting calories throughout the day.

I wish I could say that my four year struggle with eating disorders, rearing its ugly head in a mirage of different forms, is completely finished. But the process of coping with these disorders takes patience, and healing must happen from the inside out.

To Learn more about eating disorders, consider taking the CAMS course: Advanced Seminar on Eating Disorders, or getting involved with the National Eating Disorders Association (NEDA).
3/29: Spring Mixer
   6-8pm; NYU Torch Club
   Come to our annual spring mixer to meet professors, faculty, students and enter our raffle.

4/3: General Member Meeting 2
   7-8pm; GCASL 275
   We will be highlighting our April Course of the Month, as well as learning about more CAMS opportunities.

5/3: End of Stressmester
   12-4:30pm: Kimmel 405-406
   Our most popular event every semester! Wind down the semester with puppies, food, goodie bags, massages, and more!

Keep an eye out for more CAMS Happenings throughout the semester!

This newsletter was created by the CAMS on Campus Writing Committee:
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Have original photography? Please submit!

CAMS Happenings

SUBMISSION GUIDELINES:
   + Students email their designs to csccams@nyumc.org
   + Artwork can be created on the computer using various graphic design applications or by hand.
   + Logo submissions must include “CAMS on Campus” somewhere in the design
   + Open to all NYU students
   + Submit by March 14th at 5pm