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## The Penn Face: Deconstructing Mental Health At Penn

Antonia Diener  
*University of Pennsylvania*

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## The Penn Face: Deconstructing Mental Health At Penn

### Abstract

This paper explores the social and cultural factors that influence how students present themselves publicly and privately in terms of mental health at the University of Pennsylvania (Penn). It represents a case study of a specific time and place – this particular university during the spring of 2016. Recently, Penn culture has been criticized for causing or exacerbating issues related to students' mental health in the wake of renewed fervor and passion for issues of student mental wellness. In this study I heard about the idea of the Penn Face, about sources of stress stemming from academics and other structures, and about the deep and profound fear of showing any sort of vulnerability. Penn culture exists in a series of tensions – between problematizing / vilifying the Penn culture in regard to treatment of mental health issues and acknowledging a more complicated notion of causality of mental health; between personal vulnerability versus a desire to have it all together (or to appear as though one does); and between acknowledging issues of mental health versus effecting real change. Through the use of qualitative data analysis and over the course of twenty-two semi-structured interviews, I have attempted to understand what is influencing how my fellow students are negotiating structures of mental health at present. Trigger Warning: mental health, suicide, depression, anxiety, self-harm, sexual abuse, and sexual assault

### Disciplines

Anthropology

THE PENN FACE: DECONSTRUCTING MENTAL HEALTH AT PENN

By

Antonia Diener

In

Anthropology

Submitted to the

Department of Anthropology

University of Pennsylvania

Thesis Advisor: Dr. Frances Barg, PhD, MEd

2016

### **Abstract**

This paper explores the social and cultural factors that influence how students present themselves publicly and privately in terms of mental health at the University of Pennsylvania (Penn). It represents a case study of a specific time and place – this particular university during the spring of 2016. Recently, Penn culture has been criticized for causing or exacerbating issues related to students' mental health in the wake of renewed fervor and passion for issues of student mental wellness. In this study I heard about the idea of the Penn Face, about sources of stress stemming from academics and other structures, and about the deep and profound fear of showing any sort of vulnerability. Penn culture exists in a series of tensions – between problematizing / vilifying the Penn culture in regard to treatment of mental health issues and acknowledging a more complicated notion of causality of mental health; between personal vulnerability versus a desire to have it all together (or to appear as though one does); and between acknowledging issues of mental health versus effecting real change. Through the use of qualitative data analysis and over the course of twenty-two semi-structured interviews, I have attempted to understand what is influencing how my fellow students are negotiating structures of mental health at present.

**Trigger Warning:** *mental health, suicide, depression, anxiety, self-harm, sexual abuse, and sexual assault*

## Acknowledgements

This project is based on research I conducted throughout the course of my junior and senior years as a student in the Department of Anthropology (Medical Anthropology and Global Health) at the University of Pennsylvania. I would like to thank several key individuals for helping me through this incredibly challenging-yet-rewarding process.

- All of the participants in my study, who were the backbone and support of this project. Without them there would be no backbone for this thesis.
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- The Department of Anthropology at the University of Pennsylvania for being my home on campus, and for providing funding to support this project 2015 Anthropology Research Fellowship.
- Dr. Meeta Kumar, PhD, and the staff of Counseling and Psychological Services at the University of Pennsylvania, for guidance pertaining to sensitive protocol issues.
- The students involved with the Reach-A-Peer Helpline and Counseling and Psychological Services Student Advisory Board.
- My father Dr. Ian Diener, MD, MBA, for teaching me the importance of taking the time to really talk with and get to know people.

I am incredibly grateful to all the people who in some way contributed to this project, to everyone who has pushed back on me intellectually and challenged me to do better, and everyone who supported me through the *interesting* experience of writing two honors theses at once. Without these individuals (and many more whose names I could not possibly hope to fit on this sheet), this work would not have been possible. I am in their debt.

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## Introduction

The conversation regarding mental health on The University of Pennsylvania (Penn)'s campus is nothing new. Likewise, issues relating to mental health generally on college campuses in a general sense have a long history. It is perhaps impossible (or at least ill-advised) to suggest that the current moment is unique with respect to the mental health status of the undergraduate student body. Regardless, if the articles published in the *Daily Pennsylvanian* (Ferguson 2016) are any indication, the University of Pennsylvania is experiencing a resurgence in interest of mental health, as evidenced by the formation and subsequent policy recommendations of a Mental Health Task Force, among other things. Many of these articles have problematized or in some ways vilified Penn as an institution and a culture, linking high stress levels and pressure to achieve with negative outcomes for student mental health. As a member of the undergraduate student body, the discourse regarding mental health – both on campus and more broadly, is pervasive. One must wonder, therefore, something along the lines of the research question for this project: What are the social and cultural factors that impact students' public and private presentations of self with regard to mental health at the University of Pennsylvania?

Throughout the course of this project, I attempt to answer this question. In a sense, I am looking to make peace with my personal experiences working as a mental health advocate and peer counselor on campus since the fall of 2012 – to understand what is happening in my community. Through a series of semi-structured interviews which helped me build a grounded theory, tempered by personal experience and insider knowledge of Penn as an institution as seen through the eyes of an undergraduate student, I have attempted to answer this question and make sense of what is happening at Penn. In order to answer my research question, I engaged in a bit of 'native anthropology' for lack of a better word – an examination of my own community and



systems through the eyes of my fellow students. In so doing, I have developed the following answers to my research question:

The social and cultural factors that influence how students negotiate their mental health publicly and privately are legion, and represent a mix of structural and interpersonal issues. All these factors will be elaborated upon at length in the Results section. The important factors include, but are not limited to:

1. ‘The Penn Face’ and Social Media – in which students feel a need to project a curated, perfect image regardless of personal hardships
  - i. Reticence to show any signs of weakness or vulnerability
  - b. Stressors, especially related to academia, jobs, and the social scene
2. The ways that students present themselves with regard to mental health exist, in the tradition of Kai Erickson’s “Everything In Its Path” (Erickson 1976), along axes of variation – tensions between two allegedly opposition poles:
  - a. Causality: Tension between problematizing/vilifying the Penn culture in regard to treatment of mental health issues and acknowledging a more complicated notion of causality of mental health
  - b. Interpersonal connectedness: Tension between personal vulnerability versus a desire to have it all together (or to appear as though one does)
  - c. Lip Service: Tension between acknowledging issues of mental health versus effecting real change

#### Regarding Position and Ideological Commitments

This project represents an interesting form of what has been called ‘native anthropology’ – that is, a rigorous ethnographic examination of a community of which I as author and

researcher am part. There are several things to consider in regard to this construct. As a senior, I have been a member of this community for almost four full years, and have been involved with the community of mental health advocacy and peer counseling for essentially that entire time. That said, when regarding a community of ten thousand undergraduate students, it is foolish to assume that one person can understand all facets of the group. Therefore, this project was an attempt to understand academically a group within which I am buried. In the interest of full disclosure, I will note that several of the participants are friends of mine; even more are at least acquaintances. This will perhaps raise concerns about objectivity and study design. The former I will address now; the latter in my Methodology section.

The myth that anthropologists are capable of objective analysis in any ethnographic has long since been shattered; I will not devote intellectual space to it here. Rather, I will make the case *for* the sort of work I have done, a sort of embedded anthropology. The Penn community is obviously one of privilege – a fortress of higher learning. Even among the Ivy League institutions it is noted for its distinctiveness, known as the ‘Social Ivy’ (Warnacke 1999). The challenge, therefore, is to examine this culture that is noted at once as being homogenous, yet at which every student has a unique experience. I am positioned well, therefore this work. By virtue of my position within the community I am given access to special sorts of information, the type that comes from receiving President Amy Gutmann’s emails in the wake of a campus tragedy or those from the Class Board promoting events and resources, from overhearing snippets of conversation in libraries, from working with various mental health-oriented student groups. I am not claiming to be objective – no sensible researcher would. Rather, I am an invested party interested in not only understanding my community but also potentially bettering it. The ethnography contained herein, therefore, is of a feminist nature – one rooted deeply in my own

positionality, and with special respect and attention paid to the lived experiences and narratives of the individuals with whom I have worked. With respect to my work on mental health on campus, this project is my swan song, the culmination of four years of tireless work.

Throughout this work, therefore, I have developed my own thoughts on the subjects discussed herein. The majority of these views have been supported in the interviews I conducted, and will be discussed at length in my Discussion section. However, I want to make clear several ideological commitments that have impacted the way in which I have gone about this project. These will be evident upon examination of the Semi-Structured Interview Guide I used for my project (found in Appendix A) and the transcripts of the interviews I conducted.

Let me address the elephant in the room by way of explaining the most important of these ideological commitments: the recent campus suicides. It is near impossible to have a discussion pertinent to mental health on Penn's campus without invoking at least some of the names of the ten students who have died by suicide over the past three years (Bult 2016, Lala 2016, WPI-TV 2016).<sup>1</sup> These names will not be repeated here. As a member of this community, I have seen these names used to fit various agendas, to craft heart wrenching headlines, and to fit various other needs. I reject the idea of using the stories of real people to further my own project without their consent; I refuse to foreground my research in these stories, except as absolutely necessary in order to understand the context of the research. To start off this project by listing the names of those who have passed would be easy and compelling, and yet I feel I have no right to do so. These deaths were mentioned time and time again in my interviews, and I respect the integrity of the data such and will analyze it as any other aspect of the project; however, I will not use the names of the dead to make my research easier.

Regarding terminology for this section, furthermore, I have made a clear choice to use the

terminology of ‘dying by suicide’ rather than ‘committing suicide.’ This particular phrasing was inspired by a presentation I heard given by Alison Malman, a University of Pennsylvania alumna who founded the national mental health advocacy group Active Minds during her time at Penn (Lewin 2007). This serves as a means – albeit a small one – of combatting preconceived notions and stigma associated with suicide.<sup>ii</sup> Here, again, it is clear that my personal commitments – my personhood – are *not* separate from my research. I have made no attempt to separate it. I have been fortunate enough to attend this prestigious university, to have a relatively smooth college career, and to be able to conduct this research. I acknowledge the privilege that went into this project as well as the personhood.

### Regarding Context

This project was developed over the period of roughly a year and a half, with data collection occurring during the Spring 2016 academic semester (specifically during March and April 2016). As a member of the campus community, I have seen interest in mental health and associated advocacy come in waves, in ebbs and flows. My data collection was completed during one of the ebbs. Unfortunately for the Penn community, one of the flows spiked shortly thereafter, following yet another suicide of a member of the undergraduate community. Anyone reading this thesis may find it strange that the data, compiled and submitted after this death, makes no reference to it. Again, this is due to my commitment to letting the data speak for itself wherever possible, and to not using the names or figures of the deceased except where the data explicitly calls for it. My intention here is not to provide details about deaths, but rather to see how the ideas of these tragedies discursively work their ways into the Penn lexicon and zeitgeist.

