

## Student Perceptions of the St. Olaf Counseling Center

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### **Abstract**

College campuses have the highest prevalence rates and severity of mental health problems. Campus counseling centers nationwide, including the St. Olaf Counseling Center, report serious mental health problems to be growing on campuses, namely anxiety and depression. There is a gap between the number of students that need help and those that seek it out or receive it. Through individual interviews with students, I investigated what mental health means on campus and how students perceive of the Counseling Center. The majority of students lacked knowledge of the Counseling Center and the services it provides and perceived mental health in a negative light, associating it with mental illness. The fear of being judged by peers as being damaged and flawed prevents many students from seeking help at the Counseling Center. How much an issue is perceived to be the person's fault influences how comfortable students are with telling their friends about their visit. These findings provides insight in to why the services of the Counseling Center are often not taken advantage of and potential ways to make the services more accessible and comfortable for the increasing number of students that may benefit from them.

## **Student Perceptions of the St. Olaf Counseling Center**

### **Setting**

St. Olaf College is a private, liberal arts college founded in 1874 located in Northfield, MN. The 3,035 students enrolled in the fall of 2008 represented all fifty states and thirty countries. St. Olaf prides itself with having a strong sense of community, enhanced by the student-faculty ratio of 12.8:1 and 96% of the student body living on campus. The focus of my research is the campus Counseling Center. The Counseling Center originally morphed out of the pastor's office. For the vast majority of the Center's existence, it was located in the Old Main Annex, along with Career Services, the ASC, and the World Language Center. When Old Main Annex was torn down, the Counseling Center moved to its current location on St. Olaf Avenue and became the Boe House. This year marks its third year in this location.

When students call the Center, Shirley Hanson, the administrative assistant, asks two questions: "Have you been here before?" (And if so, "do you want to see the same person?") and "Would you prefer to see a male or a female therapist?" Students also need to tell Shirley if they are ok seeing one of the two graduate student interns.

Currently making up the staff are licensed psychologists, one licensed social worker, one licensed dietician, two graduate psychology interns, and a licensed dietician and psychiatrist who come once a week or every other week as part time consultants. In

order to see the psychiatrist or dietician students need to be referred by a staff therapist due to the limited time both of these consultants are on campus.

The available preventative and remedial services offered include individual counseling, themed group counseling sessions focused on things such as eating disorders, depression, and victimization, biofeedback services, and chemical use assessments. Services are provided without cost to all full-time St. Olaf students.

According to the Director of the St. Olaf Counseling Center, Steve O'Neill, the Counseling Center is intentional about coming out of a developmental model versus a medical model. They try to prevent putting labels on students as having a serious mental illness, which O'Neill views are not helpful for the college student population. The free services offered by the Counseling Center make this possible since they don't have to bill insurance companies, which often demand a diagnosis in order to cover the cost of therapy.

There is referral back and forth between the Counseling Center and Pam Tietz in the Health Center. Many referrals come from the Dean of Students office.

### **Methodology**

Research on student perceptions of the Counseling Center were conducted through one-on-one interviews with St. Olaf students. 13 students were interviewed, which represented males and females from all four classes. Participants were recruited using a spoken personal invitation and word of mouth. Interviews were conducted in the

setting of the Pause, including the Kitchen, Lair, and pool room. Each participant was asked the same questions, though follow up questions based on the subject's responses varied. The questions fell in to three categories: knowledge of the counseling center, attitudes about mental health, and attitudes about seeking help at the counseling center. The interviews took between thirty minutes to one hour. All responses were recorded on paper. Pseudonyms are used for my interviewees throughout the paper.

The benefit of conducting one-on-one interviews is that participants may feel more comfortable sharing their opinions on issues surrounding mental health. The disadvantage of one-on-one interviews is that the opportunity for participants to reflect and elaborate on the opinion of others is lost, as would be possible in a focus group.

I chose to interview both male and female students from all four years to be as representative as possible of the student body at St. Olaf and to have the ability to reflect on the influence of class year on knowledge of the counseling center. The use of a convenience sample limits the ability to generalize to the larger St. Olaf population.

To supplement my data gathered from the one-on-one interviews with St. Olaf students, I spoke with the Director of the Counseling Center, Steve O'Neill, to gain insight in to trends he has seen in numbers of students seeking help and reasons students are seeking help. I also referenced academic and theoretical work related to the topic.

