University Students' Personal Histories and Alcohol Programs: A Naturalistic Study

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UNIVERSITY STUDENTS' PERSONAL HISTORIES
AND ALCOHOL PROGRAMS: A
NATURALISTIC STUDY

by
Alexandra E. Michaels

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Educational Leadership

Western Michigan University
Kalamazoo, Michigan
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Using a naturalistic inquiry approach, this study sought to generate (a) new insights into the troubling problem of student alcohol abuse as well as (b) a new theoretical basis for alcohol programs. The purpose of the study was to provide a comprehensive understanding of the experiences and characteristics of college students who have discontinued abusive drinking. Using an interview methodology, three main issues were examined: (1) the environmental and personal factors that influenced the participants' drinking behavior and related problems, (2) the factors which hindered or assisted participants in setting and achieving a goal of sobriety or establishing a nonabusive drinking pattern, and (3) the implications of the participants' histories in assisting other students experiencing alcohol abuse problems.

In-depth interviews were conducted with 11 university students who volunteered for the study and reported having had serious alcohol abuse problems as college students. All participants had not experienced any
alcohol-related problems for a minimum of six months (either as a result of abstaining from alcohol or becoming light drinkers).

The participants identified the environmental and personal factors influencing their drinking behavior as a combination of opportunity, enjoyment, escape, and improved socialization. In setting a goal of sobriety or problem-free drinking, the participants credited concern over their own mortality, health, or loss of personal identity as the influencing factors. The participants reported achieving sobriety or problem-free drinking as a result of discovering or reaffirming their values and priorities, as well as establishing a supportive peer group with whom feelings could be discussed.

Findings from this study suggest the effectiveness of alcohol programs in higher education settings can be improved by adopting a more student-based and personalized approach than is used in existing programs. A five step process which involves students, staff, and faculty in the design and implementation of site-specific alcohol intervention strategies is described. The study concludes with (a) discussion of university organizational cultures and the implementation of these strategies in those cultures, and (b) recommendations for evaluating the effectiveness of programs based on the strategies.
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University students' personal histories and alcohol programs: A naturalistic study

Michaels, Alexandra Emily, Ed.D.
Western Michigan University, 1992

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Alexandra E. Michaels
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CHAPTER I

INTRODUCTION

Drinking is an extremely important part of the college experience. It is the facilitator that accompanies every meaningful social event and is the sign of a person’s well adjusted socialbility. . . . It is a social learning experience in which teenagers learn how to handle alcohol, test their limits, and prepare for later roles. It is deeply tied to their emerging masculinity in which they use alcohol to release tension, lose their inhibitions, and express pent-up sexual frustration in aggressiveness. Most drinking on campus is viewed as a natural or healthy rebellion. . . . They [students] expect their drinking to be . . . more responsible and reduced as they leave the university. This perception has little effect on their current behavior, which they extremely enjoy. (Miller Brewing Company, 1984, p. 3)

Numerous studies have documented the heavy alcohol use of the college student population. These studies document the severity of alcohol-related problems of college students and recommend the development of prevention and intervention strategies by college administrators (Engs & Hanson, 1985; Globetti, Haworth-Hoeppner, & Marasco, 1988; Kraft, 1985).

The college student population has a higher percentage of drinkers than any other population group studied in the United States (Blane & Hewitt, 1977). Approximately 85% of American students drink alcohol compared to approximately (a) 70% of the general population (Gonzales
& Broughton, 1986) and (b) 76% of adults between the ages of 18 and 29 (Harris et al., 1971). A comprehensive study of alcohol and drug use behavior of undergraduate students at five American universities found percentages of use among students ranged from 78% to 92% (Toohey, 1971). Similarly, Glassco's (1975) study of the drinking practices at a southern university found 85% of the male students and 82% of the female students were drinkers. A national study of college student drinking practices by Ruth Engs and David Hanson found 21% of the students surveyed were heavy drinkers (Ingalls, 1983b).

The higher education alcohol studies' findings differ significantly from studies of the general adult population. A review of research studies commissioned by the U. S. Department of Health and Human Services showed only 9% of American adults were classified as heavy drinkers (Schiller, 1985). Moreover, college students' higher degree of exposure to and use of alcohol compared to the general public puts students at greater risk of developing a drinking problem than those who do not attend college (Vischi, Jones, Shrank, & Lima, 1980).

A national study of 6,115 students found an increase in students' heavy drinking, reported hangovers, and alcohol-related problems compared to a similar study in 1974 (Engs & Hanson, 1985). Several studies have
documented the disruptive behavior of students who drink. The studies consistently show that students engage in more antisocial acts (e.g., fighting, destroying property, speeding, and shoplifting) when drinking than when they are not drinking (Barnes, 1975; Globetti, 1969; Kane & Patterson, 1972; Wechsler & Thum, 1973). Other university surveys have found that excessive drinking by students has been related to low grades, absences from classes, altercations, vandalism, and social criticism (Anderson & Gadaletto, 1985; Engs, 1977; Wechsler & McFadden, 1979). A study of alcohol-related problem behavior at Oregon State University found that students engaged in aggressive acts, including property damage, harassment of police and citizens, and general disruptive behavior. Freshmen students charged with alcohol misconduct were over-represented in the student population (LeMay, 1968).

Alcohol Programs and Studies in Higher Education

To address these problems, substantial fiscal and human resources have been committed to alcohol programs in higher education. Alcohol education has become an integral part of student services on campus. A survey of 1,100 college administrators about college drinking practices, programs, and policies found 69% of the
administrators' institutions had alcohol education programs and 16% planned to implement alcohol education programs in the near future (Gonzales & Broughton, 1986).

Historically, higher education's response to student alcohol problems has been based on three approaches. Those approaches are: (1) controlling alcohol use by prohibiting it on campus and punishing violators, (2) educating students about the properties and the potentially harmful effects of alcohol in an effort to change attitudes and behavior, and (3) developing students' self-awareness through values and goals clarification to promote life-enhancing practices including responsible alcohol-related behavior (Miller & Nirenberg, 1984).

The premise of the controlling approach—that you cannot abuse what you do not have—is undeniably valid, but implementation problems associated with restricting access to alcohol diminish the usefulness of the control theory as the basis for an abuse prevention strategy. The underlying premises of the second and third approaches—that knowledge about self and alcohol will result in decreased drinking experiences which result in hangovers, academic and social problems, or negative legal or disciplinary consequences—have not been supported by the research (Magner, 1988). The alcohol studies data fail to give any "evidence that anything
that has been done in the past works in changing attitudes, knowledge or behavior—mainly behavior" (Blane as cited in Ingalls, 1984, p. 17).

Less pessimistic are Braught and Braught (1984) who reviewed alcohol studies and found evidence of increased knowledge and—less frequently—changes in attitudes, but no significant changes in alcohol use behavior among participants of alcohol education programs. In the absence of research showing the effectiveness of campus intervention programs, the theoretical bases on which college alcohol programs should be conceived, designed, and implemented need reexamination.

In general, the goal of an alcohol education program is to produce consistently responsible drinking behaviors in students who choose to drink. Responsible drinking is broadly defined as alcohol use which is not detrimental to anyone (Upcraft & Eck, 1986). More specifically, responsible drinking is defined as behavior which will not contribute to or result in: (a) damage in residence halls, (b) damage to other property on campus, (c) violation of campus policies; (d) violent behavior, (e) physical injury, (f) emotional difficulty, (g) lack of academic success, or (h) student attrition (Gadaledo & Anderson, 1986). Other researchers define responsible drinking as the absence of problems such as doing things
that: (a) are later regretted; (b) result in the loss of relationships; or (c) cause injury, economic loss, trouble with authorities, or academic troubles (Ingalls, 1983a; Kraft, 1988; Meacci, 1990).

Evaluation studies of alcohol programs found that the programs were able to demonstrate changes in students' knowledge, but could not demonstrate positive effects on alcohol behavior (Bry, 1978; Goodstadt, 1980; Hanson, 1975; Hewitt, 1981; Kinder, Pape, & Walfish, 1980; Schaps, DiBartolo, Palley, & Churgin, 1978; Staulcup, Kenward, & Frigo, 1979). Other research on higher education alcohol programs (see, for example, Braught & Braught, 1984; Bry, 1978; Goodstadt, 1980; Staulcup et al., 1979; and Wittman, 1981), clearly shows campus alcohol abuse prevention efforts have been unsuccessful. Yet, information which adequately explains why the programs failed to achieve their objectives is lacking.

Nation-wide surveys on alcohol use and programs have been conducted every three years since 1979 by Gadaleto and Anderson (1986). Their 1988 survey found 97% of the responding institutions to have alcohol education programs (Magner, 1988). Further, recent federal legislation, the 1989 Amendment to the Drug-Free Schools and Communities Act of 1986, Public Law 101-226, required all institutions of higher education to certify the
implementation of programs to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students or employees as a condition to receiving federal financial assistance (Federal Register, 1990). The content of the prevention programs was not prescribed, but left to the broad discretion of the institutions. This requirement will undoubtedly lead to an increased focus on prevention programs in higher education as virtually 100% of institutions that receive federal financial assistance will have implemented programs. As student affairs leaders commit scarce resources to implement new alcohol programs to comply with the Drug-Free Schools and Communities Act Amendment of 1989, studies are needed which can guide them in discovering strategies that work.

Rationale for the Naturalistic Study Approach

Whether because of the seriousness of student alcohol abuse problems or because of federal mandate, campus administrators will have to continue to provide alcohol intervention programs in spite of a dearth of successful outcomes for the programs currently offered. The time, talent, energy, and fiscal resources being invested in campuses across the nation on programs shown to be largely ineffective is, at best, inefficient, and, at
worst, an unconscionable neglect of the needs of college students. A naturalistic inquiry\(^1\) into the experiences of students who have discontinued abusive drinking practices while still enrolled is a logical starting point for providing more detailed information about how students best achieve sobriety. Such information can provide the theoretical basis for new college alcohol programs—programs that have a better chance of achieving intended outcomes than those now offered.

Researchers have not studied why a small percentage of college students refrain from previously established abusive drinking practices while other alcohol-abusing college students continue to drink in spite of sanctions and exposure to alcohol intervention programs. From a study seeking to learn about the factors that contributed to former alcohol abusers' change in drinking behaviors, an inductive or "grounded theory" (Lincoln & Guba, 1985, p. 204) for new programs can evolve.

Existing higher education research on the effect of alcohol intervention programs on the abusive drinking behavior of college students has not used data collection methods which focus on students' experiences with those

\(^1\)Naturalistic inquiry is a form of evaluation in which the claims, concerns, and issues of stakeholders serve as the foundation upon which an understanding of the phenomena being studied is constructed (Guba & Lincoln, 1989).
programs and other significant variables, both in and out of the college setting. Little is known, therefore, about why a few students change from abusive drinkers to abstainers or to consistently responsible alcohol users. A review of the research studies shows no in-depth naturalistic studies undertaken in order to understand the influences associated with problem alcohol behavior in college students.

A review of seven alcohol studies called for interview studies which target students at high risk of alcohol abuse (Bry, 1978). A later review of 75 alcohol evaluation studies by Schaps, Churgin, Palley, Takata, and Cohen (1980) concurred with Bry's recommendations. Schaps et al. found that: (a) 85% of the 127 programs studied relied exclusively on a single empirical measurement method, and (b) 86% served general target populations and did not differentiate between subjects on any basis such as risk level. Several researchers, in addition to Bry, have recommended focusing on students at high risk of alcohol abuse in future studies (Blum, Garfield, Johnstone, & Magistad, 1978; Goodstadt, 1980; Hewitt, 1981; Kinder et al., 1980).

Studies which look at alcohol abusers in light of social context factors such as where, when, and with whom they drink are very few. Those that exist tend to focus
on fraternity members' drinking practices (e.g., Globetti, 1988; Hunnicutt, Davis, & Fletcher, 1991). Numerous other researchers have recommended studies be conducted which focus on the psychosocial characteristics of problem drinkers, e.g., affinity groups, reasons for drinking (Braught, 1975; Braught, Follingstad, Brakarsh, & Berry, 1973; Jessor & Jessor, 1980).

There is a need for new approaches to encourage responsible drinking behavior by students. By using a naturalistic inquiry approach to learn, not only the reasons students give for their abuse of alcohol, but what those students will say as to why and how they became abstainers or problem-free drinkers, new insights into the troubling problem of student alcohol abuse will be gained. In practical terms, examining the specific, first-hand experiences of students who have changed from abusive drinkers to abstainers or responsible drinkers can provide clues about more effective early identification and assistance efforts.

Logic indicates that an inquiry into the personal histories of students who experienced severe consequences due to their alcohol abuse and have since modified their drinking behavior would enlighten those who seek to assist abusive drinking students. Data gathering techniques which take advantage of that first-hand
information to learn what these students know through painful experience and hard recovery work will provide valuable information from which new prevention theories can be developed.

Jessor and Jessor (1980) pointed out the lack of theory-based information on the individual differences and variables which can lead to a conceptualization of alcohol intervention programs. Such inquiries, according to the Jessors, can provide a theoretical framework based on an analysis of individual differences, and the obtained framework can lead to creative prevention strategies.

A more in-depth look into why students abuse alcohol can supplement existing surveys which tell us what college students do in regard to alcohol use, but not why they do it. Survey research on student alcohol use is plentiful (e.g., Engs & Hanson, 1985; Gadaletto & Anderson, 1986; Kraft, 1985). However, given the lack of naturalistic studies on college student alcohol abuse, information is lacking on why students who abuse alcohol continue or cease to do so. Finally, studies examining the broader context of a student's drinking behavior are needed given the over-reliance on single outcome measures in the existing research.
Problem Statement

The problem for this dissertation was to provide a comprehensive understanding of three issues concerning the experiences and characteristics of college students who have discontinued drinking. These issues were: (1) the environmental and personal factors that influenced the participants' drinking behavior and related problems, (2) the factors which hindered or assisted participants in setting and achieving a goal of sobriety or establishing a nonabusive drinking pattern, and (3) the implications of the participants' histories in assisting other students experiencing alcohol abuse problems.

Overview of the Methodology

This study consisted of in-depth interviews with 11 students attending a public, four-year, midwestern university who experienced serious problems because of alcohol abuse and who have since maintained sobriety or a pattern of problem-free drinking for a minimum of six months. Interviews seeking to understand their experiences with regard to alcohol use, social and psychological influences, and intervention efforts were conducted. Information on each student's stressors and relievers, motivators, and self-discoveries during the periods of abusive drinking and sobriety were sought.
The data collected in these interviews can contribute to the formulation of new approaches for alcohol intervention efforts at universities.

Value of the Study

This study represents a new beginning to the search for solutions to one of the most challenging and long-standing problems ever confronting student affairs leaders. By gaining information—and insight—on why and how students can successfully change from abusive drinkers to abstainers or responsible drinkers, the study promises a basis for a new theoretical approach to the problem of abusive student drinking. This new approach can lead to alcohol intervention programs which have realistic, student-centered goals, clear and specific processes for accomplishing those goals, and an implementation plan sensitive to the needs of the population being served. Programs so conceived and implemented will have an excellent chance of achieving their intended effects.
CHAPTER II

REVIEW OF LITERATURE

The purpose of this study was to acquire an understanding of three issues concerning the experiences and characteristics of college students who have discontinued drinking or become problem-free drinkers. These issues were: (1) the environmental and personal factors that influenced the participants' drinking behavior and related problems, (2) the factors which hindered or assisted participants in setting and achieving a goal of sobriety or establishing a nonabusive drinking pattern, and (3) the implications of the participants' histories in assisting other students experiencing alcohol abuse problems.

This chapter reviews the literature related to these topics. Specifically, the areas covered are: (a) alcohol use and the related behavior of college students, (b) the demand for college alcohol programs, (c) the goals and assumptions of college alcohol programs, and (d) outcomes of college alcohol programs. The literature contains numerous studies of students and their alcohol use. With few exceptions, the studies show alcohol education
programs are abundant, but they do not instill or develop responsible drinking practices in college students.

Alcohol Use and Related Behavior of College Students

Alcohol is the most widely used mood-modifying drug on college campuses (Dennison, Prevet, & Affleck, 1980). Numerous studies document the heavy alcohol use of the college student population. As noted in Chapter I, seven studies found greater alcohol consumption by college students when compared to the general population (Blane & Hewitt, 1977; Engs & Hanson, 1985; Glassco, 1975; Gonzales & Broughton, 1986; Schiller, 1985; Toohey, 1971; Vischi et al., 1980). A recent national survey of college students found 77% of the respondents drank alcohol within thirty days prior to being surveyed and 43% of those respondents reported they had five or more drinks in a row during the two weeks prior to the survey (Johnston, O’Malley, & Bachman, 1989).

Other studies document the alcohol-related problems of college students, e.g., low grades, hangovers, missing classes, fights, and social criticism (Engs & Hanson, 1985; Globetti et al., 1988; Kraft, 1985). Further, five studies documented disruptive behavior such as destroying property, speeding, and shoplifting related to college students’ alcohol use (Barnes, 1975; Globetti, 1969; Kane & Patterson, 1972; LeMay, 1968; Wechsler & Thum, 1973).
Engs and Hanson (1988) surveyed 3,375 students at 56 colleges and found: 76% of college drinkers reported suffering from hangovers; 49% had driven a car when they knew they had had too much to drink; 27% had missed class because of a hangover; 15% had gotten into a fight after drinking; and 11% had damaged property, pulled a false alarm, or exhibited other such behavior after drinking. Further, alcohol use and abuse have resulted in increased absenteeism from classes, property damage, automobile injuries and fatalities, and lowered productivity (Gonzales & Broughton, 1986).

Gonzales (1991) compared survey data from 1983 and 1988 to determine if there were any changes in several variables including the frequency and quantity of student alcohol consumption at the University of Florida. He collected 353 completed questionnaires in 1983 and 254 in 1988. Using a quantity-frequency score as an indication of the average number of drinks a student usually consumes per month, Gonzales found no significant differences between the two groups. He also compared the two populations regarding alcohol-related problems reported by the participants by asking them to indicate how many times in the past year they had experienced any of 20 common problems. Again, no significant difference between the groups was found. Gonzales did, however, find there was a significant reduction in the number of
students who consumed alcoholic beverages, from 86% in 1983, to 78% in 1988.

