

DOCUMENT RESUME

ED 435 335

HE 032 558

TITLE Designing Alcohol and Other Drug Prevention Programs in Higher Education: Bringing Theory into Practice.

INSTITUTION Higher Education Center for Alcohol and Other Drug Prevention, Newton, MA.

SPONS AGENCY Fund for the Improvement of Postsecondary Education (ED), Washington, DC.

PUB DATE 1997-00-00

NOTE 295p.; For related documents on alcohol and drug prevention, see HE 032 553 and HE 032 555. Some pages contain light type.

CONTRACT SS95013001

AVAILABLE FROM Higher Education Center for Alcohol and Other Drug Prevention, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02158-1060. Tel: 800-676-1730 (Toll Free); Web site: <<http://www.edc.org/hec/>>; E-mail: HigherEdCtr@educ.org; Fax: 617-91-28-1527. For full text: <<http://www.edc.org/hec/>>.

PUB TYPE Collected Works - General (020) -- Guides - Non-Classroom (055) -- Reports - Research (143)

EDRS PRICE MF01/PC12 Plus Postage.

DESCRIPTORS Accountability; *Alcohol Abuse; *Alcohol Education; College Environment; College Students; *Compliance (Legal); Discipline; Discipline Policy; Drinking; Educational Research; Federal Regulation; *Higher Education; Institutional Role; Leadership Responsibility; Legal Responsibility; Program Effectiveness; Public Relations; School Security; *Social Behavior; *Student Behavior; Student College Relationship; Student School Relationship; Student Subcultures

ABSTRACT

This volume contains 6 of the 17 papers written under the auspices of the Approaches to Accountability in Prevention Program sponsored by the Fund for the Improvement of Postsecondary Education (ED) from 1988 through 1991 to foster the development of papers examining theoretical applications of alcohol and other drug (AOD) prevention programs at higher education institutions. It was hoped that these papers would be useful to administrators in planning more responsive AOD programs for students. The papers are: "A Social Role Negotiation Approach to Campus Prevention of Alcohol and Other Drug Problems" (Thomas W. Blume); "The Web of Caring: An Approach to Accountability in Alcohol Policy" (William David Burns and Margaret Klawunn); "An Integrated Theoretical Framework for Individual Responsibility and Institutional Leadership in Preventing Alcohol and Drug Abuse on the College Campus" (Gerardo M. Gonzalez); "A Social Ecology Theory of Alcohol and Drug Use Prevention among College and University Students" (William B. Hansen); "College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs" (H. Wesley Perkins); and "Institutional Factors Influencing the Success of Drug Abuse Education and Prevention" (Philip Salem and M. Lee Williams). (Individual papers contain references.) (CH)

Reproductions supplied by EDRS are the best that can be made
from the original document.



Designing Alcohol and Other Drug Prevention Programs in Higher Education:

Bringing Theory into Practice

U.S. Department of Education

ED 435 335

Additional copies of this book can be obtained from:
The Higher Education Center for Alcohol and Other Drug Prevention

Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158-1060
<http://www.edc.org/hec/>
800-676-1730
Fax: 617-928-1537
HigherEdCtr@edc.org

Production Team: Kay Baker, Judith Ma Anne McAuliffe, Suzi Wojdyslawski, Kar Zweig. Published 1997

This publication was produced under co no. SS95013001. Views expressed are th the authors. No official support or endorsement by the U.S. Department of Education is intended or should be inferr

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

032 558
ERIC
Full Text Provided by ERIC

Designing Alcohol and Other Drug Prevention Programs in Higher Education.

Bringing Theory into Practice

U.S. Department of Education

Additional copies of this book can be obtained from:
The Higher Education Center for Alcohol and Other Drug Prevention
 Education Development Center, Inc.
 55 Chapel Street
 Newton, Massachusetts 02158-1060
<http://www.edc.org/hec/>
 800-676-1730
 Fax: 617-928-1537
HigherEdCtr@edc.org

Production Team: Kay Baker, Judith Ma Anne McAuliffe, Suzi Wojdyslawski, Kar Zweig. Published 1997

This publication was produced under co no. SS95013001. Views expressed are th the authors. No official support or endorsement by the U.S. Department of Education is intended or should be inferr

Preface

From Fiscal Year 1988 through Fiscal Year 1991 the Fund for the Improvement of Postsecondary Education (FIPSE) of the U.S. Department of Education sponsored a grant competition through its Approaches to Accountability in Prevention Program. The purpose of the competition was to foster the development of papers involving theoretical applications of alcohol and other drug (AOD) prevention at institutions of higher education that administrators in higher education could use to plan more responsive AOD programs for students. Small grants were awarded to colleges and universities to support faculty and administrators in writing papers to discuss not just theories or models of prevention but also possible applications of those theories.

This volume contains six of the seventeen papers written under the auspices of the Approaches to Accountability in Prevention Program. We are pleased to present them and hope that they will advance the thinking and practice in the AOD prevention field.

Contents

1. **A Social Role Negotiation Approach to Campus Prevention of Alcohol and Other Drug Problems**
by Thomas W. Blume (WEBPAGE, Acrobat)
2. **The Web of Caring: An Approach to Accountability in Alcohol Policy**
by William David Burns and Margaret Klawunn (WEBPAGE, Acrobat)
3. **An Integrated Theoretical Framework for Individual Responsibility and Institutional Leadership in Preventing Alcohol and Drug Abuse on the College Campus**
by Gerardo M. Gonzalez (WEBPAGE, Acrobat)
4. **A Social Ecology Theory of Alcohol and Drug Use Prevention among College and University Students**
by William B. Hansen (WEBPAGE, Acrobat)
5. **College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs**
by H. Wesley Perkins (WEBPAGE, Acrobat)
6. **Institutional Factors Influencing the Success of Drug Abuse Education and Prevention**

Programs

by Philip Salem and M. Lee Williams ([WEBPAGE](#), [Acrobat](#))



[Higher Ed Center](#) -|- [About Us](#) -|- [Feedback](#) -|- **Shortcuts:**

A SOCIAL ROLE NEGOTIATION APPROACH TO CAMPUS PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS

*Thomas W. Blume
Oakland University*

Introduction

Alcohol abuse and illicit drugs on college campuses, although not new, became major concerns in the United States during the decade of the 1980s. While roots of these problems lie in the larger society, educators, in a growing consensus, now recognize the specific and disastrous impact of drugs on the health and academic performance of their students. Beginning in 1988, the U.S. Department of Education began funding campus drug-abuse prevention programs through the Fund for the Improvement of Postsecondary Education thereby stimulating innovations in practicing and conceptualizing prevention within this population.

This paper reviews the literature on alcohol and other drug abuse by college and university students and develops a theoretical model that addresses alcohol and other drugs as social phenomena. This Social Role Negotiation Model (SRN) is described in detail, including its linkages to theories in the fields of developmental psychology, sociology, conflict studies, and addiction studies.

Following this description, the model is applied to the campus environment. Viewed from the Social Role Negotiation perspective, some traditions in higher education are seen as working against prevention goals. The paper concludes with preliminary recommendations for the reconsideration of several aspects of college and university life.

About theories and theorizing

At the outset of a theory-formulation project, it seems important to establish the need for such an effort. If no one uses theories, there is no need to continue refining, revising, and replacing them. It also seems necessary to review the criteria that can be applied to evaluate such a project. The following section reviews ideas about the functions that theories may perform and discusses the need for continual revision and extension.

Functions of Theories

Theories seem to be essential tools for handling complex problems because of their delimiting or streamlining function. A theory is like a map—useful

2 ■ BRINGING THEORY INTO PRACTICE

because it can be carried around, reproduced in multiple copies, and examined while one sits in one place. The real, more complex terrain, on the other hand, requires one to go out to see it, and it can hardly be reproduced. The map simplifies, or limits, the observer's field of view to those aspects most relevant. A good theory, likewise, defines what parts of a situation one should attend to. The opposite also seems to be true: theories offer differing opinions as to what can be ignored.

That this is the primary function of theories has been confirmed by one theorist who refers to theory-building as a "deliberate simplification of the system to what are regarded as its essential elements. This process of abstracting the essential elements of the system is the main task of theory, and without theory of some kind, no communication is possible, even in the most commonplace conversation" (Boulding, 1966, p. 237).

A second reason for theorizing is to provide a basis for decision making. Given a complex situation, it would be helpful to have some assumptions about the ways in which different elements influence each other. The college campus, particularly as it addresses problems with the use of alcohol and other drugs by students, is such a complex situation. One's responses to this situation will depend on one's assumptions about the relative contribution of factors such as parents' attitudes and the parents' own substance use; faculty and administrator attitudes and their substance use; availability and cost of substances; stresses and challenges faced by students; alternative rewards and stress-reduction techniques available to students; campus traditions of use and non-use; drinking establishments on or near campus; and alcohol advertising. Planning to alter existing patterns may involve either striving to retain old campus traditions or attempting to change those traditions, depending on the way in which they are viewed.

A third reason is that a theory helps in evaluating one's efforts. Referring to campus prevention efforts, one expert notes, "It is not sufficient to say that the goal of prevention is to reduce alcohol and drug abuse. Prevention means different things to different people. It is difficult to measure" (Gonzalez, 1988). A theory that identifies related elements of behavior will allow the prevention specialist to measure correlates of use and non-use, even though the desired outcome—prevention of substance abuse and related problems—cannot yet be evaluated.

Finally, a theory can help one evaluate the relevance of others' ideas and suggestions. Suppose as professors that we believe that six to eight hours of sleep are required for physical rebuilding and for the unconscious mental processing of stressful events. To remain true to this belief, we must ignore the suggestions of efficiency-oriented colleagues who encourage us to sleep only three or four hours during the busiest part of the semester. Similarly, it would be a waste of our time to attend seminars entitled "Reclaiming the lost third of your life—Sleep less and do more." Lacking clarity about basic assumptions, we could be pulled in several directions at once with no basis for choosing among our sources of advice.

Naïve Theories

George Kelly (1955), whose Personal Construct Theory has become a model for recent cognitive approaches to clinical psychology, expressed the belief that people base all their behavior on their theories about the world around them. Others agree that the process of using theories and, for that matter, building and refining them is not found exclusively among academics: "Scientific theory consists merely in doing in a formal and rigorous way, taking special precautions against false inference and false perception, what we do all the time in ordinary life and conversation" (Boulding, 1966, p. 237). Primitive myths and abstract theologies alike can serve as theories of existence. George Herbert Mead (1934), whose teachings formed the basis for many contemporary theories in psychology and sociology, used the term "mind" to describe the human capacity to organize experience through interpretation and anticipation.

Both developmental and clinical psychologists have studied naive theorizing, showing that everyone uses theories in daily life and that one's theory system may be quite different from another's. Swiss researcher Jean Piaget (1926) concluded that the early behavior of infants demonstrates a process of testing, revising, and expanding theories about their behavior and its effects on the world of objects. Infants can be seen participating in a "category-building process," noticing relationships between objects such as that between a toy dog and a real dog (Fischer, 1980).

Problems with Theories

Theories fall short of their goals for many reasons. Some are replaced because they are oversimplified, like maps with significant areas of terrain left blank. Others fail because of the opposite error, like maps with so much detail that they cannot fit in anyone's map case. Still others have been insufficiently abstract, proving useful only under limited circumstances. Furthermore, theories may lack validity if they are based on incorrect assumptions or faulty data, developed on faulty logic, or designed to serve a political ideology.

Both in the daily world of informal theory use and in formal theory construction, it is common for theories to be stated in unclear, indistinct terms. Perhaps the most serious problem occurs when, because terms are imprecise, people can hold to conflicting theories without recognizing the difference. In the substance-abuse field, for example, frequent references to "the disease concept" create the impression of agreement among professionals who may in fact entertain opposed views. Each may subscribe to a different disease concept, while assuming that the other person's theory is the same.

Critiquing Theories

These actual and potential problems have stimulated the critical evaluation of theories, with the dual goals of bringing each theory to its best possible state and removing from circulation those that fail to meet the standards of

4 ■ BRINGING THEORY INTO PRACTICE

the professional community. In the process that has evolved, theories presented in a formal manner are subjected to the scrutiny of the theorist's peers. Theories, then, evolve through recurring cycles of presentation, critique, and revision.

Outlines of the Social Role Negotiation Model have already been offered (Blume, 1990; Blume, Green, Joanning, & Quinn, 1994; Blume & Joanning, 1986). The present paper tries to clarify the model's concepts, to trace its theoretical heritage, and to move toward a "consensual validation" (Reynolds, 1971), offering itself for review by scholars as well as by working professionals in the field of campus prevention.

The relationship between a theory and data offered in support of that theory depends on the tradition in which the theory is being proposed. In the deductive tradition that evolved in the physical and biological sciences, it is assumed that the data precede the theory. Deductive theorizing is only possible when large amounts of data can be sifted in search of patterns that can then be explained by a theory. The inductive tradition, on the other hand, having evolved in the "softer" areas of philosophy and social science, assumes a complexity of the data base such that no amount of scanning will reveal patterns. Preliminary theorizing, then, is necessary to direct the researcher's attention to data that should confirm a correct theory (Gibbs, 1972). The current effort is clearly within the inductive tradition. Consistent with that tradition, once the theoretical model is built, data can be gathered to test the model's utility.