To further contextualize this work, I will make clear my involvements with mental health over the past several years on Penn’s campus. I have served as a (non-anonymous) peer

counselor and board member for the Reach-A-Peer Helpline (RAPLine)<sup>iii</sup>, trained by members of various campus resources to be a well-equipped resource to my peers. I have served as a general and executive board member for the Counseling and Psychological Services (CAPS) Student Advisory Board (CAPSAB)<sup>iv</sup>, working closely with both students and administrators/CAPS staff on issues relevant to the mental health of the Penn community largely. I have also served as the Risk Manager for my PanHellenic sorority Zeta Tau Alpha – Alpha Beta Chapter<sup>v</sup>, in which capacity I became a resource and unofficial counselor for my organization. All of these experiences have informed the ways in which I have conducted this research.

In the spirit of interrogating my own position, I must admit one possible fault: being so deeply embedded in the ‘mental health community’ on campus, it is possible I have overestimated the importance of this topic, the frequency with which conversations regarding mental health are taking place, the severity of the ebbs and flows. I do not believe this is the case. To support this, one need only examine the plethora of articles and thinkpieces coming out of various news and other media sources, as I will do in the Background section. Furthermore, the responses I received for this project – both in number of interested respondents and levels of passion and interest displayed by those with whom I spoke – further convinces me the project is justified.

### Regarding This Project

With all of that in mind, therefore, let us begin, to move forward to understanding the social and cultural factors that impact students’ public and private presentations of *self with regard to mental health* at Penn. This study cannot contain a perfect answer to such a broad and deeply personal question. Furthermore, if it is not already clear, although I am employing the terminology of the ‘Penn Community,’ clearly this is a false construct. The community is vast

and, like a mosaic, made up of various interlocking parts. It is heterogeneous, not homogenous. Although there are certain trends and themes that touch all parts of the community, it is impossible to crystallize every thought and every group/identity at Penn. This is not my goal. Rather, I am trying to inch closer to those pervasive concepts.

This thesis, therefore, should be viewed as a case study: not an overarching, eternal frame, but rather a snapshot of what real, invested students report about their lived experiences as members of this community. It is grounded firmly within its temporal and spatial context. It is not a theory on social and cultural factors relating to mental health on all college campuses for all time; it is a story of these factors with regard specifically to Penn at the current moment in time (Spring 2016 in particular). It is a chance to add voices back into the narrative, rather than to totalize everything into homogeneity.

## **Background**

As stated in the introduction, I have spent my undergraduate career as a member of the undergraduate community at the University of Pennsylvania, the overwhelming majority of which I have spent involved with various mental health groups on campus. In my introduction I detailed the reasoning for my investment in this project; here I must convince the reader why this project inherently has value.

It is no surprise that conversations regarding mental health, mental wellness, and mental illness are near-ubiquitous on Penn's campus. To provide a sufficient background for this project and these conversations, I will begin by briefly elucidating the campus institutions and resources relevant to this topic. Many of these institutions are referenced in the interview data, but given that all the participants were aware of my standing as a member of the community, they made no attempt to explain structures assumed to be common knowledge; thus, I will briefly fill in the relevant information in this section.

### Campus Structures

The University of Pennsylvania is one of the most prestigious institutions of higher learning in the world – a member of the Ivy League. Every year, it attracts students from all over the world, boasting impressive accomplishments across the board. The undergraduate student body at any given time consists of around ten thousand undergraduate students, not to mention almost twelve thousand graduate students spread across twelve graduate and professional schools.<sup>vi</sup> This study was purposefully limited to current undergraduates at Penn, as will be later explained in the Methodology section. At time of writing, the University President is Dr. Amy Gutmann, PhD.<sup>vii</sup> Students regularly receive email communications from Dr. Gutmann following public tragedies, such as the aforementioned student suicides.

The most noteworthy institution in regard to mental health on Penn's campus – and indeed that which is mentioned the most in my data – is Counseling and Psychological Services (CAPS).<sup>viii</sup> This is the hub for all things related to mental health on campus on an administrative level. CAPS offers both individual and group therapies, and is widely recognized on campus. In addition, there are numerous professors, administrators, faculty members, advisors, coaches, and other Penn staff with whom students interact on a daily basis. Furthermore, there are many student groups devoted to mental health and mental wellness on campus that impact how the student body understands the mental health climate.<sup>ix</sup>

### Temporal/Historical Basis

As noted previously, this data was compiled and submitted primarily in the Spring of 2016. During the several years prior, there were many well-publicized student suicides that, for reasons explained in the introduction, will not be detailed at length here. In addition to causing huge amounts of grief, pain, and confusion in the Penn community, these events also sparked renewed interest in mental health on campus. The university administration assembled a Task Force on Student Psychological Health and Welfare in order to evaluate the campus culture with regard to mental health<sup>x</sup>; CAPS extended their hours (Schaedel 2016); students mobilized, protested, and drafted petitions.<sup>xi</sup> Throughout all this, students also continued the dialogue both in person and on social media (Simon and McDowell 2016) in instances too numerous and varied to list here. Certainly, there were times when the fervor died down, but invariably a student death by suicide, or a potential threat of violence (Snyder et al. 2015) would re-incite the student body. Mental health and associated issues are nothing new to Penn's campus, and there have been efforts on every level of the Penn body, from the highest administration on down, to respond to any issues.



There is something special about creating an ethnography of a living, breathing campus. College is an ephemeral time in many ways – as several of my respondents pointed out, a student is here for only a few years; those years, however, are deeply significant and formative. They are not to be dismissed as trivial, and the lived experiences of students during their time are not to be discounted. I fear this project, acting as a case study, may likewise feel trivial, and yet I am comforted by the fact that a project regarding people’s real experiences cannot be easily discounted. The campus environment is also malleable. On any given day, an event can occur which shakes the very foundations of the community. The same can be said of any group to which we devote ethnographic study. However, given that one such event *has* happened in the interim between data collection and thesis compilation, this insight bears repeating.

### Research Inspiration

Working within the Penn mental health community means hearing some of the same phrases repeated over and over – work hard/play hard, pre-professional culture, stress, and, in particular, ‘the Penn Face.’ These terms have encouraged this research and provided its basis. The formal title of the protocol under which this research was completed – approved by the IRB at the University of Pennsylvania, Protocol 824462 – was *The Penn Face: Deconstructing Mental Health at Penn*, a nod to the ubiquity of these concepts. The term ‘Penn Face’ essentially refers to a masking behavior students employ in order to maintain an image of perfection and to reject any hint of vulnerability. I was interested in this concept due to the frequency with which I saw it employed, and perceived that many members of the student body would have likewise heard of the term and have formed opinions on it. As will be discussed in the Results section, this was largely true.

This idea of the Penn Face is very similar to an idea popularized by Stanford University –

the so-called Duckling Syndrome (Glickman 2015). Both ideas refer to maintaining an image of ease and perfection despite the fact that a student may be overwhelmed by all they are facing and working incredibly hard. To engage in a conversation about mental health on campus is to engage with the aforementioned concepts, which interact with the expected sources of stress (including academia, social life, job/internship search) to form the picture of how mental health plays out on campus, as will be explained in the Results section.

### Research Goal and Specific Aims

As with any well-crafted research project, this thesis included a set of concrete goals and specific aims. These were all drafted for and included in the proposal submitted to the Department of Anthropology in order to obtain the Undergraduate Research Fellowship, which ultimately funded this research. The proposal can be found in Appendix B. To quote from this proposal, the goal of this research project was as follows:

The goal of this research is to understand what differences there are, if any, in how students present their mental health and well being in a public versus private setting, as well as to understand how these differences are shaped by specific cultural and social factors at the University of Pennsylvania.<sup>xii</sup>

The specific aims of the project, likewise quoted, were as follows:

- 1) To understand students' attitudes in regard to their own mental health
  - 2) To understand students' attitudes toward mental health in general
  - 3) To understand how students' perceptions of mental health differ when presented publically versus privately
- NB: In regard to these specific aims, students refers to undergraduate students at the University of Pennsylvania who are at least 18 years of age and who have completed at least one full academic year at Penn.<sup>xiii</sup>*

### Funding

The funding for this research project was provided generously through the Department of Anthropology at the University of Pennsylvania, as part of the 2015 Undergraduate Research Fellowship. This grant allowed me to compensate all of my participants \$10 (in cash) for their participation, which, in addition to being an appropriate (non-coercive) amount of money, drove up rates of participation and allowed me access to a wider portion of the student body.

## Methodology

This study consisted of several parts. The first was simple data collection through news media sources and other resources to which I was afforded access as a member of the undergraduate student body at the University of Pennsylvania. The second part – and that which composes the bulk of this thesis – consisted of semi-structured interviews with willing members of the undergraduate student body. After that, I followed appropriate steps in terms of protecting, analyzing, and synthesizing data along IRB-approved guidelines. Each part of this process will be explicated more fully in the subsequent sections. The research process is outlined as follows:

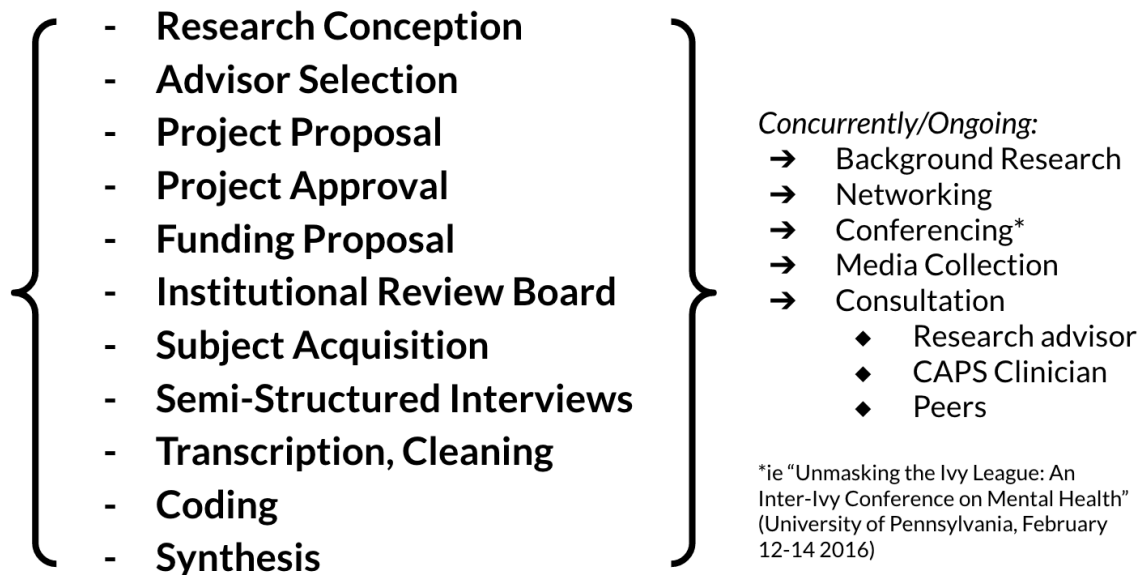


Figure 1: The Research Process

### Research Conception to Institutional Review Board

The earliest stages of this project consisted of simply coming up with and crystallizing the ideas for the research itself. Having previously worked with Dr. Fran Barg (Department of Family Medicine and Community Health, University of Pennsylvania School of Medicine) as both a student and a researcher, I quickly ascertained I would want her to advise this project, which she graciously did (for which I am incredibly thankful). From there, I worked with Dr.

Barg to develop my research question and plan. I also developed two proposals – one for funding through the Department of Anthropology, and one for approval with the Institutional Review Board at the University of Pennsylvania. Both of these proposals were successful, and in the Spring of 2016 I began with the next stages of my project.