## Literature Review

### Mental Health

According to the U.S. Surgeon General, mental *health* is “the successful performance of mental functions, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with adversity” (Kleinfelder et. al 2004). The DSM-IV, the manual for diagnosing mental conditions, defines mental *illness* as “the spectrum of cognitions, emotions, and behaviors that interfere with interpersonal relations as well as functions required for work, at home, and in school.” While not all illnesses and symptoms can be reduced to one word or number to fit a disorder in this manual, the manual allows for consistency among mental health workers. One-fourth of people will have a debilitating form of mental illness at some point in their life (Overton and Medina 2008). This statistic (and the reference of mental illness) is reflecting diagnosable mental conditions which interfere with a person’s life for an extended period of time, outside of everyday stressors and ups and downs.

The onset of many mental health concerns occurs in traditional-age college students (Trela 2008). Because of this, it is college campuses that have the highest prevalence rates and severity of mental health problems (Yorgason, Linville, and Zitzman 2008).

### Problem

The perception has arisen in recent years that mental health is decreasing among college students (Rosenthal and Wilson), for a variety of reasons either social, environmental, or biological in nature. Serious mental health problems are growing on campuses (Kadison 2004) and more students are arriving with histories of mental health issues (Farrell 2008). In a 2005 national survey of the directors of college counseling centers, 95 percent of counseling directors reported an increase in students who were already on psychiatric medications when they came in for help (Clemetson 2006). Among students seen at campus counseling centers, the number taking psychiatric medications rose to 24.5 percent in 2003-2004, from 17 percent in 2000 and just 9 percent in 1994, according to the National Survey of Counseling Center Directors, conducted annually by Dr. Robert P. Gallagher of the University of Pittsburgh (Dunewald 2004). In recent years more than 80 percent of campuses have noted significant increases in serious psychological problems, including severe stress, depression, anxiety, and panic attacks, according to the annual survey of counseling centers directed by Dr. Gallagher (Brody 2003).

Trends noted by the St. Olaf Counseling Center director Steve O'Neill reflect these national trends. The primary presenting problems have been tracked since the early 1990's. For a number of years the number one presenting problem was relationship issues. In the 1990's however, there was a large increase in the number of students

presenting depression. This coincided with a spike in the number of students being prescribed medication. Also in the early 1990's, approximately 15% of students being seen in the counseling center were on medication. This number has grown to 33% this year. O'Neill made note that this trend is not unique to St. Olaf, but is being seen across campuses nationwide.

Following the first trend of an increase in depression numbers is a second trend of anxiety-related issues becoming the number one presenting problem after 2002. These anxiety disorders include Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, and Panic Disorder. Depression and Anxiety have been trading off for being the dominating presenting problem in the last several years. Over the last twenty years, the percentage of students that come to the counseling center presenting an eating disorder has remained constant between 5-7%. The number of students with a symptom of cutting as a coping mechanism has risen in recent years. Other common presenting problems include grief and loss, family dysfunction, and current and past victimization. Another presenting problem that is very common to the age group of 18-22 year olds is sexual identity confusion.

O'Neill noted that the gradual increase in the severity of presenting problems may be contributed to medication allowing many students with more serious mental health issues to come to college now when they wouldn't have been able to before. The increasing severity of presenting problems leads the average number of sessions per

student to increase and the total sessions held at the Counseling Center each year to increase. The percentage of students that come ten or more times is currently in the high teens. In the early 1990's, there were approximately 1400 appointments total per year and in the past couple of years this number has increased to 2300-2500 appointments each year. This trend has also coincided with the number of hours the psychiatric consultant Henry Emmons spends at St. Olaf.

O'Neill also noted a consistent trend in the high number of students that seek counseling towards the end of each semester. The last six weeks are usually the busiest times of each semester and also the most stressful for students.

Typical college struggles with class schedules, roommates, and sexual and social freedom are complicated by unstable mental health, and the uncertainty about whether to use campus counseling services, to discuss their problem with others, or whether or not to take medication (Clemetson 2006). These additional stressors have an effect on the college experience of students. The 2007 American College Health Association's National College Health Assessment reported stress as the number one impediment to academic performance; depression and anxiety disorders fell in to the top ten (Guzzardo 2009). Another detrimental factor to the well being of college students is that often unhealthy coping mechanisms such as alcohol consumption, binge drinking, and unhealthy eating habits become the norm on college campuses.

