



Problems talked out

By Arthur B. Pine

A student recently wandered disconcertedly through an emotional maze, where fear conjured up only one solution to his problem and inexperience blocked out all others. The only way out, he thought, was to leave school. A psychologist at the University's Mental Hygiene Clinic talked over his dilemma with him. After several hours, the student had selected one of the alternative solutions the two had talked about, and the fear, the problem and the thought of leaving school had disappeared.

For more than 270 such students each year, whose problems range from exhibitionism and emotional instability, shyness and trouble in dating, to the superior student who is exploring his own identity and the meaning of life, staff members at the Clinic provide help and an opportunity for the student to solve his own problems. The clinical psychologists' jobs are to encourage the student to see more than just one way to look at his problem and more than one way to solve it—and the Clinic is outspokenly oriented toward a "developmental-educational philosophy, not merely a curative one."

What this means, according to the Clinic's director, Dr. Alvin W. Landfield, is that "the Clinic is not a mental hospital. We try to stimulate new learning and personal growth. Most students are basically healthy. They often go through certain stages before they experience new developments or growth in their personalities. We try to accelerate the normal growth processes to help students make better social decisions.

"There's a marked similarity between our staff members and any very stimulating teacher on campus. Both provide a context for students to grow mentally and emotionally."

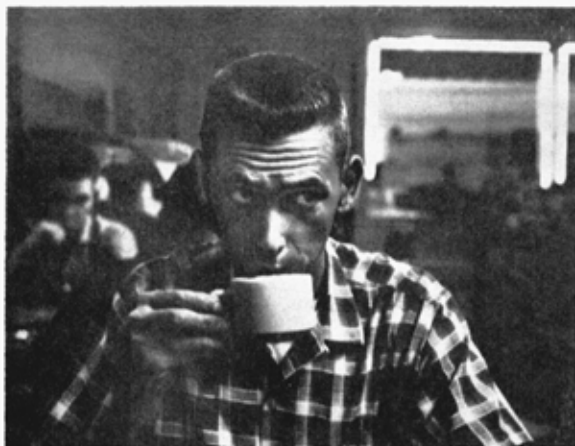
When a student tells the Clinic he's baffled or disturbed by some emotional problem, staff members begin talking it over with him to trace the trouble to its roots. Together, they explore alternative ideas and their consequences, and, together, they reach a conclusion that the student feels he can accept. Landfield and his staff always keep in mind that a student's confusion about a problem often may be a part of the creative process leading to a psychological change.

In mind also, are two objectives—the bases for the Clinic's approach to student problems:

1. To appreciate continually the student's emotional and intellectual abilities to digest new thoughts.
2. To teach that one idea shouldn't be the only basis for action; the student must learn to consider

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Robert Choisser, serving as a model, posed for this picture of "a worried student." Choisser is prominent in acting roles in University Theater stage productions.



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alternative solutions. He must learn to play with many ideas and to use them as tools.

"Most of the students seen at the Mental Hygiene Clinic seem to fall roughly into two overlapping categories," Dr. Landfield says. "There are those students who are more preoccupied with obvious problems of socialization and getting along at college; and those who are more preoccupied with inner thoughts and conflicts.

"The therapist is not the 'giver of the word' by any means; students are free to reject any of the solutions the two talk about. The therapist just puts structure on the problem area which will facilitate the student's coming up with his own solution."

About 45 per cent of the students who come to the Clinic do so on their own initiative. Another 36 per cent are referred by physicians of the Student Health Service.

Dr. William Galeota, director of the health service, says the Clinic "plays an important role in the total treatment of the student who is ill, either physically or emotionally. The clinical psychologist and the medical doctors work as a team, when necessary, to make it possible for the student to remain competent and effective."

The other 19 per cent of the cases the Clinic deals with are referred from "other sources"—academic deans, administrative officials, faculty conduct committees, etc.

Last semester a sophomore came into the Clinic and asked for help in solving a "personal" problem. He wanted to become a musician, but his classmates told him it wasn't manly. During his conversation with a staff psychologist, the student was asked, "What qualities does a real man have?" He replied, "I think he has guts, for one thing." The psychologist continued: "Doesn't it take guts to become a good musician?" The student apparently thought so and now is happy with his choice. (This case and ones which follow have been altered to protect the identity of the individual).

Earlier last year a pretty, platinum-blond coed was the concern of her entire sorority house. She came to the Clinic with a problem: she had a reputation for being "fast." After two sessions of talking with a psychologist, she realized why she had been such a "hot date," in spite of her own conservative code of values. She wanted to be a close friend of someone, thought that her sorority sisters had rejected her and so sought companionship by "heavy necking" with a host of boyfriends. When she realized her problem, she reviewed her actions, let her hair return to its natural brunette and began meeting her own needs for affection in more appropriately rewarding ways.

"A lot of our cases," says clinical psychologist Dr. Denis O'Donovan, "result because students come to the University filled with cultural stereotypes and myths that have been stressed by hundreds of so-called authorities on mental hygiene.

"Students think they must be perpetually happy, without any sadness. A married student told me he never argues with his wife; perhaps a good venting of suppressed emotions is just what the couple needs. A student who was on the all-state football team or in the honor society in high school feels he's a failure because he hasn't achieved equal fame in college—he doesn't realize he's competing with the cream now, not the entire crop. Students often think they must be complete successes to be popular—with the alternative being complete failure. These are unfortunate misconceptions."