### Subject Acquisition

Recruitment for this project was accomplished via email and social media. For examples of the recruitment emails and social media posts, please see Appendix C. The email listservs to which I personally sent the recruitment email included the listservs for: the CAPS Student Advisory Board (CAPSAB); Osiris Senior Society; Reach-A-Peer Helpline (RAPLine); The Underground Shakespeare Company; Zeta Tau Alpha – Alpha Beta Chapter. I posted the social media recruitment blurb on my personal Facebook timeline, as well as in the following groups within the University of Pennsylvania: University of Pennsylvania Class of 2016; Underground Shakespeare Company; Zeta Tau Alpha – Alpha Beta Chapter. It is my understanding that several other individuals also sent out recruitment blurbs to their various networks per request. The recruitment blurbs provided details on the project, explained what would be expected of the subjects, and included information about compensation.

As a result of these recruitment efforts, forty-one individuals associated with the University of Pennsylvania reached out to me in order to participate. I gathered their information, and sent out a mass email with all recipients blind carbon copied as to protect confidentiality. In order to schedule the interviews, I sent out a Doodle poll, which listed all the available times. When the participants viewed the polls, everyone else's name would be hidden and replaced by "Participant X." I was the only one who could see everyone's names, again in order to protect confidentiality.

Sampling was accomplished via a targeted snowball method. To accomplish this, I spread the word via many electronic means to which I have access, and asked that individuals who received the recruitment information likewise pass it along. I was *not* aiming to compile a representative sample for this project, as to represent the entire community is an impossible task. Rather, I was aiming to sample until I hit saturation, and ultimately completed twenty-two semi-structured interviews. Demographic data on the participants was as follows:

	<b>Gender</b>	<b>Number</b>	<b>Class Year</b>	<b>Number</b>	<b>Relationship*</b>	<b>Number</b>
	Men	2	Sophomore	7	Friend or Acquaintance	11
	Women	19	Junior	4		
	Non-binary	1	Senior	11	Stranger	11
<b>Total</b>		22		22		22

*\*for the purposes of identification, 'Friend or Acquaintance' refers to any individual I have met in the past in some capacity, whereas 'Stranger' refers to someone with whom I was not familiar prior to this project.*

*Subject Confidentiality*

Protection of data was of my utmost concern in regard to this project. To that end, I took many steps to ensure data security, as outlined in my Informed Consent document, which all of my participants had access to. The following section is taken from said document, which can be found in full in Appendix D:

**Breach of Confidentiality:** Through this process, it is possible that there will be a breach of confidentiality, meaning that information you have communicated in confidence is no longer confidential (ie your participation in this research is no longer confidential and content from your conversation will inadvertently be associated with identifying personal information). However, please know that the research team has taken several steps to prevent this. First, all information that you provide will be de-identified – your name will not be recorded in association with your conversation transcript, and your name will be replaced with a code number. All identifying information (for yourself or others) will be removed. The document linking code numbers to participants' names will be stored in a locked file in a locked room in a security-guarded University building. Furthermore, this informed consent document, as well as the receipt you will receive for compensation confirmation, will likewise be kept separate from the data set and secured in a locked file in a locked room in a security-guarded University building.<sup>xiv</sup>

This section, also found in Appendix D, likewise addresses the point of confidentiality:

**How will confidentiality be maintained and my privacy be protected?**

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. While we will make every effort to safeguard your privacy, , your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be associated with any data that you provide.

The research team will take every precaution to ensure your confidentiality will be maintained. The only people who will have access to study information will be Antonia Diener (who is conducting this research for her senior thesis in the department of Anthropology), Dr. Frances Barg (advisor), and the IRB at the University of Pennsylvania. All participants in this research will be de-identified. After this conversation, your transcript and associated documents (this informed consent form, the receipt from compensation) will be given a unique code number to protect your identity. The document linking the code number to your identity will be stored in a locked file in a locked room in a security-guarded University building. Otherwise, your name and other identifying information will NOT be associated with your conversation transcript.<sup>xv</sup>

Every attempt was made to protect subject confidentiality and privacy. All interview recordings have since been deleted, as promised to the participants. Currently, all documentation linking the subjects' names to any of their information (specifically the receipt forms and the informed consent documents which remained in my possession) are being kept in a secure, locked office at 915 Blockley Hall in the University of Pennsylvania School of Medicine – my advisor's office.

### Semi-Structured Interviews

The course of the semi-structured interviews would likely be familiar with anyone familiar with the process. All interviews were conducted in a private study room in Van Pelt Library - a building to which all undergraduate students have easy access. This building was chosen for its ease of access and the fact that it would not seem at all unusual for a student to be entering it. The interviews were conducted in a private study room. These rooms have one glass side. These rooms were selected because they are easy to find yet still provide a sense of privacy without being intimidating. For these interviews, I was using a semi-structured interview guide that I had developed; however, it is important to note that this document is merely a guide. Some interviews followed the questions in the guide closely, while others barely touched upon it – such is the nature of the semi-structured interview. The interviews generally lasted no more than one hour, and each participant's involvement was limited to a one-time, one-on-one semi-structured interview. All the interviews were recorded with consent on an Olympus Digital Voice Recorder WS-853, an IRB approved device purchased with funds from the Undergraduate Research

Fellowship grant.

In order to conduct the interviews effectively, I obtained informed consent from all of my participants. The participant received and signed two copies of the form, which can be found in Appendix D. I kept one copy and they kept one copy. After the interview, each participant was compensated \$10 in cash for their time. I gave each participant two copies of a receipt form on which they wrote the date, their name, and their signature in order to signify successful payment. I also signed these forms and recorded the bill numbers. After that, the interview process was complete and there was no other participation required of the participants. The participant left with one copy of the informed consent form (signed), one copy of the receipt form (signed), and \$10. I also emailed out a PDF document of mental health resources on campus. I kept one copy of the informed consent form (signed) and one copy of the receipt form (signed).

#### Transcription through Synthesis

Once all the interviews were complete, I transcribed them as necessary. Given the tight timeline of the project, it was a process of selective transcription, ensuring all the voices were heard. I transcribed all interviews manually using a program called, simply, ‘Transcriptions,’ which allowed for easier control over the playback speed of the audio as well as concurrent control of text and audio. After everything was appropriately transcribed, I cleaned and de-identified the transcripts. This referred to removing any identifying information, from the names of the participants themselves (if they came up in the interviews – the names were never formally associated with the transcripts otherwise), to clubs individuals were involved with, to any specific situations that would be too recognizable should they be read by an outside party.

After going through the transcripts, I created a set of codes for analysis. These codes were developed from rigorous examination of the transcripts, and represented the salient themes

that came up again and again. When all was said and done, the primary codes were as follows (in the order they will be discussed in the results section):

- **Penn Culture** (*Penn Face, Pre-Professional, Work Hard / Play Hard*)
- **Penn Experience**
- **Mental Health at Penn**
- **Mental Illness**
- **Stress and Balance** (*Academics, Financial, Interpersonal*)
- **Administration / Institution** (*Amy Gutmann, CAPS, Faculty, Advisors, and Coaches*)
- **Suicides on Campus**
- **Sexual Abuse or Assault**
- **Social Media**
- **Physical Space**
- **Interpersonal Relationships** (*Friendships and Support Networks, Greek Life, Hook Up Culture/“The Scene”*)
- **Identity** (*Financial/Class, Gender, Race/Ethnicity*)

Once the codes were created and verified, the interview transcripts were coded themselves – that is, all the information was put into ‘buckets’ or nodes for analysis. Following that, all the nodes were summarized, yielding all the information for the thesis. These codes/nodes will be explained in depth in the Results section, including the information gathered regarding them from the analysis of the data. This data is what I have found through my project, and how I came to answer my research question and come to my conclusions.

### Considerations

When conducting this project, there were several methodological considerations I had to take into account, especially given the somewhat sensitive nature of the material at hand.

### *Study Risks*

Given that the interviews often touched upon sensitive issues – mental health and illness, suicide, rape and sexual assault, to name a few – it was paramount that I ensure the safety and security of my participants. Much of the risk was mitigated by the informed consent process, in which I fully explain any risks, including that of personal distress. Furthermore, participation in



the interview was completely voluntary and could be discontinued at any time – a fact that I emphasized to the participants at least three times throughout the course of the project description. Should there be any issue with the interview – a participant who became emotionally distraught, for example – I reserved the right to discontinue the interview. Luckily, this did not happen through the 22 interviews, although some of the interviews were certainly very emotional. On a more serious note, if a participant mentioned current thoughts of suicide or self-harm, I was obligated in my protocol to cease the interview and escort the participant to a trained mental health professional. Whenever a participant mentioned anything pertaining to suicidality, I asked them directly if they were having thoughts of suicide or self-harm. Each time, the participants responded in the negative – thankfully.

### *Language*

In a similar vein, I had to be conscious of the language I was using in regard to my recruitment, interview guide, and general speech. I choose to focus this project on mental *health* on campus, which acted as an umbrella term (rather than using mental *illness* or another specific issue) that allowed me to discuss a broad range of subjects with my participants, whether or not they had personal experiences with mental health. Likewise, this terminology mirrors that which is most commonly employed in campus discourse generally, making the project feel continuous with the culture as a whole.

### *Exclusion Criteria*

Given that I was attempting to understand a sociocultural model, I had only two exclusion criteria for the project: all of my participants must be eighteen years of age or older and have been at the University of Pennsylvania for at least one full academic year. This mitigated two problems – the first being that this would allow or people to understand the culture

more fully, the second being that it excluded all freshman from participating and thereby decreased the chance any participants would be under eighteen, as my protocol was approved for adults only.

### *Compensation*

I used financial compensation in order to incentivize participation in this project. Originally, I thought this would help get more participants, and throughout the course of the interview I verified this fact. I compensated each of my participants \$10 for their participation. This relatively low amount was enough to provide an incentive for an hour-long interview, but not so much as to be coercive.

## Results

Throughout the course of the interview, there were themes that student participants brought up repeatedly, those which felt particularly salient. They are explained here in full, in the following order: Penn Culture, Penn Experience, Mental Health at Penn, Mental Illness, Stress and Balance, Administration and/or Institution, Suicides on Campus, Sexual Abuse or Assault, Social Media, Physical Space, Interpersonal Relationships, and Identity.

### Penn Culture

To identify a definite culture of such a large university would be impossible; however, throughout the course of this study, the participants highlighted several features that they attributed to the Penn Culture as a whole, as well as specific traits or institutions, which will be discussed at length later.

The Penn Culture (or environment or atmosphere) was described in many ways - toxic, interesting, self-perpetuating, stressful, diverse, competitive, intense, pre-professional, work hard play hard. Importantly, Penn was characterized explicitly as place that "doesn't allow you to deal with the issues you face in a healthy way because there's not enough time, resources, or help to do so." Other participants echoed this sentiment, especially with regard to how busy students are. Within the context of these interviews, the Penn Culture was described as negative far more often than not. This also rang true when people were describing a typical Penn student or the types of students Penn tended to attract - which were also described negatively. Several participants wondered about a connection between high achievement - like that exhibited by Penn students - and instances of mental health issues. This high achievement was likewise acknowledged when Penn students were characterized as incredibly busy or involved with campus activities. In regard to mental health, this translated into advocacy and activism work.