Mental health is a critical factor in students' academic success (Rosenthal and Wilson 2008). Physical and mental health influences one another (Kleinfelder, Telljohann, and Price 2004). Academic success, therefore, goes hand in hand with emotional and physical well-being (Kadison 2004).

Unfortunately, only a small number of students needing mental health services for serious disorders or temporary stressors actually seek them out (Yorgason, Linville, and Zitzman 2008). Rosenthal and Wilson found that of students reporting clinically significant levels of depression (levels that could interfere with "productive living")  $\frac{3}{4}$  had not received counseling in the past 6 months.

Farrell (2008) writes that it is the norm for campus mental health services to be inadequate in addressing the needs of students, but there are many other factors that come in to play on the college campus that prevent students from getting help they may need.

### Barriers to seeking help

Factors found to influence knowledge of campus mental health services among students include off-campus status, gender, year in college, and status of mental health. (Yorgason, Linville, and Zitzman 2008) found that students living off campus, males, and students having fewer years in college have less knowledge of mental health services on their campus. They also found that mentally distressed students were more likely to know about and use services.

Males and females were found to experience mental distress and interact with mental health systems differently. Yorgason, Linville, and Zitman found the strongest demographic predictor of use of services was sex. Women knew about and used services more. Women were found to be twice as likely to use services as men, even when the men knew about the services. Judd, Komiti, and Jackson (2008) also found that seeking help for mental health problems vary by gender. Australian males were found to have lower scores than Australian women on openness to experience in four facets: feelings, actions, aesthetics, and values. Men also scored higher than females on measures of personal stigma associated with mental health problems. In both studies, the gender differences were attributed to male sex-role stereotyping and the male ideology of self-reliance (Judd, Komiti, and Jackson 2008; Yorgason, Linville, Zitman 2008). O'Neill noted that at St. Olaf, there have also always been more females seeking counseling than males, even when the ratio of males versus females in the student body is taken in to consideration.

Reasons that students reported not using the services if they knew about them include lack of time, lack of belief that the services would help, not wanting to talk to a stranger, existing stigmas about all mental health services (Yorgason, Linville, and Zitman 2008), and considering what they're experiencing as a weakness (Kadison 2004). The stigma of mental health issues is one of the main reasons students don't know about or feel comfortable seeking help from mental health services.

## Stigma

A 2006 study published in the journal *Social Science and Medicine* found that while most Americans believe that mental illness has genetic causes, they are no more tolerant of it or of those who suffer from it now than they were ten years ago (Guzzardo 2009).

The stigma attached to mental illness may be as harmful, if not more so, than the disease itself, as it decreases mental health even more. Stigma is recognized as the most significant challenge for persons with mental illness (El-Badri and Mellso 2007).

“People suffering from mental illness and other mental health problems are among the most stigmatized, discriminated against, marginalized, disadvantaged, and vulnerable members of our society” (Johnstone 2001, p. 201 qtd. Overton and Medina 2008).

Stigma negatively affects how people are viewed and treated at every stage of mental illness: presentation, diagnosis, treatment, and outcome (Maciness and Lewis 2008). The stigma is experienced externally and internally (Stagnolo, Murphy, and Librera 2008).

Externally, the individual is blamed, discriminated against, feared, and socially excluded (Stagnolo, Murphy, and Librera 2008; Maciness and Lewis 2008).

Discrimination from others affects the individual’s ability to find work, rent housing, and function socially. The potential internal and emotional effects of being stigmatized are that they don’t feel comfortable seeking help, discontinue medications, and may experience an increase in depression and anxiety (Stagnolo, Murphy, and Librera 2008). The stigmatized patient may see themselves in a negative light, lose

confidence, feel increased feelings of loneliness, loss of control over their lives, and a lack of self-esteem (El-Badri and Mellsop 2007; Overton and Medina 2008). Also, the perceived lack of support can lessen treatment outcomes for stigmatized patients (Overton and Medina 2008).

### Theoretical Framework

Erving Goffman believed that stereotypes and stigma are inherent in our social structures (El-Badri and Mellsop 2007). Goffman applied the term stigma to “any condition, attribute, trait, or behavior that symbolically identified the bearer as culturally unacceptable or inferior with consequent feelings of shame, guilt, or disgrace” (El-Badri and Mellsop 2007).

