

Tree Structure Appears in SidPac Lobby

By **Rebecca Perry**

Sidney Pacific's Christmas tree was erected and decorated this past week, following a tradition of tree-decorating that may go back to 16th century Germany. Though there is no one inventor or place to which the custom can be definitely traced, the Christmas tree does have an interesting history.

Christmas trees were popularized in 19th century Britain by Queen Victoria and her German-born husband Prince Albert. The tree eventually spread to Austria, Switzerland, Poland and the Netherlands.

In 1923 President Calvin Coolidge lit the first officially designated National Christmas Tree, now decorated every December in Washington, D.C. In 1995 they used solar lighting and LEDs in 2007.

In New York City, the lighting of the Rockefeller Center Christmas Tree has drawn crowds since the custom began in 1931. In 2007 they also began using LED lighting for the tree's roughly 30,000 lights.

Locally, each year Boston Commons displays a giant evergreen tree from Nova Scotia. For more than 30 years they have donated a tree to the people of Boston—in



Photo by **Seungeun Oh**

The Sidney Pacific Christmas tree and expert decorating team

gratitude for their help after a 1917 explosion in Halifax harbor.

Some families celebrate by heading out to the snowy woods, to local Christmas tree farms, to select their own fresh holiday trees. For those in southern California, this is more commonly accomplished by stopping at a roadside vendor and picking out a tree with a nice fluffy coating of spray-on snow.

Thinking of snuggling up near the tree in SidPac's lobby with a good book? You may wonder...has anyone written a thesis about Christmas trees? In a recent search of the MIT libraries one title from 1941 stood out: *The Christmas-Tree Pattern for Measuring Signals On Phonograph Records*, by John H. McGuigan (EE). Maybe he used Christmas music.

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Need a smile for IAP?

18th Annual Salute to Dr. Seuss.

Professor Henry Jenkins will read from Dr. Seuss' works, discuss their impact on popular culture and screen the film **5000 Fingers of Dr. T.**

Your Mental Health...

From MIT Medical Services

Graduate school can be stressful and anxiety-producing—adding to life's other pressures. MIT Medical has information and mental health resources available to all students. Here are a few questions and answers to consider (from the MIT Medical website).

Q. Who should use mental health services? How do you know when you need counseling?

Any student is welcome to come to Mental Health Service at MIT Medical, even if he or she is dealing with a typical amount of stress.

things are affecting the student's ability to do his or her school work or enjoy things that usually are a source of pleasure.

Q. What should I do if I am worried about a friend? How can I help a friend who is depressed, especially if he or she has reason to be unhappy? What if I think he or she may want to harm himself or herself?

There is a difference between "unhappy" and "depressed." Being depressed is a more constant state and harder to break out of, but either way, it's a good idea to get help. It is not your responsibility to diagnose a friend's depres-

walk-in hours to talk to them. Often friends will bring someone that they are worried about to walk-in hours or urgent care. If the situation looks really urgent, you or the housemaster can contact the campus police and have your friend brought into the health service or a hospital emergency room.

Studies of people who have committed suicide have found that many told someone else about their thoughts, although the people they told were often not mental health professionals. One of the goals of many suicide prevention programs is to ensure that all people who are thinking about suicide have an

MIT Medical (main number)	x3-4481
MIT Mental Health	x3-2916
Student Support Services (S3) 5-104	x3-4861, web.mit.edu/counsel/www
MedLinks	web.mit.edu/medlinks/www/
Center for Health Promotion	E23-205, x3-1316, web.mit.edu/medical/a-center.html
Harvard Eating Disorders Center	www.hedc.org/
Cornell Stalking Information	www.humec.cornell.edu/stalking/index.htm
Ullifeline	www.ulifeline.org/
MIT-EMS 100 (campus phone)	x3-1212, ems.mit.edu/
Nightline (DEF TUV TUV OPER OPER)	x3-8800, http://web.mit.edu/nightline/



In fact, this kind of "check-up" may prevent things from feeling really overwhelming later on. Any student who is having troubles with stress, substance abuse, or mental health issues, should feel free to come to MIT Medical Mental Health Service. It is a sign of strength to recognize life concerns and make a plan to deal with them constructively.

Typical mental health issues include difficulties with relationships, family stresses, school stresses, breakups, anxiety or worry, questions about sexual identity, eating issues and depression. Often these

sion. Your first step is to listen to your friend and let him know your observations – if he seems to have withdrawn from activities, let him know that you've noticed. Even if he says nothing is wrong, you are letting him hear that you care about him.

Second, you should never keep this kind of worry to yourself. You can try on your own to get your friend to come into the mental health services, or you can involve a housemaster. The staff at the MHS are available to help you think how best to approach the situation; you can either call them or come into

opportunity to speak with mental health professionals.

