

Student Suicides: Penn State Below National Average

By Mel Ziegler
Contributing Editor

Late in the afternoon of October 4th a seventh term mathematics student walked into the kitchen of his Barnard Street apartment and with a .22 calibre rifle shot himself in the head. At 10 p.m. that evening he was pronounced dead by doctors at the Centre County Hospital.

He had made The Irreversible Decision, a decision which a University psychiatrist once said comes only "when the fear of living becomes greater than the fear of dying."

He was not the first student to take his own life on this campus. There were several before him. In fact, since 1962 alone four other students found suicide the only way out of life's maze:

- Fifteen minutes after curfew on a Saturday night in late September, 1962 a fourth-term coed plunged to her death from the sun deck of an East Halls dormitory.

- Two months later a junior in secondary education broke his way through a transom on the eighth floor of his Pollock dormitory and made the fatal 75-foot jump to the ground.

- The following spring, a local science student, who was not enrolled for the new term at the University, shot himself in the head.

- And in late May of the same year a 12th term aerospace engineering senior was found at 8 a.m. after hanging all night from a clothes closet bar in his dormitory room.

Despite the shocking effect of such incidents, the suicide rate at the University is considerably lower than on other campuses across the country. A recent study at the University of California at Berkeley, for instance, revealed that one in every 5,000 of its students commits suicide.

A Look Magazine correspondent, doing research at the University for a future article, told a local authority that Penn State had the second lowest suicide rate of the nearly 20 colleges she had visited.

Dr. Hugh B. Urban, therapy coordinator for the Division of Counseling at the University, estimates that if Penn State students were to match the Harvard suicide rate, there would have been 24 self-inflicted deaths at the University since 1960. There have been five.

A study in the October issue of Moderator, a magazine for leading students, predicted that 1,000 college students will kill themselves this year. Since college enrollment across the nation currently stands at six and one half million, this means that one in every 6,500 students will commit suicide. But even at this rate, Penn State is far below the national norm.

Why Few Suicides?

Why the low number of suicides here? University Psychiatrist Dr. Albert M. Ingram Jr. believes the isolation and rural nature of the University create an environment more favorable to emotional stability. Dr. Ingram suggests "we don't get the same kind of sophistication here that they do at Columbia or New York University." He is referring to the larger number of rural students who attend the University (the Admissions Office has a 10 per cent quota for out-of-state students) compared to the type of student attracted by the city campus. Dr. Urban calls this "the selective factor," the phenomena by



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—Collegian Photomontage by John Loft and Mike Urban

which different kinds of students select different kinds of universities.

Most important, however, are the services available to assist emotionally unstable students. Investigations of all known campus suicides in the last two decades have disclosed that no student who had sought professional help had subsequently destroyed himself.

To be sure, several have tried. The Moderator article speculates that for every successful suicide nine will threaten to kill themselves, and one in 10 of these will actually attempt to do so. Dr. Richard M. Lundy, director of the University Psychological Clinic, estimates that between five and 10 students attempt suicide annually. Many of these students, of course, have no real intention of killing themselves, but as Dr. Lundy said, they "just attempt suicide to get others to do things for them." Still, he maintains, "attempted suicides are a very serious problem, because they show that the patient is interested in this way to solve his problems." Students who try to take their own lives are almost routinely committed to the Health Center. The more severe cases are removed from the University altogether and placed in a hospital. "Usually we are able to talk to them so that they'll re-evaluate their suicide attempt," Dr. Lundy said.

Nonetheless, students at many universities have virtually nobody to talk to. As of 1963 only 76 colleges had professional clinical facilities for emotionally unbalanced students. And as recently as 1955, the psychiatric staff at Harvard, renowned as an enlightened university, consisted of one man. The Moderator study uncovered the fact that professional services to emotionally disturbed students are downright inadequate at most universities. This is unfortunate, thinks Dr. Urban, who says he believes there is a "higher proportion of suicides on those campuses where there are no services available."

University Services

But the story at Penn State is quite different. Owing largely to a young psychologist named Robert G. Bernreuter who came to the University in the 1930's, Penn State engineered a complex web of professional services that many other universities today are duplicating. Currently, Penn State staffs one professional counselor for approximately every 1,000 students at a cost of about \$17.50 per student per year (which also includes medical care). Not bad, when according to Dr. Urban, "some students are getting more than \$3,000 worth of free services" from professionals who would otherwise demand inflated fees.

At the apex of the University's pyramid of services is the Mental Hygiene Clinic, consisting of two staff psychiatrists. Next come the Division of Counseling and the Psychological Clinic, which together employ over 20 Ph.D. psychologists. And the base of the pyramid is well

covered by an all-encompassing net of religious affairs advisers, residence hall counselors, the Speech and Hearing Clinic, registered doctors in the Health Center, academic advisers and staff members of the Dean of Men's and Dean of Women's offices.

Although reports indicate the University is seeking funds to add another psychiatrist, the fact remains that the present variety of services is superb. "If there is any problem at all," Dr. Lundy claims, "it is in communicating to students that these facilities are available." He contends that most students are not aware of the extensive campus mental health services.

Dr. Jefferson D. Ashby, acting director of DOC, noted the inter-

denial and are not accessible to other agencies of the University—the Administration and all other sources—unless the student approves their release. No mention of them will appear on the student's personal record with the University.

Often, however, students are apprehensive about seeking out such professional help for fear that it will stain their record. This is not possible. Psychiatric records are locked safely in 208 Health Center and not even the doctors on the Ritenour staff may consult them. Furthermore, all records are completely destroyed a few years after the student graduates, and they are only held that long for the student's own convenience and welfare.

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relationship of all agencies designed to help students with emotional problems and made a point of how well they all work together.