A further distinction can be drawn between the mathematical and the phenomenological traditions of theory-building (Blalock, 1969). In the mathematical tradition, it is assumed that concepts are stated in terms that can be quantified and measured and that theories take the form of laws that predict relationships between variables. Theories in the form of laws are expected to be invariant, but they can be tested and disconfirmed by research. Despite the fact that social-science theorizing has generally abandoned such easily measured concepts as height and age to develop more abstract concepts such as self-esteem and assertiveness, many social scientists have continued in the mathematical tradition. An alternative tradition of hermeneutic phenomenology (Ihde, 1971), however, is gaining a stronger position among social scientists. In this tradition, concepts take the form not of laws but of descriptions. Rather than stating causal directions and predicting ways in which one factor influences another, these scientists attempt to create accurate portrayals of, for instance, the current ambiguity in relationships between the sexes. From the hermeneutic perspective, no theory is ever complete; theories must continue to change because the world of phenomena is constantly changing. The present study is an attempt to apply hermeneutic principles to the phenomena of alcohol abuse and other drug use on the contemporary U.S. college campus.

Finally, Thomas Kuhn (1970) has changed our understanding of theory-making and evaluation with his concept of the "paradigm shift." Kuhn's widely

cited analysis describes the change of theoretical orientations within an area of scientific inquiry over time. Essentially, Kuhn proposes that all alternative theories prevailing at a given time tend to represent a shared world view—a paradigm. New paradigms come into existence when a previous one is in its ascendancy, and they are typically met with hostility and rejection by those whose theories are consistent with the ascendant paradigm. Only after a long struggle can a growing number of proponents of the new paradigm succeed, in a process called the paradigm shift, in dominating their scientific field. Since Kuhn introduced this model for understanding theories and their interaction, the proponents of new theoretical formulations typically attempt to position themselves in relationship to other theories and apparent paradigms. The Social Role Negotiation Model in itself does not break ground for a new paradigm; it is rather part of a growing body of theoretical work that, Sarbin (1982a) proposes, represents a new “root metaphor” of contextualism, a perspective described in more detail below. But in the end, the purpose of any theoretical project must be to provide a tool for professionals. The ultimate test of the model will lie in their attempts to use it in their practice.

The social and historical context of the social role negotiation model

As a hermeneutic exercise this theory is bounded by time and culture. Before a description of specifics, several contextual factors—patterns on college campuses, associated problems, attempts at control, and theories about substance use—will be reviewed.

Substance Use and the Management of Experience

The use of substances to alter moods is not unique to contemporary times. Archeologists suggest that at least alcohol, and probably other drugs as well, was used by prehistoric humans (Keller, 1976). Nor has the use of drugs been limited to only a few cultures. Most societies have permitted some drugs that alter experience, although societies differ greatly in the range and type of acceptable substance use. Mood alteration has also been accomplished by other means. Dervish dances, for instance, allegedly produce euphoria, and procedures ranging from meditation to the holding of breath have proven effective in changing some aspect of experience.

Into modern, industrialized civilization has come a wide range of substances including both legal drugs developed by pharmaceutical firms and illegal “designer drugs” from small laboratories. Alcohol, meanwhile, has maintained its broad appeal and universities from Heidelberg to Yale have traditionally been associated with heavy drinking.

Contemporary concerns with alcohol and other drug use throughout society, especially on college campuses, result to some extent from perceived

increases in the rates of consumption by young people. Research supports this perception. At mid-century, one report indicated that 76% of college students had taken a drink (Straus & Bacon, 1953); then within a generation, alcohol use had risen to 89% among high-school graduates and 92% among college students (Johnston, 1985). Other findings (Johnston, O'Malley, & Bachman, 1991) demonstrate, however, that those who perceive a dramatic increase in student consumption over the years may be mistaken. The data show fluctuations in the use of any particular substance, while the number of students using any substance remains relatively stable. What seems to be increasing is not the number of drinkers but the amount consumed by the heaviest drinkers; binge drinking, the consumption of more than five drinks on a single occasion, has indeed increased significantly (Berkowitz & Perkins, 1986; Hanson & Engs, 1986; Schuckit, Klein, Twitchell, & Springer, 1994).

Changes in the picture are significant because literature that dates from before 1964 reflects the belief that alcohol was the only drug problem with far-reaching implications for the middle class. Studies of substance abuse took the view that only the extreme deviant—or one living in a deviant subculture—ever experimented with heroin, cocaine, or marijuana. Because most research focused on alcohol abuse and its control, when the term "alcoholism" was used it was often in reference not to compulsive drinking but to public drunkenness, which was also called "intemperance."

The year 1963 marked the beginning of publicity surrounding LSD research conducted by Timothy Leary and Richard Alpert at Harvard University; within ten years, drug experimentation had spread throughout college campuses and the youth subculture, not only in the United States but throughout the world, including both industrialized nations and pre-industrial cultures. A new tradition of research, which began during this period, now would address a broader range of questions about reasons for drug use, about conditions consistent with increased drug use, and about the process of addiction. As alcohol research continued, it became parallel in its concerns, with only the funding levels and sample differences separating "drug" researchers and clinicians from those who specialized in alcohol.

In the post-"hippie" era of the 1980s further dramatic changes occurred in the patterns of drug use in the United States (Johnston, et al., 1991). Marijuana, the most popular drug of the late 1960s and early 1970s, fell out of fashion with young people and alcohol once again rose to prominence as the most commonly used substance. But cocaine increased in prevalence, demand for it rising as increasingly simplified methods of free-basing were discovered, these culminating in the marketing of crack cocaine. Heroin, on the other hand, lost popularity as did LSD and barbiturates. In the 1990s, while crack cocaine remains in fashion, heroin and LSD are making a come back.

Such shifts in drug patterns are driven by a variety of factors including new drug forms, changes in marketing, and the impact of law enforcement on specific drugs. It is possible, though, that drug choices also say something about other characteristics of a society and that an examination of drug

choices can provide information about substance abuse in general. Specifically, it is proposed here that the trends of the 1980s represented a shift from the contemplative drug culture of the 1970s, an environment in which achievement was contrary to cultural expectations, to a more aggressive drug culture in which using drugs was promoted as a means to success. Thus cocaine, at least during its initiation, allowed its user to move faster, keep going longer, and sell or do more while feeling little pain. As U.S. society moves beyond the materialistic 1980s, the depressant, hallucinogenic, and opiate drugs may now gradually replace cocaine in prevalence.

As noted earlier, not all societies have experienced the same kinds of problems with drugs, and this cultural variation in rates and types of use is an important source of both hypotheses and information. For instance, cultural differences help to answer questions about relationships among the biological, psychological, and social aspects of addiction. Examinations of low rates of alcoholism among American Jews (Keller, 1970), for example, have tended to focus on cultural factors and their alleged protective influence. On the other hand, Irish and Native American populations and their high rates of alcoholism have led some authors to speculate about genetic vulnerability. These issues will be discussed more fully below.

Most observers agree with the proposition that some cultural definitions of drug use serve to keep it within acceptable bounds. When alcohol and other drugs are a part of religious ritual, practitioners tend to condemn recreational use. Similarly, when alcohol becomes part of the diet—a routine drink at lunch and dinner—it loses some of its mystery. But when members of a culture attribute great power to alcohol, abandoning self-control to the effects of the substance means no loss of face. And problems commonly arise when a culture with well-established rules for handling some substances comes into contact with a new drug, as in the case of the Native American people with alcohol and in the case of almost all other cultures with tobacco.

If beliefs, traditions, and patterns of access help to determine the use of a substance and the kinds of problems experienced by its users, then theories should help to identify the ways in which a particular context—in this case the college campus—can reduce both the consumption of and problems related to alcohol and other drugs.

Problems with Alcohol and Other Drugs

Discussions of drug-related problems are complicated by the fact that not all societies define drug problems in the same way. Until recently in the United States, most attention given to drinking problems was directed at the disruptive effect of public drunkenness. Excessive drinking in public places was destructive to the social order; private drinking was considered a personal issue. Women, who drank at home out of the public eye, rarely received attention. But in the contemporary prevention movement, the relationship between alcohol and highway fatalities and between drinking and sexual exploitation has mobilized public support. As one prevention specialist

explains, “[I]t is apparent that for alcohol to be a problem for a drinker or others, characteristics beyond just drinking and drunkenness come into play” (Gonzalez, 1988, p. 92).

Increasing worries about young people who use alcohol and drugs now fit into a growing perception that abuse and addiction are not only expensive but also preventable. The occasional drunken school-bus driver responsible for the deaths of children receives wide publicity, but a long series of Surgeon-General reports have persistently announced the tremendous health-care costs to America. Behavior that might have been taken for granted a quarter-century ago, now seems economically threatening.

Societal changes have also made the average person more aware of the private realities of the addicted and their families. Self-disclosures and public-relations efforts of public figures such as the late Congressman Wilbur Mills and former First Lady Betty Ford have reached this wider audience. The news media now report approvingly of entertainers, athletes, and public servants successful in recovery programs who renounce their previous lifestyles. Rather than looking the other way or seeing the heavy drinker as amusing, more people are ready to take action on behalf of others.

The college campus in the 1990s reflects these and other trends in the larger culture. These newer attitudes of faculty, administrators, parents, and students are representative of the general public’s reduced tolerance for alcohol and other drugs. In 1991, for instance, the outcry against brewery-sponsored spring break parties in Florida led several organizers to attempt to mollify their critics with messages of moderation. Furthermore, schools that have taken strong, visible anti-substance stands report that prospective parents influence their children to attend these schools. On campus, students now organize alternative bars and insist on substance-free residence halls.

External pressures as well are forcing schools to examine their histories and their policies. For example, the Drug-Free Schools and Communities Act Amendments of 1988 demand that colleges and universities actively attempt to reduce drug problems, and insurance companies are increasingly aware that an institution-sponsored event involving alcohol is a liability they cannot afford to assume. National offices of fraternities and sororities, responding to the changing interests of prospective members and to pressures from their alumni, are working to change the image of the Greek system, as, for example, in the Sigma Phi Epsilon “Balanced Man” campaign. Some fraternity houses have gone so far as to declare themselves alcohol-free (Gose, 1995).

Attempts to Control Drug Use

For centuries, most cultures have tried to reduce or eliminate the problems that accompany alcohol and other drugs (Nirenberg & Miller, 1984), their attempts taking different forms. The following section divides these efforts into categories of punishment, treatment, and prevention.

Punishment

Probably the oldest tradition of control is the threat of punishment for exces-

sive use or addiction. It is based on assumptions that use is voluntary, that people operate rationally on some cost-benefit basis in making decisions about use, and that people's criteria for decisions are so similar that only a few punishment strategies are required. Because these assumptions are open to question and because various theories have suggested that punishment can actually act as a reward—"negative attention is better than no attention at all"—punishment is often opposed by prevention and treatment communities. Other treatment professionals believe that people who seek care because of bad consequences can realize that their real problem lies not in their being punished, but in the self-destructive nature of their behavior

One punishment strategy is the "drunk tank" (Spradley, 1970), an uncomfortable common holding cell for inebriates. Supposedly, the humiliation and pain of this experience will lead the drinker to avoid future excess. In a similar way, temporary suspensions of driving privileges for drunk drivers are assumed to serve as warnings; after experiencing one suspension a driver is expected to avoid its recurrence. Longer-term punishment strategies include extreme measures such as prison sentences for drug dealers or permanent suspension of driving privileges for drunk drivers.

Treatment

Treatment for alcoholics and other drug addicts has emphasized two strategies: first, abstaining from use, and second, solving or avoiding problems associated with use. Treatment has undergone radical change over the past century (Institute of Medicine, 1990). At a time when excessive drinking was seen as moral weakness, some pioneers of alcohol treatment insisted instead that the addict was a psychologically disturbed person who would quit when the disturbance was corrected. This psychological definition of alcoholism justified a more humane approach to the alcoholic and offered an alternative to punishment.

A further development occurred when Alcoholics Anonymous came on the scene, teaching that alcohol was the cause of some psychological problems and suggesting that alcoholics could be "restored to sanity" only by removing alcohol from the body. The contemporary version of this "disease concept," espoused by most AA members, holds that some people are unable to consume alcohol without serious consequences. The view of addiction as a manifestation of underlying psychological problems continues, but more often the addictive behavior is seen as causing or exacerbating emotional problems (e.g., Fossum & Mason, 1986; Khantzian, Halliday, & McAuliffe, 1990).

Contemporary treatment is more behavioral than psychodynamic—the goal is to change the use rather than to ask why—and addictive problems are viewed as extremely complex. Some authors have challenged the assumption that all problem-drinkers must become abstinent; their "controlled drinking" approach (Miller, 1991) is based on a belief that many over-indulgent drinkers can learn to temper their alcohol use. Others have identified relapse as a normal step in the process of learning to live a drug-free life, using the relapse as a teaching opportunity (Marlatt, 1985). This approach sees treat-

ment as “tertiary prevention” that not only ends drug use but also prevents the recurrence of problem behavior.

