STUDENT COUNSELLING AND CRASH PREVENTION

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As currently practiced, college counselling is usually based on assumptions derived from a medical model. Consequently students with problems are treated as though they were sick; too little attention is given to problem prevention; and the focus is almost entirely on the individual to the exclusion of the institution. By shifting from a sickness model to a crash model, the university environment comes under scrutiny as a possible cause of student problems. By studying the institution with the techniques of social science, the university can be made a safer environment for its students. Objections to this approach are raised and discussed.

A certain number of university students each year find themselves in serious trouble. Some are hooked on drugs; some are hooked on television. Some are in trouble with the law, and some are In Trouble—pregnant when they're not supposed to be. Others make suicidal gestures, and for some this gesture is a final one.

What does the university do about troubled students? Traditionally, the university does nothing. Although in other respects the corporate eye views itself as acting *in loco parentis* (when it comes to discouraging heterosexual experience, the American university has traditionally acted very much *in parentis*), the tradition in most places is for the university to let nature take its course with regard to students in trouble. Students are traditionally seen as an expendable commodity.

A more recent tradition, however, is for the university to provide some sort of counselling service for students. Student counselling services are usually in the medical tradition; they are staffed by psychiatrists or counselling psychologists who issue psychotherapy, counselling, or drugs to students who are either in the midst of a personal crisis or already in serious trouble with the university or an outside agency. As student health services become more experienced they often employ more sophisticated techniques. Students themselves are trained as counsellors. Group counselling is initiated. A hot line is established with phones manned night and day. But whatever new techniques are employed, they almost always fall within the medical tradition of treating the sick.

This approach is inadequate for several reasons. The first is that most students in trouble are not sick. The majority are encountering problems in living, something (as Szasz has argued most persuasively) quite different from being sick. In many cases, a medical model is inappropriate.

The second difficulty is that the focus is nearly exclusively on individual treatment; *preventing* trouble gets little or no attention at most universities. This imbalance also stems from traditional medical practice. To be effective, a program must look to the causes of student problems as well as provide relief to the sufferer. Analgesics are not sufficient treatment for pain; the source of the pain must be sought and dealt with. Another problem with this emphasis on treatment is that many students resist going to the health service until it is too late for treatment to be effective. There is little a counsellor, even a good counsellor, can do after the police have been called, after a few months of an unwanted pregnancy, or after the wrists have been effectively slashed. It's often a case of too little, too late.

There is also a false and objectionable assumption underlying the current counselling approach. The assumption is that the problem lies wholly within the individual student and not at all with the institution. A student counsellor who suggests major changes in the university stands a very good chance of being told to mind his own business.

So we end up treating healthy students as though they were sick, easing pain without finding its source, and acting as though the immediate environment played no part in causing student troubles.

There is another way. Rather than trying to label and heal the "sick" student, one can stop thinking and acting as though he were sick. Instead, consider his situation a crash. The Oxford Dictionary says that to crash is, ". . . to come down violently out of control." Let us accept this definition as a broad description of the kinds of student troubles mentioned above. As soon as the cognitive shift from sickness to crash is made, one almost automatically begins to think in terms of preventing future crashes and not just rescuing the individual crash victim. By making this shift, the interaction of university and student comes under scrutiny. Just as road safety experts study highways, guardrails, and automobile design as well as the problem driver; university crash experts will examine courses, grades, and living conditions as well as the problem student.

Attention is now given almost exclusively to the "sick" student. By changing from a sickness model to a crash model, attention will be paid to prevention as well as treatment. The institution will become an appropriate target of change as well as the individual. The effects of the immediate environment will come under observation.

The first step in the implementation of the new approach should be a study of which interactions between institution and individual are related to crashes. The counselling literature, reflecting current practice, is replete with descriptions of a variety of treatments for students in various kinds of troubles, but references to institutionally related troubles and suggestions for institutional change are rare.

What is it about the university that contributes to the incidence of student casualties? Here are a few possibilities. (1) Emphasis on cognitive tasks to the exclusion of emotional and interpersonal growth.

(2) Excessive task demands involved in studying, memorising, and producing papers for university courses. (3) The competition and/or anxiety involved in test taking. (4) The "crash" cramming demanded by scheduling final examinations in close temporal proximity to one another. (5) Sexually segregated dormitory life. (6) Lack of contact with different age groups. (7) Poor food (lack of nutrition). These and others should be examined with the same tools our social science departments use for other research.

We must also know what form student crashes take, in what year of studies they most frequently occur, and in what season. What are the similarities and differences in the crash patterns of men and women at university, blacks and whites, native born and foreign, the top 10% and the bottom.

Much of the above seems obvious. Once stated, it seems apparent that a connection must exist between the institution and the number of individuals who crash while in contact with it. But though it may seem obvious, how many universities are actually concerning themselves with modifying their task demands or re-structuring environments that are overwhelming or dangerous to students? And of those that are taking first steps in this direction, how many are studying these problems using the methods of social science rather than responding, hit or miss, to student pressure.

Proposing that universities change themselves to make them safer places for students is going to raise some mighty objections. Academic faculty will almost certainly treat with suspicion any idea originating from the counselling service. The notion of "coddling" students is bound to raise the hackles of those who see suffering as the ultimate builder of character. And talk of altering task demands will surely bring on the spectre of Lowered Standards from some faculty members.

One possible objection to the idea of altering student task demands is: What about the student who is able to handle the current level of task demand? Won't he do less work if the demands are lowered. The answer is that it is doubtful if a simple lowering of the demands is the solution to the crash problem in any but a small number of cases. The solution is more likely to be found in building more room for variation into the demands. The student who is capable of handling a heavier load should be encouraged ("encouraged" as opposed to "allowed") to do so. The student who crashes under the weight of that load should have his burden eased. If living arrangements are found to cause crashes, variation can be part of that solution as well. Men who want to live in all male dormitories should have that option; those who don't, shouldn't have to.

A second objection is this: If you lower task demands at the Medical School, won't you produce incompetent doctors? This is a statement of the very real conflict which sometimes develops between

individual welfare and public welfare. The learning load on the medical student cannot be reduced to the point at which he becomes an inferior medical practitioner. But with this potential danger clearly in mind, it is possible and perhaps even valuable to introduce more variability into the workload of medical students than currently exists without turning out doctors who are in any way less than competent. Indeed, some medical schools are now busily making curricular changes in order to turn out better doctors.

Third objection: Are you saying that we should do away with counselling services? No. This is a plan for reducing the incidence of crashes. It is not a panacea. Counsellors, be they psychologists or students, play a useful function now and will continue to do so in the foreseeable future. The university is but one of many causes of student crash. Other causal factors are families, early school experiences, poverty, racism, etc. So changing the university will not end all casualties, it will simply reduce the number of them. Then we can turn our attention to preventing more crashes by changing these other factors.