Stigma emerges when there is a gap between a person’s virtual social identity (what they ought to be as defined by society) and their actual social identity (what the person actually is) (Ritzer 2004: 228) When a stigmatized person, a person whose actual social identity falls short of a socially defined ideal identity, is reduced in the minds of others and within their own, from whole and normal to tainted and discounted they form a more acceptable identity or a “virtual social identity.” (Goffman 1963 qtd.Overton and Medina 2008).

A discreditable stigma is one in which the differences are neither known by members of society nor perceivable by them. This is the case with someone with a mental illness, as what is going on in their mind is not as obvious to others as a physical problem

would be. The dramaturgical problem is managing information so the problem remains unknown to the audience (Ritzer 228). Someone with a mental illness who is aware of the stigma may try to conceal the fact that they are experiencing unwanted and possibly uncontrollable emotions.

### Sources of the Stigma

Most of the stigma surrounding mental health arises due to a lack of understanding and normative behavior of being motivated, happy, and an overachiever. In American society, with a stress on individualism and so many choices available to us, if an individual is unhappy or depressed it is often contributed to be their fault.

Complaining about being stressed on the other hand is much more accepted, as stress is a result of fulfilling the norm of overachievement present in our society.

Unlike many physical health problems, psychological problems aren't always as visible. If psychological problems are manifested in physical symptoms, outsiders don't often initially look to mental health as the source of the problem. It is common for an individual and outsiders to doubt the reality that the problem exists (Overton and Medina 2008). It is common for people to say it is just "all in your head," or that you have control over it. Also, Media perpetuate negative image of people with mental illness (Overton and Medina 2008), as do ads from pharmaceutical companies advertising antidepressants.

Another factor playing in to the stigma surrounding mental health is the lack of knowledge on mental health topics that students receive in schools. Psychological health topics are rarely addressed in biological science courses (Trela 2008). Health education courses teach students about mental illness, not mental health. General health textbooks lack mental health knowledge (Kleinfelder, Telljohann, and Price 2004).

## **Findings**

### Knowledge of the Counseling Center

There is a general lack of knowledge on the St. Olaf campus about the existence of the counseling center, its location, and the services offered. A common response to my research topic was, “We have one of those?” Those that did know we had a counseling center had heard about it from a friend who had used the services. The most glaring inconsistencies between students’ knowledge of the counseling center and reality are that the staff is made up of professionals, not students acting as peer counselors or volunteers. “I think its students or peer mentors with maybe one legit person,” Justin said. Horace believed the staff was made up of “students and an advisor.”

The majority of students perceive the counseling center to be a service to correct or improve a problem or situation. Ginger felt the counseling center was there “if you’re not sure about how or why you feel, and to help you feel different.” “They counsel you on problems you may be having with family, school, professors, drug problems,” Jack

assumed. Justin felt the counseling center was “for people in distress with problems they need to sort out.” A more in-depth perspective from Guinny was that the counseling center “provides people with an outlet, someone to help them get out their anxieties, understand why they are the way they are, to cope with things like relationship issues, family, depression, eating disorders, and self image issues.” Fox felt that students benefit from the counseling center being located in “a comfortable house located kind of outside of the college...that is there even if no one needs it, should be there just in case.”

### Perceptions of Mental Health

Students seem very familiar with the term mental health, though they have different conceptions of what the term means. Some perceive mental health to be a balance between positive and negative states of mind, while others focused only on the negative aspects of mental health such as mental illness. Guinny focused on mental health being a stable balance; she said mental health was “being at peace in mind, having a good balance in life which allows you to live happily and fully.” She added that mental health is “a thought process, how you think through things, how you’re able to organize your life so not everything is so overwhelming. Basically, it’s not sweating the small stuff.”

Peter referred to mental health as, “a state of mind, positive or negative that people have on an individual or communal scale.” Jack said it is, “how you’re viewing things at the moment: pessimistic or optimistic, crazy or not, serial killer, the shining.”

Ginger described mental health as “a *normal* state of mind, which was socially defined to be “able to interact with others, meet obligations, and be in absence of destructive behaviors.”