Importantly, there was a lot of discussion of normalization in regard to these negative constructs: although participants were fully aware about institutional issues, they also recognized how pervasive and normal they were. Part of this normalization is that students did not realize how problematic they found the culture until they looked at it from afar. This also fed into stereotypes regarding who would and would not have mental health issues on campus. Some students pointed to the Wharton School in particular as driving aspects of the culture that they found troublesome.

Without exception, participants drew a distinction between their friends and people they knew personally and Penn on a larger scale. Support structures are very important, but they exist on a smaller scale. The broader social scene (party scene), however, was cited as something that would contribute to mental health in a negative way, as was the practice of comparing oneself to others.

There were several contradictions characterizing the culture: openness with hardship versus wanting to appear put together; advocating for change with regard to mental health versus not wanting to be personally involved; understanding mental health as an issue versus actually helping one another; investing in other people versus hook up culture. Despite all the ways Penn Culture was characterized, the participants sometimes wondered if Penn Culture is indeed distinct or whether it is similar to the culture in other similar environments. Some made comparisons to other schools with which they were familiar, while others devoted their focus to Penn entirely.

### *Penn Face*

Almost without exception, the participants involved had already become familiar with the term 'the Penn Face' throughout their time on campus. This is the practice of masking, of putting

up a wall between oneself and the world, acting as though everything is fine no matter what. There are two sides to the Penn Face. One is to not show any weakness; the other is to highlight one's stress either as a badge of honor in a flippant way to appear as though everything is conquerable.

The Penn Face was characterized as including several practices. Essentially, the practice refers to conforming oneself to fit into a mold student perceive as the ideal - to not show weakness, to fit in, and to block one's real self off from anything negative that may be going on in their life. It is (feigned) happiness in the face of hardship. Students were reported to try to one-up one another in regard to stressors, leading to a vicious cycle. Participants also mentioned the Penn Face as a way to avoid showing any weakness or vulnerability - to act superhuman. There are also physical aspects to the Penn Face, such as trying to visually appear as part of the cohesive group via wearing the proper clothes or appearing otherwise desirable.

The Penn Face was compared to the social media version of a person - a more perfect image you put out into the world. It was also compared to the "Duckling Syndrome" popularized by Stanford University. Participants were also alarmed at how frequent, normal, and pervasive the Penn Face had become. The participants were quick to relate the Penn Face to mental health in a profound and negative way, citing it as a key contributing factor to ill mental health on campus. Participants mentioned hearing the term Penn Face all throughout their college careers - in connection with the campus suicides, in personal conversations, through various student groups, in publications, and at CAPS. The Penn Face is the elephant in the room - the thing everyone seems to know about, but no one is capable of changing.

### *Pre-Professional Culture/Environment*

Another common, almost idiomatic term used to describe the Penn culture was 'pre-professional.' This simply refers to a culture obsessed with post-graduation employment in certain areas (i.e. the professions). The pre-professional culture was described as a source of stress, something that exacerbated already fragile mental states, as well as something that limited potential exploration of career options, as well as one's ability to simply be themselves. Again, there was some question over whether the air of pre-professionalism is an institution limited to just Penn, or if it spans institutions.

### *Work Hard Play Hard*

The phrase 'work hard, play hard' is one that is often used in relation to Penn - 'the social Ivy.' Several participants engaged with this term, describing it as another prevalent feature of the culture. It denotes a constant spirit of over-exertion: working incredibly hard in an academic or pre-professional sense and also throwing oneself into the social scene headfirst. Students feel the need to balance both these things concurrently - and perfectly.

### Penn Experience

One of the first questions every participant answered was "how has your Penn experience been?" The answers varied widely, and in that question the participants described not only their personal experiences, but also things about Penn and the culture and the obligations they felt they had, what course their college career has taken, and more. The majority of respondents characterized their experiences as in some way negative or challenging -- tough, something they have hated, poor, or tumultuous, although some did report more neutral feelings or even liking it despite issues they felt Penn has.

Participants described the incredible amounts of stress they had gone through in pursuit

of the Penn experience and degree. They described how they came to understand the culture, especially with regard to the Penn Face and the practice of constant busy-ness. The participants, at best, exhibited ambivalence regarding their Penn experiences. Even those who initially reported positive feelings later problematized that view. Others profoundly disliked or hated their college experience here, either for structural reasons or due to past trauma.

### Mental Health at Penn

Certainly, given that this project is regarding mental health on Penn's campus, it makes sense that every interview focused on this topic. For our purposes, this section is focusing on mental *health*, rather than mental *illness*, which will be discussed later. Mental health and mental wellness were often used interchangeably, due to their closely related nature. Given the other sites of analysis looking at things like specific sources of stress, this section is focusing primarily on the sort of ethereal, ephemeral sense of mental health in a very broad sense. Prompts for this section included asking students what mental health looks like on Penn's campus, what they think of when they think of mental health on campus, and what mental health means in a negative versus positive sense.

Some students offered positive characterizations of mental health on campus; however, these characterizations were few and far between, and generally caveated to note their rarity. Positive mental health included discussions of self-care and putting oneself first, although many students recognized this was not always the case. Several participants offered positive constructions in regard to handling mental health on campus broadly. One was an advocate of 'feeling your feelings,' while another espoused the doctrine of 'choosing happiness,' and yet another argued for the importance of genuine interpersonal connections.

However, characterizations of mental health as it stands on campus were both more

negative and more forceful. Students characterized mental health in regard to struggling, to using the Penn Face; others mentioned how mental health remains largely misunderstood on campus. However, participants noted on several instances that the conversation regarding mental health on campus has been increasing and changing for the better in recent years, especially following a well-publicized string of suicides that generated incredible amounts of media attention. Participants were aware of how mental health exists on a spectrum, and individuals from all across that spectrum make up the Penn community.

Several participants mentioned the plethora of resources and student groups related to mental health, both new and old. In addition, some brought out the tension between wanting to be an advocate for mental health issues and feeling paralyzed. Others brought out another tension - that between those who 'get' mental health, and those who do not. Many of the stories recounted in the transcripts highlight instances when someone clearly was in the latter camp.

A lot of the discussions about mental health on campus touched on the idea of comparing oneself to others and finding oneself lacking - regardless of whether or not such a comparison was accurate. The culture regarding mental health appeared to stem from two main sources: the students themselves (self-perpetuating cycle) and the administration of the university. Given that college is a formative time, participants noted how mental health experiences during this period is very important, despite the fact that struggles at this point may be minimized. Clearly, dealing with mental health broadly on campus is not an easy task due to the issue's complexity, on both a personal and an institutional level. Finally, some students wondered if the culture of mental health at Penn is unique at all, or whether it is merely a symptom of a larger societal ill.

### Mental Illness

Discursively, there must be a large difference between mental *health/wellness* and mental



*illness*. As will be discussed later, campus dialogue generally revolves around the former, rather than the latter. The interview guide, furthermore, was geared to discuss mental *health*, discursively speaking. However, several respondents clearly steered the conversation toward mental *illness* instead. In general, these were individuals who personally self-identified as having long-standing mental issues - mental *illnesses* - specified or not. In regard to Penn's campus, participants discussed a stigma surrounding mental illness. The idea of vulnerability also came up in relation to having a weakness associated with illness. When asked, some participants showed awareness of the discursive difference between mental *health* and mental *illness*, but others did not.

### Stress and Balance

Interview participants discussed time and time again the stressful nature of being at Penn. They pointed out particular stressors, as well as the difficulties that come with trying to do as many things at once as you feel are required of you.

### *Academics*

Academics were generally regarded as the most widespread source of stress, which makes sense given the caliber of the institution. Courses that were graded on a curve were especially stressful in this respect. Furthermore, the fact that everyone at Penn currently was at one time regarded as the top of their class in high school furthered the sense of academic rigor and the desire to maintain that same level of success in a new environment. The intense academic drive can make balance everything else in life incredibly difficult, further adding strain on people's mental health, especially since students feel a need to do a lot and be excellent at everything they do. Penn's campus acts as an echo chamber, with everyone in close proximity all worrying about the same things, amplifying their stress.

Often, the balance is impossible, and students have to let some things slide in order to accomplish others. Unfortunately, the impacts of lower-than-desired grades do not go away quickly, and tend to haunt students through the duration of their academic careers.

All these things combined make a stress-free balance near impossible. Again, students wondered if this was unique to Penn or not, especially since some people found their friends at other schools to be less stressed. Participants recognized the unhealthy nature of the stress, and some wished there were more ways to better handle it other than unhealthy coping mechanisms.

### *Financial*

Participants also faulted financial issues and wealth disparity as being sources of stress. The Penn lifestyle, according to the participants, is expensive - exclusively so. Having to work within a budget when your peers do not or having to work more jobs than your peers add more stressors to a student's daily life. Furthermore, the financial burden can limit students from getting appropriate psychiatric care, either because the students are worried about their parents seeing the bill or because they cannot afford to visit a non-Penn practitioner for care.

### *Interpersonal*

Interpersonal relations, although often used for support, can also cause issues with stress and balance. Students reported issues with friends and roommates that contributed negatively to their mental health status. Furthermore, issues of sexual abuse and assault have already been treated at length. There were also issues pertaining to dating and relationships, especially regarding hook up culture and feelings of dehumanization.

### Administration and/or Institution

Almost every interview made reference to the administration or institution that is the University at some point during the interview. The administration/institution in this case refers to

specific Penn agencies - Counseling and Psychological Services (CAPS), Student Health Service (SHS), Penn Police, the University President Amy Gutmann, Professors, Advisors, Coaches, and generally anyone working within the university apparatus/employed by the university. Other campus institutions, such as the Civic House or the Penn Women's Center, were also mentioned (and faulted) on occasion, although this was on a case-by-case basis and much less frequent than references to CAPS, etc. In general, references to "Penn" broadly could be understood in context as either referring to the student body and culture or, more commonly, to the administration/institution.

The responses to the administration were overwhelmingly negative and oftentimes angry, but there were some instances in which participants felt positively toward Penn as an institution, and specifically with regard to particular individuals. Even then, though, the administrative responses to issues impacting student mental health were called inconsistent.

The administration was accused of caring for mental health for reasons of public relations, rather than out of care for the students. Furthermore, there was a sense of distrust in the institution due to suspicion of where Penn employees' priorities were, with regard to mental health on campus. The mental health resources and CAPS in particular came under special attack for being inefficient or harmful in the eyes of the participants. Some participants did recognize, however, the limitations of resources, and were therefore to be a little less harsh in their condemnations of the institution.

Participants involved the administration when discussing the creation of Penn culture, with some saying the issues they saw came from the administration down to the student body. One even went so far as to say that she felt her life as a Penn student was not valued by the administration. Others generally characterized the administrative handling of mental health

issues as poor or otherwise unsatisfactory. The administration was also cited when individuals were advocating for change on campus. Whereas some felt change needed to come from the ground up, others recognized the need for administrative response. On the whole, the administration/institution was mainly faulted for seeming distant and impersonal, lacking compassion for the student body especially in times of hurt or crisis, or simply being inept. The leave of absence policy was also faulted for being executed poorly.