Q. Is it normal for a student to be talking about suicide?

Thinking in an existential way about the meaning of life and whether it is worth living is a normal part of many young people's lives. However, most people do not sincerely wish that they were dead, or think about actively taking their own lives. On the other hand, some people go through difficult periods of their lives when this kind of thought is a constant presence. Depression plays a significant role in the kind of hopelessness that leads

...Resources at MIT

people to think of suicide as a way out of a situation. A recent study of college students in the United States, found that 10% of students surveyed had thought about suicide in the last year. Another study found that only about 4% of 18-19 year olds had thought of suicide in the last year when excluding people in that group who were depressed. In the same age group, 32% of depressed subjects thought about suicide.

Anyone who finds themselves thinking of suicide should talk to a mental health professional. Thoughts of suicide are frequently driven by a sense that there is no

are finding it hard to get your work done, then you should definitely come to MHS to review the situation. If talking to your friends helps, but they are getting burnt out and can no longer offer you much help, then you should come to MHS. If you are having trouble sleeping or concentrating, then you should come to MHS. If you are not sure whether to come in, consider making an appointment to talk to someone about what services are available and whether you could benefit from it.

Q. How do I make an appointment?

interview. If you cannot wait, there are walk-in hours every afternoon, Monday-Friday from 2pm to 4pm. If you come during walk-in hours, you will be seen, although there may be a wait. Appropriate follow-up will be arranged at that walk-in visit. This can include being booked for an intake appointment.

Q. If I go to Mental Health Service, will I have to explain my situation over and over to many different people?

No. When you call to make your first appointment, you can just say, "I want to make an appointment." You will usually have to explain your concerns briefly to the intake

Nightline is the listening service run by MIT student volunteers. It is staffed every night of the term between 7pm and 7am by a male and female MIT student, according to the website, You can call for serious things like eating issues, depression, suicide, school pressures,

and relationship problems, but also to ask about resources at MIT, phone numbers and information. Nightline is strictly confidential and anonymous. If you call the line you don't have to identify yourself. "DEF TUV TUV OPER OPER" is simply a representation of the line's phone number: **(617) 253-8800**.



way out of a situation. Talking about the situation can often reveal more options. Most of the time, people feel that talking in a private way to a professional helps to reduce their sense of despair and isolation.

If it turns out that the person has a depression, there are several tried and true modalities of treatment.

Q. Sometimes I feel sad, other times overwhelmed but usually I get over it. Would going to MHS be helpful to me?

Should you feel sad or overwhelmed, if talking to your friends or parents doesn't help and you

If you wish to make an appointment at MHS, call 3-2916. The receptionist will schedule you for an intake phone call. This is an approximately 15 min. phone call during which an intake clinician will establish the general problem and its urgency, as well as gather information that will help match you with the clinician who will be the most helpful to you. The clinician will then schedule you for an initial hour long appointment. If you don't have the privacy for a phone call, you can choose to come to MHS (3rd floor of MIT Medical, building E23) for your intake

clinician during the intake phone call. Then you'll be able to go into more detail with your counselor when you have your first appointment. Occasionally, if you are interested in medication or in switching to a different clinician, then someone else will need to have information about your situation.

Q. What should I expect at my first visit?

During the first visit, you will talk with a clinician about the concerns that prompted you to make the appointment. The clinician will also take a history, which will involve

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The Daylily Lullaby

*Sitting by the Charles, watching nightingale's waltz
The bells are ringing, and the sun is drifting away.
I wish everyday was a sunny day,
Every tree was a fruit tree,
Every seed an elixir; panacea of all ailments.*

*Then I wish I was a Daylily born in a sunny day,
Woken up by the gentle hands of the sun,
Boozed by the most limpid dews before the sun was up!
My day, my only day, is the pollination day;
Dispersing love freely, unknowingly, unceasingly!*

*But then the bells start to ring again:
Not just once, but twice, thrice, many times
And the nightingales begin to sing their favorite song:
The Daylily Lullaby.*



Poetry by
Shamim Nemati

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asking some questions about your family, childhood, and substance use. Usually the session will end with some feedback and suggestions about the best treatment. Sometimes a recommendation is made for treatment outside of the medical center; sometimes a recommendation is made to consider medication.

Q. What range of treatments does MHS use?

MHS offers a broad range of treatments including individual, couples, and group psychotherapy and psychopharmacology. The MHS staff is comprised of a diverse group of clinicians from different

disciplines and with different approaches to psychotherapy including psychodynamic and cognitive behavioral therapy. The psychotherapy groups also vary from ongoing psychotherapy groups, groups that address a specific topic (e.g., eating concerns, substance abuse), time limited skill-building groups, and drop-in groups. The intake clinician will discuss these various types of treatment with you and will make appropriate recommendations. Your clinician will try to work with you to develop an understanding of what has caused your concerns. They will help to put the pieces together to look at what's contributing to your stress or problems. Cognitive behavioral

work can be done in brief sessions that provide strategies to manage stress or support desired behaviors. Treatment involves talk, and can be very task-oriented.



**Sidney
Pacific
Speaker**

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The Speaker is published monthly for the Sidney Pacific Graduate Community. Send suggestions to sp-newsletter-chair@mit.edu