The assumption that a positive relationship exists between alcohol use and problems was studied by Werch, Gorman, and Marty (1987). The researchers found that successively greater quantity and frequency levels of alcohol use were associated with increased probabilities of the occurrence of various types of adverse consequences, e.g., hangovers, nausea and vomiting, drunk driving, and missing classes.

Student intoxication has been characterized and generally accepted by faculty and students as a prevalent part of the campus culture. This acceptance is reflected in the social dependence on alcohol by many college students with its associated risks. Daugherty and O'Bryan (1989) noted:

Social dependence is present when high risk drinking choices are typical for the whole group, and may even be required for a full sense of membership to that group. The danger in social dependence is that it makes a person’s high risk drinking choices seem normal, because for that group they are. (p. 8)

The Demand for College Alcohol Programs

The well-documented, high level of alcohol use by college students led to the creation of many college alcohol education and prevention programs. Additionally, two major external events added to the demand for college
prevention programs. The first was the raising of the drinking age from 18 to 21 in order for states to qualify for federal highway funds. Most of the changes in college alcohol programs in the mid 1980s were designed to help students adjust to the change (Goodale, 1986). Colleges and universities focused on helping students make responsible choices about alcohol and advocated party planning, peer assistance programs, and intervention workshops (Conell, 1985; Fiske, 1983; Ingalls, 1983a; "A New Prohibition," 1985).

The second important external influence which is forcing colleges to review and create alcohol programs is the Amendment to the Drug-Free Schools and Communities Act of 1989, Public Law 101-226 (Federal Register, 1990). Since August of 1990, the Amendment has required colleges and universities to comply with all alcohol laws and ordinances in order to retain Pell Grant certification. The Amendment specifically reiterates the prohibition against underage drinking on college campuses and requires colleges to list the consequences for violations. Disciplinary sanctions must be consistently applied and enforced.

Threatened with the loss of federal financial aid grants if they do not proclaim and stringently enforce alcohol regulations, college personnel are under pressure
to control campus drinking. The possibility of an additional complication in applying the Amendment’s requirements exists. Strict enforcement of the requirements may ultimately result in underage students having to leave school for simply possessing alcohol if repeated violations result in incremental penalties culminating in suspension. To make unenforceable rules and then ignore their violation invites litigation (Goodale, 1986; Sanford, 1968). Compounding the difficult problem of enforcing the provisions of the Amendment is the perception that greater enforcement may make drinking more challenging and appealing for students (McCarthy, 1983). All of these issues will need to be considered as colleges attempt to comply with the requirements of the Amendment.

Assumptions, Goals, and Approaches of College Alcohol Programs

Although studies documenting student alcohol abuse problems started appearing in the literature in the 1970s, colleges were slow to respond to the problems. In the mid seventies and early eighties, surveys by Lamb (1976) and Gonzales (1982b) found a majority of colleges and universities reported no alcohol education programs. In 1988, questionnaires were sent to student affairs administrators at 330 four-year institutions that included questions on how campus alcohol policies have
changed (Gadaleto & Anderson as reported by Magner, 1988). Of the 213 institutions that responded, 97% reported their campuses had alcohol education and abuse prevention programs. The responding institutions identified the most common components of their alcohol education efforts were: (a) an awareness week or day for alcohol education and prevention efforts was reported by 90% of the respondents; (b) group efforts such as a task force or committee that focuses on alcohol education were reported by 77%; (c) group counseling was available at 70% of the institutions; and (d) support groups were available at 74% of the responding institutions.

In Pennsylvania, 132 higher education institutions were surveyed to learn what types of alcohol education programs they employed (O’Connell & Patterson, 1989). Of the institutions who reported offering programs, the types of services offered and the percentages of the institutions offering them were: (a) 33% had alcohol awareness programs; (b) 22% had alcohol-focused, individual or group counseling; (c) 11% had a course on alcoholism; (d) 10% included a unit on alcohol education in a health course; (e) 7% had an Alcoholics Anonymous group on campus; and (f) 16% had other types of programs.

The assumptions and approaches used to achieve the goals of alcohol programs are numerous and varied. They are described in the following sections.
Assumptions of College Alcohol Programs

The underlying assumption of alcohol prevention programs is if students are educated about the harmful effects of alcohol, they will choose not to abuse it (Keeley & Solomon, 1982). This assumption is based on the belief that alcohol-related problems can be impacted through the learning process because human beings have the capability to choose abstinence or responsible alcohol use. It is assumed with appropriate information, attitudes, and skills, responsible choices will follow (Driessen & Bryk, cited in Popham et al., 1974). The most widely accepted model for alcohol education is Gonzales' knowledge-attitudes-behavior model (Andrews, 1987). But, as Gonzales himself pointed out, research has not been able to demonstrate the effectiveness of his or other alcohol education models (Magner, 1988).

Theoretically, it is assumed alcohol problems stem from an interaction of three factors. The first of these factors is the host: the individual consumer, including his or her susceptibility to alcohol, knowledge and attitudes influencing drinking patterns, and actual drinking behavior. The second factor is alcohol itself, including its availability, chemical concentration, and effects. The last factor is the environment or context in which drinking occurs (Noble, 1978). For college students, this setting includes the campus and community mores.
which shape drinking practices. The controls, policy regulations, and legal sanctions governing alcohol use also define the drinking context (Goodale, 1986).

Many college alcohol programs are based on the assumption peer groups are a major influence on college-age people. Thorner (1986) raises the question of how this influence could be used to promote responsible drinking by college students. Gonzales (1982b) recommends a peer approach to the prevention of alcohol-related problems of young people in recognition of the strength of peer influence. Survey findings confirm peer groups are among the most significant influences on personal drinking behavior (Barnes & Welte, 1986; Kandel, 1980).

Other studies of peer influence on alcohol use found students' perceptions of drinking standards and behavior of friends were the most important predictors of their own drinking behaviors (Cherry, 1987). A review of the literature from 1975 to 1985 by Berkowitz and Perkins (1986) found young adult consumers chose friends with similar drinking styles. Berkowitz and Perkins conjecture frequent heavy drinkers have peer reference groups which can create a misperception of their own behavior as normative or moderate.

Cherry (1987) built on Hirschi's (1969) notion that a bond between parent and child is assumed to have a restraining effect on the child's involvement in deviant
activities. He surveyed 668 college seniors to measure elements of social bonding between students and their college community and to determine if there is a relationship between the degree of bonding and drinking levels. Cherry hypothesized individuals who reported strong ties to the college community would also report more responsible behavior in their alcohol use. Using psychosocial scales to measure the social bond of students to the college community, the researcher was able to successfully classify abstainers, light to moderate drinkers, and heavy drinkers in 74% of the cases.

Cherry (1987) found students with strong social bonds to college community, religious institutions, and family drink much less than students with weak or broken bonds. He, therefore, recommended that college personnel should analyze critically those activities incompatible with alcohol abuse on their campus and promote the social bonding of students to groups involved with those kinds of activities. His conclusion that students with a strong social bond to the college community are less likely to abuse alcohol is consistent with other research (Hirschi, 1969; Jessor et al., 1980).

Studies of fraternities as highly-bonded groups who have higher levels of alcohol consumption than other college groups (e.g., Tampke, 1990) offer converse
support for the theory. Nelson's research (1979) supports building a sense of community on campuses as a strategy to combat alcohol abuse by students who feel isolated.

A study on alcohol abuse in France acknowledged the importance of the peer group influence. Major findings of the study were: (a) education should emphasize the influence of the group on the individual, and (b) students should be influenced to conform to a model of moderate drinking (Russell, 1975, cited by Thorner, 1986).

Gonzales (1978) based his alcohol prevention efforts at the University of Florida on a premise of peer influence. He recruited students to serve as role models for other students and trained them to use a values clarification exercise based on the responsible alcohol usage standards arrived at by students. Data were not reported to determine whether or not the peer-role model approach resulted in any behavioral changes. Peer counselors continue to be a frequent component of alcohol education programs (Kraft, 1985).

Goals of College Alcohol Programs

The goal of college alcohol education and prevention programs is to encourage abstinence or responsible drinking practices which do not produce negative consequences
for students who choose to drink (Gadaleto & Anderson, 1986; Ingalls, 1983a; Kraft, 1988; Meacci, 1990; Upcraft & Eck, 1986). In general, college alcohol programs: (a) educate students to the properties and possible harmful effects of alcohol, and (b) promote attitudes which are conducive to abstinence or responsible drinking (Miller & Nirenberg, 1984). Popham, Schmidt, and Delent (1974) recommend a mandatory goal for any college alcohol program of reducing levels of alcoholic beverage consumption. They based this recommendation on a significant correlation between high levels of consumption and problem behavior. Swisher and Vicary (1982) have a broader view of desired outcomes for alcohol programs. They recommend programs which emphasize self-esteem, self-understanding, and interpersonal relations in order to encourage behavior which maintains or improves the physical and mental well-being of the participants.

Approaches to College Alcohol Programs

Colleges and universities have used a variety of strategies to reduce student drinking. Those strategies fall into two major categories: (1) prohibition and punishment, and (2) increasing knowledge and self-awareness. In this section, the basis for these differing approaches will be examined.
Prohibition and Punishment

Alcohol abuse prevention through prohibition and punishment is a long-standing approach to combating alcohol abuse. As prelude to a discussion of alcohol and the college student, Goodale (1986) chronicled efforts in the United States to limit access to alcohol. Those efforts included the "blue laws" of colonial New England and Prohibition in the 1920s, both of which restricted the sale of alcohol. Efforts to control access to alcohol and punish alcohol abusers as a way of combating alcohol-related problems continues through taxes on alcohol, age restrictions, and revoked drivers' licenses and higher automobile insurance costs for people convicted of drunken driving.

The "distribution of consumption model" assumes a direct relationship between per capita consumption and alcohol abuse (Miller & Nirenberg, 1984). By limiting availability of alcohol through restricting hours of sale, increasing costs, imposing age restrictions, or rationing alcohol, it is assumed that fewer social drinkers will become problem drinkers. However, unless there is near total control over the environment, there is no research evidence showing that individuals who are prone to drink heavily are less likely to drink when greater restrictions are put on alcohol availability.
A California study focused on the effects of increased or decreased availability of alcohol on students' drinking or drinking-related problems in two college communities. The reported consumption of alcoholic beverages by students prior to and after California state law removed off-sale restrictions on the sale of wine and beer near state university campuses were compared. The students' drinking contexts and behaviors were found to be remarkably stable in spite of the change in the law (Fillmore & Wittman, 1983). Engs and Hanson (1985) reported that the proportion of college students who drive after drinking is almost the same for states where the drinking age is under 21 as for states where the drinking age is 21.

A review of campus alcohol policies shows there is a strong trend for colleges and universities to establish an environment which limits the abuse of alcohol (Gadaeleto & Anderson, 1986). In 1989, Janosik and Anderson compiled data from 329 chief student affairs officers. The data were gathered to determine what types of strategies and practices colleges and universities are employing to reduce alcohol abuse and the risks associated with alcohol-related events. Almost all of the respondents (88%) said their institutions had written alcohol policies that were widely distributed to students, faculty, and staff. The same percentage
believed their alcohol policies are enforced with reasonable consistency. Again, almost all of the student affairs officers (89%) expressed the belief that students who misuse alcohol should experience university-imposed sanctions for their behavior.

Students at Arizona State University were surveyed in 1983 and again in 1986 to assess the impact of legal, policy, and programmatic changes on students' self-reported, alcohol-related behavior and consequences. In the time period between the first and second surveys, the State of Arizona raised the drinking age from 19 to 21 and toughened Driving While Intoxicated (DWI) laws. There were also increased political and liability concerns related to stiffer punishments for DWI and more frequent litigation. University administrators implemented more comprehensive policies and procedures governing campus alcohol use, particularly in student residences. In addition, student alcohol education programs were significantly expanded, and a student alcohol intervention program was started in the intervening period between the two surveys.

The results of the Arizona State University survey showed similar patterns of alcohol consumption and abuse in 1983 and 1986. Only three significant changes were noted: Students in 1986 reported more hangovers; missed more classes due to hangovers; and were more frequently
criticized by an associate because of drinking (Williams, Kirkman-Liff, & Szivek, 1990).

The Cognitive Approach

The cognitive approach to alcohol education was very prevalent in the literature. This section provides an overview of those programs and a review of specific alcohol programs aimed at changing students' attitudes about abusive drinking in order to impact their behavior.

Overview of Cognitive Alcohol Programs

Cognitive alcohol intervention programs assume increasing knowledge about alcohol will lead to responsible attitudes and behaviors regarding alcohol use. Responsible alcohol use is abstinence or drinking that does not result in negative consequences. Sherry and Stolberg (1987) examined the relationship between knowledge of alcohol, responsible attitudes toward drinking, and both the quantity and frequency of alcohol consumption. The subjects of the study were 535 incoming freshmen at a large, state-supported eastern university who agreed to fill out a survey on alcohol use. The study's findings showed that responsible alcohol use patterns are associated with responsible attitudes toward drinking. The researchers concluded responsible
attitudes may act as a buffer against the occurrence of negative consequences related to alcohol use.

Sherry and Stolberg's finding is consistent with other research studies on responsible attitudes toward drinking and consumption practices (Brown, Goldman, & Christensen, 1985; Budd & Spencer, 1984; McCarty, Morrison, & Mills, 1983). Further, Sherry and Stolberg concluded alcohol education programs which address social context and responsible attitudes toward alcohol may be likely to influence the factors contributing to the consumption of alcohol. Reviews of alcohol education programs show a general focus on developing responsible attitudes toward alcohol use and increasing knowledge (Kinder et al., 1980; Schaps et al., 1980).

Cognitive Alcohol Programs

Delivering information on alcohol and its effects has taken many forms including: (a) elective courses (Serdahely, 1984), (b) brief seminars and workshops (Crossman, 1981), (c) week-long campus activities (Chen, Dorsch, & Cyschoz, 1982), (d) training peer counselors or facilitators (Mills & McCarty, 1983), and (e) exhibits and displays (Schwartz & Brown, 1987). Such efforts are generally believed to have increased students' knowledge concerning alcohol. There are few data, however, which evaluate the occurrence, if any, of more responsible
alcohol-related behavior by students who are targeted by the educational efforts.

In 1967, the Cooperative Commission on the Study of Alcoholism proposed a long-term approach to the prevention of problem drinking in its publication "Alcohol Problems: A Report to the Nation" (Plaut, 1967). A major premise of the treatise is information alone will not change drinking habits, but accurate information is needed as a building block to greater self-awareness and perspective on alcohol use. Using information to create cognitive dissonance in alcohol abusers is a major tenant of many of the alcohol programs stemming from the report (Dennison, Prevet, & Afflect, 1980).

Nelson (1979) lists the key aspects in the development of alcoholism as loneliness, isolation from family, friends, and traditional support groups, and increasing egocentric behavior. In recognition of those factors, he recommends student affairs professionals consider programming efforts to promote a sense of community involvement on campuses to combat alcohol abuse.

Bennett (1988) notes alcohol-related problems should be studied in relationship to how a group's culture, as it is reflected in norms, values, and behaviors, affects the perception, incidence, and course of those problems. Many of the reported alcohol studies focused on a specific college population such as fraternity members.
(Globetti, 1988; Hunnicutt, Davis, & Fletcher, 1991), residence hall advisers (Andrews, 1987), or on youth, in general (Kandel, 1980; Newcomb & Bentler, 1988; Singer, 1988). The studies found similarities of alcohol use within the subgroups which differed from alcohol use in the larger group populations.

The Self-Management of Alcohol Consumption of Students (SMACS) program is an approach to intervention from a behavioral group perspective. Students in the SMACS program are taught techniques for a Skinnerian, or operant conditioning, learning model. Students learned to control stimulus conditions monitoring drinking, self-monitor their alcohol intake, and use contingency management to increase the frequency of desired drinking behaviors and decrease undesired drinking behaviors (Lenhart & Wodarski, 1984). The rationale for the SMACS program is based on studies which have found the most frequent reasons students drink alcohol are to reduce stress and be socially accepted by peers (Campbell & Cook, 1979; Hanson, 1975; Issacs, 1979; Rosenbluth, Nathan, & Lawson, 1978). No evaluation studies have been reported on the SMACS program.

**Outcomes of College Alcohol Programs**

In spite of efforts to reduce alcohol use among college students, there has been no abatement in
alcohol-related problems according to the National Institute on Alcohol Abuse and Alcoholism (1987). This section will start with an overview of the outcomes of college alcohol programs in general. The overview will be followed by reviews of the outcomes of specific college alcohol programs according to their primary focus. Those primary focus areas are: (a) controlling access to alcohol, (b) education about alcohol and its effects, and (c) personal development. Finally, the method and outcomes of a model alcohol program for colleges will be examined in detail.

Braught and Braught (1984) reviewed the research evaluating how successful the various programs and strategies have been in bringing about changes in adolescents' alcohol-related knowledge, attitudes, and behavior. They found prior to 1978, review studies were generally optimistic in tone with very little empirical basis for the optimism (see Berberian et al., 1976; Boldt et al., 1976; Braught et al., 1973; Goodstadt, 1974; Milgram, 1976; Randall & Wong, 1976; Richards, 1971; Warner, 1975).

Since 1978, empirical evidence evaluating the success of educational programs did not show the programs had significant influence on the outcomes (e.g., Bry, 1978; Goodstadt, 1980; Staulcup et al., 1979; Wittman, 1981). The points on which evaluators of alcohol studies have
substantial agreement are: (a) some evaluation studies have shown increased student knowledge about alcohol, (b) fewer studies have been able to show changes in subjects' attitudes, and these outcomes have been mixed, (c) very few studies have attempted to show influences on alcohol use behaviors and even fewer have found significant effects on these behaviors, and (d) methodological flaws in the evaluation studies make any conclusions regarding the effectiveness of alcohol-use educational strategies more a matter of reliance on faith than on credible empirical evidence (Braught & Braught, 1984).