Alcoholics Anonymous was among the first of these “modern” approaches with its behavioral focus and acceptance of relapse. Having grown from revolutionary roots, it has ironically become in many communities a conservative force suspicious of changes in treatment. But the success of AA has led many researchers to examine its basis, their opinions varying from the idea that flaws in an alcoholic’s thinking can be corrected (Bateson, 1972) to the concept that AA merely substitutes one dependency for another (Machell, 1989). Despite the confusion about the source of the group’s success, AA’s spiritual basis has gained acceptance as one component of nearly every comprehensive treatment program.

Prevention

Prevention of alcohol and other drug problems has evolved in the public health tradition, which views drug problems as a disease transmitted through contact of the host, or potential user, with a vector, or third party that carries the agent, or disease-causing substance. The broadest and least intense level of action is primary prevention, the prevention of “infection”—that is, isolation of the potential host from the vector. Secondary prevention focuses on the disease in its early stages, attempting to prevent further harm after contact. Tertiary prevention seeks to forestall the recurrence of symptoms in patients whose disease is in remission. This model has proven successful with malaria and other diseases; the identification of addiction as a disease would seem, then, to fit this theoretical orientation. In its favor, it does recognize that individuals are not at the same stage of problem formation; when used in this way the levels serve to identify the extent of problem history.

Prevention efforts are often divided as well between the supply-side and demand-side approaches. The supply-side approach attributes drug problems to the drugs themselves; it identifies dangerous drugs and tries to keep them out of the hands of potential users. Examples are common in the United States, most notably in the short-lived Prohibition period (1920-1933) when an overwhelming abstinence movement succeeded in ratifying a Constitutional amendment that forbade the sale of beverage alcohol. Such efforts live on, some states and municipalities continuing to limit its access. Other supply-side approaches include the U.S. Government’s scheduling of controlled substances and the rumored spraying of Mexican marijuana crops in the 1970s with Paraquat, a herbicide that causes lung damage in those who smoke the treated product. The U.S. Government’s “War on Drugs,” a supply-side effort, has been concentrated on reducing the flow of illegal substances into the country and on hindering their distribution.

Demand-side prevention efforts generally attribute drug problems to the user or to the interaction between user and drug. These efforts, then, assume that the potential abuser seeks a mood change and will eventually find some substance with which to achieve a chemically-altered experience (Milkman & Sunderwirth, 1987). The most rudimentary demand-side efforts have includ-

ed educational approaches such as films, books, and public-service announcements. But because of blatant and ineffective scare tactics much of this work has been discontinued. The messages often lacked credibility, being neither scientifically objective nor sensitive to the possibility that the audience already had alternative sources of information.

Other educational efforts, even the more objective and sensitive ones, have also lost credibility. Their effect was often the reverse of what was intended: by increasing students' curiosity about drug effects without improving their motivation or ability to resist that curiosity, they increased the drug use of their audience (Kinder, Pape, & Walfish, 1980). Over the past fifteen years, however, consensus has formed around several program characteristics that, in combination, seem to avoid the problems that faced these earlier efforts.

One characteristic, a central theme of contemporary prevention with students (Botvin, 1983; Botvin & Wills, 1985; Flay, et al., 1989), is a focus on the development of skills for handling social influence. In this model, education consists of correcting misperceptions about the prevalence of use (Lee & Oei, 1993). Credibility is a problem for prevention workers who must challenge their clients' assumptions. One recommendation is to get students to discuss their own use, thereby testing their individual perceptions (Flay, et al., 1989). This approach also tries to instill in students an awareness of social influence as well as skills of resistance to counter that influence. A social influence approach is best applied when a student reaches the peak ages for first use, but if it is used alone, in time its effect will fade.

For a more enduring result, some prevention specialists suggest that the social-influence emphasis be balanced by other programming that addresses issues of personal lifestyle management (Flay, 1989; Glynn, 1981). Enhanced programs variously teach stress management; social skills for personal and professional interaction; time management and effective use of leisure time; and conflict resolution. These enhancements are assumed to help the individual to be self-reliant and to avoid, or to tolerate, negative mood states in which substance use could be attractive. Another specialized course that has gained limited support teaches special skills for controlling the use of alcohol (Marlatt, 1988; Kivlahan, Marlatt, & Fromme, 1990). A more recent trend in prevention deals with the campus social climate, attempting its change by encouraging and giving visibility to the non-using population and to drug-free venues: dormitories, social activities, and on-campus gathering spots (Bucknam, 1994).

Brief attention should also be given to a further issue, one raised in Keller's (1976) excellent history and brought to the forefront more recently in the Institute of Medicine report *Broadening the Base of Alcohol Treatment* (1990). Keller expressed the opinion that where prevention efforts have existed, they have tended to focus on prevention not of alcohol problems, but of alcoholism, and he suggested that changing the focus to "problems" may bear more fruit. The authors of the Institute of Medicine report, too, have called for intervention before drinking problems reach the

point where alcoholism can be clearly diagnosed. From this perspective the division between treatment and prevention may have been harmful to the overall goal of eliminating problems in society.

Theorizing about Drug Abuse

As might be anticipated from an examination of these approaches to control, theories express divergent opinions about factors that contribute to or prevent substance abuse. Similarly, viewpoints differ on ways of reducing those problems, whatever the point of intervention in the journey toward addiction. It may be useful to divide theoretical efforts into two categories: those based on general theories about human behavior and those based on specific theories that intend to explain drug behavior.

General Theories of Human Behavior

Theories that apply to drug use exist within different professional and academic traditions. In psychology, counseling, social work, criminal justice, and medicine, specialists can call upon these general theories when they study drug-related behavior, and many others who lack special backgrounds in substance abuse will adopt viewpoints that they have acquired from these professionals. Several general theories will be mentioned here; a few will be examined in more detail as part of the Social Role Negotiation Model.

The first of these theoretical traditions comprises contributions from biologists and philosophers, as well as from anthropologists, sociologists and psychologists, to assumptions about the essential nature of human beings. In sociology, for example, social-exchange theorists believe that human beings are competitive, being motivated by “profit” in their interactions with others. Individuals who hold this view might interpret drug use as a struggle between the hedonistic individual and the forces of social control. A transpersonal psychologist, on the other hand, seeing human existence as an attempt to overcome the body’s physical limitations, can thus understand drug use to be an attempt to achieve oneness with the universe. Or a biologist can see life as an attempt to achieve a state of balance and drug use as a mechanism for reducing the imbalance of stress.

A second tradition, consisting largely of psychological, sociological, and biological theories, concerns itself with individual differences in behavior. It asks not, “Why do people use drugs?” but “Why does Johnny use drugs?” The psychologist discovers in a person’s thoughts and feelings the source of individual behavior; although others may exert influence, it is the individual whose personality is manifested in the behavior. The sociologist observes the outside influences, the societal forces and their pressures on the individual. The biologist analyzes differences in brain chemistry or hormonal systems. Within each discipline there are further subdivisions: behavioral psychologists and developmental psychologists can explain an individual’s patterned behavior differently, or social-learning theorists can see drug use as a repetition of behavior observed in influential others, or psychodynamic psycholo-

gists can view it as a self-destructive act motivated by self-hate.

The Social Role Negotiation Model reflects most of these traditions. First, the model fits within the traditions of developmental psychology and human development. Here individual behavior is best understood as developing over the lifespan in the context of cognitive capacities, experience, and challenges.

Second, the model fits within the social psychological tradition of Symbolic Interactionism (Mead, 1934; Meltzer, Petras, & Reynolds, 1975), a view of all behavior as meaningful and subject to interpretation. Consistent with its origin, the model explains human nature itself as socially determined and therefore changeable over time as cultures develop and influence their members (Shibutani, 1955). Even while acknowledging the effect of reward on behavior, then, this model rejects the behavioral assumption that an individual's reward structure is necessarily consistent and definable.

Third, the model represents a small part of a larger body of conflict theory. Works in this tradition (e.g. Coser, 1956; Deutsch, 1973) have emphasized the value of conflict processes in social interaction, and examined elements that appear to be most important in the successful management of conflict rather than its suppression.

Finally, the Social Role Negotiation Model incorporates elements from a pharmacological perspective on substance use, examining behavior, its physiological precursors, and its effects, along with the interaction of neurological chemical processes with external chemicals.

Specialized Theories of Substance Abuse

Over the history of problems with alcohol and other substances many specialized theories have come into existence to explain use and abuse. One review of these theories (Lettieri, Sayers, & Pearson, 1980) has demonstrated the diversity of this history, including forty-three theoretical perspectives. This survey has not only brought together much of the published work, but also developed four overlapping classifications of these theories. These classification systems will be applied here to the SRN Model as well as to existing work in the field.

The first classification is according to scope, beginning with the least inclusive—theories of one's relationship to self—and ending with the most inclusive—theories about the human being's relationship to nature. Independent of academic discipline, this classification identifies connections among theories based on their common world views or root metaphors. The SRN Model will be seen to operate from a root metaphor of contextualism to be defined below.

Next, theories are classified according to their focus. Twelve discipline labels, including four subdivisions of psychology, designate the primary and secondary perspectives. This distinction would have more utility if disciplines were indeed made distinctly separate; in fact, disciplinary divisions can do no such thing. Although this system may be useful to someone who needs a theory that cites psychological sources, it does not address the many layers of theoretical influence that play themselves out in theorists' work. But it is useful

in demonstrating the breadth of theoretical efforts related to alcohol and other drug abuse. The Social Role Negotiation Model below will draw upon a variety of these academic traditions.

A third classification organizes theories according to their “boundaries,” that is, their drug foci and population specificity. They find considerable variation, in that some theories are intended to apply to a wide range of substances and users while others are more restricted. The first boundary variable, drug foci, is frequently overlooked in substance-abuse theories, many of which make no statement about particular drugs. Yet research and clinical findings alike suggest that drugs differ, not only in their chemical and biological mechanisms of action, but also in the emotional and behavioral patterns of their typical user groups (Cohen 1988; Poldrugo and Forti, 1988). Some theories, building on the “self-medication” theme (Khantzian, 1985), explore the idea of a relationship between the specific drug and characteristics of the user. In the case of Spotts and Shontz’s (1980) Life-Theme Theory, several specific drugs create distinct “counterfeit ego states” that serve to compensate for particular personality defects. Other theories are even narrower, applying only to one class of drug. For example, two theories focus exclusively on opiates. In all, twenty-six of the forty-three theories are identified as having either a primary or a secondary interest in one or more specific drugs. The Social Role Negotiation Model, while recognizing differences among drugs, does not limit itself to any particular drugs or groups of drugs.

The other boundary variable, population of users, plays a role in almost all substance-abuse theories. Nearly every study of addictive problems has found differences in patterns of use based on demographic identifiers. Age, sex, and ethnicity are major population identifiers in this system. With respect to age, ten theories pertain especially to youths and adolescents. Three other theories apply specifically to males, another only to “Americans,” another only to “white Americans.” (Despite recent interest in women’s issues in addiction and recovery, no theory of female addiction is identified). Whether each theory actually addresses the connections between client characteristics and drug use is not mentioned. If population specificity is important, it is not possible from this classification alone to determine which theories include population differences. While applicable to a variety of special populations because it includes the social “audience” as a conceptual tool, the SRN Model is being used here to address a particular population: students in colleges and universities.

But in its final classification of theories according to their components the survey makes its greatest contribution. The sequence of drug use is divided into five phases: initiation, continuation, transition from use to abuse, cessation, and relapse. Charts show a systematic deficiency in the second phase, during which use continues after the first experience but before habit or dependency can be postulated. Continuation is by far the phase most likely to be left out of theories, over a third of which have no special elements to explain or describe this transitional component. As an exercise in evaluating

theory coverage, strengths, and weaknesses, this classification seems to be the most useful. Elements from three “narrow” theories, Social Deviance Theory, Developmental Stages Theory, and Cyclical Process Theory, all emphasizing the early stages of initiation and continuation, will be integrated into the Social Role Negotiation Model.

A more recent review (Blane & Leonard, 1987) surveys a few current research-grounded theories, all of which are “narrow”: Expectancy, Stress-Response Dampening, Self-Awareness, Self-Handicapping, and Opponent Process. The first four of these theories will be discussed below in comparison with the Social Role Negotiation Model; the fourth theory, Opponent Process, applies only to the development of dependence, a topic outside of this study.

A further development in theorizing has appeared in a review of the adaptive functions of drug use (Alexander, 1990). Based on the assumption that any prevalent behavior must have adaptive consequences, either for individuals or for the species or for both, Alexander proposes that drugs provide a potential for resolving integration failure (Durkheim, 1951) and therefore preventing social isolation, depression, and suicide. The Social Role Negotiation Model incorporates this view that drugs have, at some point for most users, an adaptive function.

Recent literature on drinking and other drug use among college students has relied on one of three theories. First, much of the literature applies a broad social-learning, peer-influence model (Berkowitz & Perkins, 1986; Brennan, Walfish, & AuBochon, 1986). Drug use is seen as a response to social modeling and reinforcement from parents, friends, and the larger campus environment. Second, a significant part of the literature has explored the concept of alcohol expectancies, suggesting that the user’s internalized concept of the drinking experience predicts behavior (Oei & Baldwin, 1994). And finally, the Health Belief Model (Gonzalez, 1989) has gained widespread support as a perspective from which to identify influences on decisions about health-related behaviors including substance use.