*Amy Gutmann (University President)*

Participants often used Amy Gutmann as a scapegoat of parts, with one participant even saying she had some 'choice words' for the president, regarding how she felt her life was not valued. Problems at Penn were often attributed to the president as a public figure, and individuals were upset she was not more present. Furthermore, people thought change should flow from the top down, starting with the president, although some thought the president's responses to tragedies have been getting better recently.

*Counseling and Psychological Services (CAPS)*

Participants reported a mix of experiences with regard to the Counseling and Psychological Services (CAPS) on Penn's campus. In particular, several participants reported positive experiences with group therapy at CAPS, especially in regard to building friendships. The CAPS short-term model was frequently criticized, with participants especially citing long wait times to get appointments, problems with individual clinicians, and only being seen for a few sessions/ a session limit as particular issues. Even at CAPS, participants felt they were not appropriately valued. Generally, CAPS was viewed negatively by both the participants and their social circles, from what they said in the interviews. Some said CAPS fundamentally misunderstood how to handle issues of mental health and, in particular, mental *illness*. CAPS to

many seemed fine at handling issues related to situational stress and short-term issues, but not more permanent situations. Others perceived a lack of diversity and cultural representation among the CAPS staff. Students were also upset at the rate at which they and their friends were referred to outside clinicians, with some citing an additional financial burden that made getting therapy impossible.

### *Faculty, Advisors, and Coaches*

Faculty, advisors, and coaches are in many respects the first line of the Penn administration, and are often the primary (if not only) ways in which students and the participants interact with the larger Penn apparatus. Given the amount of interactions between students and professors/faculty, it is not at all surprising that faculty were the individuals most often involved in the students' reflections on mental health. Students spoke of recounting their mental health/illness struggles to professors, and how those processes were incredibly troublesome - if they chose to attempt them, that is. Some students had positive interactions. However, others discussed the heavy pressures professors placed on them, seeing them as grades rather than students. Professors, too, were recognized to have their limitations in terms of what they could and could not do or understand regarding student mental health.

One participant mentioned a very positive interaction with her advisor, in which the advisor was able to help her withdraw from a course that the student associated powerfully with traumatic memories. Another participant cited issues she had regarding mental health as an athlete, both on her own behalf and in regard to her friends, and how her coaches only made the problems worse - although she did concede that perhaps this was an issue with specific individuals rather than with all Penn coaches.

## Suicides on Campus

Throughout the past several years, there have been a number of well-publicized suicides at Penn. These suicides have not gone unnoticed by either the news media or the Penn student body. There were innumerable publications in the student paper and other news media sources regarding the cases. The interplay between the suicides and the media was one many participants discussed. In some instances, references to 'the suicides' were to mark time - the time of a Facebook campaign, or the time when a certain topic was being discussed. Students were also aware of how these tragic events shaped campus discourse, and the impact they had.

Some of the participants had been friends or acquaintances with the individuals who had died by suicide in the past few years, and recounted their experiences. Other participants mentioned how individuals would make jokes about the deaths. Clearly, the students who died by suicide had an impact on the collective psyche at Penn, as evidenced by how often 'the suicides' or particular individuals are referenced by name.

## Sexual Abuse or Assault

Multiple of the participants in this study mentioned some sort of sexual assault or abuse that had gone on during their time at Penn (all of which had already been reported to the appropriate campus resources, and for which appropriate therapeutic steps had been taken). Obviously, these experiences - abuse, rape, attempted assault - have had an immeasurable impact on the individuals involved. In two instances, it directly brought the participants to seek treatment. In one instance, it brought the participant to tears during the course of the interview. For some participants, their experiences with mental health were linked almost exclusively to sexual assault. In general, there was anger and dissatisfaction over how the Penn institution handles cases of sexual assault. Furthermore, they saw larger issues within the Penn culture -

which the individuals perpetuating the crimes did not understand they were doing something wrong, or other dynamics involved that prevented appropriate consequences.

One participant mentioned that her rape was written about in a feature of a popular student magazine. Another mentioned how her complaints regarding attempted sexual assaults were not appropriately addressed by those to whom she reported them, in the spirit of preserving team unity. The participants mentioned various coping mechanisms they had developed to deal with their trauma within the Penn environment, including on the one hand partying more, on the other becoming more introverted.

### Social Media

Social Media was often discussed in the interviews with participants, especially in regard to the idea of the Penn Face. Participants discussed how their peer's "social-media'd" themselves - to look perfect no matter what and to not reveal any sort of inner struggle. There appeared to be a perception that one's social media presence needed to be up to a certain (pretty, carefree, expensive) standard.

This mode of social media presence is in diametric opposition to ideas of vulnerability and weakness and aims to disguise them at all costs. There were two platforms mentioned in particular: Instagram and Facebook. The former seems to epitomize the idea of the Penn Face and anti-vulnerability - a platform to post beautiful curated images to create the illusion of a perfect life. Instagram in particular was associated with one of the high-profile suicide cases at Penn several years ago. One participant mentioned the latter because of a famous (within Penn) Facebook campaign during the 2013-2014 academic year when people were posting less-than-flattering pictures of themselves in order to show that nobody is perfect, themselves included. Participants mentioned the need to break down the social media front in order to regain that

sense of vulnerability and humanity.

### Physical Space

Physical space is an important, albeit overlooked, factor in regard to mental health. In particular, respondents spoke about their living situations - with roommates or otherwise. Living in a freshman dorm can be an incredibly taxing experience, as can living with roommates generally - largely due to the unpredictable nature of those around you. One respondent mentioned the strain it put on them when everyone in their direct area was stressed out and there was no recourse or space for alone time. When surrounded by people, one feels the need to be 'on' at all times, which adds another layer of stress in one's personal space. Conversely, some other participants mentioned spaces that made them feel comfortable and happy on campus that were not living quarters. The impact of physical and living spaces is crucial.

### Interpersonal Relationships

Interpersonal relationships were cited by the participants as both sources of support and strength and as stressors/things which contributed negatively to their mental health.

#### *Friendships and Support Networks*

Friendships were characterized as overwhelmingly positive to a frequent degree. The friends mentioned in the interviews are the ones with whom people felt personal connections - individuals they met in group therapy, or people who they did not feel the need for the Penn Face around. Finding these individuals could be difficult, however, given the limitations of the Penn Culture. The support networks mentioned were incredibly important to the participants; however, one participant felt that support networks at Penn broadly speaking are not visible or strong enough. Not every relationship is perfect, however, and sometimes participants noted instances where their support networks failed them in some way.



### *Greek Life*

Greek Life could be either a source of support or something that seems only to bring out the worst in people. Furthermore, structural issues with Greek life could serve to exacerbate issues related to mental health.

### *Hook Up Culture / "The Scene"*

The culture of hooking up (i.e. casual sex, etc.) and "The Scene" (the social scene) go hand in hand. Both perpetuate a certain type of image - a calm, cool collectedness that one must emit in order to fit in. Deviation from the norm can lead to negative consequences. Hook up culture in particular was characterized as unilaterally bad and something that could chip away at one's mental health. In this system, people tend to treat others as tools rather than as people, causing a lot of mental and emotional distress. It also bespeaks a desire to remain independent and not ask for help or commitment, which is further detrimental.

Issues with 'The Scene' involve generally the ideas of partying very frequently, abusing drugs and alcohol, and ideas of exclusivity. It also is a space where vulnerability is not allowed - reinforcing the idea of the Penn Face. It can negatively impact social interactions (i.e. creating no genuine relationships or hurting existing friendships) and in turn lead to poor mental health due to the personal stress on an individual to conform to a prefabricated ideal.

### Identity

Throughout the course of the interviews, participants mentioned salient aspects of their identities and how they factored into negotiating their mental health and mental health generally. Given that this project is founded upon the principle of positionality, it is important to note the importance of the identities of those involved in the research collection. For example, one participant was an athlete, and felt that there was a gap in addressing mental health among

athletes on campus. Other such divisions existed as detailed below.

### *Financial/Class*

Issues of class and financial/socioeconomic identity were some of the most frequently cited in the interviews. Finances can be a source of stress, which exacerbate issues of mental health on campus. Participants discussed inability to go to certain costly social events, or how the need to work on a regular basis while balancing other obligations was a source of stress. Furthermore, some participants noted feelings of isolation or shame regarding their financial or class identities. Socioeconomic disparities also impacted social interactions in negative ways, especially when participants felt they were less wealthy than their peers (often visibly so - this ties into the idea of constantly looking put together and attempting to fit in socially), or when they were pursuing less lucrative career paths. Some said the idea of trying to fit into a crowd to which you do not socioeconomically belong is another facet of the Penn Face. Penn as an institution was generally regarded as a bastion of wealth and privilege, in stark opposition to the homeless faced by individuals in Philadelphia. All of this contributed to student mental health, adding another layer of stress for some students.

### *Gender*

Gender identity played into mental health in two main ways. A non-binary respondent mentioned how issues of misgendering and other microaggressions severely negatively impacted his mental health, and spoke of the alarmingly high statistics regarding suicide and murder in the trans\* community. Several of the women involved in the study spoke about their experiences as women on campus, regarding issues with hook up culture and feeling dehumanized, among other things. One participant pointed out how showing emotion is regarded as a feminine trait that individuals were pushed to avoid, further contributing to how students felt a need for masking

behavior. Non-binary and female respondents alike spoke about rape and sexual assault in their communities. All of these issues were brought up, unprompted, in regard to mental health on campus, highlighting the saliency of gender identity. Greek Life, generally organized around single-gender axes, was also mentioned at several points.

### *Race/Ethnicity*

Several respondents, particularly those who self-identified as minorities, discussed how race and ethnic identity impacted their mental health. Some participants mentioned topics relating to the Asian and Asian-American communities at Penn, both in regard to group identity and feeling alienated from those groups. One mentioned how she had heard and read of issues with the Model Minority Myth, which included devaluing the struggles (and sometimes suicides) of Asian and Asian-American individuals. One participant who did not self identify as a minority mentioned hearing from friends that "race and mental health... are not a thing that Penn handles well." (Participant 16)

## Discussion

As stated in the introduction, this project is in many ways the culmination of four years worth of work, and it was incredibly gratifying to see my thoughts either confirmed or repudiated in the data as it stands. I return now to my research question: What are the social and cultural factors that impact students' public and private presentations of self with regard to mental health at the University of Pennsylvania (Penn)? Although much of this has already been explained at length in my Results section, I want to more clearly answer that question now, to satisfy my goal of understanding these factors and their influence on mental health presentations publicly versus privately. In this section, I will also present again the tensions that combine in the Penn culture that impact how students negotiate the mental health sphere, before finally addressing the importance of this project for the broader Penn community.

### Social and Cultural Factors

As the data has been developed in the previous section to answer the research question, it is not necessary to fully explicate every intricacy; however, it certainly is useful to draw out important themes regarding these factors.

Concretely, the social and cultural factors impacting student mental health outlook stem from academic stress, a sense of pre-professionalism on campus, a work hard/play hard attitude, party/hook up culture, and the general pressure to be doing a multiplicity of things at once and be doing them well. A definite way to characterize the student population would be *busy*, which almost any student is likely to take as a given. What *are* crucial, however, are these factors *combined with* a pathological fear of appearing vulnerable. This is not to say no students ever display vulnerability; however, they are few and far between as exhibited by the interviews I conducted, and even then this vulnerability is only visible to certain key parts of the individuals'

support networks.

