

**UNDERSTANDING AND PREVENTING
COLLEGE STUDENT SUICIDE**

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Edited by

DORIAN A. LAMIS, M.A.

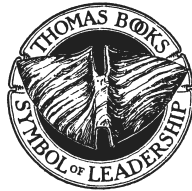
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PREFACE

Much of the research on suicidal individuals is conducted on college students and psychiatric patients. Psychiatric patients are the focus of research because, not only do they have a high incidence of lethal and non-lethal suicidal behavior, but the majority of those who kill themselves have a diagnosable psychiatric disorder. The reasons as to why college students are the focus of research are quite different.

First, a great amount of research is conducted by academic researchers, and students are a captive pool of subjects for the research of their professors. Indeed, many Introductory Psychology courses have a requirement that students participate for a few hours during the semester as research subjects. Second, college students are an intelligent and rational group of individuals, who can understand the questions on psychological tests and who can respond appropriately. In contrast, psychiatric patients are often too disturbed to answer the questions in a meaningful way, even if it is ethical to ask them to try to do so.

Since so much research into suicidal behavior is conducted on college students, it might be thought that researchers and theorists would understand suicidal behavior better in college students than in other groups of the population. This does not seem to be the case. Since college students, like the rest of the population, have a low incidence of attempted suicide and completed suicide, most of the research using college students as subjects focuses on suicidal ideation. Although those who attempt and complete suicide have typically thought about suicide prior to their actions, the vast majority of those who have suicidal ideation at some point in their lives do not subsequently attempt or complete suicide.

The result is that suicide is rarely discussed in college students *per se*, but rather the research conducted on college students is viewed as shedding light on suicidal behavior in general. In contrast, the present book is devoted to understanding and preventing suicidal behavior in college students rather than understanding and preventing suicide in general.

Suicide in college students raises several person and social issues. Two cases of publicized suicides of college students illustrate these issues. Both

took place at the Massachusetts Institute of Technology (MIT) in Cambridge, Massachusetts. This brings in the first issue. About a dozen students at MIT killed themselves since the 1990s, and this brought a focus on MIT itself. Were the pressures on students at such an elite university too great, resulting in high levels of psychiatric breakdown, including suicide? Was MIT taking adequate steps to safeguard the mental health of their brilliant students?

In 1998, an MIT sophomore, Philip Gale, after drawing a physics formula on the blackboard showing what happens when a body falls from a great height, broke a classroom window on the 15th floor of a building at MIT during the class and jumped to his death from the window. Philip's parents were scientologists, and they had sent him to a scientology boarding school when he was eight. His mother was an official in the organization and had led a campaign for the group against psychiatry in general and anti-depressant medications in particular. Philip's suicide, therefore, brought in the social and political issue surrounding scientology. Those who opposed the group attributed Philip's suicide to the group's beliefs and practices.

In 2000, Elizabeth Shin died from burns from a fire in her dormitory room at MIT. Her parents filed a wrongful-death lawsuit against MIT in 2002, claiming that MIT failed to provide appropriate diagnosis and treatment for their daughter. MIT claimed that Elizabeth's psychiatric problems were apparent in high school and that they were not to blame. The parents and MIT settled out-of-court in 2006 for an undisclosed amount of money, and her parents declared that their daughter's death was likely a tragic accident.

Lawsuits, the involvement of a controversial religion, and the role of a highly competitive university—all of these issues make the discussion of an individual case of suicide in a college student problematic. It is hard to move behind the rhetoric and ascertain the psychodynamics of the student's decision to complete suicide. In this book we will present one case in detail of a college student who killed herself, but most of the research discussed will be on anonymous groups of suicidal students.

Suicide on campus is not restricted only to students. In November 2008, Mark Weiger, a music professor at the University of Iowa, killed himself. Weiger was facing charges of sexual harassment brought by a former student that claimed that he made sexual remarks during his classes and had a sexual relationship with another student two years earlier. Three months earlier, another political science professor at the same university committed suicide after being arrested on charges that he assigned higher grades to female students in exchange for opportunities to fondle them.

Kathy Chang (1950–1996) was a performance artist and political activist who was drawn to the campus of the University of Pennsylvania in Philadelphia where she was a familiar figure. In a letter to the *Philadelphia Inquirer*, the local newspaper, and to her friends, she wrote that she wanted to protest the present government and economic system, and she wanted to

get publicity for her ideas by ending her life. She did so by immolating herself on the campus on October 22, 1996.

Colleges and universities are tolerant places. They can find space for eccentrics, and even the psychiatrically disturbed, not only students and professors, but also visitors. They are safe havens. Suicide among the professors or the visitors is somewhat troubling, but suicide of the students troubles us even more because they are young and, if they could be helped through this transitional phase of their lives, might be able to live productive and happy lives. To what extent does the university contribute to their stress and, in particular, suicidality, and to what extent does the university have a responsibility to screen, treat and prevent their suicidal behavior. Are student adults, able to vote and fight in the military, and, therefore, no different from other adults in the community? Or does the university, acting *in loco parentis*, have a duty to safeguard them from self-inflicted harm?

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Dorian Lamis

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David Lester

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**UNDERSTANDING AND PREVENTING
COLLEGE STUDENT SUICIDE**

Part I

OVERVIEW

Chapter 1

SUICIDAL BEHAVIORS AMONG COLLEGE STUDENTS

ALLAN J. SCHWARTZ

For more than 70 years, health professionals have expressed concern about the prominence of suicide as a cause of death among college students (Diehl & Shepard, 1939; Parrish, 1956; Raphael, Power, & Berridge, 1937). Parish's study of 205 deaths among Yale students indicated that accidents, and particularly automobile accidents, had continued as the leading cause of mortality among college students from 1920 into the 1950s. Concurrently, however, the introduction of antibiotics had sharply reduced mortality in this group due to the second leading cause, infectious diseases. Suicide, the third leading cause in the period 1920–1929, had become the second leading cause by 1950s. These findings, now 50 years old, have remained unchanged. Suicide remains the second or perhaps third leading cause of death among students. What has changed, however, is the belief that the suicide rate among college students was markedly higher than the rate in the general population, a belief that had come to be widely accepted by 1970 (Ross, 1969).

Since the introduction of multicampus studies, the suicide rate for students has consistently been found to be significantly and substantially lower than the rate for the appropriately matched general U.S. population (Schwartz, 2006a, 2011; Schwartz &

Reifler, 1980, 1988; Silverman et al., 1997). The belief that, in the United States, the suicide rate for college students was half- again the rate in the general population was first challenged by Peck and Schrut (1968). Their study was the earliest report based on a multicampus investigation. It reported 100 student suicides that occurred between 1960 and 1968 at 52 degree-granting institutions that included all of the community, state university, and University of California campuses in Los Angeles County. Unlike the multicampus studies that followed (Schwartz, 2006a, 2011; Schwartz & Reifler, 1980, 1988; Silverman et al., 1997), their study was based entirely on governmental sources, and nearly two thirds of their student population attended 2-year institutions. The later studies include reports of 2,597 student suicides that occurred in 1970–2009 among students at 1,400 institutions. Virtually all of these institutions were 4-year degree-granting colleges and universities in the United States. As a consequence, what is known epidemiologically about college student suicide in the United States is based on the experience of students at such campuses. These students represent 63% of the 19.1 million students who were enrolled in post-secondary schools in the United States in 2008, with 8.9 million (47%) of these being