Summary

Theoretical literature on alcohol and other drug abuse, then, illustrates different levels of specificity and intentionality. Theories range from special-purpose ones developed to explain a particular aspect of drug-related behavior to general ones that explain drug-related symptoms in terms of psychopathology or social deviance.

Although prevention specialists frequently identify no theoretical stance, they do follow theoretical models that underlie most of their practices—models that rest on substance availability, expectations of drug effects and consequences, peer influence, and individual vulnerability.

Among the specific substance-abuse theories, a few appear to have special relevance to prevention programs, particularly those theories that center on initial and subsequent drug use. Several of these theories have been incorporated into the Social Role Negotiation Model that follows.

The prevention of alcohol and other drug abuse; a social role negotiation model

If specialists in the prevention of substance abuse often find themselves working in opposition to one another, it may be—as the preceding discussion has tried to show—that they disagree on a unified, coherent set of goals. The Social Role Negotiation Model is proposed, therefore, as an integrated theoretical tool incorporating concepts of individual needs and capacities of the developing human being, the interactive nature of human behavior, the centrality of conflict management in establishing and maintaining positive relationships, and the effects of chemicals in the human body. In keeping with the traditions of formal theory-building, the model will be presented here in terms of assumptions, each followed by illustrative material. Once its components have been thus introduced, the model will be summarized.

The Developing Individual

At the heart of this model is a conception of the individual as acting and thinking; action and thought are modified through developmental processes. The model's basic assumptions are the following:

- A. Human development is orderly and predictable.
- B. It is characterized by increasing complexity and sophistication in both physical and cognitive skills.

These two assumptions apply equally well to the physical organism and to the behavior of that organism; general patterns of human development are seen as useful in understanding the development of a particular individual.

As children grow, if their growth is not disrupted by genetic error, disease, or trauma, they manifest predictable changes in their levels of skill and coordinated behavior, including thought. An example of this coordinated thought is their ability to anticipate future events and to make decisions based on an act's expected consequences. Clinical psychologist George Kelly (1955) attributed many kinds of disturbed behavior either to overly simple, and therefore dysfunctional, patterns of thought, or else to overly complex ways of thinking that had not developed sufficient organization. One area of human development especially relevant for substance abuse is that of understanding and managing social relationships (Blume, Green, Joanning, & Quinn, 1994; Eisenberg & Harris, 1984; Goldstein, Sprafkin, Gershaw, & Klein, 1980; Pentz, 1985; Russell, 1984).

Skill Theory

The SRN Model builds on the work of Fischer (1980), who has proposed an

approach to development called Skill Theory. Fischer explains that skill development depends on experience but is not an automatic result of it; skill development is influenced by an interaction between external and internal factors, and the effects of these factors are cumulative. Fischer's theory, then, contributes a third assumption:

- C. Developmental variations—among individuals and within areas of their development—occur because people interact with their environments to accelerate or delay their own developmental changes.

Fischer describes the strategies of those who either confront their own lack of skills or, alternatively, deceive themselves and others into believing that they have already acquired them. Avoiding a challenge exacts a price, for individuals are even less prepared to face subsequent demands. Thus Fischer suggests that merely offering opportunities to learn essential skills is insufficient; those who want skills must actively take the opportunities offered.

Psychosocial Development

Normal human development involves progress through a series of psychosocial stages. The impetus for change (Erikson, 1968) derives from interaction with caregivers and others; therefore, the stages reflect change in both internal capacity and external influence from others. The stages most characteristic of adolescence are those of identity and intimacy. (In this formulation, young adulthood merges with adolescence so that adolescence can be seen as continuing until full adulthood is achieved.) These findings lead to the next critical assumption:

- D. Successful development includes completing a number of psychosocial tasks, one of the most critical of which is the development of a balanced sense of identity, or "self," while staying connected to others.

The concept of self is a key element in many theories of individual development and social interaction. (Sarbin & Allen, 1968, and Bandura, 1977, define self in much the same way that Erikson describes identity.)

Steinberg (1989) suggests that the adolescent focus on identity or self-consistency results from the overlapping influence of two special circumstances. First, the adolescent has gone through previous periods of rapid mental and physical change, but is for the first time aware of the process. And second, the social situation of the adolescent demands that he or she change behavior to match different expectations at home, in the community, and at school. A desire for self-consistency may be a natural reaction to the feeling that one is losing one's familiar self and is at risk of becoming a "puppet."

But even if a positive sense of identity enables the adolescent to evaluate potential goals and appropriate behaviors, while rejecting career possibilities and relationships that could serve as distractions (Marcia, 1980), a commitment to that identity may be premature, thereby creating subsequent prob-

lems (Erikson, 1968; Marcia, 1980). The need to renegotiate one's self (e.g. Fischer & Elmendorf, 1986; Sarbin, 1982b) may, then, prove as problematic as the confusion that faces the uncommitted.

In his theory Erikson placed achievement of identity before successful intimacy with another person, but the sequence has been debated by students of adolescent and adult development (Cooper, Grotevant, & Condon, 1983; Craig-Bray, Adams, & Dobson, 1988; Gilligan, 1982). Critics have suggested that Erikson described a more typically male pattern and that an alternative process involves a gradual evolution of a self-concept in interaction with a significant other, a cyclical process in which needs for intimacy may predominate, then become eclipsed by needs for identity, or vice versa.

Social Cognitive Development

Robert Selman, a clinical psychologist as well as developmental researcher, has in recent years studied social cognition in disturbed children and adolescents (Selman & Demorest, 1984). He and his colleagues have identified specific deficiencies in skills of interpersonal conflict-management, deficiencies that exacerbate conflicts between identity and intimacy. This research reveals four dimensions of developmental change, and those become the basis for the next assumption:

- E. Four interpersonal skills—assessing a situation, taking the other person's perspective, achieving empathy, and persuading another—are essential; if they are impaired, social failure and emotional disturbance may result.

In his Skill Theory, Fischer points to differences between a person's functional level of performance and his or her optimal level or capability. He finds experience the reason why development is not uniform, why some specific skills and abilities are achieved faster than others, and why all persons do not achieve equal levels of skills. Referring to the effects of experience, he takes a position that becomes another major assumption of the Social Role Negotiation Model:

- F. Performance is contextual; that is, as people perceive their circumstances as familiar, they perform at levels based on their experience in that context.

In this paper, the Social Role Negotiation Model is proposed as a specific theory to explain substance abuse in a particular context—that facing the college student. Therefore, the assumption of contextual influence is especially important. The next theoretical contribution gives specific shape to this general assumption.

Behavior in Context: Symbolic Interaction

The basic conception that behavior is best understood within its context is an

element of developmental theories, but it has its roots in the intellectual tradition of Symbolic Interactionism (Meltzer, et al., 1975). This tradition evolved from the influence of George Herbert Mead (1934) and his colleagues at the University of Chicago. The Interactionist tradition contributes several assumptions to the SRN Model including the following:

G. Human behavior has meaning for the self and for others.

This assumption of behavior's significance applies both to completed and to anticipated acts; the meaning of an act is at some level part of a person's decision-making. When it comes to alcohol or other drugs, use can mean different things, depending on context. For example, the priest taking a sip of sacramental wine is assumed to be doing it for other than recreational reasons. In the special case of a priest who is perceived as a problem drinker, however, people may have a harder time interpreting his behavior and may look closely at the amount sipped.

If substance use is viewed as a communicative act, it can be inferred that at least some of it may be motivated more by communicative intent than by any desire to change mood or behavior. The things that can be communicated through substance use are limited only by the imagination, but cultural traditions provide many standard messages. Young males, for instance, have often communicated their adherence to a macho ideal by drinking in a reckless, self-destructive way. Advertisers tap into this symbolic language to sell alcohol. Furthermore, Symbolic Interaction contributes another assumption:

H. Choices among behavioral options are based on the chooser's definition of the situation.

Different definitions explain why people sometimes respond differently even to the same situational and cultural influences. One person, for example, may interpret a family history of alcoholism as a warning, while another sees it as a challenge. The student who interprets fraternity rush as a temptation to sin is likely to respond differently from the student who interprets it as a critical test of his popularity. Different definitions of a situation apply as well to an assumption about expectations:

I. Behavior is patterned, and patterns of behavior are influenced by external factors, including the perceived expectations of others.

At this point, the classic peer-pressure theory of drug use comes under scrutiny. It is the *perception* of pressure that leads people to attempt to conform to some pattern of drug use; indeed, peers need not actually express any desire for conformity, and they may, in fact, find conformity itself distasteful. Peer Cluster Theory adds a useful twist to the more general theory (Oetting & Beauvais, 1986); its authors describe those seeking membership in a group

as wanting the influence that peers exert. If someone is hesitant about marijuana, he or she can join a group of marijuana smokers and then feel pressured into using it.

A popular means to understanding the influence of others' expectations is the Dramaturgical Model (Goffman, 1959). This model uses the language of the stage to describe expectations, which contributes a further assumption:

- J. Role expectations are communicated directly and indirectly in verbal and non-verbal ways, and are subject to modification.

In the common view, an actor receives a script and follows it precisely. Such is not the case in the best theatrical performances, though. With expert actors and actresses roles are not clear-cut, easily defined guidelines for behavior.

Role Theory

Traditional assumptions from Symbolic Interaction have been given additional shape with the development of Role Theory (Biddle & Thomas, 1966; Hardy, 1988; Sarbin & Allen, 1968), a collection of theories that elaborate on the dramaturgical model. In one of the more complete and concise explications of role theory, Sarbin and Allen specify several dimensions of role enactment that they consider significant. The following assumptions follow Sarbin and Allen's main points:

- K. Individual role enactments are subject to evaluation by a present or imaginary audience; the criteria for evaluation include both skill and "involvement" or intensity.

A recurring term in discussions of social skills is "role-taking" (see, for example, Goldstein, Sprafkin, Gershaw, & Klein, 1980; Russell, 1984), a reference to the skill required in assuming behavioral characteristics that lead to success in a role. (There is also a cognitive element to role-taking, for which the term "perspective-taking" has been used in this paper.) Role-taking may be a simple task when the role involves no more than performing some inappropriate and embarrassing act. One of the appeals of the role of "druggie" or "drunk" is its simplicity.

But another term describes a more complex skill, namely, "role-making" (Burr, Leigh, Day, & Constantine, 1979)—the ability to expand on the expectations of others and thereby create a more fully realized performance. Role theory also contributes another assumption:

- L. A person can hold several roles at one time.

Multiple roles require multiple sets of skills. In a complex society, multiple roles also require that their conflicting expectations be reconciled. For example, one role may call for deference, another for assertiveness. From this

conflict derives another assumption:

- M. Role expectations themselves—their generality or specificity, their extensive scope or limitations, their clarity or uncertainty, their formality or informality—can make it easier or harder to play a role successfully.

But even when conflicting expectations are resolved, ambiguities remain. They result from three conditions, the first being a vagueness of expectation, a common problem in complex societies. When contact between players of interacting roles is peripheral, role coordination is difficult. Second, when cultural norms rapidly change, old expectations may be invalidated. Finally, occupants of complementary roles often disagree in their expectations. In a staging of the tale of Little Red Riding Hood and the Wolf, one role depends entirely on another's performance. If a New-Age wolf rejects his kind's history of violence and deception, Red must somehow create a new crisis. It may seem easier or more comfortable to find more reliable, traditional wolves who will play the old familiar game, as addressed by the next assumption:

- N. Roles fit the self to greater or lesser degrees.

In Role Theory this issue is called "self-role congruence" (Sarbin & Allen, 1968). To the degree that a role matches the self, the occupant is likely to feel comfortable with its demands. Role Theory can explain the distress felt by a player who is successful in an incongruent role but who feels invalidated by the image projected in performance. In examining drinking problems, one student population that may become involved with alcohol includes adolescents from homes with strict and inflexible behavioral codes. For some of these students the freedom of the college campus provides their first opportunity to explore their fit with antisocial, self-destructive roles. From this follows another assumption:

- O. Role flexibility better equips a person for a variety of social situations.

Flexibility involves three factors. First, the individual role-taker must have skills for a variety of roles. Depending on different demands, specialized physical and cognitive skills may be required, and some roles are more difficult to play than others. Generally speaking, the more difficult a role, the more valued. Second, the player must be able to assess situations and their demands. Perspective-taking is here the most important cognitive skill, the ability to see a situation from another's point of view. An advanced ability, it depends on the construction of an abstract image of the other's assumptions and thoughts. With specific experience in activities like dating or intramural sports, most students become competent to assess the unique characteristics of their particular situation. Third, the player must be flexible enough to

22 ■ BRINGING THEORY INTO PRACTICE

change performances as it becomes necessary. Adolescent concern with self-consistency, as mentioned above, often conflicts with this need; in an effort to maintain a consistent self-image, students may obstinately refuse to adapt to the demands of new roles.

Strain Theory

Ineffectiveness in performance has serious implications that form another assumption of the SRN Model:

- P. Role conflict, resulting from either conflicting expectations for a single role or contradictory expectations in interacting roles, can lead to a state of role strain.