Regarding the distinctions between public and private presentations of self, therefore, brings us back to the idea of the Penn Face: no matter how much a student struggles, they feel the need to *appear* nonplussed. This extends into several key areas. Regarding academics and extra-curricular activities, the feeling is that one can never be doing enough. However, they must also appear calm, cool, and collected. Stress is an acceptable mode of being only when it is presented as exhilarating rather than debilitating. Elsewise, all troubles are to be brushed off casually. This is related to the second aspect of the Penn Face, regarding social situations. Here, again, the Penn students reported feeling they must project an aura of ease and readiness for whatever comes their way. This can mean on the one hand partying even when they have an academic obligation, or engaging in the no-commitment institution that is hook-up culture on the other. People are treated as placards or happy caricatures of themselves first, and as messy humans second or not at all.

I expected these first two aspects to come up during my interviews. There is yet another aspect of the Penn Face that the participants brought to my attention, however – one which I suppose I was inclined to skip by virtue of my own privilege. There is a very distinct financial aspect of the Penn Face. The aforementioned party culture – and even the extracurricular culture, especially with regard to Greek Life and certain clubs – is *expensive*. Students reported that either they themselves or people they knew were unable to participate in certain activities because of the cost. This leads to a profound feeling of alienation and isolation. Even if one does not in fact possess the amount of disposable wealth necessary to project the specified air, they are expected to pretend – or, at least, that was what the data reflected. The culture itself is certainly problematic, but it is this sense of isolation created by not being able to share one's

hardships that my participants problematized time and time again.

### Tensions

Emerging from this, therefore, we can see sets of tensions that provide an answer to the research question. These tensions were briefly mentioned in the introductory pages, but now in light of all the appropriate data I am now able to further explain them.

*Causality: Tension between problematizing/vilifying the Penn culture in regard to treatment of mental health issues and acknowledging a more complicated notion of causality of mental health*

One of the central currents in the project that went largely unaddressed was a question of causality. Is Penn the source of mental health issues on campus, as the media seems to say while dragging the institution's name through the mud? Or, is Penn merely the ground upon which mental health issues erupt in young adults? The answer likely seems to be somewhere in the middle, and obviously varies from person to person. Much of this paper and, indeed, much of the data spent quite some time discussing and often bemoaning Penn's culture for being toxic, overly competitive, and so forth. Certainly, the data does provide evidentiary support for negative aspects of the culture, which are discussed *specifically* in relation to mental health at Penn. Several of the interview participants do indeed attribute a notion of causality to the structures uncovered. The Penn culture, they say, rife with undue academic pressure and impossible standards, with the culture of Blind Achievement (Interview 5) and little to no room for human vulnerability and messiness *causes* issues of mental health. This may be true to an extent; however, there are others who find it ludicrous to think of mental health and illness in this way, to say that something about Penn does in fact *cause* these issues (Interview 21). The best that can be said, in attempt to reconcile this contradictory data, is that Penn does not in fact *cause* mental illnesses; however, the toxic aspects of the environment certainly can exacerbate issues.

Furthermore, it is important in this instance to draw a distinction between what I will here classify as mental illness versus issues of mental health. The former refers to a more chronic state of being, which is associated with specified disorders and diagnoses. The latter refers to something more situational – exactly the type of issue that is most likely to show noticeable change in the face of a stressful environment. Certainly, environmental factors impact both, but when we discuss the toxicity of the culture it is most likely in relation to the latter. For the former, Penn’s culture certainly can make things more difficult; however, Penn’s culture is not the cause. To borrow a lesson from statistics, it is important that correlation does not imply causation, although experientially this seems hard to deny, as evidenced by the data in the interview transcripts.

*Interpersonal Connectedness: Tension between personal vulnerability versus a desire to have it all together (or to appear as though one does)*

This tension is evident in conversations relevant to dating and ‘hook up culture’ at Penn. Again, this comes back to the idea of the Penn Face, of wanting to appear perfect at all costs. The idea of vulnerability is one that is more or less culturally disallowed, at least on a grand scale. However, this does not negate the desire many of my participants expressed for genuine connections, for human compassion. The tension comes down to an issue in the difference of what people want versus what they feel they can ask for, ultimately *maintaining* the aspects of the Penn community that many participants mentioned as being explicitly toxic.

Undoubtedly, there is a sort of maturity and humanness that go hand in hand with this idea of vulnerability. However, in the interviews, almost all the participants discussed a certain distaste they perceived in the culture for any sign of vulnerability and weakness. By this point, it goes without saying that the life of the Penn undergraduate student, while perhaps not something

that can cause mental health issues or mental illness *de novo*, is certainly at least episodically busy and/or stressful on the whole. The most common unspoken or explicit implication in the interviews was the high premium placed on *not* appearing vulnerable, even to one's close friends.

This likely goes back to larger cultural conventions and norms, related to the capitalist emphasis on production and the American emphasis on independence. This also ties into larger questions about all the data in the interviews: Are the conventions discussed issues solely at Penn, or do they represent more broad constructs of college campuses generally or American society as a whole? Unfortunately, with the resources available I cannot answer those larger questions. Furthermore, although these are interesting *and important* questions, I return again to the conceptualization of this project as a case study, rather than something to provide larger frameworks. Certainly, we have seen issues with Penn students dealing with vulnerability and abhorring the possibility of being thought weak. This leads to placing impossible standards on oneself and attempting to always look one's best, both physically and otherwise, while never showing the strain one may in fact be under. The enormity of this pressure is a common theme throughout these interviews.

*Lip Service: Tension between acknowledging issues of mental health versus effecting real change*

This is one of the most difficult and troublesome aspects of the data I collected and analyzed. I foregrounded this research in the idea that there was no shortage of discourse on mental health on Penn's campus. Why, then, do these issues persist? Certainly, there is a way of explaining this that says I have this relationship backwards – the discourse exists because the problem does. However, I find this insufficient to explain this relationship. Much of the discourse is action-oriented, and furthermore much of it has caused tangible change, as in the



case of the recommendations of the mental health task force. Another explanation is that mental health and associated issues are by nature difficult concepts to reckon with – each individual’s situation is fundamentally different from the next, making it incredibly difficult to create a catch-all system or protocol with universal application value.

Much of the discourse, however, is focused on helping people to not only effect structural change, but to *understand* issues related to mental health. The goal is to help people who are untouched by these issues to ‘get it,’ to understand the fundamental difficulties. Here is another contradiction: even people or institutions that seem to ‘get it’ can perpetuate the same problematic toxicity in the same breath that they preach the need for self care and a culture change. This comes down to a bigger issue: stigma. It is easy to deal with mental health, etc. in a vague sense, but more difficult to deal with real life individuals on the ground level. Again, this is due to the messiness of every individual situation, but also due to the fact that these situations are painful. It is fundamentally painful to see someone you know in a place of suffering. Furthermore, they are difficult. It is far more difficult to change a behavior, a culture, than to write articles about it or vilify it without critical reflection. The call here, therefore, is for compassion, for re-insertion of the self into these conversations, in order to better negotiate this final tension.

## Conclusions

Ultimately, what is the importance or good of this research? As previously stated, my goal was never to create an all-encompassing model, to explain and crystallize everything about Penn in an ephemeral sense. In a much more grounded way, the project was to hear what students were saying, to amplify it, to back it up with vetted methodologies, and present it as a case study, an exercise in partiality. All ethnographic studies are of this sort, given the highly changeable nature of human societies.

As a brief aside, there was also a sort of side-project that emerged throughout the course of these interviews. Upon asking how a participant felt after finishing the interview, I received the answer that they felt good. *Empowered*. It dawned on me something that should have been obvious – that these interviews in a way had a quasi-therapeutic value. As anyone who has been involved in therapy, peer counseling, or even just having a friend who is a good listener attest, there is something very powerful about someone sitting down across a table from you and devoting their entire being in that moment to listening to *what you have to say*. The conversations were not always easy, and indeed they encompassed some very difficult topics to grapple with. Yet these interviews provided people a way to sort out their thoughts, to be heard. This idea is unsubstantiated, as I did not ask all of my participants explicitly if they felt the project had an inherent therapeutic value, but based on the number who told me they thought the work was important or actually thanked me, I am hopeful that this was the case.

This project is not necessarily calling for a cultural shift. As a member of this community, I am deeply invested in this project, and see it as a way to verify and share what I have learned over the years and especially in the course of these interviews. In terms of implications, this project can be a stepping stone for understanding just what is going on at Penn

right now – a primer of sorts. It means that we cannot ignore individual stories or voices. We cannot ignore the pain and anger in the community. We cannot ignore the oppressive structures in place, the likes of which could fill the pages of multiple other theses. What this project means – or, perhaps more accurately, what it reminds us of – is that although narratives may not be clean and easy to understand, the individuals involved are important, and understanding them in context ought be of the utmost concern.

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## Appendix A: Semi-Structured Interview Guide

I am conducting a research study about mental health here at Penn, about how people talk and think about mental health on campus and how that relates to their perceptions of their own mental health and wellness. Essentially, I'm trying to understand how various social and cultural factors here at Penn influence how people think about mental health, both in terms of their own well being and in terms of how mental health conversations play out in the public sphere. Since you are a member of the Penn community, I want to interview you to hear what you have to say about this topic. This conversation should last no more than one hour. I will only need to speak with you once for this research. This research will inform my senior thesis in the department of Medical Anthropology.

I am going to ask you a series of questions and have a conversation with you about mental health on campus. I respect all of the information you are going to share with me. I do not need to record your name and your name will not be associated with your answers in any way. The only people who will have access to the information specifically from this interview will be my advisor Dr. Barg and me, and it will not be released to anyone except as required by law. For example, if you tell me that you intend to harm yourself or someone else, I am required to report that information to someone who can help you. If it is okay with you, I will record this interview on my phone so I can transcribe it later. Once I transcribe the interview, I will delete the recording. I will not save the recording of this interview.

Please know that participation in this interview is voluntary. If you choose not to participate in this study there will be no negative consequences for you. You may choose at any time to discontinue participation in this study, also with no negative consequences. I will give you my contact information so you can get in touch with me at any time to ask me any questions you may have about my research, or to continue our conversation about mental health, related resources, etc. At the end of this interview, I will provide you with a packet about Penn and local resources relevant to mental health and wellness. If you need to talk to someone urgently I can provide you with information relevant to your situation.

Do you have any questions at this time? Will you participate in this study?  
[wait for affirmation of consent]

Do I have your permission to record this interview? I will transcribe the interview when it is over and then I will delete the recording. I will not store the recording of this interview.  
[wait for affirmation of consent]

Thank you for agreeing to participate in this study! Your help is very important to my research. Remember you can stop participating in this study at any time.  
[Are you comfortable in this setting? Is there somewhere more comfortable/more quiet that we can go to talk?]

## SECTION ONE: Interviewee Personal Background

- I. I'd like to start by learning a little bit about you
  - a. What are you studying? / What school are you in?
    - i. Any interest in mental health / medicine / etc
  - b. How old are you?
  - c. What was it like where you grew up?
  - d. Gender Identity
  - e. Campus involvement
    - i. Mental health groups?
  - f. What made you want to participate in this study?