A report from the Office of Educational Research and Improvement (1988) on alcohol and drug research is consistent with Braught and Braught's assessment of research findings. The report stated National Institute on Drug Abuse researchers are unable to demonstrate measurable and direct correlations between educational efforts and changes in patterns of drug and alcohol use among college students.

Literature reviews by Moskowitz (1986) and Braught and Braught (1984) have been critical of alcohol and drug education as an effective means of prevention of alcohol and drug-related problems. Dennison (1974) and Engs (1977), in reviewing studies on education and alcohol abuse prevention, separately conclude there is no empirical evidence of the effectiveness of alcohol education.
programs on drinking behavior. The "Sixth Special Report to the U.S. Congress on Alcohol and Health" (NIAA 1987:6) stated alcohol education programs in schools have increased alcohol knowledge, but have not been effective in preventing alcohol abuse. Other researchers have assessed alcohol education programs and college student drinking behavior with mixed results (Anderson & Gadaleto, 1985; Engs & Hanson, 1985; Wechsler & McFadden, 1979).

Controlling Access to Alcohol

The majority of studies on the effect of prohibiting access to alcohol compare college student alcohol use when 18-year-olds were able to purchase alcohol legally to a similar group when the drinking age was raised to 21. There was little consistency among the many studies to support the notion repressive or controlling measures work in reducing alcohol use and abuse (Roberts & Nowak, 1986; Thorner, 1986).

The effects of raising the legal drinking age in the late 1970s and early 1980s were examined in several studies. A Massachusetts researcher found, despite a higher minimum drinking age in that state, there was an increase in teenage drinking. The researcher concluded law changes prohibiting drinking by those in the 18-20
year old category do not work to reduce teenage drinking (Rosenblatt, 1981).

In Florida, Gonzales (1990) looked at raising the minimum drinking age from 19 to 21 to determine if the age requirement produced changes in student alcohol consumption and alcohol-related problems. He found no significant reduction in alcohol consumption or in alcohol-related problems. The only significant difference found in the study, which collected data from 1983 through 1988, was female students experienced more alcohol-related problems in 1986 than they did in 1984.

A New York study found a significant reduction in liberal drinking attitudes by comparing attitudes of college students before and after the New York drinking age was raised from 18 to 19. The two-year 1982-1984 study included students who had been affected by the raising of the drinking age and those who were not. Findings included a pattern of greater moderation in all students in 1984 (Berkowitz & Perkins, 1986).

Declines in college student drinking in the 1980s were noted by Gonzales (1985) and Hall (1984). Declines were also noted in the articles “The Sobering of America” (1985) and “A New Prohibition” (1985).
Educational Programs About Alcohol and Its Effects

An alcohol education program consisting of a four-hour session designed to present factual information and to promote responsible alcohol-related behavior was studied. The program was successful in increasing responsible attitudes toward, and factual knowledge about, alcohol when compared with a control group as determined by a posttest at the conclusion of the program. The study found there was no difference between experimental and control participants regarding the occurrence of alcohol-related negative behaviors as determined by a posttest three months later. Also, the three-month follow-up showed the effects of the intervention program on attitude had begun to reverse themselves. The researcher speculated the pressures related to the high alcohol use environment of the subjects may have been responsible for the attitude reversals (Gonzales, 1980).

Students gained a significant degree of knowledge and modified their attitudes toward alcohol use in a more responsible direction after attending a mandatory three-hour alcohol awareness workshop. The 33 participants were referred to the workshop following alcohol-related violations of the student conduct code. Their behavior subsequent to the workshop was not evaluated (Gonzales & Wiles, 1981).
In an evaluation of a ten-week alcohol education program, Heaney (1984), using 118 subjects aged 14 to 18 and a control group of 119, evaluated the variables: frequency of alcohol consumption, decision-making skills, attitudes toward alcoholism, and factual knowledge. No significant changes occurred with regard to decision-making skills and drinking behavior for either group. Students exposed to the ten-week program had a low, but significant, increase in factual knowledge. They also experienced changes in their attitudes toward alcohol and alcoholism which the researcher characterized as more mature and well thought out than the control group.

A study was conducted at five different Pennsylvania State University Commonwealth campuses to determine if increases in knowledge regarding alcohol would produce more responsible attitudes about drinking and reduce negative consequences related to the use of alcohol. A total of 703 college freshmen and sophomores participated in the study. A Pearson product-moment correlation coefficient was used to test relationships among knowledge, responsible attitudes, and negative consequences. The findings showed: (a) a significant inverse relationship (-0.1218; minimum significance level of .05) between knowledge and responsible alcohol use, and (b) no significant relationship between knowledge and negative consequences. The researcher concluded the findings of
his study are in agreement with the literature portraying alcohol education as a reliable knowledge source, but one which fails to influence responsible attitudes and reduce negative consequences (Meacci, 1990).

A study examined an intensive small group alcohol education and personal development program using 97 experimental and 80 control high school subjects (Williams, Dicco, & Unterberger, 1968). The researchers found the program positively changed attitudes, caused significant changes in knowledge about alcohol, and affected behavior. A posttest given the subjects one year later showed the subjects who participated in the experimental group became intoxicated less often than the subjects of the control group who were given no alcohol education.

Thirty-six students at a Pennsylvania university who violated the campus no alcohol policy participated in mandatory alcohol education program. The eight-session developmental program offered the students self-evaluation opportunities; information on the effects of alcohol on feelings, impulses, and defenses; analysis of individual drinking patterns; and practice in stress reduction techniques. The subjects were surveyed at the end of the academic year in which the program took place to determine if the program influenced their alcohol use, willingness to seek help for alcohol or personal problems, and attitudes toward the mandatory referral to the
group. The survey was returned by 22 of the 36 participants. The findings showed: (a) 41% of the respondents reported a reduction in alcohol use, (b) approximately two-thirds reported a greater willingness to seek help for alcohol or personal problems after the group experience, and (c) 52% reported a positive change in attitude about referral to the group (O'Connell & Beck, 1984).

Field Education Studies

Alcohol education programs with students participating in field observations did not produce the same outcomes as the education programs described above. Dennison, Prevet, and Affleck (1980) studied alcohol education programs which allowed student subjects to see people coping with some of the negative consequences of alcohol abuse. The field activities subjects participated in included: (a) listening to police officers describe late night weekend patrols, (b) visiting court sessions related to driving while intoxicated and other alcohol-related offenses, (c) attending Alcoholics Anonymous meetings, (d) touring treatment or detoxification centers, (e) visiting halfway houses and rehabilitation centers, and (f) attending mandatory alcohol education programs for convicted drunk drivers.
Dennison et al. (1980) were able to isolate the effects of the field experiences on the subjects' drinking behavior in contrast to a control group. Through use of an anonymous self-report to assess drinking behavior following the field experiences, the researchers found the experimental group assessed their perceived intoxication at a significantly lower level than the control group. Students in the experimental group who had participated in the field experiences were also less likely to drink and drive.

A study by Prevet (1977) on a field education program was similar to Dennison, Prevet, and Affleck's findings. The study found students who participated in field educational activities had significantly reduced dangerous and disruptive behaviors related to alcohol use compared to students who did not participate in the field studies. A follow-up survey of the students in Prevet's study one year later found the group who participated in the field education program drank significantly less than those who were not exposed to the program.

A Model Alcohol Program

In 1975, the Division of Prevention of the National Institute on Alcohol Abuse and Alcoholism funded a grant in excess of a half million dollars to the University of Massachusetts to develop a five-year, comprehensive
alcohol abuse prevention program. The grant program was titled "A University Demonstration Alcohol Education Project" (DAEP). The overall goal of the project was to create a campus environment encouraging responsible use of alcohol and discouraging irresponsible drinking behaviors.

Educational and developmental components of the University of Massachusetts program included: (a) extensive media efforts aimed at influencing all levels of the campus community including posters, pamphlets, newspaper articles, newspaper advertisements, radio announcements, radio shows, and special displays; (b) small discussion one-session workshops lead by student peer alcohol educators combining values clarification techniques with alcohol-specific information; and (c) multiple session courses for academic credit (Kraft, 1984). Designed as a model comprehensive program for institutions of higher education, the scope of DAEP was extensive. A summary of the program effort includes the following:

An average of 4,300 posters and 2,700 pamphlets developed by DAEP were distributed on campus each year.

The campus newspaper published an average of 7 educational "advertisements" and 4 articles about alcohol topics each year.

An average of 3 articles written by DAEP staff were published in special newsletters each year.
During two years, 700 automobile bumper stickers and 15,000 bookmarks were distributed with alcohol-specific messages.

An average of 3 radio interviews were conducted and 6 radio PSA's were produced and used by the campus radio station (WMUA) each year.

During the first 2½ years of the project, a total of 23 hour-long segments on alcohol-related topics were produced and aired over the campus radio station (WMUA) during prime time.

About 5 display tables were set up in the campus center each year.

An estimated 14% of students each year were exposed to one or more intensive approaches such as single session workshops, multiple-session courses, lectures, etc.

Single session workshops were conducted an average of 95 times each year, involving 1,616 students for over 2,800 hours of contact annually.

Multiple-session academic courses were conducted an average of 6 times each year, involving 45 students and over 2,500 contact hours annually.

Guest lectures in existing academic courses were given an average of 15 times each year, reaching 1,125 students for over 1,250 contact hours.

Student run colloquia occurred an average of 4 times each year, reaching 59 students for almost 950 contact hours.

Staff training was conducted an average of 11 times each year, involving 377 participants for over 550 contact hours. (Kraft, 1984, pp. 334-335)

DAEP’s evaluation design included a variety of strategies sensitive to DAEP activities. In general, the evaluation findings showed few desired effects were demonstrated on drinking behavior, although students reported awareness of alcohol education information.
Specifically, survey findings showed an average of 69% of students recalled seeing one or more media presentations in Years 2-5, and 5% reported participating in workshops or colloquia sponsored by DAEP. Alcohol use behaviors and the negative consequences of drinking increased in most instances over the five years of the project, contrary to what was anticipated by project staff. The proportion of students regularly “getting a buzz on” and experiencing negative behaviors also increased. Similarly, the number of students reporting problem outcomes of drinking increased during the five years of the project, especially in regard to problems related to work and minor injuries. There was a statistically significant trend of increases between 1976 and 1979 in average drinks per event, entry into drinking contexts, number of negative behaviors, and number of problem outcomes. Researchers concluded DAEP activities had little effect on such variables (Duston, Kraft, & Hornick, 1980; Kraft, 1984).

Two components of the DAEP study provided an interesting contrast—the single session workshop and the one-semester seminar for three credits. The single session, nonmandatory workshop was the main educational intervention of DAEP. The two-hour workshop was designed to help participants develop more moderate attitudes toward alcohol use, to increase awareness of attractive settings
in which to enjoy oneself whether or not drinking is involved, and to learn more about factors that influenced their own drinking patterns. The format of the workshop was small group discussion and included four values clarification exercises.

In general, the "alcohol and values" workshop was extremely well received by participants and effective in modifying some knowledge and attitude variables, but it had little effect on drinking behavior. A longitudinal study of workshop participants over a three-year period showed no significant alcohol-related knowledge, attitude, or behavior changes occurred between the first and third year of the study.

In contrast to the single session workshop, the three credit, semester-long seminar was developed to instruct participants on how to plan and conduct an alcohol education colloquium. The seminar participants reported a significant moderation in their alcohol-related behaviors at the conclusion of the seminar. Participants in the course showed evidence of decreased drinking and associated changes in attitude. The researchers concluded educational approaches where students participated in multiple session efforts will result in actual changes in drinking behaviors (Duston et al., 1980).

While alcohol outcomes studies are plentiful, there is a need as noted by Bry (1978) and Braught (1975) for
studies which seek to understand more about students who are, or are likely to be, abusive drinkers. The next chapter will describe the methodology of a naturalistic study undertaken in order to understand the influences associated with problem alcohol use in college students and the factors which produced abstinence or responsible drinking behavior in formerly abusive drinkers.
CHAPTER III

THE EVOLVING METHODOLOGY

The naturalistic design of this study called for interviews with students in their college setting. The interviews focused on the issues identified in the problem statements of this study: (a) the environmental and personal factors that influenced the participants’ drinking behavior and related problems, (b) the factors which hindered or assisted participants in setting and achieving a goal of sobriety or establishing a nonabusive drinking pattern, and (c) the implications of the participants’ histories in assisting other students experiencing alcohol abuse problems. This chapter describes the considerations and components that were used to structure the inquiry.

Rationale for Method

The interview method of this study was chosen to take full advantage of the richness of information obtainable by one-on-one interpersonal communication including observations of vocal nuances and demeanor. Through open-ended interview questions, I sought to learn the reasons behind participants’ alcohol-related history and the
effects, if any, of university alcohol education efforts. The self-described perceptions, motivations, and feelings of the participants served as the well-spring of a more complete understanding of the college student and alcohol problems.

Very few alcohol studies have included interviews with the participants of the studies. The majority of interview studies in alcohol research have consisted of confirming paper and pencil (i.e., questionnaire) data about alcohol use and suitability for treatment (see Maisto, Sobell, Sobell, & Sanders, 1985). In general, these studies have found agreement between participants' self-reported alcohol or drug use in interviews and survey instruments with questions about the extent of substance abuse. The interview questions were limited to the factual inquiry of quantity and frequency of substance use, not the reasons the substances were used.

Although the interview approach best suited the purpose of this study, some limitations to interviews in data collection should be noted. Those limitations are discussed in the next section of this chapter.
Components of the Study

This section outlines the specific plan and procedures used in the study. It also includes a description of the setting and the participants.

Semi-Structured Interview Approach

A semi-structured interview approach which focused on the three problem statements of this study was used. Because qualitative interviews are much more like conversation than are formal, structured interviews (Marshall & Rossman, 1989), an opened-ended structure was planned allowing opportunities for the participants to fully discuss related perceptions and issues. New issues emerging from the participants’ initial responses were pursued in addition to those incorporated in the Interview Question Guide (see Appendix A). The interviews ranged in length from 55 minutes to three and a half hours.

Participants

The participants for this study were college students who volunteered for the study and identified themselves as having had serious alcohol abuse problems while in college. Additionally, the participants had: (a) abstained from any alcohol use for a minimum of six months; or (b) changed their drinking patterns so they
experienced no negative alcohol-related consequences such as hangovers, skipping classes, or arguments with friends for a minimum of six months. This sampling strategy was both purposive (Lincoln & Guba, 1985) and intensive (Patton, 1990) because the participants possessed rich information of the phenomenon of interest and were representative of the population to which the theories emerging from this study will be applied. The number of students participating this study was 11—a number small enough to allow in-depth interviews in a reasonable time frame, yet large enough to provide a variety of viewpoints.

Setting

The site of this study was a public, four-year, midwestern university with an enrollment of approximately 8,500 students. The average age of the university's undergraduates is 23.6, with approximately 25% being 25 years or older. Less than 10% of all students are from out-of-state. Certificate, associate, baccalaureate, and master's degree programs are offered. Baccalaureate programs comprise 61% of all academic programs. Ninety-one percent of all students are Caucasian. The university is approximately 300 miles from the nearest urban center.
Nearly 70% of all students are from rural areas of the state.

Procedures

The procedures used in this study provided a framework for soliciting, selecting, and interviewing participants. Opportunities to inform participants of the purpose of the study and the confidentiality afforded them were included in the process prior to the interviews taking place.

Permission to Collect Data

Permission to collect data was secured from the Human Subjects Institutional Review Board of Western Michigan University (see Appendix B).

Solicitation of Participants

Flyers soliciting participants for the study were posted in the university counseling center and four academic buildings (see Appendix C). Students interested in being participants were asked to contact the receptionist of the counseling center who sent them a Research Study Description (see Appendix D) and an Interest Form (see Appendix E). Both the Research Study Description and the Interest Form identified me as the researcher of the
study and the dean of students of the university. The Interest Form also informed the volunteer participants I would not know of their interest in being possible participants in the study unless they returned the Interest Form.

**Identification of Participants**

Although several of the participants responded to the posted advertising for participants, six of the eleven participants came forward on the recommendation of participants already interviewed or because faculty and staff members spoke to them about the study. In one instance, a student who was very active in campus Alcoholics Anonymous (A.A.) meetings and volunteered to be a participant suggested to another A.A. participant that she contact me for an interview. Two participants told me their professors—in one case, a social work professor and in the other, a psychology professor—pointed out to them advertisements for the study. One of the volunteers was told about the study from her roommate who was a participant in the study. A counseling center professional staff member told several students about the study. One of those she told volunteered to be a “guinea pig,” as he

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2The possible conflicts of the roles of researcher and dean are discussed later in this chapter.
put it. One participant sent in an Interest Form after he was told about the study from one of the pilot inter-
view participants. Whether the participants discovered the advertisement for themselves or had it pointed out to them, all expressed interest in the topics of this in-
quiry and were very willing to share their information with me.

The information the volunteers were asked to provide on their Interest Forms was limited. That is, in addi-
tion to name, address, and telephone number, the partici-
pants listed age and class standing. Four of the 11 participants were women. Seven were seniors, three were juniors, and one was a graduate student. The partici-
pants ranged in age from 21 to 47. Six were in their early to mid-twenties.

In the pre-interview discussions, I learned 8 of the 11 participants had completed alcohol treatment programs. Seven of the eight had completed outpatient substance abuse programs at the hospital near the campus. The eighth participant completed a two-week in-house treat-
ment program dealing with life issues including alcohol use. All of the participants who completed the out-
patient treatment programs are abstainers. The treatment participant who completed the two-week program and the three nontreatment participants who stopped their abusive
drinking on their own described their drinking as no more than two drinks at a time one to three times per month. All 11 students who volunteered were participants in the study.

Pre-Interview Information

Prior to beginning the interviews, the following information was reviewed:

1. I described the purpose and method of the study, and informed participants of the possible psychological stresses which might result from the interviews, the option to withdraw from the study at any time, and the invitation for them to ask me questions at any time.

2. I clarified the distinctions between my role as graduate researcher and dean of students, including notification that the associate vice president for student life would act in my stead in any future dealings they may have with the dean.