Referring to Sarbin's 1962 and 1964 articles as well as to the seminal Goode (1960) article that inspired them, Sarbin and Allen (1986) have described five adaptive responses possible once role strain appears. But if they are adaptive, they are neither entirely so nor problem-free:

First, one may perform instrumental acts, those that genuinely change the situation or improve one's performance relative to it. Taking additional music lessons would be an instrumental act for one initially rejected for a spot in the school band, but it would hardly be instrumental if one failed to make the band because of low grades. Some drug use falls under the category of instrumental acts, for example, a student's all-night cram session made possible by stimulants.

Second, one may try attention deployment, a strategy often identified as "denial." It shifts attention to more pleasant things. Taking music lessons will serve this purpose if one's grades are bad.

Third, one may change beliefs in a variety of ways. If role strain results from poor grades, a student can decide that good grades are not desirable (the well-known "sour grapes" strategy) or that current grades are the result of unique circumstances and that next semester will be better.

Fourth, one may try tranquilizers or other "releasers." While this strategy obviously can include chemical use, it is not limited to such approaches. Meditation, vigorous physical exercise, and listening to music commonly serve the same purpose. Some resort to extreme activities such as sky-diving and others to drugs. While the consequences are different, the function seems to be the same so long as the drug does not impair performance in the short run.

Finally, one may try no adaptive response or only those that fail. Sarbin refers to this option as "leaving the field." The student who finds academic life a source of strain may withdraw. Drug use allows one to drop out mentally while remaining present physically. These five adaptive responses to role strain lead to the following assumption about role expectations:

- Q. Responding to role expectations, a person must accept them, reject them, or renegotiate them.

When an actor interprets a role, a director may validate that interpretation. Or the director may offer the actor further guidance into different aspects of the role. From this negotiation and renegotiation a competent actor can convince a strong director to accept a creative and perhaps discrepant enactment.

The Negotiation of Social Roles

Beginning with the writings of Mead and continuing in their recent work on symbolic interaction and role theory, authors have acknowledged the importance of role negotiation. In role-based interaction, participants must come to some agreement about their expectations, and this agreement may require bargaining and compromise. Attempts to demonstrate this process, however, seem to be limited to experimental work in college students' self-presentations during initial stages of the dating process (Blumstein, 1975).

In the theoretical realm, role negotiation has been explained by the social-exchange idea that people are motivated most by the maximum profit to be gained from their interactions (Hardy & Hardy, 1988). As will be seen in the next section, the research and theoretical work on conflict management presents a more complicated picture of negotiation.

Conflict

Generations of sociologists have agreed on a basic assumption: that conflict at every level of human interaction—interpersonal, intragroup, intergroup, and societal—is a valuable and necessary component of social relationships. Studies of the processes of conflict by sociologists (Collins, 1975) and social psychologists (Deutsch, 1973; Rubin & Brown, 1975) agree on many of the characteristics of conflict behavior, characteristics from which three subsequent assumptions are derived:

- R. Conflict is essential in human relationships, and problems arise not from conflict itself but from its mismanagement.

Conflict contributes to the adaptability of social groups. If an organization (even a two-person interaction) avoids or represses conflict, change will be particularly difficult because nearly always change will require some resolution of a conflict between new ways and old ways of doing things. In the case of role conflicts, new role behavior often challenges a stable pattern; the change may be as simple as getting a new hair style or as complex as getting married or adopting a new religion. Conflict itself is often blamed for social problems, but if it can be managed well, it usually becomes adaptive, serving the purposes of the organization.

- S. The constructive management of conflict has several consistent features and has immediate benefits to a relationship or group.

Researchers have differentiated between constructive and destructive conflict processes and have identified the characteristics of successful management (Deutsch, 1969; Rubin & Brown, 1975). First, the most constructive resolutions usually satisfy the greater number. Second, a constructive process increases understanding and intimacy among participants. Third, stress is reduced because the constructive process not only achieves a temporary cease-fire but also deals with underlying conflict.

- T. Because the destructive management of conflict also has consistent features, it is often characterized by an expansion of the conflict arena and an escalation of tactics.

When a noted conflict expert says that it is "easier to move in the direction from cooperation to competition than from competition to cooperation" (Deutsch, 1969, p. 15), he is basing his statement on an assumption that those in conflict tend to be "rigidly self-consistent" (p. 12). He finds four characteristics in the competitive process. First, competitors express their own thoughts less precisely and miss the subtleties in their opponents' expressions, the result being unreliable, impoverished communication. Second, competitors believe that a win is possible only by force, deception, or cleverness, for they trust neither in the good will of the other side nor in the potential for a lucky break. Third, competitors become increasingly committed to their strategies and positions, believing that, despite contrary evidence, they are guaranteed to win if they just persist. Fourth, competitors demonstrate increasing sensitivity to differences, minimizing similarities and stereotyping their opponents while their misjudgment and misperception allow them to view others as almost non-human and their own motivation as benevolent.

Conflict Management

- U. The use of constructive strategies in managing conflict is related to higher levels of cognitive development, but under the influence of stress, behavior takes on characteristics of lower levels.

Successful conflict management can be seen as mutual problem-solving, similar to what takes place in the creative thinking of artists and groundbreaking scientists. Flexible, often defying conventional logic, such vision requires higher-order thinking and an environment free of direct and indirect threat, an environment seldom associated with conflict (Deutsch, 1973).

Later research on child and adolescent management of interpersonal disputes has found that maturity leads to changes in two respects (Selman & Demorest, 1984): older children and adolescents move toward a more sophisticated awareness of opposing viewpoints, and they reconceptualize the conflict, not as a battle to be won or lost, but as a complex problem to be solved with gains and losses on each side. Other researchers have discovered clear evidence that the constructive or destructive nature of conflict management

changes along with the degree of stress reported by participants (Sillars & Parry, 1982). This finding relates, then, to the next assumption:

- V. Although conflict behavior varies with every situation, the conditions that support productive conflict management can be identified.

Five characteristics of an environment support the constructive management of a conflict: the earlier relationship between parties, the nature of the conflict, the characteristics of the parties, estimates of successful resolution, and the involvement of third parties (Deutsch, 1969). Chances are better for a constructive process if parties in conflict have shared experiences and a basic level of trust and communication. Although some issues may seem easy to resolve, others—those that are seen as unitary and all-inclusive—may not yield even to a constructive approach. But when participants show maturity, self-efficacy, and sobriety, when they feel that their chances of reaching their goals are good, then they will probably act constructively in situations of conflict. Finally, when third parties participate, when an audience is present, conflict management moves to a higher level of strategies.

Conflict Management in Social Role Negotiation

These research findings and theories have implications for negotiations of roles in conflict under circumstances that often involve ambiguous roles. For instance, low-level conflict strategies (Selman and Demorest, 1984) involve, in every case, an apparent choice between winning and losing because participants see others adopting these patterns. At the lowest level the options include violence, at the next, threats and bribery, and at the next, manipulation and misrepresentation. At each level, winning and losing can be accomplished through drug use. Specifically, the SRN Model proposes that substances have not only pharmaceutical effects on behavior but also symbolic values within relationships. A clear description of these symbolic effects must await the last four assumptions.

Chemicals and Human Behavior

- W. Because drug effects represent a complex of physical and mental processes, a user may, under some circumstances, react even in the absence of any chemical action.

The past ten or twenty years have seen a rapid growth in objective knowledge about drugs. Some investigators now look for ways in which psychological variables, generally known as set and setting, influence individual reaction to a substance. While a “set” is the predisposition of a user either to enjoy an experience with drugs or to find it uncomfortable, “setting” refers to the greater environmental effect of drugs under special circumstances as reported by many users. Expectancy Theory (Oei & Baldwin, 1994; Goldman, Brown, & Christiansen, 1987) examines the effects of set. One study demon-

strates that differing expectations exist for the same drug and that users get the effects they expect (Goldman, et al., 1987). Placebo studies as well have shown that strong reactions may be elicited when no active drug is involved. Drug use, then, may serve as a “releaser” that permits desired behavior attributable to the drug, thereby preserving the user’s view of self.

Other research has contributed to an expanded knowledge of the physical component of drugs, particularly of the actions of neurotransmitter substances, including hormones, in neural transmission. (Cohen’s *The Chemical Brain* is a concise summary of research on neurotransmitters and substance use.) Accurate predictions of reactions to drugs require full information about the health, age, and lifestyle, including diet, of the user. Conditions under which the drug enters the body alter its effects, as do the conditions of the circulatory, digestive, and excretory systems. Use of a drug usually leads to the body’s increased tolerance for drugs of the same class, further modifying its actions; for instance, habitual drinkers require more alcohol to get drunk and more surgical anesthesia than do non-drinkers. On the other hand, when an addict is denied drugs, a withdrawal reaction sets in, the reaction varying with the substance; in extreme cases, for example with alcohol, the withdrawal may be fatal. But effects of withdrawal may be delayed, however, for some drugs remain stored in the body for up to two months after their use. And this research suggests another assumption:

Differential Effects of Drugs

- X. People use different drugs for particular effects or to serve particular functions.

Most users favor a few substances whose effects they prefer. These effects have been classified as depression of the central nervous system, stimulation of the central nervous system, opiate suppression of pain signals, and generalized confusion, as well as combinations of these effects. A self-medication understanding of drug use proposes that drugs of choice are often similar to those that would have been prescribed anyway if one with a behavioral or emotional problem had sought medical help (Khantzian, 1985). A similar theory explains the relationships between personality types and typical drug choices, based on patterns of stimulus-seeking (Spotts & Shontz, 1980). Even within their classes, some drugs are preferable; quicker-acting drugs such as crack cocaine lend themselves more to abuse than do others.

Several theories address the specific effects of a drug and the purposes those effects might have. Mentioned earlier, Stress-Response Dampening theory assumes that alcohol serves to mediate stress (Sher, 1987). This view is appropriate for alcohol and other depressants of the central nervous system, but it hardly relates to other drug classes. Stimulants, for example, can increase an existing level of agitation, leading to paranoia. Another theory, the Self-Awareness Model, also applies specifically to alcohol (Hull, 1987). It attributes alcohol’s appeal to its reduction of self-monitoring, inhibitions, and guilt. Furthermore, this model describes how alcohol distorts thinking

and alters judgment.

These theories typify most models of prevention; they include Sarbin's four most frequently discussed alternatives to role strain, namely, using tranquilizers and releasers to relieve stress, deploying attention to distract the mind from failure, leaving the field to deny conventional views of success, and changing beliefs to make failure look like success. But little theoretical attention has centered on Sarbin's fifth alternative: instrumental acts.

Because drug use is adaptive, drugs can modify the actors' performances in positive directions—at least for a short time (Alexander, 1990). For example, if users become less reactive to audience effects, they may become more glib, more self-assured. In fiction as well as in autobiography, "becoming one's ideal self" through drugs has long been a motive. Stimulants, in particular, seem to operate by improving performance.

But chemical effects of a drug may also reduce performance. Depressants cloud brain functioning, stimulants reduce tolerance for frustration, and marijuana impairs short-term memory. Even when effects seem negative, however, a drug can function in negotiation by reducing its level and moving it lower on the scale, where conflicts resolve more quickly even though some outcomes may be undesirable.

The functions of drugs so far have been related to their psychological or physical effects. Other functions exist, however, and they produce another assumption:

Y. Drugs may be used not only for their effects but also for their symbolism.

Closely related to the core assumption—that all behavior has meaning—is the role of drugs as symbols. Here the Social Role Negotiation Model may offer new insights, even though significant work has already been done. What follows is not so much to generate new ideas as to tie old ones together.

Punishment of Opponents

Research described above outlines a low-level negotiation strategy that influences outcomes by punishing opponents (Selman & Demorest, 1984). So powerful as symbols are drugs that they can be used to punish advocates of strong anti-use positions—parents or teachers, for example—or an entire society. For persons from abstinence-oriented backgrounds—family, church, or both—or those living in a substance-free residence, this potential is especially great. Users need not appear in public under the influence of drugs or use them in front of others. Merely having alcohol or other drugs found in their car, room, or luggage is guaranteed to disrupt the environment. In the negotiation process, these users have a powerful card to play.

Concrete effects of use can also punish. The drinker who wrecks the family car or even some of the family crystal creates problems for others. Even self-destructive behavior as drug overdosing or consorting with criminal suppliers can be an attempt to create remorse in others. Of course, users have often been characterized as crazed or dangerous, the label itself allowing

them to intimidate others through even milder symbolic gestures.

Abandoning the Contest

Selman and Demorest suggest that low-level strategies are typically either "win" or "lose" strategies, depending on the individual's history, which leads to an expectation of success or failure. Drug use not only can be used to win, it can also be used to lose. Passing out before the end of the party eliminates the possibility of an embarrassing scene as one's date struggles over whether or not to leave with a newfound friend; they are free to pair up without a struggle. Similarly, blowing up and leaving in the middle of an argument leaves the field open for the opponent to go ahead with what he or she wanted to do. In such cases, the drug serves to validate the losing behavior and save face for the drug user.