## SECTION TWO: Specific Aim #2 – Attitudes toward mental health in general

**\*\*this section will be very free and conversational**

- II. How are you liking Penn / how has your Penn experience been?
- III. Let's talk about mental health in a general sense. What does the term mental health bring to mind?
  - a. How does mental health look at Penn? What does mental health mean here?
  - b. What parts of the Penn experience make discussions of mental health relevant?
- IV. Can you describe the Penn environment in terms of mental health?
  - a. Probing for sources of stress, social and cultural factors relating to how people present mental health
- V. *Contextualizing mental health/wellness conversation/s; Discussions of mental health*
  - a. Let's talk about a time when you were part of a conversation about mental health. Can you describe that scenario to me? Why did the conversation come up
  - b. What was the setting like?
  - c. What did you think of the conversation?
  - d. Were you comfortable in the conversation? Why/why not?
  - e. What did you hear in that conversation? Did anything stick out to you?
- VI. *Contextualizing mental health at Penn*
  - a. Can you describe the Penn environment in terms of mental health?
    - i. *Probe for sources of stress, social and cultural factors relating to how people present and perform mental health*
  - b. Let's talk about mental health at Penn at large. How do you think this campus deals with issues of mental health?
  - c. What are some stereotypes on campus pertaining to mental health / wellness?
  - d. Do you think perceptions of mental health are different at Penn than they are other places? What specific factors, in your experience, influence students' day-to-day mental health on campus?
  - e. Have you seen any articles in national publications (ex NYTimes) pertaining to mental health and wellness (especially here at Penn)? Any thoughts?

- VII. Can you think about a friend or someone you know here at Penn who has struggled with issues relating to mental health? Without giving me specifics (please don't tell me their name), let's talk about what they struggled with and what you think about the situation
  - a. What was it like for you to see your friend in that situation?
  - b. What stuck out to you about your friend's experience?
  - c. In light of your friend's experience, what are your reflections on the Penn culture and mental health?
  - d. How do Penn students present themselves in terms of mental health? (probe for description of Penn students in relation to mental health / stress /social and cultural factors)
- VIII. Have you heard of the term 'Penn Face'?
  - a. If YES:
    - i. Discuss – in what context have you heard the term? What do you think of the term? How do you conceptualize it?
  - b. If NO:
    - i. Explain – masking mechanism
      - 1. Is this something that sounds familiar?
- IX. How could you discuss mental health with your peers? / Have you had this type of discussion?
- X. *Personal reflection on mental health* (Segue to S3)
  - a. How often do you think about your own mental health? Do you 'check in with yourself'?
  - b. Prior to this conversation, was mental health something you thought about in any concrete sense?
  - c. How do you feel about your mental health as a member of a community – specifically the community at Penn?

SECTION THREE: Specific Aim #1 – Attitudes toward personal mental health

- XI. Have you had any conversations about mental health recently?
- XII. Many students experience struggles with mental health, particularly in college. Have you had any sort of experiences with this?
- XIII. How do you feel about your own mental health / wellness?
- XIV. How do you handle mental health?
  - a. Notion of stress
- XV. Is there anything specific to Penn that sheds light on how you conceptualize your own mental health and wellness?

SECTION FOUR: Miscellany / Wrap Up

- XVI. Is there anything else you would like to add?
  - XVII. What's on your mind?
- THANK YOU!

**Appendix B: Funding Proposal – Undergraduate Research Fellowship**  
**APPLICATION FOR**

Undergraduate Research Fellowship Program

Deadline: Friday, March 20<sup>th</sup>, 2015 at 5:00pm

Submit to Ariel Smith in Room 323B

**Faculty advisor's name:** Dr. Fran Barg

**Applicant's name:** Diener, Antonia

**Year at Penn (sophomore/junior):** Junior

**Entered UPENN undergraduate anthropology program:** Declared major Fall 2013 (?)  
(Semester and year of entry)

**PROPOSED PROJECT (TITLE):** The Penn Face: Deconstructing Mental Health at Penn

**PROJECT DESCRIPTION:**

Provide a description of the proposed research project. Outline the research problem, describe the research methodology, and explain how funding would contribute to the completion of this project.

Research Question

What are the social and cultural factors that impact students' public and private presentations of self with regard to mental health at the University of Pennsylvania (Penn)?

Motivation for Research

Over the past year, the University of Pennsylvania community has been shaken by several well-publicized suicides (Castellano 2014 Marble 2014, Wang 2014). In response, sectors of the community have mobilized to bring mental health and related issues to the fore of the University's attention, through increased activity of mental health related student groups and the creation of a mental health task force (Smith 2/19/2014, Smith 2/24/2014, Castellano 10/1/2014, Freinkel 2015). The discourse surrounding mental health has proven to be both varied and long lasting, due to the vital importance of mental health on the student experience. It is imperative, therefore, to understand how the students themselves, particularly those who have been socialized to the Penn lifestyle, discuss and present their own mental health when in public versus in private, in order to understand what is happening at the University.

Goal

The goal of this research is to understand what differences there are, if any, in how students present their mental health and well being in a public versus private setting, as well as to understand how these differences are shaped by specific cultural and social factors at the University of Pennsylvania.

Specific Aims

- 1) To understand students' attitudes in regard to their own mental health
- 2) To understand students' attitudes toward mental health in general
- 3) To understand how students' perceptions of mental health differ when presented publically versus privately



## Research Plan by Specific Aims

- 1) Aim: To understand students' attitudes in regard to their own mental health
  - a. Personal anecdotes; what individuals understand in regard to mental health
  - b. Target population: Undergraduate Students (Spring 2015: Class of 2017 and earlier (2016-2015); Fall 2015: Class of 2018 and earlier (2017-2016))
  - c. Data collection method: One-on-one semi-structured interviews
    - i. Desired number of individuals involved: 30
      1. Attempt to diversify along lines of class year, gender, background, discipline
  - d. Recruitment methods: Flyers, announcements on class listservs; snowball sampling?
    - i. Attempt to incentivize participation via funding from CURF, Anthropology department, etc.
  - e. Notes
    - i. Concern: Participant mentioning worrisome information (ie depression, self-harm, suicidal thoughts) → Work with advisor, CAPS
    - ii. Part of consent speech to include action plan should participants present such information
- 2) Aim: To understand students' attitudes toward mental health in general
  - a. Discussion of what individuals think of in terms of mental health both in large contexts and specifically at the University of Pennsylvania; discussion of the Penn Face and stigma
  - b. Target population: Undergraduate students (Spring 2015: Class of 2017 and earlier (2016-2015); Fall 2015: Class of 2018 and earlier (2017-2016))
  - c. Data collection methods
    - i. Primary: Focus group/s
      1. Desired number of individuals involved: 10 max per focus group, 3 focus groups desired
        - a. Attempt to use diverse sample
      2. Inclusive of some individuals from interviews as well as individuals not involved in interviews
    - ii. Secondary: Individual interviews
      1. Supplement interviews from Aim 1 with questions pertaining to general mental health
  - d. Recruitment method: Flyers, announcements on class listservs, word of mouth; snowball sampling?
    - i. Attempt to incentivize participation via funding from CURF, Anthropology department, etc.
- 3) Aim: To understand how participants' notions of mental health differ when presented publicly versus privately
  - a. Discussion of how students' understand mental health conversations; possible discussion of the Penn Face and stigma; personal experiences/anecdotes; questions students have about issues pertaining to mental health and wellness
  - b. Target population: Undergraduate students (Spring 2015: Class of 2017 and earlier (2016-2015); Fall 2015: Class of 2018 and earlier (2017-2016))
  - c. Data collection method: Focus group/s

- i. Desired number of individuals involved: 10 max per focus group, 3 focus groups desired
  - 1. Attempt to use diverse sample
- ii. Inclusive of some individuals from interviews as well as individuals not involved in interviews
- d. Recruitment method: Flyers, announcements on class listservs, word of mouth; snowball sampling?
  - i. Attempt to incentivize participation via funding from CURF, Anthropology department, etc.

### Chronological Plan

- Specific Action Items
  - 1) Approve protocol with advisor
  - 2) Develop semi-structured guides
    - a. Individual interviews
    - b. Focus groups
  - 3) Design recruitment strategy (dependent on funding – see below)
  - 4) Approve protocol with IRB
  - 5) Data collection
    - a. Individual semi-structured interviews (goal: 30 participants)
    - b. Focus groups (goal: 3 focus groups?)
  - 6) Transcription of interviews/focus groups
  - 7) Data analysis
    - a. Use NVivo10
    - b. General MMRL protocol
- Ongoing Items
  - 1) Research/Literature review
  - 2) Apply for funding from:
    - a. Department of Anthropology
    - b. Center for Undergraduate Research and Fellowships (CURF)
    - c. Other sources?

### Funding

As mentioned briefly in the above outline, funding would enhance this project in two key ways. One would be financing equipment for recording the interviews and focus groups involved in the project, although this expense would be minimal. The bulk of the funding, therefore, would go to incentivizing participation in this research. As this research is based on ethnographic work with students at the University of Pennsylvania, monetarily incentivizing the interviews would ensure I would get a larger sample size from the student body. Research studies are often incentivized which means that there is an expectation of compensation for participation. Funding from the Anthropology department, therefore, would make my research not only easier and more feasible but also more rich and meaningful.

### References

Castellano, Jill

2014 Mental health task force makes preliminary recommendations. The Daily Pennsylvanian, October 1.

Castellano, Jill

2014 UPDATED: Student dies in apparent suicide. The Daily Pennsylvanian, September 29.

Frienkel, Jody

2015 Mental health task force releases final report. The Daily Pennsylvanian, February 17.

Marble, Will

2014 College Freshman, 19, dies in Center City. The Daily Pennsylvanian, January 8.

Smith, Sarah

2014 Administration creates mental health task force. The Daily Pennsylvanian, February 19.

Smith, Sarah

2014 After 12 years, a new look at mental health policy. The Daily Pennsylvanian, February 24.

Wang, Brenda

2014 College sophomore's death ruled suicide. The Daily Pennsylvanian, February 5.

**DURATION:** January 2015 – March 2016

(Provide the estimated starting and ending dates for the proposed research)

**AMOUNT REQUESTED:** \$1000

**BUDGET JUSTIFICATION:** See attached sheet

Are you currently receiving any other funding? No

Are you applying for funding for this project or period from any other organizations?

Yes – Center for Undergraduate Research and Fellowships

**BUDGET JUSTIFICATION**

Participants for interviews and focus groups will be compensated \$15 per session, and there ideally will be overlap between those who participate in the interviews and focus groups. \$15 for compensation is based on comparison to other research studies conducted at the University of Pennsylvania<sup>1</sup>. The ideal sample size will include 30 interview participants (one-on-one interviews) and 30 focus group participants (3 focus groups of 10 people). Thus:

<b>Participant Type</b>	<b>Desired Number of Participants</b>	<b>Compensation per Participant</b>	<b>Total compensation for participant type</b>
Semi-structured interviews	30	\$15	\$450
Focus groups	30	\$15	\$450
<b>TOTAL</b>		<b>\$900</b>	
<b>AMOUNT REQUESTED</b>		<b>\$1000</b>	

Total compensation for participants, assuming 60 participants compensated \$15 for each session, totals \$900. I am requesting \$1000 to cover extraneous costs, such as extra participants and other associated fees.