3. I reviewed the Research Study Description and the Confidentiality and Consent Form (see Appendix F).

4. I asked the participants to sign the Confidentiality and Consent Form.
Timelines

I began advertising for participants on May 21, 1992. The interviews took place over a four-week period from June 8, 1992 to July 11, 1992.

Interviews

The Interview Question Guide I used in the study was piloted with students who were not participants in the study. Based on my experience in the pilot interviews, I departed from the interview guide in shaping the initial part of the interviews. Instead of beginning with specific questions about how and why a participant drank, each participant was invited to tell me his or her story concerning alcohol use. This open-ended approach gave the participants the opportunity to tell their stories in their own way. Most participants covered the great majority of the questions I would have asked them as they told their stories. I asked for clarifications and elaborations at several times as the stories unfolded. When they finished telling their stories, I found I typically needed only to ask questions relating to their recommendations as to how the University community could effectively intervene with students who were drinking abusively.
Previous Knowledge of the Participants

Four of the participants were known to me prior to their volunteering for the study.¹ I met one participant during an appointment he had made to see me a year ago in my role of dean of students. At that time, he had just been dismissed from an internship because of his alcohol abuse and related behaviors. In asking to see me, he was following Alcoholics Anonymous’ advice⁴ to make amends to anyone his drinking behavior might have hurt. He sought me out because, in his mind, my position symbolized the University, and he wanted to say he was sorry his behavior tarnished the reputation of the University. At the time he met with me, he was to reenter an outpatient treatment program in a matter of days. We have had no contact subsequently.

The second participant who was previously known to me had several interactions with me. I saw her for the first time after a suicide attempt that she made approximately three and one-half years ago. Then, as now, I had a very formal role in implementing the University’s

³In this discussion of my prior acquaintance with and relationship to four of the participants, some of the details have been changed to protect the identities of the participants.

⁴A.A. is a self-help organization based on twelve steps which includes a step for making amends to those whom the alcoholic’s behavior has harmed.
self-destructive behavior policy. That role typically consists of: (a) meeting with the student and making a referral for a psychological assessment; (b) conferring with faculty and staff in order to make a determination as to whether the student should continue at the University, and if so, under what circumstances; and (c) developing and monitoring a Behavioral Agreement if I allow the student to continue at the University. I determined the participant could continue at the University if: (a) her parents were notified, (b) she moved out of the residence halls, and (c) she did not drink. On the basis of these conditions, she chose to continue as a student at the University.

Approximately six months later, I had to cancel her enrollment because of reports from her roommates of abusive drinking and behavior which caused them concern. Some time after the participant was suspended from the University, she completed treatment for alcoholism and was reenrolled. During the next two years, she worked as a student employee in the Commuter and Nontraditional Student Services Office, which is a part of and located in the Dean of Students Office. During the time she worked in the office, our interactions were limited to friendly hello's as we passed each other. I also, along with two secretaries, brought in and offered a dress for
her to wear to an important social occasion when she asked for help with her wardrobe. She eventually selected a dress from her sorority sister and returned the other garments.

I was surprised when this participant volunteered for the study just before she graduated. I considered excluding her from the study because of my previous history with her. I also considered excluding her when I learned during the interview that her present perspective on the severity of her drinking problem at the time she was told to leave the University and that of her counselor (of which I was aware) were different. I decided to keep her in the study because she was one of the most articulate and self-disclosing participants I interviewed. This decision was made with the knowledge I would provide a footnote of my previous information about her if I cited her perception of the extent of her drinking problem and its divergence from her counselor's perception when I reported the data. Finally, in considering whether or not to include this student in the study, I also recognized my acquaintance with her was limited to formal and situational interactions.

As the participant described her history in the interview, she did not make reference to any previous knowledge I might have had with her. Instead, she, like
the other participants, told her story completely from her perspective with the major focus on the feelings she had while living through the experiences. As I later coded and analyzed the data, I did not believe my previous knowledge of the participant affected my analysis. For instance, she described how her recognition of her alcoholism grew out of discussions she had with the members of her treatment group about the extreme and compulsive nature of her drinking. By sharing the details of her drinking behavior, she clarified for me the binge nature of her alcoholism and why, during her intervals of abstinence, she would not have expected others to know she had a drinking problem. This information explained the apparent contradiction between her perception of her drinking problem when she was viewing it from the perspective of others as opposed to when she examined it from an internal perspective.

The third participant with whom I was acquainted worked as a part-time student receptionist in the Student Activities Office. Until she volunteered for the study, I had no idea she had previously abused alcohol. Her interactions with me consisted of transferring my phone calls to her supervisor and greeting me when I visited the Student Activities Office.
I met the fourth previously known participant approximately three years ago during a personal interview when he asked permission to reenter the University following his expulsion for alcohol-related problems. During the interview, I asked questions about how he had been spending his time since he completed his treatment program. Those questions focused on whether he had been following the advice of his substance abuse counselor and his recent employment history. As a result of that interview, and on the recommendation of his substance abuse counselor and his employer, I allowed him to reenter the University.

The interviews conducted with the four participants I had known previously did not differ from those with participants I did not know in that we did not discuss or refer to our previous relationship. Also, to the best of my present understanding, my previous knowledge of the four participants did not influence my analysis or my recommendations and conclusions.

Dress of the Interviewer

In order to help foster rapport with the participants and create an atmosphere conducive to open conversation, I wore informal clothes during the interviews. As Cosper (1972) noted, when interviewers whom the participants
viewed as high status wore informal clothing for the interviews, the respondents were more disclosing than when the interviewers wore professional dress.

The Interview Setting

The interviews were conducted in June and July, 1992. Since the University counseling center is closed at this time, I felt the emptiness of this normally well-occupied space might be somewhat disconcerting to the participants. I, therefore, asked the participants of two of the interviews if they would prefer instead to come to my office, which is located in the same building as the counseling center, for their interviews. Both chose to come to the office. I later decided to use the counseling center for the remaining interviews in order to avoid even the minimal distractions of the sounds of office activity and to emphasize my role as researcher rather than my role as dean of students. The interviews in both settings, as I experienced them, were conducive to a comfortable and open exchange.

The participants all wore very casual clothing as did I. Several of them brought in bottles or cans of pop with them which conveyed to me they were ready to settle in for a long visit. While the participants were
reviewing the Consent Form, I offered coffee or pop to those who did not bring a beverage with them.

**Method of Recording Responses**

All interviews were recorded on audio tape for later transcription. The participants were first asked if they would permit recording and then were told that they might turn the recorder off at any time.

**Recording Researcher Responses and Reflections**

During the weeks I was interviewing the participants, I recorded my thoughts and reflections on the interview experiences in a personal journal. I reviewed the journal entries as part of my data analysis.

**The Interviewer as Instrument**

In naturalistic research, the researcher is the instrument of the data collection and the center of the analytic process. The qualifications, experience, and perspective the researcher brings to the inquiry affects the credibility and the conduct of the study (Patton, 1990; Torres, 1991). As the instrument of this study, I brought 14 years of higher education student services experience to the effort. I have had extensive interactions with students in both informal (e.g., socializing
with the members of several student organizations I have advised) and formal (e.g., disassociating a fraternity from the University, dismissing students from the University, etc.) capacities. I also had extensive student interview experience. Additionally, my familiarity with the setting was a useful advantage in communicating with the participants because: (a) I knew most of the faculty members they mentioned; (b) I was familiar with the residence life, student conduct, and alcohol education programs of the University; and (c) I was familiar with many of the local establishments they mentioned. This shared knowledge precluded the need for the participants to describe the people, programs, and places to me.

I brought to the study no more than a layman's knowledge of alcoholism, nor did I have training in alcohol education, intervention, or treatment. In acquainting myself with the literature on these topics and consulting with substance abuse professionals, I acquired a basic background knowledge of these fields of study. I also had some knowledge of alcohol intervention and treatment from my consultations with substance abuse counselors in my role of deciding whether a student should remain at the University or be readmitted to the University after a suspension. I was able to add extensively to my knowledge of college students' alcohol-related experiences and
alcohol programs in higher education by focusing on this aspect in my review of the literature.

I had a great deal of experience in noting the effects of abusive drinking on college students in my role of dean of students. Part of that experience came from reviewing student conduct files and conducting interviews with students who asked for leniency in regard to penalties assigned to them by other administrators or from judiciaries. In reviewing those files and questioning the students, I was impressed by the consistent connection between the conduct violations and the students’ alcohol use and poor judgment. In my role as dean, I also contacted the families of three students who died in alcohol-related incidents and spoke to the friends of the deceased students about the deaths. My understanding of the role alcohol has played in student success and survival was influential in my choosing the subject of this study.

My personal experience with alcohol and growing up in a close-knit and loving family did not prepare me for the kinds of problems I would learn of from the participants. My parents were light social drinkers. Alcohol was only served in our home when we had guests. I did not drink in high school, nor did most of my close friends. My drinking in college was usually light (e.g., one or two
drinks per social occasion two to three times a month) although there were certainly some occasions of excessive drinking which produced unpleasant headaches the next morning. Wine, typically, and occasional cocktails are a part of my adult drinking habits now. While growing up, I was aware of the alcoholism of an uncle—the husband of my father’s sister—and the father of a close friend, but I was pretty much insulated from direct knowledge of their alcohol problems.

Although my lack of formal training in substance abuse prevention and treatment and my lack of personal experience with alcoholism limited my awareness and understanding of alcohol-related issues, these limitations did have a positive side. First, I brought a fresh sense of curiosity in pursuing the inquiry. I also was able to listen to what the students were saying without any framework or paradigms to distract me from their messages. Additionally, my experience as a student affairs professional familiarized me with the types of services universities offer to students experiencing alcohol-related problems. Finally, student affairs leaders, not substance abuse staff, are typically the people who will be making the decisions about what future alcohol programs to offer students. The analyses, interpretations, conclusions, and recommendations I am directing to that
audience may have greater acceptance because of my broad-based student affairs background.

Coding and Reducing the Data

In coding the data, I analyzed the transcripts of the interviews in order to identify units which could be labeled or coded. The codes were chosen quickly as I came upon units of text which seemed to be descriptive of a phenomenon of interest. These codes—52 of them—(see Appendix G) became a rough draft for the 14 codes which were to follow. The original 52 text codes were interpretive as well as descriptive, e.g., “rejection” and “reform attempts.” Many of the codes were overlapping. Having 52 separate codes for the text of the transcripts also proved to be very unwieldy. In addition to the 52 codes used to group the words of the participants, I sorted my notes and observations into categories as recommended by Schatzman and Strauss (1973). Those categories were: (a) observational notes, e.g., the participant’s hand leaving a wet imprint on the table between us during the initial moments of an interview; (b) theoretical notes, e.g., reminders to myself to think about the social bonding of the participants in my discussion of the study’s findings; and (c) methodological notes, e.g., noting the time and length of the interview.
or at what point in the interview a tape needed to be changed.

After all of the transcripts were coded, they were entered into the Ethnograph (Quailis Research Associates, 1988) software program for text-based data. Using this software, searches with the 52 codes were conducted and printed. The results of each search were placed into 52 separate folders, each labeled with its code name. Once the code data were printed out, the selected transcript data were sorted into 52 folders. I also sorted my methodological notes, observational notes, and theoretical notes into three separate folders. I then began grouping the coded units by their similarities. For example, transcript sections coded “rejection,” “unhappiness,” “isolation,” and “guilt/embarrassment” were all subcategories under the group name of “unhappy.” After reassessing the interpretive codes to note the descriptive information in each, the 52 original categories were eventually reduced to 12 based on the similarity or interrelationship of the data.

At this point, I backed away from the detail of the coding to consider the interview data as it related to: (a) the problem statements of this study, and (b) what was actually learned from the participants. From these ruminations, three major code families came immediately
to mind: (a) Why They Drank, (b) Why They Stopped, and (c) What They Recommended.

After developing the three major code headings, I reread the transcripts (approximately 30,000 40-character lines) noting the phenomena falling under each code family and noting whether any interesting phenomena would be omitted by staying with the three groupings. As a result of this review, I added a fourth code family, How They Changed. I then produced a total of 14 subcodes under the four code families. This new organization of data was similar to the code families approach of Bogden and Biklen (1991). I was also very satisfied that the four code families and the subcodes encompassed the substance of the interview data. Those codes were:

Why They Drank
- Escape from Pain and Anger
- Fitting In with Others
- Enjoying the Feeling

Why They Stopped
- Drinking or Survival—Making the Choice
- Life with and without Alcohol—Making the Choice

How They Changed
- Assessing Values and Priorities
- New Peer Groups and Relationships
- Academic Success
Changed Family Relationships
What They Recommended
Recoverers as Peer Counselors
Mandatory Courses or Support Groups
Substance-Free Residence Halls
Stricter Rule Enforcement and Sanctions
Active Intervention
These new code categories gave me the focus I needed to describe and interpret the data.

Ethical Issues and Concerns

Patton (1990) identified ethical concerns for naturalistic studies I considered in conducting this study. These concerns included promises and reciprocity, risk assessment, confidentiality, informed consent, data access and ownership, interviewer mental health, and advice. The nature of these concerns relative to this study and how they were addressed are discussed in the following sections.

Promises and Reciprocity: What’s in It for the Interviewee?

The formerly alcohol-abusing participants in this study had an opportunity to assist future college students at risk of serious alcohol abuse problems by disclosing their experiences and providing a thoughtful
critique of factors affecting their drinking and recovery. The tradition of recovering alcoholics helping other alcoholics is well established in the literature (Miller & Nirenburg, 1984; Rudy, 1986).

Support groups such as Alcoholics Anonymous use self-disclosure as a means of confronting personal truths and modeling forthright honesty for others who lack the courage on their own to acknowledge their alcoholism. The Twelve Steps of Alcoholics Anonymous lists the alcoholism recovery steps starting with acknowledgement that the individual is powerless over alcohol and ending with the recommendation that recovering alcoholics carry their message to others who suffer from alcoholism (Rudy, 1986). Many participants in Alcoholics Anonymous serve as sponsors for new members—a role typically involving great personal effort in order to help others achieve and maintain sobriety. By helping others, alcoholics are reinforcing their own continuing recovery. The participants of this study, like many participants of Alcoholics Anonymous, appeared to value the opportunity to help lay the groundwork for assisting other abusive drinkers.

Risk Assessment

This section addresses ways in which the interviewer may put people at risk of psychological stress, legal
liabilities, continued participation in school, and ostracism by others.

**Psychological Stress**

Kelman and Warwick (1978) define social interventions as "deliberate attempts by professionals to change the characteristics of individuals or groups, or to influence the pattern of relationships between individuals and/or groups" (p. 4). The interview methodology of this study, in seeking data on the three problem issues identified on the first page of this chapter did not attempt that. Patton (1990), however, points out interviews are interventions because they affect people. A good interview lays open thoughts, feelings, knowledge, and experience not only to the interviewer, but also to the interviewee. Being taken through a directed, reflective process affects the persons being interviewed and may leave them knowing things about themselves they didn’t know—or at least were not aware of—before the interview. Two hours or more of thoughtfully reflecting on an experience, a program, or one’s life can be change inducing.

Participants in this study were asked to recount previous drinking experiences—the recall of which, for some—was emotionally painful. The Research Study Description, however, described the nature and scope of
the inquiry and forewarned the participants of the possible painful nature of the interviews. Also, the opportunity to withdraw from the study at any time was affirmed orally and in writing to each participant. None chose to do so.

Patton (1990) notes although interviews may be intrusive in reopening old wounds, they can also be healing. He cites as an example the positive participant feedback he received from participants who went through emotionally trying interviews regarding family sexual abuse. The opportunity to talk openly about those difficult issues was perceived as beneficial by the participants.

Reliving painful experiences and acknowledging past problems can be psychologically stressful; in the case of the formerly abusive drinker, it can also affirm the value of sobriety or responsible alcohol use. As such, it can reinforce and prolong what is almost always a hard-won, victory-achieving sobriety or problem-free alcohol use.

**Legal Liabilities**

People in interviews will tell you things they never intended to tell. Interviews can become confessions, particularly under promise of confidentiality. But beware that promise. Social scientists can be summoned to testify in court. . . . In addition, some information must be reported to the police—for example, evidence of child abuse. Thus, the power of interviewing can
put the interviewees at risk. The interviewer needs to have an ethical framework for dealing with such issues. (Patton, 1990, p. 355, emphasis author’s).

This study, which inquired about the participant’s history of alcohol abuse, could have posed legal liabilities for participants if they had disclosed unreported crimes or serious threats to themselves or others. To reduce the chances of an inadvertent disclosure which I would have had to report, I provided information on the limits of confidentiality in the Confidentiality and Consent Form warning of this possibility. This information is similar to the information provided by counseling centers to inform clients of the limitations of confidentiality in counseling sessions.

The purpose of the interviews was to gather data on the participants’ alcohol abuse experiences and factors which hindered or helped them in their decision to abstain from alcohol or become problem-free drinkers. By keeping the focus on the data to be studied, the chances of an unsolicited disclosure resulting in legal liability were greatly reduced. Therefore, the potential risks to the participants and to the completion of the study were minimized. Those risks were outweighed by the anticipated value of the study in dealing with student alcohol abuse.
Continued Participation in School

This study did not have any effect on the participants' continuing enrollment or desire to stay in school. Students were able to voluntarily withdraw from participating in the study at any time if they perceived any negative effects from their participation. Again, none chose to withdraw.

Ostracism by Others

Although the choice was theirs to make, students were asked to consider the advantages of keeping their participation in the study confidential. Also, participants were cautioned not to use names of others in describing their experiences. I correctly anticipated the participants might already have been familiar with some peer ostracism or mutual partings of the ways. People typically change peer groups when they change from abusive drinking to light drinking or abstinence (Dennison, Prevet, & Affleck, 1980). They are more comfortable with others who are more compatible with their own recovery (Rudy, 1986). For these reasons, the risk of problems related to ostracism from others as a result of participation in the study was estimated to be very low.
Confidentiality

Participants were informed that the information they provided and their names or other means of identifying them would be safeguarded by the following provisions:

1. Only the researcher would know the names of the participants. Further, only the researcher and the researcher's Doctoral Committee would have access to the raw data of the study.