On the opposite end of the spectrum, some students perceive mental health only in a negative light. Justin said, “when I think of mental health, I think of mental retardation or illness.” Others associated mental health with emotional problems, eating disorders, and anorexia. Ginger felt mental health relates to being stressed; “there is a difference between short-term and long-term stress, he said. Mental health is more long term stress, ‘over your head.’”

Fox said mental health was a “mix between emotional well-being, self-esteem, diagnosable diseases like ADD, traumatizing things, and possibly addiction.”

### Talk about Mental Health

Mental health is talked about little if at all on campus, due to students’ being unfamiliar with the topic or uncomfortable due to the negativity surrounding it. The conversations revolving around mental health that do occur take the form of sharing daily states of mind. Horace said talking about mental health took the form of, “day to day

conversations about life, positive or negative, happy or sad, angry or apathetic.” The most common mental health related conversations on a daily basis are those revolving around stress from schoolwork. “People talk about it when stressed out. ‘I’m stressed, I have sooo much to do,’” Jack said.

Justin, on the other hand, said more serious mental health issues are brought up “only if joking around. People are uncomfortable with it, don’t know how to personally deal with it.” Anne agreed it is often a joking matter. “My friends and I joke about how everyone here has a problem, like mommy issues or homesickness,” she said.

It seems that the stigma of mental illness leads mental health to often be discussed as one and the same as mental illness. Many students attach the term mental health to the existence of a problem, or “the absence of being normal,” as Ginger said. Horace said, “It’s always negative conversations. Human nature-our culture- leans towards the negative side of life.” Peter felt mental health is “likely to be talked about if people aren’t fulfilling the status quo, normally negative.”

Ginger felt “mental health isn’t questioned or brought up if someone is happy. The issue of mental health only comes up in the absence of being normal... Don’t fix what’s not broken.” This may be because, as Fox said, “positive mental health isn’t gossip worthy.”

Others don't talk about mental health because they are unfamiliar with it. As Fox put it, people "don't want to offend anyone. They probably wouldn't have any idea what they're talking about and they know it."

### Issue on Campus

Students are well aware that mental health is an issue on campus, and how students deal with issues they are having, even though the issue and ways of dealing with it often remain private. Drinking is one of the main ways students on campus put their issues and stress aside.

Horace said, "There are high standards at our school. High stress for people to achieve at times unachievable goals. Personally or from teachers/peers."

"They don't know how to deal with it on their own. Because a lot of people get stressed, a lot of people take adderall... there's drinking, binge drinking, after a stressful day, unhealthy eating, and eating too much," Guinny said.

### Talk about the Counseling Center

There isn't much if any talk about the counseling center due to a lack of knowledge about the service and due to the perceived negativity surrounding the use of it. Those that talk about it are most often people that have gone, but the talk is only to the people they are close with.

Students foresee how they may be stigmatized by others and internally if they were to visit the Center, since they would be going against the norm of St. Olaf culture that emphasizes overachievement, success, and confidence. Fox said students don't want to admit they use it because they "wouldn't want to admit they require emotional counseling. I think the fears are unfounded, but they exist." Brittany felt, "people would think you're lacking self-assurance and self-confidence."

"It's not something you want to talk about. It's a taboo topic. If someone were to say they went, it'd be like, 'Whoa, you see a shrink!' You can't help but wonder why," Anne said.

Jack felt students wouldn't want to tell their friends for fear of burdening them with the knowledge they used the Center. "You don't want friends to know you have problems; if going to the Counseling Center, most will assume the worst" and "you might not want friends to worry about you; you don't want to be a burden on them," he said.

#### Barriers to using the Counseling Center

Students recognize an abundance of barriers an individual may face when contemplating a visit to the Counseling Center. Other than the lack of time mentioned by most students, one of the biggest worries is that they will be judged by their peers due to the stigma of mental illness. "Everyone can see you walk in to a specific house," Heidi said. Going to the Counseling Center is believed to signify that you have a problem.

Peter felt that if students were to go, they “would feel damaged and scared of others’ interpretations... the feeling of being mentally flawed would be reinforced if you sought help.”

The idea of talking to a stranger about personal issues also brings about discomfort. Jack felt it would be an “awkward situation, it’s hard to talk about personal things...it’s not comfortable talking to stranger.” “It’s difficult to discuss mental health with people that have no idea what’s going on, Fox said. It may be “ingrained in your mind that they won’t help if they don’t know you.”