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<sup>1</sup> Referring specifically to the “Penn Relationships Study” being conducted through Experiments@Penn, which compensates participants \$15 for a 1.5 hour session. Given the nature of the semi-structured interviews and focus groups, it is likely every session will be around 1.5 hours. For more information, see the Experiments@Penn webpage (<https://fission.sas.upenn.edu/psychex/> )

## Appendix C: Sample Recruitment Email and Social Media Post

### Email

Subject Line: Research Participation Invitation: Senior Thesis Regarding Mental Health on Campus

Email Body:

*This email message is an approved request for participation in research that has been approved or declared exempt by the Institutional Review Board (IRB) at the University of Pennsylvania.*

Antonia Diener, a senior in the department of Medical Anthropology under the supervision of Dr. Fran Barg, is looking for participants in her research study regarding mental health and wellness on Penn's campus. *You are receiving this email because you are an undergraduate student at the University of Pennsylvania subscribed to a student activity listserv.*

This study is about social and cultural factors impacting how students present and perceive mental health and wellness both their own and in general on Penn's campus. **If you would like to take part in this study**, you would have to participate in a one-time, one-on-one conversation with Antonia Diener at a time of your choosing. To be able to take part in this study, you must have completed at least one full academic year at the University of Pennsylvania and be at least 18 years of age.

Participation in this study is completely voluntary and all disclosed information will be kept confidential. You will be compensated \$10 for your participation. To participate, please contact Antonia Diener at [antonia@sas.upenn.edu](mailto:antonia@sas.upenn.edu). If you have any questions, please contact Antonia Diener ([antonia@sas.upenn.edu](mailto:antonia@sas.upenn.edu)) or Dr. Fran Barg ([bargf@uphs.upenn.edu](mailto:bargf@uphs.upenn.edu))

Thank you for your time.

Antonia Diener

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### Social Media Post

Antonia Diener, a senior in the department of Medical Anthropology under the supervision of Dr. Fran Barg, is looking for participants in her research study regarding mental health and wellness on Penn's campus. This study is about social and cultural factors impacting how students present and perceive mental health and wellness both their own and in general on Penn's campus. If you would like to take part in this study, you would have to participate in a one-time, one-on-one conversation with Antonia Diener at a time of your choosing. To be able to take part in this study, you must have completed at least one full academic year at the University of Pennsylvania and be at least 18 years of age. Participation in this study is completely voluntary and all disclosed information will be kept confidential. You will be compensated \$10 for your participation. To participate, please contact Antonia Diener at [antonia@sas.upenn.edu](mailto:antonia@sas.upenn.edu). If you have any questions, please contact Antonia Diener ([antonia@sas.upenn.edu](mailto:antonia@sas.upenn.edu)) or Dr. Fran Barg ([bargf@uphs.upenn.edu](mailto:bargf@uphs.upenn.edu)).

## Appendix D: Informed Consent Form

### University of Pennsylvania Informed Consent

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**Title of the Research Study: The Penn Face: Deconstructing Mental Health at Penn  
Protocol Number: 824462**

**Principal Investigator: (name, address, phone and email) - Dr. Frances Barg – 915 Blockley Hall, 423 Guardian Drive, Philadelphia PA 19104 – 215 746 4273 – bargf@uphs.upenn.edu**

**Co-investigator: (name, address, phone and email) - Antonia Diener – 4027 Walnut Street, Philadelphia PA 19104 – 570 972 7964 – antonia@sas.upenn.edu**

**Emergency Contact: (name, address, phone and email) - Dr. Frances Barg – 915 Blockley Hall, 423 Guardian Drive, Philadelphia PA 19104 – 215 746 4273 – bargf@uphs.upenn.edu**

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You are being asked to take part in a research study. This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if decide to participate. The research team is going to talk with you about the study and give you this consent document to read. You do not have to make a decision now; you can take the consent document home and share it with friends, family doctor and family.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

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#### **What is the purpose of the study?**

The purpose of the study is to learn more about the social and cultural factors that impact students' public and private presentations of self with regard to mental health at the University of Pennsylvania (Penn), which will inform a Senior Honors Thesis for the Department of Anthropology.

#### **Why was I asked to participate in the study?**

You are being asked to join this study because you are a member of the undergraduate student body at the University of Pennsylvania who has been a member of the undergraduate community for at least one (1) full academic year. Furthermore, you have either responded to one of the recruiting advertisements or have been referred by another participant in the study. You have been selected for this study based on both your willingness for participation and since you represent a diverse student viewpoint.

**How long will I be in the study? How many other people will be in this study?**

The study will take place over a period of 1 year. You will be asked to participate in only one session (this session), the length of which will likely not exceed one hour. There will ideally be a total of 20 participants involved in this research.

**Where will the study take place?**

You will be asked to come to a quiet study room in Van Pelt Library, located at 3420 Walnut Street on a date and time chosen at your convenience.

**What will I be asked to do?**

As part of this project, you will be asked to participate in a single, one-on-one guided conversation with Antonia Diener, a senior in the department of Anthropology. This conversation should not exceed one hour in length, and will be done at a time of your choosing. Conversations will be conducted in a reserved study room in Van Pelt Library (3420 Walnut Street). The content covered in this guided conversation will include your personal attitudes towards mental health, general attitudes toward mental health, how public versus private notions and presentations of mental health differ, and the social and cultural factors at play at the University of Pennsylvania concerning students' mental health. Once this conversation is over, you will be compensated \$10 for your time, and nothing else will be required of you.

**What are the risks?**

There are two potential risks associated with participation in this research:

- 1) **Personal distress** – given the content of these conversations, it is possible you will experience some emotional distress discussing mental health issues. The risk of distress is unlikely given the voluntary nature of this study; however, please know that you may discontinue your participation in this research at any time with no negative consequences. The interviewer is a trained peer counselor, and will be aware of any signals that require follow-up. Should you become intensely distressed during participation, the researcher may prematurely stop your participation. If you mention that you are planning harm to yourself or another person, the researcher is required to escort you to the emergency room so that you can connect with a trained mental health professional. The interviewer also has a list of resources available to students who experience emotional distress.
- 2) **Breach of confidentiality** – Through this process, it is possible that there will be a breach of confidentiality, meaning that information you have communicated in confidence is no longer confidential (ie your participation in this research is no longer confidential and content from your conversation will inadvertently be associated with identifying personal information). However, please know that the research team has taken several steps to prevent this. First, all information that you provide will be de-identified – your name will not be recorded in association with your conversation transcript, and your name will be replaced with a code number. All identifying information (for yourself or others) will be removed. The document linking code numbers to participants' names will be stored in a locked file in a locked room in a security-guarded University building.

Furthermore, this informed consent document, as well as the receipt you will receive for compensation confirmation, will likewise be kept separate from the data set and secured in a locked file in a locked room in a security-guarded University building.

### **How will I benefit from the study?**

There is no benefit to you. However, your participation could help us understand how students at the University of Pennsylvania think and talk about mental health, which can benefit you indirectly. In the future, this may help other people to understand students at the University, and shape policy interventions. The completed thesis will be given to the staff of Counseling and Psychological Services (CAPS) as a case-study to shape their understanding of current University of Pennsylvania students.

You will also receive \$10 monetary compensation for your participation. Additionally, you will also receive a packet containing information about campus and Philadelphia resources relevant to mental health and well being.

### **What other choices do I have?**

Your alternative to being in the study is to not be in the study.

### **What happens if I do not choose to join the research study?**

You may choose to join the study or you may choose not to join the study. Your participation is voluntary.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future. Your therapist, social worker, nurse, doctor or interviewer will not be upset with your decision.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.

### **When is the study over? Can I leave the study before it ends?**

The study is expected to end after all participants have completed all visits and all the information has been collected. Your participation ends at the completion of your interview.

You have the right to drop out of the research study at anytime during your participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so. Withdrawal will not interfere with your future care. If you no longer wish to be in the research study, please contact Antonia Diener, at 570 972 7964 or [antonia@sas.upenn.edu](mailto:antonia@sas.upenn.edu) and take the following steps:

- Explain you no longer want to participate in the study
- Receive confirmation you are no longer a part of the study



**How will confidentiality be maintained and my privacy be protected?**

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. While we will make every effort to safeguard your privacy, your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be associated with any data that you provide.

The research team will take every precaution to ensure your confidentiality will be maintained. The only people who will have access to study information will be Antonia Diener (who is conducting this research for her senior thesis in the department of Anthropology), Dr. Frances Barg (advisor), and the IRB at the University of Pennsylvania. All participants in this research will be de-identified. After this conversation, your transcript and associated documents (this informed consent form, the receipt from compensation) will be given a unique code number to protect your identity. The document linking the code number to your identity will be stored in a locked file in a locked room in a security-guarded University building. Otherwise, your name and other identifying information will NOT be associated with your conversation transcript.

**Will I have to pay for anything?**

There are no costs associated with participating in this study.

**Will I be paid for being in this study?**

You will be compensated \$10 for participating in this study. You will receive this compensation upon completion of the guided conversation.

**Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?**

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with Dr. Frances Barg, the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

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When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Signature of Subject  
Print Name of Subject  
Date

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### Endnotes

<sup>i</sup> There are a plethora of articles exploring this topic, which are by no means limited to those listed here.

<sup>ii</sup> See, for example: Caruso, Kevin. "Suicide Is Not a Choice: People Who Die by Suicide Do Not Choose to Die." Suicide.org: Suicide Prevention, Awareness, and Support. Accessed May 10, 2016. <http://www.suicide.org/suicide-is-not-a-choice.html>.

<sup>iii</sup> For more information, please see the Reach-A-Peer Helpline Website at <http://www.vpul.upenn.edu/rap-online/>

<sup>iv</sup> For more information, please see the Counseling and Psychological Services Student Advisory Board Facebook page at <https://www.facebook.com/UPennCAPSAB/>

<sup>v</sup> For more information, please see the website of Zeta Tau Alpha – Alpha Beta Chapter at <http://upenn.zetataulpha.org/index>

<sup>vi</sup> For more information regarding the demographic composition of the University of Pennsylvania, please see <http://www.upenn.edu/about/facts>

<sup>vii</sup> For more information about Dr. Gutmann, please see <http://www.upenn.edu/president/meet-president/biography>

<sup>viii</sup> For more information about Counseling and Psychological Services, please see <http://www.vpul.upenn.edu/caps/>

<sup>ix</sup> For a more full list, please visit: <http://www.puhcweb.com/>

<sup>x</sup> To read the full findings of the Task Force on Student Psychological Health and Welfare, please see <http://www.upenn.edu/almanac/volumes/v61/n23/pdf/task-force-psychological-health.pdf>

<sup>xi</sup> For examples of said petitions, please visit <https://www.change.org/p/amy-gutmann-hamlett-reed-mental-health-initiative> and/or <https://www.change.org/p/amy-gutmann-addressing-mental-health-resources-at-the-university-of-pennsylvania>

<sup>xii</sup> See Appendix B for full Proposal

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<sup>xiv</sup> See Appendix D for full Informed Consent Form

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