Deviant Identity Formation

Adopting a deviant identity (Bell, 1976) frequently solves problems for the person whose failure in conventional roles has produced strain. First, most deviant roles are easier to play than are their conventional alternatives. Few skills are required, and rather than excluding people, most deviant cultures encourage new members. Second, deviant roles generally offer opportunities for success and recognition. Drinking games reward winners and losers who otherwise never get noticed. Third, deviant roles offer escape from the ambiguities of daily role negotiation at home, at school, and in the community. Wearing a purple Mohawk or a "Party Naked" sweatshirt sends such a powerful anti-establishment message that few normal expectations will be applied to their wearers. Finally, a deviant role guarantees the kind of rejection that validates the self-perception of a person who has never been accepted. Among strangers unaware of the history of rejection back home, a person can arrange for a familiar reaction by behaving in a way that will alienate others.

In the film, *The Breakfast Club*, characters bolster their self-perceptions by using a number of symbolic props. Since underage drinking is illegal, young people's use of alcohol flavors their lives with a tincture of criminal danger. Among users of street drugs, the "heaviness" of the drug is directly proportional to the distance one must travel from the "straight and narrow" to acquire it. The observation that drug use follows a predictable sequence (Kandel and Logan, 1984) parallels another: in every deviant culture there is a sequence of steps one goes through to move from novice to full "journeyman" owner of the deviant identity (Bell, 1976).

Group Membership

Membership in a group may be cemented through symbolic actions that demonstrate shared values and traditions. Anyone who refuses to drink after joining a group of drinkers is branded. Among heavy drinkers, it is equally antisocial to assert one's right to remain relatively sober. Similarly, when one is offered an expensive gift of some exotic substance, it is only common courtesy to accept it and express joy in it.

In group identities, symbols play many roles. As agents for inclusion, they

serve as "gate passes" that allow outsiders to gain entry, and they help members recognize each other. A quick look around the room tells the newest arrival at a party who the beer drinkers are, and guests without drinks are immediately suspect. As bearers of tradition, drugs can serve as reminders of historical events, geographical roots, group aspirations, and idealized personal characteristics. In the 1960s and 1970s, marijuana symbolized the Hippie's belief in openness, childish delight, oneness with nature, and release from the constraints of time and space. Advertising today reminds young people that real masculinity is impossible without beer and that sexual prowess accompanies a knowledge of differences among cognacs. As agents of exclusion, drugs also drive away people threatened by a group's lifestyle. The conspicuously brandished bottle not only welcomes the fellow drinker, but also warns off those offended by drunken behavior.

External Attribution of Success and Failure

One theoretical model seems particularly applicable to higher education—the Self-Handicapping Model (Berglas, 1987). According to this theory, alcohol is functional in that it provides the achievement-oriented an excuse in case of failure. The student who parties all weekend before a mid-term examination knows one truth: "I could have aced it if I hadn't been hung over." The would-be lover can say and believe, "I would have been irresistible if I hadn't passed out." Of course, the concept applies to other substances as well, for the use of anything at all allows a user to blame errors in judgment or performance on the drug itself rather than on the self.

From these and other theoretical models comes a final assumption, this despite the probability that substance use is somehow adaptive in its intent (Alexander, 1990):

- Z. Heavy, continual use of drugs leads to psychological or physical dependence, different drugs leading to different dependencies or addictions.

In addition to the symbolic functions described above, there are others. For the user, symbolic effects are not always positive. While users soften failure by attributing it to an external cause, they also may attribute success to something outside themselves. In this kind of psychological dependency, the user cannot function without chemical help, or so the user believes. Furthermore, this perception may be true. Drugs used for coping can diminish other coping alternatives, reducing cognitive flexibility and interpersonal skills. A multidimensional model (van Dijk, 1980) and Opponent Process Theory (Shipley, 1987) both explain how high-risk drug use leads to dependence and other problems. Although its existence is acknowledged, this phase of the process—chemical dependence or addiction itself—is beyond the scope of this paper.

An integrated Social Role Negotiation Model

Despite their number, the assumptions above can be combined into a simple statement of a Social Role Negotiation Model:

The Social Context

People desire success in their interactions with others and within their reference groups. But this success requires that they coordinate their behavior so that their expectations and those of their "audience" are met. When this coordination fails, negative consequences are obvious. To resolve conflicts between expectations and to avoid failure, a negotiation process is needed.

Conflict Processes

Conflicts share one characteristic: they must be resolved or they are likely to escalate in their intensity. Outcomes depend on how they are handled. With maturity comes high-level, cooperative problem-solving in which all participants gain some success. But more primitive contests result in absolutes, wins and losses that often lead to retaliation and escalation. At these lower levels, contestants often expect defeat or, alternatively, adopt any measures necessary to win.

Individuals who perceive a current or future conflict can alter the course of that conflict by the ways in which they define the conflict; the ways in which they represent themselves to their opponents and the efforts they make to understand their opponents' viewpoints; the settings in which they address their differences; and the ways in which they identify, assess, and choose among their options for resolving the conflict.

Adaptive Functions of Chemical Use

Chemicals serve people in a variety of ways. They may ease the social interaction between parties, reducing anxieties or increasing their intensity, and they may reduce the stress of social change and even failure. But these positive functions erode with continued use because bodies adapt to chemicals, and negative functions begin to dominate the lives of users. Frequently observed negative adaptive functions include serving as a bargaining chip to punish the opponent in a negotiation; providing an external cause on which to blame social and other failures; offering clear symbols that define the self as similar to, or different from, other individuals based on their patterns of use; and qualifying the self for membership in a user's subculture (an extreme version of the above).

Social Skills and Attitudes

Those who possess a range of social skills and understand that their behavior must change when situations warrant will settle into roles more successfully without either positive or negative adaptive functions of substances. But those less socially adept, whose limited skills do not transfer readily to whatever setting they find themselves in, may be especially vulnerable to drugs during periods of rapid change in their social roles.

Maladaptive Effects of Chemical Use

In time, the continual use of chemicals as a means of coping (or as a way of avoiding a coping response) will lead to predictable maladaptive effects, the most often-mentioned of which is physical dependence. Additionally, chronic users will likely suffer from reduced feelings of self-efficacy, from self-defeating patterns of externalization when negative events occur, from reduced cognitive functioning, from shame, and from the dangers of deviant identities and lifestyles.

The Need for a Contextual Approach to Prevention

In the end, prevention must be contextual if it is to reduce a person's acceptance of substance use as an adaptive strategy. The most basic effort must be the creation of a society in which all members are valued for whoever they are or choose to be, a social group in which no one feels a need to make undesired role changes.

Campus drug-abuse prevention defined: the social role negotiation

Having outlined a view of the college or university campus according to the terms of Social Role Negotiation, this paper now offers a catalogue of the features of campus life that lend themselves to a SRN analysis. This section moves from global descriptions to focused examinations of the campus' most significant elements.

College as Developmentally Special

Viewing the college campus as a place of development seems simple when that campus is populated by students seventeen to eighteen years old in transition from high school to the job market. In this traditional setting, arriving students are all unmarried; they are accustomed to living at home under parental discipline; they expect limited freedom and privileges; for four years the campus will be their life. Today even a superficial look reveals this image an illusion. But some things about higher education are perhaps more emphatically true now than ever before.

First, people come to colleges and universities for the purpose of making changes in their lives. No one intends to leave the campus exactly the same as he or she was on arrival. Because life on campus is expected to develop the student for a different role later, those expectations and their realistic basis deserve examination. Second, higher education effects change through a process of evaluation. Students know where they stand in a way they may never have known before. When they receive grades, they can compare their performances with those of other students (provided the others are honest) and with those professional standards established by their mentors. They also hear in classroom discussions some differences in abilities to understand and recall. But the hotbed of evaluation is the campus social sphere where the

terms of comparisons are money, looks, and connections.

Age itself is of little use in predicting developmental status. A theory previously noted (Fischer, 1980) explains the variation among age-mates in any given skill and the fact that those displaying high-level skills in one area may show far fewer in another. If B.F. Skinner, indeed, ever said that he rejected developmental approaches because “age isn’t a very powerful variable in analyzing human behavior,” he—or whoever actually said it—was correctly observing that age and development are only loosely related. A student’s age or class says little about the student; far more detail is needed to identify either developmental issues uppermost in the student’s life or the skills available for dealing with those issues.

One additional detail is gender. Males and females often experience events and respond differently, and developmental researchers struggle to separate the biological from the environmental sources of those differences. Typically, women reach physical, cognitive, and emotional maturity first, the lower end of the developmental spectrum on a campus likely being occupied by younger males. Because most of the literature on adult development has been gathered from male subjects, clear statements about men and women in mid-life have been difficult to make; some authors suggest that a mid-life theme switch is common, as women assume goal-oriented lifestyles at the same time men assume relationship-oriented ones. In looking at the campus, then, we can assume different agenda and different degrees of readiness depending on gender.

In the outmoded image of the campus as belonging only to the young, all students are single. But all this changed as veterans of World War II with G.I. benefits began to arrive with wives and often children. By the 1950s married graduate students were a common sight, and by the 1960s marriage before graduation was no longer anathema. By the 1970s it had been discovered that unmarried students were living together, sometimes openly, in sexual relationships. Now, of course, older students, married or single, are hardly exceptional; indeed, professors occasionally find both parent and child in the same class. And family responsibilities today go beyond marriage; as access to education improves, more single parents find ways to get back into school, and increasing numbers of mid-life adult students find themselves with aging parents to care for. No longer can the campus assume that its students focus on academic life or extra-curricular social events, nor can it assume its students’ sexuality, age, or domestic status.

Even while predictions are imprecise, recognizing that developmental crises occur in students’ lives is fundamental. In the old days the student’s departure from the parental home was the crisis, and for many students it still is. Those living in freshman residence halls demonstrate this pattern. But many other students now deal with issues much more varied: a son’s or daughter’s wedding, separation from a wife or husband, the birth or illness of a child or grandchild, testing positive for HIV, election to public office, the onset of a child’s puberty, parents’ divorce, a son’s or daughter’s incarceration.

tion, a mother's or father's remarriage, or any of a number of other human concerns

Viewed in Social Role Negotiation terms, all these crises involve the renegotiation of people's roles and their relationships to one another. Added to the theme of the campus as a changed place, as well as a place for change, this list suggests that large numbers await a new phase in their lives—or have already plunged into one. These students need the skills for managing social role negotiations; without them, they are vulnerable to the appeal of substances that promise easy living and pain-free failure.

Multiple and Conflicting Roles of the College Student

Social role negotiation is demanded not only when changes occur, but also when students occupy multiple roles in conflict or simple roles that are the subject of disagreement between the self and others. Perhaps the closest the college comes to offering a new experience of this kind is that of shared living accommodations. Most adults who once occupied shared housing during their student years remember, sometimes fondly, sometimes not, at least one difficult roommate. In any case, each student's life will be complicated by a network of roles and conflicting expectations. All the following roles, some positive, some deviant, may be available to the single student, some students simultaneously trying to perform them all. While each demands a different response, success in all at once requires not only a wide range of skills but also a superb ability at role-conflict management. These roles include that of son or daughter, young professional, party animal, sex object, scholar, spiritual seeker, parent, teacher, performer, consumer, fraternity-sorority member, and athlete.

A look at this last role shows how roles impinge on one another. Student athletes have begun to get recognition for their highly discrepant roles. While their coaches count only baskets or touchdowns, their professors expect term papers on time, and their families expect an active spouse and parent in family life. Another group receiving recognition is that of traditional-age freshmen. New students leaving home for the first time have the sole responsibility to educate their parents about the expectations of campus life, and they may be torn between loyalty to the family and their desire for social and academic success in the most important peer group they may ever enter. But regardless of the specific group, one finds that student status brings with it opportunities to enter deviant roles as well as demands to perform in acceptable ones.

Sources of Role Strain

Each role has its own specific role-related sources of strain. The role of consumer is one in which few students are competent; immediately after buying textbooks at one store, the student is frustrated to find that some books could have been bought for less elsewhere. Parenthood is an even more

demanding role to evaluate; children at every age (including adult children) present their parents with a mixture of positive behavior for which the parent would like to take personal credit and negative behavior for which the parent feels responsible. Even the party animal faces role strain; being misperceived as a sincere, hard-working student could bring on a crisis of identity for the serious beach bum or snow bunny. No role can be enacted so that the player is free from worry about its evaluation.

Furthermore, the campus is a place where evaluation is the name of the game. Grades, election to honorary societies, participation in limited-access seminars, reference letters from professors and colleagues—all these trappings of student life are means to an explicit feedback often not a part of other role settings. It takes an extremely confident student to ignore such feedback and still creatively explore the options for role enactment. Decision-making itself is stressful. Choosing to take a difficult course may lead to a low grade; joining an honorary group may look good on the resume, but it adds to an already full schedule; spending time with some interest groups can exclude one from others of more help professionally.

But on top of these stresses, some circumstances can also increase role strain. One is the rapid change in roles. Even a simple change in one relationship can be hard to manage if it happens abruptly. When it does, people say, "It'll take me a while to get used to your new appearance," or "Give me some time; I'm not yet used to calling you Spike." And complex rapid change requires many to change at once. Even the student trying to impel changes may slip back into old role behaviors—especially if everyone has not yet accepted the new ones.

Families and friends have a particularly hard time with changes that students are likely to make within the context of the campus environment. The single student returning home only at holiday times may avoid dealing with role changes; either side can assume the status quo, choosing to act as if there were no conflict. On the other hand, commuter-students constantly shuttling between different sets of values and different behavioral expectations can create for themselves a schizophrenic life.