2. No identifiable information, e.g., name, address, or other forms of unique identification would be revealed by me or the Committee members to others. Additionally, the participants would be assigned a number code in place of their names. Only the code number designation would be used once the assignments were made. The master list identifying the participants' names and the code assignments would be placed in a safe until the research is completed. Following the completion of the research and final defense of the dissertation, the list would be destroyed.

3. Reports and conclusions evolving from the study would not reveal the participants or the university. In reporting the findings, the identities of the individuals would be sufficiently disguised so as to make it unlikely for them to be identified from contextual cues.
4. Once the recordings of the interviews were transcribed, the interview tapes would be erased. The transcripts would be secured in a locked desk.

**Informed Consent**

In an effort to inform students about the nature, purpose, and potential risks of the study, a specific criterion for disclosure as recommended by Kimmel (1988) was followed. As discussed earlier and documented in Appendix F, the following information was given to the participants:

1. A statement to the participant saying participation is voluntary.

2. A description of what the participant can expect in terms of the methods of the research, the purposes of the methods, possible risks, and anticipated benefits.

3. A statement offering the participants the opportunity to ask questions and the freedom to withdraw at any time.

**Data Access and Ownership**

The information gathered in this study is the basis for a dissertation for The Graduate College of Western Michigan University. As such, it will be published and
be available to researchers, professionals, students, and others who are interested in student alcohol use topics.

**Interviewer Mental Health**

Because of the sensitive nature of the information to be gathered and the potential distress to the interviewer on hearing of painful experiences, the director of the University alcohol education program was available to the interviewer for debriefing and venting.

**Advice**

I was counseled and guided on matters of ethics during this study by the chair of my Dissertation Committee, principally, and the two other members of the Dissertation Committee. The director of the alcohol education program was also available as a consultant.

**Possible Interviewer Role Conflict**

In addition to the ethical issues listed by Patton (1990), a possible role conflict existed between my role of researcher-interviewer and my role of dean of students at the University that was the setting for the study. These conflicts were identified and included:

1. As dean of students, I supervise the staff member in charge of the student conduct program and serve as the
hearing agent for students requesting leniency regarding
penalties assigned to them by administrators or the judiciaries of the University.

2. As dean of students, I serve as a student advocate and support the policies and philosophy of the University.

3. The role of the dean of students has been traditionally viewed as an authoritarian one.

Possible problems arising from these role conflicts were addressed as follows:

1. I will be replaced by my supervisor, the associate vice president for student life, for any supervision of or consultation with student conduct staff members on issues involving the participants of the study. Similarly, the associate vice president will serve as the leniency appeal agent for any participants in the study (see Appendix H). This role substitution will be identified to the potential participants prior to accepting them as volunteers in the study. This will be done to reduce concerns about my influence on matters related to student conduct and to discourage students from volunteering for the study with the expectation that their willingness to participate would reflect positively on any further conduct problems they may have. This role
substitution will continue throughout the participants' period of enrollment as students at the University.

2. A major job responsibility of mine is to serve as a problem solver and advocate for students. By conducting this study, I will be carrying out that role expectation. The subject of the inquiry is a well-documented problem in higher education. The site of this study has alcohol intervention programs under the supervision of the director of the counseling center who reports to the vice president for student affairs. As such, it is an area of student life not under my supervision. Students who are familiar with my previous advocacy efforts on other University issues affecting students are likely to appreciate the problem-solving effort I am making and the personal attention I will be giving to this inquiry.

As Lincoln and Guba (1985) discuss, trustworthiness of the researcher as perceived by the participants is one dimension of perceived methodological rigor. Because volunteers for the study have had the opportunity to be familiar, directly or indirectly, with my professional interactions and trustworthiness, their voluntary participation is likely to reflect a satisfactory level of comfort with me as researcher. A high level of student trust and confidence in me is documented in the anonymous
student feedback forms and ratings incorporated into each of my annual performance reviews.

The possibility also exists that the comfort level with me as researcher may be higher for some participants than with an unknown researcher. My professional status will be known to participants in this study because of the necessary clarifications and distinctions I will make concerning my separate roles of researcher and dean. Ronald Cosper (1972) investigated the relationship of interviewer characteristics to the responses of interviewees regarding drinking practices. He found the respondents were more likely to disclose drinking information to interviewers they perceived as upper status educationally and professionally, e.g., doctors, lawyers, and other professionals, than they were to interviewers they perceived as less professional. Cosper concluded the respondents did not view upper status interviewers as negative sanctioners, but as professionals to whom they could fully disclose personal information.

Although the roles of dean and researcher for the purposes of this study were compatible, all forms and correspondence to participants identified me as a doctoral graduate student and did not reference my professional position at the University.
3. My perceived authoritarian role as dean of students may discourage students from volunteering to be participants regardless of the site of the research. In actual fact, I am not as well known to students as the staff members who directly interact with large groups of students, e.g., the assistant dean/director of orientation and the associate dean/director of the student conduct program. My informal style, small stature, plus the casual clothes which I wore for participant interviews helped to counteract any authoritarian images which could have interfered with interviewer-participant communication and rapport. Also, the site of this study could give students who seek word-of-mouth information from other students who have first-hand knowledge of me the opportunity to learn about my reputation, student development philosophy, and accessibility prior to agreeing to participate in the study.

My belief that the participants would trust me enough to come forward and participate was justified by the response I got. Also, I was told by the director of the University’s alcohol education program that if the first one or two students interviewed were not comfortable with me, I would not have any other volunteers because the word would spread among the close-knit recovering students’ network. I did not, however, get the impression
from the interview participants they had heard of the study from others with the exception of those referred by other participants. The fact that participants recommended their friends also participate speaks to the trust the participants had in me as researcher.

Using my place of employment as the site of the study was a trade-off in terms of advantages and disadvantages. As recommended in Standards for Evaluations of Educational Programs, Projects, and Materials (Joint Committee, 1981), unavoidable conflicts of interest are to be expected and should be dealt with openly and honestly so that inquiry processes and results are not compromised. Given the lack of interaction I, as dean, have with the University’s alcohol programs and their participants and the subject of the study being related only to my broad responsibilities as student advocate, the advantages of accessibility of participants, convenience of arranging interview schedules, and familiarity with the customs and practices of the setting outweighed the disadvantages. In addition, because the purpose of the study is to generate theory from the perceptions and experiences of the interview participants and not to evaluate existing University programs, the possible negative or positive effects on my professional relationships at the University should be minimal.
Limitations of the Interview Approach

In planning this study, I noted several weaknesses of the interview approach to gathering data. The first relates to the interviewer typically being a stranger and outsider who may inhibit the openness and sincerity of the respondent (Paul, 1953). As the dean of students at the University that was the site of this study, I was not totally unknown to the interviewees of this study. I was, however, certainly not someone with whom the interviewees would have normally discussed the personal issues talked about in the interviews. The voluntary and highly confidential nature of this study was a way of compensating for the lack of trust the participants might have felt in talking to a relative stranger.

A second weakness of the interview method relates to behavior of the interviewer which can bias the respondent. According to Kahn and Cannell (1957), how questions are asked and information is probed, as well as factors such as the interviewer's facial expression, can influence the candor and cooperation of the respondents. To minimize these influences, the researchers recommend using open-ended questions to reduce the possibility the interviewees will be limited by the questioner in formulating their responses. In addition to using open-ended questions, I also asked for feedback on my interview
style from pilot interview participants in order to improve my interviewing skills.

According to Schatzman and Strauss (1973), interviews are limited by the ability or unwillingness of the interviewee to provide information. "Any given person may no more be able to describe and explain his own actions than anyone else's: his vocabulary may be poverty stricken, . . . (also, he may lie or 'put on' the interviewer.)" (p. 6). Gorden (1980) gives a similar caution in noting the participants' memories may be faulty, or they may wish to hide the real nature of their actions from the interviewer. Schatzman and Strauss also warn having the interview setting removed from the setting of the actual experience being described may result in interviewees converting those experiences into relatively idealized models in describing them to the interviewer.

Another problem with the interview methodology can occur if the interviewer attempts to offer therapeutic advice or comments on the social values of the participants. By switching roles from information-gatherer to advice-giver, the interviewer can bias or inhibit the responses of the interviewees (Gorden, 1980). I was especially sensitive to this issue in planning for this study. By clearly delineating my role as researcher-interviewer in eliciting information as opposed to my
role as dean and educator in influencing behavior, I consciously avoided the temptation to offer assistance or reinforcement to the interviewees.

Finally, the beliefs and limited knowledge the interviewer may bring to the inquiry can limit the usefulness of the interview inquiry method. McCracken (1988) says a review of the literature is necessary to provide interviewers with critical distance from their own values and assumptions. By reviewing the literature, the interviewer acquires a knowledge base which can provide a set of expectations the data can verify. Also, by having such knowledge, the researcher increases the possibility that interviewee comments not fitting the theoretical assumptions of the literature will be fully noted by the researcher.

Analysis of the Data

As a high school English teacher, I was often asked by students how I would grade a speech or paper. The answer was always: "By what you say and how you say it." In attempting to convey the insights and information the interviews yielded, I began the analysis of the interview data with a similar approach—the observation of what was said and the manner in which it was said. With that as a starting point, I soon discovered the truth of Patton's
(1990) claim there are no simple formulas of clear-cut rules about how to do a credible high-quality analysis. "A qualitative analyst returns to the data over and over again to see if the constructs, categories, explanations, and interpretations make sense, if they really reflect the nature of the phenomenon" (p. 477). Reflecting the nature of the phenomenon involved much sorting, comparing, reordering, and synthesizing.

In analyzing the data, I made considerable use of both my journal and the notes I had taken during the interviews and those I took while rereading the transcripts. I also found the compact time frame of little more than a month during which all of the interviews and the coding process took place kept the data fresh in my mind and quite easy to recall. This time frame had, however, the disadvantage of not allowing me more time to step back and distance myself from the details of the information. The initial coding of the data was helpful to me in locating pieces of participant information for my analysis.
CHAPTER IV

THEIR STORIES: FINDING THEIR WAY

As I reviewed and recalled the participants' stories and examined the coded data, my analysis and interpretation led to the emergence of a four-part story line to describe the phenomenon. The first part of the story which emerged was that the participants drank heavily for three main reasons. Those reasons were: (1) to escape the pain and anger resulting from past experiences, (2) to counteract their personal sense of isolation and to fit in with others, and (3) to enjoy the "most wonderful feeling I have ever had"—that of being intoxicated.

In the second part of the emerging story, the participants described why they stopped abusing alcohol. All of the participants described their personal belief: (a) they could not survive and continue to drink, and (b) their lives could not be as bad without alcohol as they were with alcohol. The third part of the story concerned the participants' transitions from abusive drinking to nondrinking or minimal drinking. As part of this transition they: (a) assessed and clarified their values and priorities, (b) established relationships with new peer groups and with faculty and staff members, (c)
experienced their first academic success at college, and (d) most of the participants either distanced themselves from alcoholic or abusive family members or, where the family was not dysfunctional, improved their relationships with family members.

The fourth part of the story recounted what the participants said would have helped them change their drinking behavior before it led to negative consequences. The key to understanding their recommendations is to realize none of the participants who were heavy drinkers before they came to college believed what they were recommending, e.g., support groups for all first-year students, would have had an immediate effect on them while they were at or near the height of their drinking. They believed, however, what they were recommending would have had enough of an impact for them to have made a change in their drinking practices much sooner than they actually did. Further, they believed the recommendations would reduce the chances students who were just beginning to drink would develop problems.

Their recommendations were: (a) have a recovering student sit down with a student who is doing a lot of drinking to talk about the recovering student’s experience while eliciting issues troubling to the drinking student and offering to “be there” for that student, (b)
teach a mandatory course or offer support groups for all students the freshman year to help students develop social skills and coping strategies and to educate them about alcoholism, (c) establish and promote substance-free residence halls, (d) enforce sanctions against underage drinking more consistently and stringently, and (d) have university staff actively intervene by offering help, not advice, to students who are drinking excessively.

This chapter will discuss the various components of the first three parts of the stories that unfolded starting with Part I—Why They Drank, continuing to Part II—Why They Stopped, and concluding with Part III—How They Changed. The fourth part of their stories—What They Recommended—will be discussed in Chapter V.

Part I—Why They Drank

The participants told me they drank mainly for three reasons. Those reasons were to escape painful or unpleasant feelings, to overcome their sense of isolation, and to enjoy the intoxicating effects of the alcohol.

Escape From Pain and Anger

All of the participants said they used alcohol to escape or numb themselves from painful feelings. More
than half described extreme feelings of pain or anger. Most of the factors they described which produced the extreme pain related to their family situations. Those cited by the participants were: (a) death of a parent or sibling; (b) serious illness of a parent; (c) resentment over a parent’s remarriage; (d) abusive and intolerant parents; (e) divorce; (f) alcoholism; (g) parental rejection; and (h) incest. In all but two of the cases, a troubled or dysfunctional family was described by participants.

I think my drinking stems from things way beyond the first time that I ever drank, from my childhood, my relationship with my parents. My dad drank very heavily when I was younger, and I remember them not having a very good relationship... I just remember my dad coming home drunk a lot in the evenings and them fighting about this, and I’m sitting in the closet crying because I didn’t understand what was going on.

While most of the participants associated feelings of emotional pain with a variety of family issues, feelings of anger were usually linked more specifically to the participants’ rejection by a parent. One participant described several ways in which his anger and resentment would surface.

I hurt a lot of people that didn’t need to be hurt. My violence was never really directed towards people. When I would lose it, I would smash a window, smash a windshield. I threw a

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5One participant lost both his father and his brother when he was 18.
chair through a window—things like that, property mostly. Once, though, I got into a fight with a guy and really, really, really hurt him.

I learned later in the interview that the participant linked his belligerent behavior to his resentment toward his father. The participant’s composure broke as he told me that he had discovered, with the help of a psychologist, the source of his pain and rage was his father’s cruel abuse of him. With that recognition, he could better understand his actions.

I was trying to find where the anger was. I guess I’ve recognized there’s been anger there, God, for years. The anger was always just below the surface, but I controlled it real well.

Most of my anger came from my home situation. For years I took it, and it was suppressed. It never bothered me, never bothered me. One of the things that always used to throw me when I got older—things that always used to throw me into a little depression—was I’d see a father and son, and for some reason that would do it. . . . When I was drinking, one of the things that used to set me off was seeing a guy pick on a lesser person, . . . I’d watch him fuck with him a little bit, and that would do it, . . . that would bring out the anger. And then I’d drink a little bit, and I’d wonder what that guy would think if I fucked with him? Then boom—there it went—he’s in trouble because I just directed all of my anger at him, and he doesn’t know it yet.

I say to myself the ‘next thing he does to that little guy—I’m going to be all over him like stink on shit. And he’s just having a little fun. The other guy might be a friend of his. But me, standing across the room, see him fucking with this little kid. I would see it as a father abusing a son and that brought out the anger. It was the way I paid back my father—by beating the shit out of this other guy.
Another participant who continually sought approval from a tough and distant father described several examples of his resentment toward all authority figures.

"When I was a kid and the teacher would say, 'Do that.' I'd say, 'Why do I have to do that?' And they'd say, 'Well, I'm the teacher and you're the student.' It enraged me. To be treated like that just killed me." He continued by describing this interaction with a resident adviser at the University:

I didn't remember what I did [because of a blackout], but I ended up in one of the dorms. I cussed out one of the RAs just because she was walking by me, and she was an authority figure. She was the enemy. She was the opposition in my mind at the time. So I called her a couple of names and ended up getting a write-up.

Another example of his hostility toward authority figures involved the campus public safety officers who arrested him for reckless and drunken driving:

It was exam week. It was the end of the semester, my junior year. And I just had a terrible thirst. I was chugging beer all day long out of pitchers—cups weren't big enough at that point. I was smashed. I was driving my friends through campus in my car, and I decided to do some doughnuts in one of the courtyards. When the police came, I knew I wasn't going to get away. So I stopped, and when I did I was belligerent.

I was obnoxious, but I wasn't going to harm anyone. The officers were very scared of me when they saw me, and in their fear, got real aggressive with me—decided that rather than lean me up against the car, they needed to throw me up against the car. And rather than put handcuffs on me, they needed to let me know that my arm was behind my back, that kind of thing.
When I was treated that way, it just—to me, they had a right to arrest me, but they didn't have a right to call me names. They didn't have a right to pick on me, . . . and so I grabbed a couple of them, and I pushed them against another cop. And when I did, all of the cops kind of backed up, and I told them, 'You can arrest me, but do not mess with me or I'll kill everyone of you.' I turned around. They continued to put the handcuffs on me, took me to jail.

Half of the participants cited examples of alcoholism or heavy alcohol use in their immediate families. One participant who developed diabetes typically drank with his stepfather and stepsister when he was home. When he told his mother he could no longer drink because of his diabetes, she responded, "Oh, since you can't drink because of the diabetes, you can smoke pot with me now."

He gave this example of his parents' alcohol use:

Now that I look back on everything, I realize that we do have a family illness. There was a lot of insane behavior. There was a lot of drinking and driving. I always thought that when you went on a trip longer than an hour, you took beer with you. I just thought that's what you did. And when we moved to Cleveland and would come up north, we always got a quart of whiskey and a six pack of beer, and it was always gone by Petoskey. Gone, all of it was gone! And I just thought that was normal.

One participant whose natural father had died of alcoholism when she was 12 had her first drinking experience at age 14 on the day her mother returned from her honeymoon with her second husband.

I felt rejected when my mother got remarried. The night they came back from their honeymoon, my mother found me passed out on my bed. That was
my first episode of drinking. . . . It was just to hide the pain of being upset with my mother.

Another participant described her anger at restricted childhood due to her father’s illness which included alcoholism and a serious back injury.

My whole childhood, . . . was, ‘You can’t have friends in the house because your dad is resting.’ or ‘Your dad is sleeping.’ Everything was tiptoeing around my father. There was a lot of stress there. Whenever he was awake, he was irritable, crabby, yelling at us for walking past his room or laughing outside in the yard even. I got to the point where I didn’t even like to be at my house.

During her high school freshman year, her resentment of her father and the resultant guilt feelings she experienced—the telling of which to me nine years later still evoked her tears—led to a series of self-destructive gestures as well as abusive drinking.