Most of the Clinic's clients are underclassmen—about 34 per cent freshmen and 24 per cent sophomores. One of the reasons for this is that younger students often haven't yet learned how to see themselves in more than one dimension or value. The staff tries to urge students to seek less-competitive values in some areas if they are having great difficulty. If a student can't excel in one field, chances are he has strong points in other areas—he must recognize these as well.

Some students can see no gray—just complete black or white. A freshman refused to read an English assignment in one of Faulkner's works because her religious training had taught her that dancing and dating and reading Faulkner were in bad taste. She saw only two alternatives—to reject her religion or to reject her assignment. After talking it over with Clinic staff members, she learned to preserve her own values while respecting the rights of people to differ. A problem arising later in the student's career may concern values placed on one's role in life: junior and senior women may say they're deeply in love, but can't accept the idea of being "just a housewife" after college. "Perhaps they haven't thought that housewives can be happy and emotionally satisfied as well as career-girls can," O'Donovan says.

In all, about 85 per cent of the students who visit the Clinic are in what the staff describes as "the normal range—not at all pathological." The Clinic's first job is to make sure the student can handle the academic side of his college career. Once a student

thought he would surely flunk out—but he really didn't have an academic problem. A staff member asked him to consider what would happen if he flunked out of school. When he realized the consequences would not destroy him completely, his fear of flunking out disappeared and he was able to function even more effectively.

The Clinic staff works only with students whose problems are primarily emotional. In close harmony with the Student Health Service, the Clinic includes three full-time staff members—all Ph.D.'s in psychology: Dr. Landfield, as director, splits his time between his administrative job and teaching in the psychology department; Professor Ruth Allee and Dr. O'Donovan, also clinical psychologists, spend about one-fourth of their time teaching and the bulk as Clinic staff members.

Also on the Clinic staff are Ph.D. candidates who serve as interns under a clinical training program that has been fully accredited by the Education and Training Board of the American Psychological Association, in cooperation with the University department of psychology. In addition, the Clinic has help and consultation when needed from the University's Testing and Counseling Service and from a Jefferson City psychiatrist, Dr. Henry Guhleman.

"When students come to see us," Landfield says, "they may need us in the role of a father, mother, brother or friend. Sometimes they develop images of us, patterned after what they expect us to be." A girl once peered closely at Landfield as she was saying goodbye: "I thought you had gray hair," she said. "You *don't*, do you?"

While his years at the Clinic have produced no gray hairs, the staff's perceptiveness has taken note of a few trends:

Prof. Allee noted that today's students are coming to college with superior technical knowledge about everything from sex to psychology—but they too often lack the understanding of these areas to be able to use and appreciate that knowledge. They can toss around dictionary definitions of psychological terms, almost carelessly; they can understand every scientific facet of man-woman relationships, but be completely naive about the emotional side of love. This last is seen as "surface sophistication."

Students coming to the University from small towns sometimes have a hard time adjusting because of exposure to many new ideas and different cultural orientations. The urban student may see restrictions in the University community.

Ironically, it's the brighter student, Landfield says, who is more likely to come to the Clinic for help. "Brighter students will see more of the dilemmas of life," he says. "They're more likely to go through emotional problems and less likely to be afraid to come to the Clinic. To them, talking things over is a way of exploring ideas."

Also, sometimes emotional problems run in fads. A certain pattern of upset will flare up in a particular dormitory and may spread through the group.

To enable the psychologists to see the students

with the most urgent problems first, staff members give each new client an "intake interview." His problem is evaluated and perhaps solved during that first half-hour talk. If more help is needed, a convenient schedule is arranged. The average client—who must be a student (no University staff member is given service)—can solve his problem within about five or six interviews.

The first problem the therapist has is to establish rapport with the student. Then, the psychologist, directly or indirectly, communicates the Clinic's educational-developmental philosophy, which seeks to give the student a choice of alternatives. Perhaps a few tests may be given.

Although such interviews are the Clinic's most well-known service, it works in three other areas. One is the training of Ph.D. candidates in clinical psychology as interns attached to the Clinic staff. Such training is under careful hour-by-hour supervision by the senior staff members. Numerous requests are received from the deans of the various schools for an evaluation of the student in instances where there is the likelihood of academic failure. The Clinic advises the dean after the evaluation. In these instances, any detailed information is kept confidential, in locked Clinic files.

The Clinic has grown to be an integral part of faculty-student relationships where there is some hope that a student's poor academic or social behavior may be caused by psychological problems.

The last area of the Clinic's activities is in research. Under a U.S. Public Health Service grant for the past year, it has just accepted a two-year grant to study the interaction of value systems between therapists and clients. "But," Landfield says, "the research is done in such a way so as not to obstruct our other services; no student can feel that he is in any way a guinea pig."

A. G. Hogan memorial library

The library and reading room for agricultural chemistry and nutrition in Room 101, Schweitzer Hall, is to be designated as the A. G. Hogan Memorial Library in honor of the late Dr. A. G. Hogan, professor of animal nutrition and noted researcher at the University of Missouri for many years. Dr. Hogan died Jan. 25.

Dean Elmer Kiehl of the College of Agriculture announced that friends and colleagues of the late Dr. Hogan had asked permission to furnish and equip the room and dedicate it in memory of Dr. Hogan. This permission was granted by the President and the Board of Curators.

Dr. Merle E. Muhrer, chairman of the department of agricultural chemistry, said a valuable collection of books and private papers of Dr. Hogan will be included in the materials to be installed. Some new furniture and furnishings will also be purchased for the room.