Resources and Coping Mechanisms

Individual resources and coping mechanisms are the first line of defense for the student when successful role performance is difficult to achieve. Generally assumed to be capable and resourceful and already possessing a repertoire of coping devices, the college student faces new situations that these abilities may not match. Other factors may limit or even disable a student's coping with role strain, but the most crucial and relevant one is the rapidity of change.

For many reasons resources once abundant may cease to be available to a student. Newly divorced wives, for example, returning to school may face a new life of near-poverty, a life to which they have never been accustomed. Once able to call professionals for help with household emergencies, they

may need to ask for assistance from friends and relatives or learn to do their own repairs. Others who experience less economic disruption instead relocate in new communities where they know only their classmates. Once accustomed to having close friends, they may now have no one to talk over personal problems with. Even students who remain in familiar surroundings can suffer as socioeconomic differences between their new lives and their old lives cut them off from the support of friends, spiritual advisors, or relatives. And this kind of change is progressive. A student may feel support for a few semesters, then find relationships changed. Intellectual success may shut students off from their families and old friends.

During the rapid transitions in a student's life, coping mechanisms can diminish as well. The student whose life appreciably changes must develop new strategies to replace old ones now inappropriate or inaccessible. The new graduate student who once partied every night as an undergraduate now finds it necessary to study constantly. The new freshman who once combined academics with a high profile in high school sports now finds competition at the college level daunting. The former calf roper or log roller finds little appreciation for such "unprofessional" pursuits. Even basic tools of language can become inaccessible. Expressions and vocabulary that once worked in the old neighborhood are now misunderstood or considered in poor taste. Yes, the student is a capable individual who is resourceful, but developing alternatives to stresses, easily manageable under earlier circumstances, can take longer in a changed setting.

The Context of Student Drinking and Other Drug Use

Given the combination of role strain and reduced coping ability, a student may try alcohol and other drugs even if they have never had much appeal before. And the environment of higher education makes such experimentation likely. After all, college students of traditional age inherit a tradition of excessive drinking (Hanson & Engs, 1986; Saltz & Elandt, 1986; Schuckit, Klein, Twichell, & Springer, 1994; Straus & Bacon, 1953; Wechsler, Isaac, Grodstein, & Sellers, 1994)). And they confront this tradition in drama and literature courses; plays, short stories, and novels show that what characters, including student characters, do is drink their way through—or out of—college. History, philosophy, and even religion courses contribute images of university life as a setting in which some of the world's finest thinkers have acted self-destructively. Closer to home, parents and family friends may communicate an expectation that the young student will struggle with the "developmental task" of gaining control over reckless drinking, and other informal advisors will convey their belief that the real goal of college is to provide a place to practice getting drunk. Neighbors, teachers, uncles, and aunts prepare the high school student for college with stories of their own exploits as students; having passed through it themselves too quickly and long ago, they may appear envious of the wonderful time the student will have at the party that is college.

The spirits industry, of course, contributes its own efforts to propagating this image of college life. Even before arriving on campus, most students have been exposed to commercials that portray spring break as an endless bacchanal. Once on campus the student is targeted for advertising through community and school newspapers, posters, and brewery-sponsored athletic events and teams. Drinking establishments cluster as closely around a campus as local law permits; in most college neighborhoods, bars outnumber bookstores. And free food at happy hours, absurdly cheap drink-specials, and entertainment help to draw even the reluctant student into the bar. Other drug sources as well may concentrate around the campus, either through businesses that act as fronts for drug sales or through an informal sales force of other students.

The institution itself and the community around the campus generally demonstrate mixed responses to the image of the drunk or stoned student. Even for some non-students, the college student lives out a fantasy life that they wish they could have. For others, the student represents the worst of human potential for evil. These competing groups support, alternately, irresponsible partying of the "Animal House" kind and an abstinent lifestyle. Of course, attitudes of many others fall between these extremes.

If strong feelings based on beliefs do not arise, responses to substance abuse are often determined by the extent to which people feel its impact in the larger community. Attributable deaths and injuries, property damage, poor academic performance, legal liability, and negative publicity for the school motivate restrictive responses. But profits motivate and encourage students to excess. In mobilizing efforts to prevent such excess, faculty and staff members, as well as administrators, must be made more fully aware of the dangers of alcohol and other drugs, dangers to the student, to the university, and to the community itself. Without this greater awareness, they can hardly be expected to take a strong position opposing the norms.

Applying the social role negotiation model on the college campus: extensions of the model

In the following section some connections between theory and application will be treated in depth. If the goal of the Social Role Negotiation Model is to generate thought, then its explication here may lead to new ideas. But the reader should not assume that this step completes a process; rather, it is just a beginning. Anyone who develops new applications within this framework faces all of its implications, particularly the impossibility of predicting precisely what any group of people believe or how they will behave. Sometimes a prediction comes true, but often the exceptions are those who are at highest risk for substance abuse. Another consequence is that because people

interpret experience differently, efforts designed for one group will have little or no effect on another group. While multiple applications of the model are appropriate, they all require careful coordination and evaluation.

The classic supply-side approach to prevention of drug and alcohol abuse serves as a useful example. Making it harder to get a substance will affect some users. When they consider the effort and risk, some will conclude that the pain outweighs the pleasure. But the same control may only inflame another group, inciting a rebellious response likely to be acted out in more drug-taking. Furthermore, the risky behavior required to obtain the substance may become as much a problem as the use itself. As a system, this strategy and its responses promise doubtful results at best. The five strategies that follow, then, must be viewed within the contexts in which they will be applied, and they should be attempted only when the response can be closely monitored

Making Role Changes and Choices Overt

The most fundamental SRN-based strategy is to make the process of role change—and the institutional need to help students—more visible. No students intend to leave college unchanged. They, their families, and the community at large expect—and fear—role change.

Some faculty members may resent this re-definition of their jobs. They may reject dealing with problems of higher education on a human and humane level, believing, rather, that the college and university operate in an atmosphere of pure theory and accumulated fact. Others know already, however, that they are agents of role change, whatever they choose to call their purpose.

Not every student will be comfortable with making choices. In research on family processes (Oliveri & Reiss, 1981), it has been demonstrated that some families deny that choice is possible. Members who accept as family wisdom the belief that “things just happen” may need to be shown that choices are available, that not choosing also has consequences. Orientation periods are appropriate times to raise this aspect of the student experience for new freshmen. But returning students as well need to be reminded about likely social consequences of their decisions.

If the campus is to be a place where students explore different roles (the part of college life many parents fondly remember of their own student days), it might provide a permanent forum where students discuss their agenda with experts and with peers. On some campuses, chaplains or counselors conduct workshops or seminars on career and lifestyle choice. But other schools offer no place for students to go with their most serious questions.

At the University of Detroit Mercy, the Alternatives Project, a two-year pilot program supported by the Fund for the Improvement of Postsecondary Education, developed a free, one-credit-hour seminar in which students study decision-making and reflect on their own choices and the expectations that guide them. The text (Blume & Trumble, 1993) surveys different deci-

sions, including those about alcohol and other drugs. The program's success has depended on the seminar leaders' success at encouraging every participant to speak. With the general response overwhelmingly positive, the University has continued to offer the seminar and the Athletic Department now makes the seminar a first-year requirement for all student athletes.

But awareness alone is insufficient. Decision-making is a skill calling for high-level cognitive abilities. People fail to operate at their highest developmental levels unless familiar with the tasks they face (Fischer, 1980). By providing early in the year or semester an intensive seminar in the practice of decision-making, the institution can then handle ongoing demands through a cadre of advisors or peer mentors.

Finally, of course, information is the essential element in any decision. When academic communities are accused of being isolated in "ivory towers," their critics mean that they deny or avoid dealing with the realities of life, that they reject information from outside. This view may not apply to the many contemporary institutions that enroll large numbers of adult, non-traditional students. But at many schools, without realistic information, younger students or those in transition from an old to a new social sphere face professors and advisors who may raise expectations unrealistically. Frustration, perhaps failure, may lie ahead.

Students educated for fields where jobs are scarce must be told the truth. Those in school who romanticize marriage as an attractive option must be introduced to its realities first. An open discussion of other role choices conducted in an information-rich environment where students can get needed facts and opinions will give students the means to evaluate their choices. On the role-oriented campus, everyone must contribute to an education, one not only in the ideals of subject matter but also in the realities of life. Faculty and administrators share the responsibility for the truth of both worlds, the extra- as well as the intra-mural. But campuses are complex environments, and the larger the institution, the harder it is to discover its experts. The institution must continually inventory its mechanisms for guiding students to the information they must have.

Reducing Conflict That Creates Role Strain

Having identified role choice as a central element in student life, and acknowledging that conflicts—those between roles and those between audiences—make choices difficult, institutions should try to reduce or eliminate them. Obviously, the institution must give priority to its most stressful conflicts and be clear about its priorities.

The first role conflict among traditional students is between family and school role expectations. Some families can lessen this tension if they can find an institution that echoes their own religious and political values. Others will choose the nearest college and keep the student living at home. Whatever the family strategy, they will find in any institution or its student culture some behavior that violates family norms. Parents express their anxiety long before

matriculation and students also wonder what new rules will now govern their behavior. Universities can speak to these concerns during freshman orientation; to stimulate discussion of fears and stereotypes, peer counselors can dramatize such conflicts in skits and other role play.

Older students as well may find themselves caught between the expectations of family and school; more likely, conflict will be over allocations of time and resources such as money or computer access. Frequent family/school days or family newsletters might help, as they do at the elementary or high school level, to make the family feel a part of the student's efforts (this is brought home by frequently heard comments at graduation: "It's so nice to see where all of Dad's time has been spent for the past few years.") With family members and old friends as well, conflicts may not be as simple as time spent; value differences and even speech mannerisms may become fuel for conflict. A few schools offer mediation on campus to help students resolve roommate disputes; this kind of approach could be extended to off-campus relationships as well.

Conflict also exists between academic expectations and extra-curricular demands. Some schools have found creative solutions to these conflicts, for instance, the open, class-free hour available to campus groups. But other solutions have been less positive. The tradition of the Thursday-night party has led some departments to schedule fewer sections with classes on Fridays. Professors also report avoiding Monday exams for a similar reason. But if both academic and non-academic demands are valid in the institutional purpose, then each deserves its appropriate allocation of time. In the end, these conflicts may lead to discussions of the changing goals of the institution. Does football, for instance, contribute to the quality of education? Does a reduction in the military establishment mean that universities should no longer sponsor ROTC units?

Teaching Skills of Negotiation

Basic skills in the mechanics of negotiation and conflict management are seldom taught to students or others in American society. When negotiation is mentioned, it is often in the context of opposition: "How do we get the best of our opponent?" The problem is not one of skills alone; many assume a constructive handling of conflicts to be impossible. If students must acquire language and math, then universities should also require negotiation skills for graduation.

Techniques of negotiation need not be taught with a focus on social roles, although that is one possibility. Conflict management can be taught in business management courses and seminars on conflict-resolution in the workplace, dormitory seminars on handling roommate disputes, sociology courses on societal conflicts and their resolution, and home economics courses on the family and its disputes. To be useful, the courses must comprise not only the principles of conflict management but also the practice of its techniques in workshop settings.

Negotiation skills can also be taught beyond the classroom or workshop. Resident assistants, academic advisors, and counseling-center staff can interact with students as they make choices in the roles they play and prepare for negotiations that different choices might precipitate. Of course, to be effective in this intervention, those who advise students must be trained in conflict-resolution, which they in turn can teach and reinforce.

Supporting Positive Lifestyles

As college students consider their lifestyle choices, they already know what is acceptable in their culture, but they know little about expectations within the professional community that they will one day join. Although institutional representatives may know the social world beyond higher education, they may also be ignorant of certain subcultures. From the students' perspective, their world extends from a peer network that is positive, intense, and credible through an administration that is removed, passive, yet still trustworthy all the way to a beverage industry (and the advertising that supports it) that seems ubiquitous. The institution can choose to increase its presence in students' lives, to intensify its message, or to improve its trust, but it will find it hard to do all three at once.

If a college gains acceptance as a valid source of information about life outside, then it must look at what its messages say and at what they should say. In many cases, a serious look at campus traditions shows that heavy drinkers and others who use drugs enjoy high status. School mascots, for instance, imitate the behavior of the inebriated student; strict enforcement of alcohol-control rules can make the violator a kind of hero acting out other students' urges for autonomy. The most popular social fraternities seem to be those that receive the most censure for their inappropriate behavior. Colleges may glamorize self-destructive lifestyles in activities such as homecoming celebrations or spring-break trips that commonly turn into drunken brawls. Changing this picture requires not only increasing information about healthy role choices, but also destroying patterns that glorify harmful ones.

Positive role choices are most convincing when sold as part of a wellness package that addresses all features of the healthy lifestyle: exercise, nutrition, spirituality, and a host of others. But sometimes the missing ingredient in campus programs is fun. When an alcohol-free but spiritless event is compared with a Dionysian and lively one, only the already health-committed student chooses the former. At the same time, fun may be defined differently by different students. At the University of Detroit Mercy, many new students spend their free time in their first two weeks playing their way around a life-sized game board on campus, finding their way, making choices, learning their new setting. Not everyone finds the game compelling, but for others it pleasantly distracts and opens a way to safe relationships.