The lack of knowledge about the counseling center leaves many students thinking it “sounds shady.” “It’s just some random honor house...if you don’t know anyone else that has gone... might not think they could possibly help you.”

Other barriers to seeking help revolve around internal conflicts. Peter said someone might not go if they “don’t know how to reach out,” or if they “don’t know how to externalize feelings,” Fox said they may have a “hard time admitting to themselves they have a problem,” or “think they have unsolvable problem of some sort.” Heidi felt the ability to feel comfortable seeking help depends on “how you were raised to think about mental health-- if mental health is a real problem or not.”

### Encouraging Factors for Use of the Counseling Center

Despite the number of barriers, encouragement and support from friends and family, feeling more familiar with the Counseling Center, and believing you need and can receive help are factors students feel make it easier to make an appointment.

Students felt they might be encouraged to go for one of the following reasons: if they had a continual problem they hoped to fix, as a last resort, or to decrease stress.

A greater sense of familiarity with the Counseling Center would come from knowing and having talked to someone that has gone and hearing good reports leading to hope that you could be helped in some way by the center. Jack said that students would be encouraged to go, “if they were familiar with the place, what kinds of things they’ve dealt with in the past, and who does it.”

There may also be a greater motivation to go if you do not feel comfortable confiding in your friends. “It’s easier to talk with someone you don’t really know. It won’t matter if they judge you. People there aren’t judging,” Jack commented.

### Influence of Reasons for Going on Disclosure of Use

There is a perception on campus that certain reasons for going to the Counseling Center make it more acceptable to tell others you are going. Many of these revolve around how much the issue is considered to be the person’s fault versus experiencing something uncontrollable. Mental illnesses, cutting, and eating disorders were perceived among most of my interviewees to be more the fault of the individual and therefore more

controllable than the death of a loved one, for example. Peter mentioned that “if a family member dies, they’re more likely to talk about it, but less willing to talk about it if the source is depression, where the source of the pain is less defined.”

Horace said, “they would tell people if it’s personal reasons that aren’t because of them specifically, but not ones on the mental side; more reluctant to tell people if bipolar.” A similar response from Justin was, “If something caused by themselves and their fault and their problem such as eating disorders or a nervous breakdown, they are less likely to want others to know versus uncontrollable events like someone dying.”

Fox, on the other hand, felt some of the more serious mental health issues were less controllable and more acceptable reasons to seek help. He said, “If it’s a more controllable problem contributed to be the person’s fault such as eating disorders they wouldn’t admit going as easily as if it’s an uncontrollable ‘in hands of god’ issue like OCD or schizophrenia or clinical depression, where they’re more likely to tell.”

Jack felt that he would be less likely to tell his friends he was going if the reason was serious enough that it might burden his friends. “You don’t want to burden others; things like being suicidal and eating disorders can easily get out of hand,” he said.

More socially acceptable or common reasons also make it easier for students to share. Guinny said that “more socially accepted reasons like having issues with b/f or family, versus something more serious or harmful like cutting, eating disorders, or depression” would make it easier to tell friends you were going. Heidi had a similar

response; “If it’s something others can relate to, you wouldn’t think of it as being as serious and would tell easier, like anxiety about school.”

#### Perceptions of common reasons for using Counseling Center

There is a general sense of knowledge about the issues our peers are struggling with. Depression, anxiety, and stress with school are the most common reasons students believe their fellow students seek help at the counseling center. Other responses included eating disorders (especially among athletes), body image issues, relationship problems with friends, family, or significant others, or the loss of a loved one. Brittany felt many people visit the counseling center because of “issues involving school that go along with going to college, like feeling they’re failing at life, if they’re not getting good grades...”

#### **Conclusion**

The potential acceptance on campus that mental health matters and that the counseling center could be useful for students is overridden by the stigma associated with mental illness. Through gaining knowledge about how this stigma plays itself out on campuses nationwide, institutions can begin to make help more accessible to those that need it and more comfortable for students to make use of it. Challenging the stigma of mental health issues could help to mitigate problems before they get out of hand and prevent students from self-medicating through unhealthy means such as alcohol abuse. Especially for students trying to meet the demands of such a high pressure institution as

St. Olaf, it is crucial to help students meet the demands of their academic and social goals while still acknowledging and maintaining their emotional well-being.

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