I was just so upset. . . . I started having some real weird kind of controlling behavior. I felt really out of control at that time in my life. I would cut my arms. It sounds weird when you don’t know what the feelings were, but it would make me feel better. It let the pain out.

This participant described her growing despair as her drinking and painful life experiences continued. Here’s how she described her first sexual experience while in high school and its effect on her:

At the end of my sophomore year, I had gone to a party with some friends, and there was this boy that was older—he had just started college—that I really liked and we’d been kind of seeing each other. He’d call me once in a while and we kissed or whatever at some parties. I thought I
was pretty cool because he was like the big thing in our area.

We went to this party, and he didn’t want to talk to me or anything. He was talking to this other girl, and I really felt bad. And I had drank a lot and I passed out at this party. I woke up with him, and he had, in a sense, date raped me. I had no clothes on. I wasn’t that kind of girl. I knew something happened, but I didn’t really know how to deal with it. . . . After that point, I abused myself in the sense that I would have sexual relations with people because that’s all I thought I deserved. That’s how I would hurt myself.

Once she became sexually active, this same participant would use sex to show her power over others.

I would totally change when I drank. I consider myself pretty friendly. I don’t think I’m mean. But when I would drink, I would be mean. I would swear at people, tell people off, try to pick fights with people.

I’d get very flirtatious with guys. I went out with a lot of other people’s boyfriends in my day—had a lot of people not like me. I could not even go into town by myself when I was in high school because of the girls that hated me. I’d go off with their boyfriends at parties and I would purposely go out with boyfriends. Some kind of power thing I had, thinking if I can get them, that was more power for me.

In college, she experienced the alcohol-related deaths of two friends within two weeks, and took an overdose of sleeping pills after being confronted by her boyfriend about an episode of her promiscuity.

Expressions of low self-esteem were common as participants described their histories. Those expressions ranged from “I didn’t feel I was good as everybody
else,” to “I hated myself. I would think that I was the worst and that I was the stupidest. No matter what I’d do, I really couldn’t have a good time unless I’d drink enough to convince myself I was an all right guy.” Nearly all of the feelings of low self-esteem that the participants expressed came from their sense of not being valued by their parents.

There was a lack of nurturing when I was younger. I think I was the type of person that needed a lot of attention, which I didn’t get in the sense of ‘Dad, let’s go out and play ball.’ Unfortunately, my father was extremely busy working. I mean, he had to work to support our family, seven kids. I didn’t understand at the time. Today I understand that more, but I think I wasn’t nurtured in the way I needed to be, . . . and I didn’t get that. I was always looking for attention, and I didn’t get it. Well then, early on [I thought], ‘if I go out and get drunk and I get attention, wow, look at that—it works!’

Fitting in With Others

Nearly all of the participants said they felt isolated from other people and they needed to drink to fit in. When asked to describe their personalities, most described themselves as introverts and loners—“I used to sit in my room and read and drink. I didn’t feel comfortable around other people.” At drinking parties and in bars, these self-described loners would find friends. “I joined a fraternity, you know a drinking society—an amateur drinking club, maybe even a professional drinking
club. The fraternity supplied a bunch of young people that are experimenting and ready to party. Same was true in the dorm."

Another said, "I was an introvert. After I had a few drinks, I fit in better. I was more social. I would talk more." The participants said going to bars and alcohol-related events was an easy way to overcome their feelings of isolation and lack of social skills.

Enjoying the Feeling

Several participants described their first drinking experience as the most wonderful feeling they had ever had. "I just loved it," one participant claimed. Half of the participants described alcohol as a balm: "I poured alcohol on my problems"; "Booze was the ultimate relaxer." I had a strong sense from the participants that alcohol became a necessary part of their lives because it made them feel "OK" when they used it. The rest of the time they did not feel "OK."

Even though some of the participants described tremendous hangovers and acute alcohol poisoning episodes, they were unanimous in saying the good or, more frequently as they continued to drink, the numbing feeling that alcohol provided them was too necessary to give up
in spite of the physical harm it was causing. This was how a participant described his extreme need for alcohol:

Everything was just a dead end for me. And it always seemed like it was always Monday morning, and I had a bunch of things to do. And then I'd get frustrated and I'd drink. At that point, I was beginning to have real weird hangovers, . . . . I think, at that point, I was becoming chemically dependant on it. I think my body was adapting to it.

I felt like I was short circuited, like my wiring wasn't right. If I didn't drink for a couple of days, I'd have sweats at night. I'd have the shakes too, but not too much. Mostly I just couldn't sleep if I wasn't drunk.

Four other participants who had less serious problems, but problems which included vomiting, dry heaves, incapacitating hangovers, and ulcers, felt that the benefits of alcohol outweighed the pain. One participant in this latter category summed it up, “In order to feel good about myself, I had to drink.”

Part II—Why They Stopped

The participants believed their actual or theoretical survival was at stake in their decisions to stop abusive drinking. They also considered the type of life they had with alcohol and the life they believed they would have without it in making their decisions.
Drinking or Survival—Making the Choice

As the participants made the choice to stop drinking in order to survive, four were at the point of suicide. "I sat on the bed and had the gun barrel in my mouth." "I just couldn't take the pain any more." "It was either stop drinking or kill myself." Still another participant remembered saying, "I'll probably end up killing myself [if I don't stop drinking]. I can feel that coming again." He continued, "I was scared, you know, paranoid, hated myself, hated my life, couldn't believe what I did." Others knew they would not survive their physical problems if they continued to drink. "Alcohol was killing me," said one. "I just couldn't take the passing out anymore and waking up with hangovers that lasted three days, and the shakes," said another. Still another told me that she had an ulcer and couldn't drink without pain. She stopped drinking only after she thought she was going to die from the effects.

One participant offered an interesting insight on his alcohol use and personal survival. He believed his own heavy drinking was one of the ways of identifying with his idol, a brilliant, but tough and alcoholic father. What he believed was a life or death choice for him came down to whether he was going to continue to drink and continue to become like his father or stop drinking so he
could become himself. One of his turning points was when he kicked a girl in the head to impress his peers with how tough he was. "It wasn't me—I would never have done that. I was living as someone else when I kicked her."

The turning point that led another male participant to seek treatment occurred after he left a bar with a male he had met there in order to continue drinking after the bar closed. He stated, "I passed out and I woke up and he was giving me oral sex. Rage, anger, you know. I just got up, hit him hard, and left. There goes my world—just shattered. Now who am I?" His feeling he had lost himself by that experience persisted after treatment and throughout his return to alcohol and drug use. It wasn't until four years after the incident and a return to sobriety that he was able to talk about it to a counselor. I was one of three people he had been able to tell about it since it happened. For him, giving up alcohol and drugs was the only way he could rediscover his identity.

Only one participant did not describe a major crisis or crises in her decision to stop her excessive drinking. She told me the reason that she stopped her abusive, but not addictive drinking, was her realization at the end of her second college year she needed to make a change or
she would not become the person she saw herself as being—a college graduate.

I realized that in order to actually go and make something of myself, sometimes the entertainment and the fun has to be put aside. You have to realize what's important to you. Now, I know it's what I want to do with my life. I'm getting closer and closer to that goal, and I'm proud of myself.

Two participants described being kicked out of college as the reason they decided to stop drinking. The first such participant said:

Getting kicked out of school was the utmost worst thing that could have happened to me. I had to look at my behavior because everybody else was forcing me to look at my behavior.

That was the hardest experience of my life because I was always academically oriented. And then to be kicked out of college! I was a Homecoming queen! I couldn't believe it happened to me.

I had my parents looking at me, my boyfriend looking at me, the whole school looking at me. Like, what are you going to do now?

The second participant described his thoughts when he was suspended as:

My first thought was, this isn't anything compared to death, so this is no big deal for me. I will deal with it. I didn't have the full effect of it yet, though. Then it hit me. Wow! I got kicked out. This is, I mean, what am I going to do? I'd invested a lot of money into this, myself, and a lot of effort. All this time, I thought. What am I? What's going on?

I knew that booze was the underlying thing of that whole event. Even when I was sober it impaired my judgment because of the obsession for making future times to drink, . . . I thought,
'It's time to do something again. I gotta go back to Alcoholics Anonymous.'

Life With and Without Alcohol—Making the Choice

Next to life and death or survival choices, the only other common experience the participants described in choosing to stop or severely limit their drinking was their belief life couldn't be any worse without alcohol. As they described destroyed relationships, dislike for the people with whom they were associating, hurting the people they loved, failing or getting kicked out of school, and nearly killing someone in a bar room fight, it was easy to believe them. This was the description of one participant the night he decided to get treatment:

It was just before Christmas vacation. I woke up and I just laid there and I—and this is the moment that I reflect back on a lot—where I just took an assessment of where I was at.

I wasn't physically comfortable. I wasn't comfortable with my environment. I wasn't happy with the way my relationships were going. Everything was bad enough that I went, 'If I stop drinking, even if I'm laying in bed shaking, I'm further ahead than I am right now. It won't get worse than this.' Even if life is just terminally boring, even if there is no excitement in my life forever—which I thought was possible if I quit drinking—it will be better than this.

6 One participant said, "I noticed that the people who I was hanging around with were people that I really didn't want to hang around with, but they were the only people who could keep up with me drinking." Another talked about his lack of regret at breaking off his engagement because "she [his fiance] was a drunk, too."
I look back at that a lot. . . . I think that was the point where I really made up my mind that, yeah, I was going to go for treatment. Yeah, I was going to give it my all.

The self-deprecating humor several of them displayed as they told me life did, indeed, get worse after they stopped drinking was memorable. Sobriety could not stop the immediate consequences of their behavior. Some of those consequences were legal repercussions to fighting or vandalism. Other repercussions included cars being repossessed, having to go on welfare, and needing an abortion. The participant who had an abortion after she was sober described her thoughts. "I decided to have an abortion. This was probably the worst thing I've ever done in my life and I did this and I wasn't drinking. So, that means I can make mistakes, but now I am responsible because I can't blame it on the alcohol."

In spite of the difficulties following the participants' decisions to stop drinking, all agreed life without abusive drinking was better. For the most part, changing their drinking practices gave them their lives and identities. The eight participants who had gone through treatment described their lives as beginning with their sobriety—"I'm only emotionally three years old because that's how long I've been sober," said one.
Part III—How They Changed

The participants made several changes as they adjusted to their new nondrinking or light drinking lifestyles. Those changes are described below.

Assessing Values and Priorities

As noted in Part I, the participants' recognition of their lost values and priorities was a major factor in their decisions to stop drinking. As they began the new, sober phase of their lives, they continued to assess and discover what was important to them. Becoming healthy through better nutrition and physical fitness activities—including weight lifting for several of the men—was a priority many of the participants shared. Most of the participants were actively pursuing self-discovery through a variety of means including A.A. meetings, counseling, religious organizations, and relationships with role models and others interested in self-development. They were also doing very well academically. Over half of the participants said they were doing "A" work and were well on their way to achieving their preprofessional goals.

As they continued to discover their identities, some of the participants described a sense of wonder at what they had been able to achieve in self-discovery. One
participant pointed out the shirt he was wearing during the interview and all his shirts had the school name or logo on them. He described how important his sense of being a part of a college was to him:

People like me are not supposed to be in college—we're supposed to be driving trucks. I wear [name of the university] shirts. I felt a sense of belonging. I knew I was an older student. I didn't feel at that time [when drinking] I was readily accepted here. But the longer I've been here, the more I know I belong.

A second participant discovered, contrary to his tough-guy upbringing that, as a sober person, he no longer saw a clear demarcation between being strong and being weak. He used his changed political ideology to illustrate this change:

I'm extremely liberal now. I wasn't when I was drinking. I thought that was weak. I'm a Democrat. I always thought I was Republican. Republicans were stronger; they were sturdy. They were the ones who were more likely to go to war. The Democrats were weak—taking care of the needy. . . . I'm finding that I'm really the opposite in a lot of ways to what I thought I was growing up because of what I thought I had to be. I'm finding a much more authentic personality now.

Still another described his time priorities as a way of illustrating his new values. His time was totally taken up with his studies, physical fitness regime, A.A. activities, and most importantly, spending time discussing feelings with supportive friends. "I don't know how I could find the time to drink now," he said.
New Peer Groups and Relationships

As nondrinkers or light drinkers, all of the participants described their peer groups when they were drinking as the people they drank with—not friends. As I noted previously, one of the participants said he hung around the people who could keep up with his drinking—people he would not have chosen as friends. Once they were no longer drinking, the participants consciously moved away from their drinking buddies and sought out the company of nondrinking friends. For the participants who had been through treatment and two of the nontreatment participants, A.A. meetings were the source of many of those new friends.

I tied up with some good people at meetings and I made a really close friend. I started lifting weights and hanging out with this friend who was starting the A.A. program, too. So we kind of learned a lot of this stuff together. Then we’d go to the gym and work out and talk while we were doing that.

As we would talk about the feelings that were flaring up—you almost get whiplash because of the feelings that have been buried for so long—when they finally come, out they’re like mountains. They are mole hills, but you are treating them like mountains. And I’d have somebody to bounce this off of, personal, one-on-one. And if I started getting lazy or I wasn’t motivated to get to the gym, which is probably the best therapy there is, he’d come over and harass me—make me feel like, yeah, I want you there. He helped me out.
Another participant commented, "The thing I like best about A.A. is their total acceptance of everyone no matter what bad things they had done." A few of the participants mentioned several members of their former peer groups were not comfortable around them now that they were not drinking. They attributed that discomfort to the peers' uneasiness about their own drinking.

**Academic Success**

All of the participants saw dramatic jumps in their grade point averages when they changed their drinking practices. Most were either flunking or performing minimally when they were drinking abusively. Today, all but two have become dean's list students. The other two have improved their grades to C's and B's. The obvious intelligence of many of the participants (as evidenced to me by their capacity for and ability to articulate insight) combined with their life experiences added to their value as sources of information and advice for this study.

**Changed Family Relationships**

Once the participants' alcohol use changed, so did their relationships with their families. Several participants mentioned being close to their families or to some of their family members now that the participants
were not drinking. One participant described the non-alcoholic champagne her family, including her recovering alcoholic father and three aunts, all enjoyed at the last Thanksgiving dinner—a dramatic contrast to the family gatherings they used to have.

The participants with alcoholic family members have distanced themselves from those members. In discussing the need to distance themselves from dysfunctional family members, the participants expressed their understanding they could not be responsible for them.

I brought myself to treatment. No one intervened in my life except for me. I had to pull teeth to get them up here to go through treatment with me. My mother came up for a day. My stepfather didn’t come up. My brother didn’t come up, and my one sister doesn’t know about it. The other one does and doesn’t think anything of it. I guess her illness [alcoholism] really hasn’t incapacitated her yet, so she really has no need to look at her illness, . . . . I’m the alcoholic. I got sober. If I want to be close with my family, I’ve said to all of them that have been willing to hear it, ‘This is who I am. Our relationship is only going to go so far, and then its going to stop because beyond that is my service to A.A. and the people who are trying to get sober. And you don’t have any part of that because you don’t want to get sober. I’m sorry.’

The participant who modeled himself after his alcoholic father seldom saw his father for two years after the participant became sober. During a family visit last Christmas, his father asked him if he was still “on the wagon” which the participant characterized as a phrase of denial on his father’s part. The participant looked his
father in the eye and said, "I'm an alcoholic." His father gave him a shocked look and said, "I always thought you had a problem. I think it's a good idea you stopped drinking." His father then changed the subject. "It was like a screen came up." The participant reflected, "I didn't expect him to jump on my wagon with me, nor can I make him." The participant expects his future contacts with his father will be extremely rare.

The next chapter continues with the participants' recommendations on how to assist students who are abusing alcohol. The theoretical hypothesis that emerged from this study and other related issues are also described in Chapter V.
CHAPTER V

PATHFINDING: A STUDENT-CENTERED APPROACH

This final chapter: (a) provides a brief summary of the participants' stories presented in Chapter IV, (b) describes and discusses the participants' recommendations for helping other alcohol-abusing students, (c) proposes a theory for new alcohol programs grounded by the study's findings and recommendations as well as what we know from past practice, and (d) concludes with a discussion of implementing student-centered alcohol programs in a university setting.

Summary of the Findings

As was described in Chapter IV, the environmental and personal factors contributing to the participants' abusive drinking behavior were a combination of opportunity, enjoyment, escape, and improved socialization. In setting a goal of sobriety or nonabusive drinking, the participants credited concern over their own mortality, health, or loss of personal identity as the influencing factors. Achievement of the goal of sobriety or nonabusive drinking was based on the participants' discovery or reaffirmation of their values and priorities and the
establishment of a supportive peer group with whom feelings could be discussed. With this foundation in place, the participants made dramatic improvements academically and improved their relationships with family members, friends, and university faculty and staff.

After the participants described their stories, they were asked what they recommended be done by universities to help other students who are drinking abusively. The next section will discuss what the participants recommended to assist other students with alcohol abuse problems.

What They Recommended

The participants recommended several approaches for assisting students with drinking problems. These recommendations included: (a) having a recovering student sit down with a student who is doing a lot of drinking to talk about the recovering student's experience while eliciting issues troubling to the drinking student and offering to "be there" for that student, (b) teaching a mandatory course or offering support groups for all students during the freshman year to help students develop social skills and coping strategies and to educate them about alcoholism, (c) establishing and promoting substance-free residence halls, (d) enforcing sanctions
against underage drinking more consistently and stringently, and (d) having university staff trained to actively reach out to students in their own setting and offer support, not advice, to students who are drinking excessively.