As an example, he said if a psychologist determined that money problems were the source of a student's emotional stress, the Office of Student Aid could cooperate fully in offering its resources to the student.

Highly Confidential

The usual procedure for a student seeking professional assistance is to contact psychologists in either the Division of Counseling or the Psychological Clinic. Then, if his problem is extreme, he is referred to one of the University psychiatrists for more intensive psychotherapy. All records of such interviews are regarded as highly confi-



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The University also makes an elaborate effort to detect emotionally vulnerable students even before they register. A series of tests and personal interviews, conducted by DOC give the University psychologists an early hint of a student's emotional problems. Dr. Ashby indicated that DOC, upon reviewing such data, will often "follow up" with these initial contacts as soon as the student arrives on campus.

"If we think a student needs help," Ashby said, "we get in touch with him and invite him into conference." A recent suicide victim had been invited to such a conference, but turned down DOC's gesture. Ashby said that residence hall counselors in the various dormitories are also alerted to be aware of students who might show need for professional assistance.



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Still, a good many students who do need help, and are not detected, never seek it out. Moderator estimates that between 10 and 15 per cent of the nation's students have emotional problems serious enough to warrant professional help. Although University psychologists generally disclaim these figures, they still feel, as Dr. Urban indicated, that a "respectable number of students do need help, but are not getting it."

Nonetheless, Dr. Ashby proclaims, "we have a vigorous group of individuals up here. I disagree with those (like Moderator) who say we are mentally unhealthy." He specified that the excellent resources of a college population puts it well above the average sample in mental health. Nevertheless, psychiatrists report that college suicides are 50 per cent higher than suicides of non-students of the same age and all Americans in general. The study at Berkeley even found suicide the number two killer of college students, second only to accidents. Of course, as Dr. Lundy pointed out, "there's nothing else to kill them." Then again, Lundy continues, "everyone really can benefit from talking about their problems—no one is in perfect psychological health."

Apparent Problem

However, contentions that serious mental illness is a wide spread campus problem disturb nearly all of the major University authorities. Dr. Ingram, for example, said "the problem (at Penn State) is apparent rather than real . . . and there's been no increase in emotional problems." Statistics would seem to refute him, with nearly 1,200 students annually receiving professional help at various campus agencies. The Psychological Clinic handles approximately 100 student cases a year, the Mental Hygiene Clinic around 400, and DOC (excluding academic and vocational guidance) an estimated 700 students annually. Yet these figures only add up to 5 per cent of the registered student body. Furthermore, although the number of students who consulted DOC psychologists for their emotional problems climbed from 25 when this part of the clinic was first opened in 1961 to the current figure of 700, psychologists are quick to point out that this does not reflect an increase in emotional stress. The fact is there are many more students on campus and the DOC facilities are much more widely known.

Still, a good sized segment of the student body has serious emotional difficulties. But what distinguishes their problems from the average student? . . . Actually, the problems of a potential suicide are not essentially different from the problems of an average student. Dr. Ingram observes that "we all become discouraged, despondent and depressed . . . but most of us are resilient enough to bounce back."

In most cases, the problems are just common and everydayish. The difference is that the mental patient and potential suicide victim becomes overwhelmed with these problems. And it's when a student

doesn't bounce back that he commits suicide. One coed always carried an instrument with her to kill herself. She wanted the security of knowing that if she ever became overwhelmed by her problems, she could take her own life. Dr. Ingram says the final step is usually taken "because of guilt, anger, self-pity or the desire to hurt another person."

Dr. Ashby points out that many of the student's problems are highly normal and legitimate, considering that the student is in his late adolescence. "Most students are able to make the necessary adjustments, with a reasonable amount of efficiency," he said, while others cannot. Two students, for example, may react quite differently to being jilted by a girl. While one may suffer a complete breakdown and contemplate suicide, the other will adjust and go out once again to play the field. "In different individuals," he said, "there are different levels of response."

Academic Pressures

The problems that plague students cover the whole range of human difficulties. From simple homesickness to severe depression, from interpersonal conflicts to heterosexual difficulties, from chronic anxieties to sexual adjustment, these are the problems which lead students to take their own lives, according to authorities at the University. Conspicuously absent: academic pressure.

According to the Moderator study, however, the "pressure cooker" atmosphere on the modern campus is a leading contributor to student suicides. Academic stress has been the perpetual stand-by excuse for all that goes wrong in a campus atmosphere. But Dr. Urban, speaking of his experiences with University suicides, disagrees: "In no instance has there been any relationship between academic pressures and campus suicides. People don't ordinarily get suicidal over the fact that they're not doing well academically." Dr. Ingram contends, in fact, that "students are reacting beautifully to academic pressures, with more stability than one could even predict."

Anxiety, as Dr. Ingram views it, is the main contributing factor to emotional stress on campus. This anxiety usually concerns the opposite sex, parents, money, studies and career problems. Often it can immobilize a person so that he cannot function effectively in his daily life. In one instance, a student could not keep from looking at women's legs. Wherever he went, whatever he was doing, he had an obsessive compulsion to stare at women's legs. His own self-consciousness brought him a feeling of guilt and he came to think of himself as a pervert, eventually nearly immobilizing himself.

Dr. Lundy feels that the chief reason for a college suicide is that a student finds himself "unworthy and inadequate," but he too emphasized that students "are not suiciding for anything relating to the college atmosphere." In some cases, he said, people suicide because they feel "other people don't seem to realize what pain and anguish they are in."

Dr. Urban said suicide takes place when a person reaches the conclusion that there is nobody he can turn to for help, and if there are people, they can't help.

No matter why, the facts remain: Penn State has a low incidence of suicide relative to the national average, owing greatly to an excellent network of professional services, and for the suicides we do have, the old stand-by of academic pressure doesn't measure up as a valid factor, according to our University psychologists.



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