As we explored their ideas in the context of what would have made a difference in their personal drinking histories, I was told consistently that a number of the suggestions they offered would not have caused them to modify their drinking immediately, but would have led to a decision to quit abusive drinking earlier than they eventually made. The only suggestion nearly all of them agreed would have had an immediate effect on them was to have talked one-on-one with a recovering student who would share his or her experiences and talk to the drinker about the drinker's personal problems, feelings (emphasis is the participants'), and drinking behavior. The participants readily expressed their willingness to take part in such dyads. Also, nearly half of the participants believed a life skills class or ongoing group would have had some immediate impact on their behavior. Other participants believed that such an experience would have been helpful to them, but were unsure of how it would have affected their drinking practices.
In addition to the recommendations the individual participants made, I asked their opinions on the suggestions of the other participants and those of the participants of the pilot interviews. Of the five suggested program ideas listed below, the first two, recoverers as peer counselors and mandatory courses or support groups, are strongly endorsed by all of the participants as the most effective programs the university can offer. The remaining three recommended ideas, substance-free residence halls, stricter rule enforcement, and active outreach, are endorsed by a majority of the participants as ideas that would contribute to a reduction of abusive drinking by students.

The participants made several other suggestions such as having the students’ academic advisers serve as the students’ personal advisers, but those suggestions were not supported as strongly as the recommendations listed above. Whatever the recommendations, all of the participants expressed a strong sense of urgency that the university do more to help abusive drinking students.

Recoverers as Peer Counselors

The most strongly and frequently expressed recommendation was to have recovering students meet with students identified as having drinking problems. These
meetings were described as private one-on-one meetings that would be either mandated or recommended by staff. The purpose of the meeting would be fourfold: (1) to have the drinking student hear the recovering student's story, (2) to discuss the history and feelings of the drinking student, (3) to have the drinking student know the recovering student will be available for further talks, and (4) to link the student to other sources of help. Several participants made it very clear that advice-giving should be avoided in these meetings: "Don't tell 'em what to do. Don't tell them they're bad. Just listen."

The participant who was most adamant about the one-on-one suggestion said:

If someone would have just once sat down with me and said 'What's going on? What are you feeling?' not 'Why did you do that? Why are you drinking?' I think that little question asked five or six years ago would've made a world of difference.

In agreeing with this recommendation, another participant expressed the wish that, instead of being blamed for his behavior, someone would have discussed it with him.

Some things that I really think would have helped are things like listening. Rather than giving me an itemized list of what I did and what the punishments were for those things, if somebody would have said, 'Well, okay, there's a problem. Either the problem is that we are picking on you or the problem is that you're causing trouble. You're here right now whether it's your fault or not. There's a problem, because it's taking up
both of our time. What do you think the problem is?' and listen.

The message that another person cares about what the drinking student is thinking is a powerful one, according to the participants, especially for students who may feel isolated and unskilled at how to talk to others. One participant commented on what he and the other participants of this study could do to help:

Well, what we could do is wear a shirt that says, 'I'll listen to you, come talk to me' or whatever. I've sometimes wondered if I had a sign on my head that said, 'talk to me,' because I've had students that I've gotten acquainted with in class—and it's almost like they've come and sat down and had coffee with me and poured their hearts out. They just needed somebody to listen. Just needed somebody to listen.

Mandatory Courses or Support Groups

It's not just the drinking that's the problem. It's the behaviors that fall out of it. There's a lot of relationship problems, fights, violence, not going to class, getting bad grades, everything. Drinking is the seed that forms all this other stuff. I think a lot more emphasis has to be put on it, especially in this environment. We need to deal with it somewhere.

Nearly all of the participants recommended a mandatory course or ongoing life skills group for every incoming student as both an intervention and prevention activity. They suggested the content include social skills, coping skills (such as dealing with depression), alcohol education, sexual issues, and racism. An open
discussion format for the classes or groups was considered essential. The following participants' statements typifies what was said about such groups:

There should be a group awareness class. There are just so many things that I don't think you talk about in your family or in school that could be addressed during your freshman year here. It would make the transition a lot easier and bring up questions you might not even know you have—to make you think about them. The class wouldn't just be about alcohol issues, but just coping—coping with coming to the university and being away from home. Talk about social problems like sexual issues, dealing with depression, or different feelings people have that aren’t talked about. Any classes I’ve had that talked about things like that pulled you into it. It’s important.

and:

Why not teach some social skills? Why not teach them how to question? Why not teach them how to think? Why not teach them how to examine things? Make it like any other required freshman class. I think it should be mandatory. Let’s teach people what coping strategies are. Let’s teach them what assertiveness means. It would make life a lot easier, make life a lot easier.

Substance-Free Residence Halls

A majority of the participants recommended making the residence halls substance-free and enforcing the policy. All of the participants who lived in the halls agreed this would have greatly hindered their abusive drinking. This suggestion was linked to the participants' concerns about the excessive amount of alcohol consumed in the halls and the resulting behavior.
Well, Jesus, back then my hall was just crazy. We had constant alcohol. You wanted a beer you just said, 'Who's got a beer?' Yell down the hall and somebody would have some. I was drinking more in the hall, because that's what they did. Right or wrong, that's what they did there.

The lack of enforcement of alcohol and drug rules in the halls was mentioned by several participants.

My RD was just out to lunch. Wonderful woman—soc. major—great lady—vacant! Just really unfortunate. I mean, I smelled incense in the hallway once and I went to her, and I said someone's smoking marijuana in this room. She's like 'well, no that can't be.'

I said when normal people use incense, they don't burn five sticks at once; they burn one stick at a time. You can smell it outside the door. Someone's smoking pot in there. 'Oh no, I didn't smell any pot, blah, blah.'

Alcohol use by resident advisers was mentioned by two participants. According to a participant who was a former RA, "We drank a lot during training. The whole RA staff would kind of party and stuff."

Rule Enforcement and Sanctions

This recommendation was for much stricter rule enforcement and punishments for alcohol policy violations. It was based on the participants' understanding of their own bottoming points. Most felt if they had faced greater consequences for their drinking behavior earlier, they would have been spared wasted and harmful years.
They saw this recommendation as a way of cutting short the wasted years for others.

Two participants noted the beneficial—lifesaving even—result of being kicked out of school. Another noted it took eight write-ups to get him kicked out: "For every time I got caught, I had done the same thing 20 times and got away with it," and commented something should have been done sooner. He gave these examples of some of his activities when he was drinking and expressed the view the behavior should have been confronted more strongly:

We tied one of my roommates, we tied bed sheets to his ankles and we hung him down out the third floor window to the girls below us. He knocked on their window to surprise them, and the RA was in their room, so we got caught for that one. We had what we called our pet bowling ball, and we used to dribble that. It would bounce real well down the hallways, and it would echo throughout the dorm.

A couple of our violations were noise violations—music too loud. During all these times, most of these, we were drunk. One night things got real carried away, and I shaved all the hair off my head. Bald. I went and woke up my RA at 4:00 in the morning with blood dripping all down my face, and he was kind of alarmed at that, because I woke him up to say, 'Hey, how do you like my haircut?' Just to be a smart alec.

Threatening people, partying, noise. There was violence. I'd been in a few fights. I don't think at that point I'd been written up for any. I don't think I'd been caught for any.
Active Outreach

Finally, participants recommended getting the alcohol programs out of the counseling center and taking them to the students. Giving the education programs in classes or in the lobbies of the residence halls were some of the suggestions. Having the substance abuse staff and headquarters in places where students would see them all the time was mentioned as a good prevention strategy. One participant said:

If the University has programs, make sure the students know about it. Don't just assume because you have put up some posters or put it in a catalogue students will know. Come and tell them. Schedule the alcohol lectures in the middle of required freshman classes a few times a year.

Another advised locating the alcohol program in academic buildings or residence halls: "Separate the [alcohol] program from the counseling center. People think if you go into the counseling center you're going to come out with pins sticking into you."

Emerging Theoretical Hypothesis

The theoretical hypothesis emerging from this study is student-centered: Students with alcohol problems can best be assisted by an interactive process involving students, staff, and faculty in the formulation and implementation of site-specific alcohol prevention
and intervention strategies. These strategies should be based on a shared and evolving understanding of the experiences and feelings of alcohol-abusing students.

The conclusions and recommendations I developed from this study are grounded by the participants' perceptions of reality and the literature on college alcohol programs. My review of the literature on assistance efforts for students experiencing alcohol abuse problems made clear these efforts have generally not proved their effectiveness. Many knowledge-attitudes-behavior model programs have been in effect for several years and are being continued in spite of their demonstrated failure to achieve their intended effects (Magner, 1988). Also, the 1989 Amendment to the Drug-Free Schools and Communities Act (Federal Register, 1990) mandates that a considerable amount of human and fiscal resources be spent on this major problem by all universities. With the sincere and well-intended efforts of so many student affairs leaders resulting in such a deplorable record of achievement in addressing college alcohol programs, I offer my recommendations with a sense of urgency and caution.

In considering a new basis for college alcohol programs, several points the participants made come to mind. First, all of the participants had very painful past experiences. Second, university alcohol programs in
place when the participants were drinking did not reach them. Third, at no time were the participants required by university faculty or staff to attend existing alcohol programs or counseling centers while they were enrolled. Finally, the participants were poor socializers; they were not able to discuss personal issues and problems with others.

A clear message given by the participants was that when they were drinking, they would have listened to people like themselves describe their drinking experiences and how and why they stopped. The participants believed recovering students who were willing to listen to what the alcohol-abusing students have to say about their goals, problems, and, most importantly, their feelings would have a direct and beneficial effect on the drinkers. One-on-one meetings between such students for those discussions was the recommendation they credited as having the best chance to make an impact on the behavior of student alcohol abusers.

As I considered the one-on-one meeting suggestion in relation to the participants' stories and the research literature, I found a great deal to recommend such an effort. First, as we saw in Chapter IV, all of the participants expressed difficulty in connecting with others as a reason for drinking. Also, loneliness, isolation,
and egocentric behavior are key aspects in the development of alcoholism (Nelson, 1979). These qualities were readily observed in the participants' histories. In the one-on-one approach, a fellow student who has had alcohol problems would initiate and facilitate communication on issues and feelings that are typically left unmentioned with casual acquaintances. Communication of this kind, based on both students' experiences, could reduce the isolation of the alcohol-abusing student and provide a potent source of growth and fellowship.

Just as alcohol use among college students is not an isolated activity but a part of their overall psychosocial development in contemporary society (Jessor & Jessor, 1977), so, too, should assistance efforts consider the psychosocial context of the abusive college drinker. Given a variety of studies that confirm the importance of peers in influencing students' drinking behavior (Cherry, 1987; Harford, Weschler, & Rohman, 1981; and Tampke, 1990), enlisting enlightened peers to assist abusive drinkers makes sense. Other alcohol programs have used peers to convey information, but not as a source of support. Recovering students who can relate to the experience of needing alcohol and having serious problems because of it, can offer valuable assistance to other students who, like them, may have had very
painful past experiences. Giving alcohol abusers encouragement and a role model for talking about their previously unexpressed feelings may be of great help to alcohol-abusing students.

One advantage of the one-on-one approach is that the recovering students are not responsible for carrying out university policies, are not authority figures, and can be trained to avoid giving advice. This independence from the more formal role expectations of university employees could reduce the defenses of the alcohol abusers toward the recovering student and promote a meaningful dialogue. There is, however, also good reason to consider using the recovering students as residence advisers (RAs). These reasons include: (a) the proximity to problem drinkers the RA position allows; (b) the perception by the participants that RAs and resident directors do not always model responsible alcohol attitudes and behavior; and (c) even as University employees, RAs are likely to be seen as peers who can be trusted. Also, using qualified recovering students as RAs would certainly fulfill the participants' recommendation for active outreach to alcohol-abusing students.

Peer influence and one-on-one meetings are a part of Alcoholics Anonymous and other 12-step programs through the linking of sponsors to new members to support the new
members' recovery efforts (Rudy, 1986). The sponsor befriends and closely monitors the new member and is on call continuously to help the new member with his program goals. The sponsor-new member relationship is seen as important and often powerful support to people trying to make difficult changes in their lives.

Finally, hearing the recovering students' stories directly from the persons who lived them should have tremendous impact on the listeners in the one-on-one approach. I read many A.A. testimonials in my investigation of this study. None of the published stories, no matter how poignant, had the impact of the personal experience of sitting within inches of the participants, seeing their faces, and hearing their voices as they recounted their stories. Even I, as I listened to the participants and questioned them for the purposes of this study, found each interview dominated my thoughts for a long time afterwards. Surely the impact would be even stronger for someone struggling with the pressures that lead to, and stem from, alcohol abuse.

I strongly recommend deans and department heads charged with developing college alcohol programs consider the one-on-one concept of the participants in light of the many complex factors that should be taken into consideration if this approach is to be planned and
implemented. Because the 11 participants of this study were a very select group of students who may differ from other former alcohol-abusing students, caution is needed to avoid the assumption that the participants' observations are more than a part of a broader picture. The piece of the picture the participants have given us, however, has pointed out an important basis for future college alcohol programs.

The approach envisioned by the participants in the one-on-one meeting recommendation differs in several ways from the knowledge-attitudes-behavior approach that is commonly used in higher education alcohol programs. The one-on-one approach, unlike traditional programs, which involve students with a variety of drinking practices, targets students with serious drinking problems. One of the participants of the pilot interviews likened the narrow approach of traditional programs to combining "psychopathic patients and candy stripers" in a counseling session aimed at assisting all of them.

Next, the one-on-one meetings would provide students with a chance to talk about personal issues that are troubling to them rather than the traditional approach of providing information—an approach that has not been able to demonstrate changes in behavior. Also, the student-centered meeting approach would attempt to link alcohol
abusers to recoverers who would be confidants, sources of ongoing personal support, and possible sources of referral to substance abuse professionals. This differs from the traditional approach of a finite number of workshop-type sessions with no ongoing support expectations. Finally, the one-on-one conversations in which both the recovering students and the alcohol-abusing students each talk about their personal issues and histories would more closely embody a true peer interaction than peer leaders who carry out traditional programs designed by others.

The implications of the participants' stories for improving alcohol programs mandate a more student-centered paradigm than the programs now in existence. This mandate is epitomized in the personalized approaches the participants recommended, e.g., student-to-student meetings, offering alcohol programs and services in the places frequented by students, and providing support groups or classes for all new students. Those approaches help connect students to the university and to each other. The elements of this connectedness in view of the participants' stories are key to the new theoretical basis that evolved from this study.
The Implementation of Student-Centered Alcohol Programs in the University Setting

The implementation of student-based alcohol programs in the university setting should be undertaken with at least three considerations. First, specific steps must be taken to develop student-centered alcohol programs. Second, those who seek to improve college alcohol education programs through a more student-centered process must consider the context of the organization—university administrations in particular—in developing their programs. Third, evaluation must be integrated into the plan for the programs that are developed. Issues related to these three areas are discussed in the following sections.

Developing Student-Centered Alcohol Programs

Every campus should be tapping into the wealth of information and insight recovering students possess. By focusing, not just on the institutional problem of the alcohol-abusing student, but the personal problems of those students, new solutions to both sets of problems can be found. I recommend five steps to begin the process of developing student-centered alcohol prevention strategies. By following the steps outlined below,
student affairs leaders can guide their campuses to more effective alcohol programs.

1. Bring recovering and other interested students together in a series of meetings to discuss their alcohol-related experiences, the recommendations of this study’s participants, their own recommendations, and a plan to operationalize what they believe would work in their settings.

2. Empower these interested students through the allocation of staff and fiscal support to become involved in the implementation of the strategies they develop.

3. Support students who have stopped drinking by assisting with their residual problems whether financial, legal, or personal.

4. Educate staff and faculty who work with students with some of the histories of recovering students.

5. Mobilize staff and faculty educated with the experiences of recovering students to assist and support the plans undertaken through this process.

By bringing students into the planning process as Step 1 recommends, a broader view of what the participants believed is needed to assist alcohol-abusing students would be obtained. These additional student perspectives would greatly augment and enhance the picture and recommendations portrayed by the participants.
of this study. The participants had many similarities that may differ considerably from other students who may be interested in assisting students with alcohol problems. The participants were all volunteers who had generally excellent grade point averages. Eight had been through alcohol treatment programs and were abstainers. All were 21 or more years old, and most were seniors. The student-centered process of incorporating additional student viewpoints described above in Step 1, is designed to offset any limitations in perspectives that the participants represented. The involvement of many students in planning and implementing the new programs should greatly strengthen the process and the outcomes of the programs that are developed.

Contextual Considerations

This study has helped us to understand the experiences of alcohol-abusing students. From this understanding I have recommended a student-centered process to develop programs which, in turn, will have a more personalized basis than programs now being used to prevent alcohol abuse on college campuses. As can be gleaned from the studies reported in this study's literature review, campus alcohol programs that include a direct interaction with students are usually alcohol awareness
workshops of one to three sessions. They may also be semester-long courses on alcoholism and alcohol education. The existing programs are structured to cover the agenda of the class instructor or group leader. By advocating for programs to incorporate the agenda of the student being served as well as the goals of those seeking to help them, a major change in the way student affairs leaders are used to doing business will have to be made.

According to Black and Stephens (1988) for a change to be successful, the underlying forces, i.e., the values and assumptions, of the institution must be assessed. Following the assessment, strategies for change should be designed to flow with, rather than fight against, those underlying forces. The special challenges for student affairs leaders who seek to merge the recommendations of this study into the context of their organizations is the subject of this section.

As student affairs leaders, we may have an intuitive understanding of the importance of organizational culture, but we may be too close to our own organizations to understand the cultural forces which will affect the introduction of a new alcohol prevention approach. Tierney (1988), in analyzing the cultures of higher education organizations, believes it is unlikely that
leaders are aware of the strength of their own organizational cultures and warns that their ability to manage may be hindered if they do not pay attention to their cultures. By understanding their own cultures, Tierney believes leaders can minimize conflict and help foster the development of shared goals. He recommends leaders consider the structure, environment, and values of their organizations in planning for change and managing conflict. As a dean of students and one who is familiar with student affairs organizational contexts, I offer these observations and recommendations concerning the structure, environment, and values of our organizations.

**Organizational Structure**

Student affairs leaders should review the formalized structure of their organizations and the student affairs division to identify possible stakeholders in their alcohol programs' status quo. The reasons that the stakeholders would resist new program ideas should also be identified. What is the rationale that the stakeholders would offer to retain the present programs? Are they knowledgeable about the history and outcomes of higher education alcohol programs? What information should the stakeholders be given to provide them with a more global
view of alcohol programs? What discussions of the prevailing values, beliefs, and organizational norms should take place by the stakeholders to examine their daily work values? By thinking of strategies to provide a broader view of the issues, the process of preparing them for change is begun.

In addition to considering the narrower context of student affairs divisions in managing change, it is wise to consider several other factors: (a) whether the positions now charged with carrying out the university’s alcohol programs are union positions (or held by the nephew or niece of the president, for that matter); (b) whether the existing programs have been recommended and claimed by an academic department, e.g., the psychology department; (c) the role and special interests of the institution’s alcohol advisory boards; and (d) the funding sources for the existing programs. Another important factor to be analyzed is the change in resource allocation such new approaches would require in the context of scarce resources and the possibility of pending institutional budget cuts. Finally, the need to control the institution’s exposure to litigation concerning alcohol-related incidents should be considered in improving the university’s response to student alcohol problems.
The Environment

By looking at the locale and community influences of the environment and noting the characteristics of the student body, e.g., age, ethnicity, social class, and social traditions, important adaptations of new program approaches can be made prior to introducing the concept. If the substance abuse program staff is perceived by students as being hostile to the environment, as in the case of highly authoritarian alcohol program approaches, consideration would need to be given to the translation of negatively perceived programs to ones that are less so if new approaches are to succeed.

Values

The norms, beliefs, and priorities held by the members of our organizations and the staff of the student affairs division may well influence the chances for developing positive approaches to the student alcohol abuse problem. If the culture of the staff is tolerant of excessive drinking as a manifestation of group membership and fellowship, there will be more opposition to improving student programs than if light or moderate drinking is normative for staff members. Similarly, if the university’s core set of values does not include taking responsibility for developing the personal well-being and
health of its students, student affairs leaders may well have to link new alcohol strategies to practical rather than ethical considerations.

Evaluation of Future Programs

No recommendations for programs based on an emerging theory would be complete without a call for the evaluation of those future programs. The purpose of this naturalistic inquiry was to discover a theoretical basis for new approaches to college students' drinking problems. Programs which are based on any theory can be tested and improved through carefully considered evaluation methods. Programs evolving from new theories lack the baseline evaluation data other established programs may have. Special attention, therefore, should be given to integrating evaluation into innovative programs' implementation plans and the broader student affairs context. The most successful approaches are likely to be those that are considered to be internal and ongoing evaluations of both the contexts and the programs.

Programs developed from the interactive planning process described earlier should be implemented with an evaluation plan in place. Evaluation will provide the continuous self-renewal which is a critical component of making and sustaining the system change necessary for the
successful implementation of this innovative approach. The evaluation plan should use multiple qualitative and quantitative measures to document program activities, assess progress toward anticipated outcomes, and illuminate vital issues for organizational learning (Jenlink & Torres, 1992). Through evaluation, organizational members are continuously informed as to how the innovation is working in their organization and where they need to make adjustments. By using multiple measures and considering the context in which the objects of the evaluation exist, we can learn whether the programs are working, how well they are working, who they are benefitting, why, and at what cost in dollars and human resources.

Concluding Statement

Mobilizing students who have stopped their own abusive drinking and taking advantage of their knowledge, insights, and ideas can energize campus alcohol education programs. Let us fashion new tools to build a foundation upon which all students, including those now at risk of failure due to their drinking practices, can succeed. By articulating the vision of effective, interactive, and student-based alcohol programs, engaging staff and students to work for the implementation and goal
accomplishment of those programs, and building integrity into the new efforts through planned evaluation of the programs, student affairs leaders can break the gridlock of past practices and provide effective assistance to students who abuse alcohol.

The evolutionary nature of this study has provided a starting point for an ongoing process which can improve university alcohol programs. Discussion among interested stakeholders on our campuses of the insights gained from the participants of this study can expand on those insights and generate ideas to assist students who abuse alcohol. These ideas and shared understandings will be the basis of creative, student-based alcohol programs for which the stakeholders can willingly take responsibility and credit.
APPENDICES
Appendix A

Interview Question Guide
INTERVIEW QUESTION GUIDE

Part One: Environmental and personal factors that influenced drinking behavior and related problems among college students.

1. During the time you were drinking abusively while at college, what factors influenced your drinking patterns? To what extent did your family? Peers? University faculty or staff (including student employees)?

2. What are some of the negative consequences you experienced related to your drinking behavior?

3. Which of the negative effects were most painful to you? Why?

4. To what extent did fear of negative consequences affect your drinking behavior?

5. Were there any positive effects of your drinking behavior? What were they?

6. Why did you continue to drink given the type of problems you have described?

7. Describe to what extent did the university environment encourage or hinder your abusive drinking?

8. How many times did you attempt to stop (reduce) drinking? Results?

9. Have you maintained sobriety or problem-free drinking for an extended period before this? If yes, why did it not continue?

10. What of your personal qualities and characteristics do you think contributed to your alcohol-related problems?

Part Two: Factors which hindered or assisted college students in setting and achieving a goal of sobriety or
nonabusive drinking.

1. Describe any alcohol intervention programs you experienced prior to coming to college. How effective were they and why?

2. What programs and assistance efforts for students with drinking problems exist at this university?

3. What affect did any of these programs and efforts have on your drinking? Why or why not?

4. What programs outside of the university did you experience? Result?

5. How long ago did you stop drinking (change your drinking pattern)?

6. What factor or factors that were present at the time you decided to stop (reduce) drinking helped you decide to discontinue (reduce) drinking?

7. What was most helpful to you in making and carrying out your decision to be sober (responsible)?

8. What were the major difficulties you experienced in making and carrying out your decision to stop (reduce) drinking?

9. Was your peer group helpful? Why or why not?

10. Was your family helpful? Why or why not?

11. Was the faculty or staff helpful? Why or why not?

Part Three: Implications of these histories for other students with alcohol abuse problems.

1. What advice do you have regarding college alcohol intervention efforts? What should we stop doing? Why? What should we continue doing? Why? What should we start doing? Why?

2. What could the university have done that would have helped you to stop drinking before your serious problems arose?
3. What other questions should I have asked you?

4. What final comments do you have on how to assist students with drinking problems?
Appendix B

Human Subjects Institutional Review Board
Research Protocol Approval
Date: May 21, 1992

To: Alexandra E. Michaels

From: Mary Anne Bunda, Chair

Re: HSIRB Project Number 92-03-38

This letter will serve as confirmation that your research protocol, "Naturalistic Study of University Students' Alcohol-Related Experiences" has been approved after full review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any change in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: Torres, EDLD

Approval Termination: May 21, 1993
Appendix C

Request for Alcohol Study Participants
REQUEST FOR ALCOHOL STUDY PARTICIPANTS

A doctoral candidate of the Educational Leadership Department of Western Michigan University is seeking students who have had serious alcohol abuse problems in college and: (a) who have since abstained from alcohol and drugs for a minimum of six months, or (b) who have had no negative consequences from drinking for a minimum of six months. Typical negative consequences avoided would include experiencing hangovers, missing classes due to alcohol consumption, having alcohol-related problems with relationships, and experiencing feelings of regret for behavior related to drinking.

Participants will be asked to take part in two to four interviews with the researcher. The purpose of the interviews will be to learn about the factors which influenced the problem drinking and sobriety or problem-free drinking of the participants with the ultimate goal of assisting other college students experiencing alcohol abuse problems.

All interviews will be on campus and arranged at the participants' convenience.

Interested students should ask for a Research Study Description and an Interest Form available from the receptionist in the Counseling Center, 201 Cohodas Administrative Center, Phone: 227-2981. You will not be
identified to the doctoral candidate conducting this study unless and until you fill out and return the Interest Form. Participation in the study will be kept confidential.
Appendix D

Research Study Description
RESEARCH STUDY DESCRIPTION

The purpose of the Naturalistic Study of University Students' Alcohol-Related Experiences is to gather data on the experiences of college students related to problem drinking. The data will be analyzed and used to generate a theory or theories on which to base new alcohol intervention programs in university settings. Because participants in the study will be asked to describe problems they experienced related to their alcohol use and their struggle to achieve sobriety or a drinking pattern that produces no negative consequences, the interviews could be emotionally painful. The participants' self-disclosure, however, could have the benefit of assisting others who are experiencing similar problems and need assistance.

The researcher of this study is Alexandra E. Michaels, a doctoral student in the Department of Educational Leadership at Western Michigan University. She is also the dean of students at this University. This research study, however, has no connection with that role. To avoid any conflict between the roles of doctoral student researcher and dean of students, Alexandra Michaels will not be involved in any future
interactions that interview participants may have with the Office of the Dean of Students. Students who become participants and who need the assistance of the dean of students will be assisted by Mrs. Karen M. Reese, Associate Vice President for Student Life. Also, no data identifiable to any participant of this study will be shared with other members of the University community.

The research method will consist of a series of one-on-one interviews concerning alcohol-related issues. Approximately two interview sessions will be scheduled. Students who are willing to serve as interview participants may withdraw their participation at any time. Participants will have the opportunity to ask questions of the researcher.

The interviews will be tape recorded in order to insure accuracy in transcription. The transcription will be used to identify comments which provide insights into student alcohol issues. All recorded interview tapes will be erased once the transcripts have been made. Access to the transcripts will be limited to the researcher and the three members of her Dissertation Committee. In reporting the interview data, the identity of the interview participants will be disguised so that they cannot be identified from contextual clues. Participants will have the opportunity to review any
comments they made that are included in the final dissertation.

Only Alexandra Michaels will know the names of the participants of this study. In reporting the interview data, a letter code will be assigned to each participant to insure confidentiality. The finished dissertation will be accessible to other professionals and scholars who are interested in alcohol-related research.
Appendix E

Interest Form
THE NATURALISTIC STUDY OF
UNIVERSITY STUDENTS’ ALCOHOL-RELATED EXPERIENCES
INTEREST FORM

Name:_____________________________________________________________

Address:___________________________________________________________

Phone (daytime)_____________________ (evening) ____________________

(Check one) Fr___ Soph___ Jr___ Sr___ Gr___ Age________

Please read the attached Research Study Description. If after reading the
Description you are willing to be considered as a participant in the study, please
indicate the times you are not available for interviews including work and class
commitments by placing an X in the boxes.

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Please put the completed form in the confidential envelope and leave it with the
Counseling Center receptionist or mail to the Counseling Center, 201 Cohodas
Administrative Center. Once your form has been received, you will be contacted
by Alexandra Michaels who will arrange a meeting.

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Appendix F

Confidentiality and Consent Form

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CONFIDENTIALITY AND CONSENT FORM

The purpose of the Naturalistic Study of University Students' Alcohol-Related Experiences is to learn why a small percentage of college students refrain from previously established abusive drinking practices. The information will be used to provide a basis for new college alcohol programs.

I understand that participation in the Naturalistic Study of University Students' Alcohol-Related Experiences is voluntary. Refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. For example, I will be provided assistance in resolving complaints, be recommended for any honors and awards which are merited, and be assisted with dropping or adding classes whether or not I choose to participate in the study. I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. My identity will not be disclosed UNLESS:

1. There is suspected or evidence exists of child abuse.

2. The participant represents an immediate danger to self or others.

I understand the study in which I have volunteered to participate is being conducted by Ms. Alexandra E. Michaels in partial fulfillment of her Ed.D. in Educational Leadership from Western Michigan University. I understand that the information I provide in the Naturalistic Study of University Students' Alcohol-Related Experiences will be the subject of a dissertation and will therefore be published and available to those with an interest in this topic. Approximately ten to fifteen participants will be asked to participate separately in two to four interviews with Ms. Michaels. The anticipated length of each interview is approximately one to two hours. During the interviews, I will be asked questions regarding: (a) environmental and personal factors that influenced my drinking behavior, and (b) factors which hindered or assisted me in setting and achieving a goal of sobriety or light drinking.

I am aware that I can ask questions about the study and my participation in it of Ms. Michaels at (906) 226-7572.
Ms. Michaels has informed me the interviews will be audio-taped and that a transcript will be typed from the tape recording. I am aware the tape recordings of the interviews will be kept confidential and will be erased once a transcript of the tape has been made. The transcripts of the taped interviews will be destroyed when the study and final defense of the dissertation is completed. The typed transcripts will refer to the persons interviewed by code names, and all references that would enable a person to be specifically identified will be removed from the transcripts. Only Ms. Michaels, the person who types the transcripts, and the three faculty members who serve on Ms. Michaels dissertation Committee will have access to the audio-tapes. Ms. Michaels will erase the tapes no later than two weeks from the time she is notified by Western Michigan University that her dissertation has received final approval. Ms. Michaels has informed me that I may signal her to turn off the tape recorder at any time during the interview. She also informed me I should feel free to indicate that I would prefer not to answer any particular question. As a volunteer, I may decline to participate at any point in the study without penalty.

This will authorize my consent to use the information in my interviews in the dissertation study.

Name of Participant: ________________________________

__________________________________________________

(Signature)

Date: __________________

Researcher: ___________________ Date: __________
Appendix G

Definition of Codes
DEFINITION OF CODES

1. A.A.
   References to Alcoholics Anonymous including interactions, influence, or philosophy.

2. Alcohol Education/Intervention/Treatment
   All references to information derived from professionals in the substance abuse field.

3. Alcohol—Family History/Use
   Information pertaining to alcohol or drug use and attitudes by members of the participants’ families.

4. Anger/Hostility
   Any references to feelings of anger or hostility by the participant including descriptions of aggressive behavior.

5. Bottoming out
   Negative outcomes related to the participants’ drinking that had a major effect in the decision to quit drinking.

6. Changes—peer group
   Changes the participant made in the friends with whom he or she associated related to the participant’s change in drinking patterns.

7. Changes—setting
   Changes in location the participant describes as a strategy to control his/her drinking.

8. Consequences
   Negative outcomes related to the participant’s drinking.

9. Coping Skills
   Comments related to the participant’s ability to feel adequate or competent in a situation or circumstance.

10. Confrontation Re: Drinking/Irresponsible behavior
    Feedback or active intervention by another person regarding the participant’s drinking or alcohol-related behavior.
11. Controlling Behavior/Needs
Behavior described as inhibiting the choices of others.

12. Death/Loss
Any references to the death of others or references to a major loss of something valued by the participant such as their health or employment.

13. Defensive
Participant responses to comments or situations they perceived as threatening.

14. Denial
Examples of the participant’s denial that alcohol was having a negative impact on his/her life.

15. Drinking
All references to the alcohol and drug use of the participant.

16. Family Censure
Expressions of disapproval by the participant’s family relative to his or her drinking and related behavior.

17. Family Support
Expressions of approval by the participant’s family relative to his or her changed drinking behavior.

18. Family Relationships
Information relating to the participant’s interactions with family members.

19. Faculty/Staff Censure
Expressions of disapproval by University faculty or staff relative to the participants’ drinking behavior.

20. Faculty/Staff Influence
Faculty/staff influence unrelated to the participant’s drinking behavior.

21. Faculty/Staff Support
Expressions of approval by university faculty or staff relative to the participants’ behavior.

22. Forced or Unwanted Sex
Sexual activity initiated by others that the participant didn’t want or regretted.
23. Grades/Study Problems
   References to grades or academic efforts.

24. Guilt/Embarrassment
   Information the participant describes as producing
guilt or embarrassment.

25. Isolation
   Participants' descriptions of feeling isolated,
lonely, or out-of-place.

26. Lack of Coping
   Comments related to the participant's feelings of
inadequacy or being incompetent in a situation or
circumstance.

27. Methodological Notes—Tears
   Information that was being given while the
participant cried.

28. Methodological Notes—Distress
   Information that was being given while the
participant displayed noticeable signs of stress,
e.g., the voice breaking.

29. Mood Changes
   Participant descriptions of changes in their behavior
due to drinking.

30. Paranoia/Irrationality
   Behavior that the participants' termed paranoia or
irrationality.

31. Peer Censure
   Expressions of disapproval by peers relative to the
participants' drinking behavior.

32. Peer Influence
   Peer influence unrelated to the participant's
drinking behavior.

33. Peer Approval
   Expressions of approval by peers relative to the
participants' changed drinking behavior.

34. Personality Characteristics
   Participant descriptions of their personalities and
characteristics.
35. Problem Followed by Drinking
Problems described by participants which they say led to drinking more alcohol than they usually consumed.

36. Promiscuity
Sexual activity initiated by the participant that the participant viewed as having made him or her uncomfortable.

37. Reasons for Drinking
Information the participants' describe as being reasons for their drinking.

38. Rebellion
Information related to the participants' unwillingness to behave according to the expectations of others.

39. Recommendations
Participant recommendations for college alcohol education or intervention efforts.

40. Recovery
Specific participant references to post-treatment activities.

41. Reform Attempts
Participant efforts to stop or reduce drinking that did not last.

42. Rejection
Information relating to the participants feeling of being viewed as unworthy or being rejected by others.

43. Relationships
Information about the participants' interactions with others (non-family).

44. Religion
Participant references to their religious background, beliefs, and influences.

45. Role Models
People the participants saw as positive or negative influencers of their behavior.

46. Self-Destructive Behavior
Suicidal or self-destructive behavior or thoughts.
47. Self-Esteem
   Participants' descriptions of their self-worth.

48. Treatment
   References to intervention treatment programs.

49. Turning Points
   Significant events which by themselves or in total led to changes in the participants' lives.

50. Unhappiness
   Participant descriptions of feelings of sadness.

51. University Alcohol Programs
   Alcohol programs or participant interactions with staff associated with those programs.

52. University Environment
   Environmental influences of the campus or university community.
Appendix H

Role Substitution Letter

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ROLE SUBSTITUTION LETTER

Dear Mrs. Reese:

I am requesting your assistance in (1) providing supervision and consultation for the student conduct staff members on any conduct issues involving the participants of the Naturalistic Alcohol Study, and (2) serving as the leniency appeal agent for any participants in the study, if leniency regarding a student conduct penalty is requested. In addition, a small number of randomly selected students will be referred to you to mask the identity of the participants. Your signature on the bottom of this letter will indicate your agreement with this request.

Thank you for your assistance.

Sincerely,

Alexandra E. Michaels

Karen M. Reese
Associate Vice President for Student Life

Signature: ______________________  Date: 4/7/92
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