In packaging and delivering messages or activities, the college is wise to take a look at those that have worked for students before. One of the most successful traditions, one that will be used as a model here, is that of the fra-

ternity or sorority. Many of these groups were founded not by students but by idealistic graduates who wanted to offer an alternative to the meaningless pursuit of pleasure. How have they survived and why have they flourished?

Fraternal organizations have always sold not only an activity but also an identity; through a combination of a lucky and a conscientious selection of members, the successful ones have projected an image that appeals to many students. This image emphasizes achievement, creativity, social competence, and self-acceptance. At their best, the Greek organizations give their members the feeling that they are validated for who they are—that they have a place where they fit.

Greeks have also succeeded because even outsiders could see a camaraderie, a sense of belonging. Thus the social event called “Rush” is an effective recruiting tool for fraternities and sororities because it is thoroughly interactive—in the intensity of time spent together—and most compelling. But even if new prospects can be recruited only by single representatives sitting at tables in a hallway (an example of institutional restriction), the members can still show their cohesiveness by staking out their regular table in the cafeteria, by sponsoring social events for the whole campus, or by wearing distinctive and uniform dress on special occasions.

And for all their focus on the hedonistic present, fraternal organizations have also helped members to organize their professional futures. Fraternities and sororities alike benefit from their relationships with alumni, as members take these opportunities to make strategic contacts with leaders of the external community.

Institutions promoting positive lifestyles on campus should look to these and other traditionally successful programs as models of how to attract and hold the attention of students. Although the elements described may not be the most important with which to encourage choices for a healthy life, in selecting any model, whether fraternity, chess club, or marching band, a new effort will not succeed unless it meets students’ needs and expectations.

Permitting Role Mistakes

The campus has already been referred to as an environment with evaluation at its core, a necessary emphasis but also a source of stress. Often this center of concern encourages maladaptive behavior among students who choose “safe” alternatives rather than take necessary risks. But changing this overall pattern of evaluation might seem to threaten the existence of higher education.

The solution may lie not in dismantling the system, but in communicating a message that fights the virus within it. The following sample message contains several useful elements. It is not all-inclusive, and it is also somewhat preachy. But it may give a sense of what is possible: “The most important thing in your college education is that you learn—learn facts, learn skills, and learn about yourself and the world you live in. If you plan to try out some new behavior—being a leader, for instance, or performing in public—this is a safe place to do that. We are all trying to grow here, and we promise not to

ridicule your efforts.”

As part of a campus environment that permits, even welcomes, mistakes, single errors in judgment related to substance abuse deserve two responses: zero tolerance along with a clear message of forgiveness. And repeated mistakes must lead to attempts at rehabilitation rather than suspension. The campus is a place to learn how to make choices, and students should stay until they get good at it.

In one other instance do institutions commonly penalize students for their mistakes, however: curricula that force students into early declarations of their major discipline of study. The requirement may seem salutary on its surface: students need to get down to the business of life. But college is a place of change as well as choice. The student who after a year or two discovers that he has signed on for a career of discontent must be allowed to change majors without undo financial hardship or lost time. And universities must discourage programs of certification that require irrevocable commitments to specialized instruction from the first year on.

One can only guess about what might be possible: Change-of-major insurance policies? Special rebates for students who trade in a low-mileage transcripts on a new curriculum? Lease options on unlimited credit hours over a four-year contract? Advisors predict the rapid development of new career fields and the disappearance of old ones. Should schools consider lifetime-learning contracts with unlimited refills? As the marketplace shifts toward liberal return policies—one major department store chain advertises replacements for worn-out children’s clothes—can higher education afford to be far behind?

Encouraging Honesty and Congruence

In a highly evaluative society, members are challenged to perform at their best; they know that there will be winners and losers, that only the best will be winners. But either because of accurate self-assessments of their own skill deficits or because of distorted perceptions of their own failure, some conclude that success for them will come only through cheating or lying. The campus, ideally an environment for “starting over” with a clean social slate, is well-designed for such strategies. Students can sell and buy examinations and term papers, invent family or job histories, or allege skills they have never mastered and successes they have never achieved. The college environment rewards these approaches. Yet as long-term strategies they are unsound, and they often backfire in the short run as well. Substance abuse can be one of the results.

But the supportive community concerned with the welfare of all its members must discourage self-deception as well as the duplicity of others. Thus honesty and congruence should be so conspicuously valued on the campus that students lacking other characteristics of success will be honored merely for being authentic. The service academies proclaim the success of their

honor codes every time they uncover the occasional cheating scandal. But does an honor code preclude posturing? Every campus honors its most select for academic excellence and achievement. Why not an honor roll for living excellently?

Conclusion

Since the 1970s, substance-abuse prevention programs on college and university campuses have increased in their intensity and their prevalence. Institutions of higher education inherit a long tradition of official attempts to control substance-related problems at various social levels. This history includes punishment, treatment, and prevention. Every one of these efforts has been based on theoretical assumptions about substance use, abuse, and dependence, even though the theories have not always been clearly stated. Reviews of substance-abuse theories show a wide range of beliefs about the differences in levels of specificity concerning issues such as drug-of-choice and population-specific dangers.

The recent availability of external funding has helped to spur creative prevention efforts on many campuses. But these efforts have generally limited themselves to a few isolated instances of campus life: a pattern that may be attributed to the theories on which programs have been based. This paper develops a theoretical model that relates substance abuse to processes at the individual, the social, and the chemical level. This Social Role Negotiation Model, when applied to the campus as a specific social context, highlights current practice that may work against the achievement of a drug-free learning community. The paper concludes with implications of the Social Role Negotiation Model and suggestions for further exploration.

References

- Alexander, B. K. (1990). The empirical and theoretical bases for an adaptive model of addiction. *Journal of Drug Issues, 20*(1), 37-65.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.
- Bateson, G. (1972). The cybernetics of "self": A theory of alcoholism. In G. Bateson (Ed.), *Steps to an ecology of mind*. New York: Jason Aronson.
- Bell, R. R. (1976). *Social deviance: A substantive analysis*. Homewood, IL: Dorsey.
- Berglas, S. (1987). Self-handicapping model. In H. T. Blane & K. E. Leonard (Eds.), *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Berkowitz, A.D., & Perkins, H.W. (1986). Problem drinking among college students: A review of recent research. *Journal of American College Health, 35*, 21-28.
- Biddle, B. J., & Thomas, E. J. (1966). *Role theory: Concepts and research*. New York: Wiley.
- Blalock, H. M. Jr. (1969). *Theory construction: From verbal to mathematical formulations*. Englewood Cliffs, NJ: Prentice-Hall.
- Blane, H. T., & Leonard, K. E. (1987). *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Blume, T. W. (1990, September). *A social role negotiation model of drug use*. Workshop presented at the Annual Grantee Meeting, FIPSE Drug Prevention Programs in Higher Education, Washington, D.C.
- Blume, T. W., Green, S., Joanning, H., & Quinn, W. (1994). Social role negotiation skills for substance abusing adolescents: A group model. *Journal of Substance Abuse Treatment, 11*(3), 197-204.
- Blume, T. W., & Joanning, H. (1986, March). *A social role negotiation model of adolescent substance abuse*. Paper presented at the Biennial Meeting, Society for Research on Adolescence, Madison, WI.
- Blume, T.W., & Trumble, P. (1993). *Alternatives: Choice-making in daily life*. Detroit: Addiction Studies Institute, University of Detroit Mercy.
- Blumstein, P. W. (1975). Identity bargaining and self-conception. *Social Forces, 53*, 476-485.
- Botvin, F. H. (1983). Prevention of adolescent substance abuse through the development of personal and social competence. In T.J. Glynn, C.G. Leukefeld, & J.P. Ludford (Eds.), *Preventing adolescent drug abuse: Intervention strategies*. (National Institute on Drug Abuse Research Monograph 47). Washington, DC: U.S. Government Printing Office.
- Botvin, G. J., & Wills, T. A. (1985). Personal and social skills training: Cognitive-behavioral approaches to substance abuse prevention. In C.S. Bell & R. Battjes (Eds.), *Prevention research: Detering drug abuse among children and adolescents* (National Institute on Drug Abuse Research Monograph 63). Washington, D.C.: U.S. Government Printing Office.
- Boulding, K. E. (1966). Conflict management as a learning process. In A. de Reuck (Ed.), *Conflict in Society*. Boston: Little, Brown.
- Brennan, A.F., Walfish, S., & AuBochon, P. (1986). Alcohol use and abuse in college students. II. Social/environmental correlates, methodological issues, and implications for intervention. *International Journal of the Addictions, 21*(4&5), 475-493.
- Bucknam, R. B. (1994). The other side of the coin. *Journal of the American College*

- Health Association*, 42, 305-308.
- Burr, W. R., Leigh, G. K., Day, R. D., & Constantine, J. (1979). Symbolic interaction and the family. In W.R. Burr, R. Hill, F.I. Nye, & I.L. Reiss (Eds.), *Contemporary theories about the family*, Vol. II. New York: Free Press.
- Cohen, S. (1988). *The chemical brain: The neurochemistry of addictive disorders*. Irvine, CA: The Care Institute.
- Collins, R. (1975). *Conflict sociology: Toward an explanatory science*. New York: Academic Press.
- Cooper, C.R., Grotevant, H.D., & Condon, S.M. (1983). Individuality and connectedness in the family as a context for adolescent identity formation and role-taking skill. In H.D. Grotevant & C.R. Cooper (Eds.), *Adolescent development in the family*. San Francisco: Jossey-Bass.
- Coser, L. (1956). *The functions of social conflict*. New York: Free Press of Glencoe.
- Craig-Bray, L., Adams, G. R., & Dobson, W. R. (1988). Identity formation and social relations during late adolescence. *Journal of Youth and Adolescence*, 17, 173-187.
- Deutsch, M. (1969). Conflicts: Productive and destructive. *Journal of Social Issues*, 25, 7-41.
- Deutsch, M. (1973). *The resolution of conflict: Constructive and destructive processes*. New Haven: Yale University Press.
- Durkheim, E. (1951). *Suicide: A study in sociology*. Glencoe, IL: Free Press.
- Eisenberg, N., & Harris, J. D. (1984). Social competence: A developmental perspective. *School Psychology Review*, 13, 267-277.
- Erikson, E. E. (1968). *Identity, youth, and crisis*. New York: Norton.
- Fischer, K. W. (1980). A theory of cognitive development: The control and construction of hierarchies of skills. *Psychological Review*, 87, 477-531.
- Fischer, K. W., & Elmendorf, D. M. (1986). Becoming a different person: Transformations in personality and social behavior. In M. Perlmutter (Ed.), *Cognitive perspectives on children's social and behavioral development*. (Minnesota Symposium on Child Psychology Vol. 18.) Hillsdale, NJ: Erlbaum.
- Flay, B. R. (1989). *Contemporary trends in prevention*. Workshop presented at the Addiction Research Institute, Wayne State University, Detroit, MI.
- Flay, B., Koepke, D., & Thomson, S.J. (1989). Six-year follow-up of the first Waterloo school smoking prevention trial. *American Journal of Public Health*, 79, 1371-6.
- Fossum, M.A., & Mason, M.J. (1986). *Facing shame: Families in recovery*. New York: W.W. Norton.
- Gibbs, J. P. (1972). *Sociological theory construction*. Hinsdale, IL: Dryden Press.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Glynn, T. J. (1981). From family to peer: A review of transitions of influence among drug-using youth. *Journal of Youth and Adolescence*, 10, 363-384.
- Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NJ: Doubleday.
- Goldman, M. S., Brown, S. A., & Christiansen, B. A. (1987). Expectancy theory: Thinking about drinking. In H. T. Blane & K. E. Leonard (Eds.), *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klein, P. (1980). *Skill-streaming the adolescent: A structured learning approach to teaching prosocial skills*. Champaign, IL: Research Press.
- Gonzalez, G. M. (1988). Theory and application of alcohol and drug education as a means of primary prevention on the college campus. In T.M. Rivinus (Ed.), *Alcoholism/Chemical Dependency and the College Student*. New York: Haworth Press.
- Gonzalez, G. M. (1989). An integrated theoretical model for alcohol and other drug

- abuse prevention. *Journal of College Student Development*, 30, 492-503.
- Goode, W. J. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496.
- Gose, B. (1995). Partying without alcohol. *Chronicle of Higher Education*, March 17, A31-A32.
- Hanson, D., & Engs, R. (1986). College students' drinking problems: 1982-1985. *Psychological Reports*, 58, 276-278.
- Hardy, M.E. (1988). Perspectives on science. In M.E. Hardy & M.E. Conway (Eds.), *Role theory: Perspectives for health professionals* (2nd Edition). Norwalk, CT: Appleton & Lange.
- Hardy, M.E., & Hardy, W.L. (1988). Role stress and role strain. In M.E. Hardy & M.E. Conway (Eds.), *Role theory: Perspectives for health professionals* (2nd Edition). Norwalk, CT: Appleton & Lange.
- Hull, J.G. (1987). Self-awareness model. In H. T. Blane & K. E. Leonard (Eds.), *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Ihde, D. (1971). *Hermeneutic phenomenology: The philosophy of Paul Ricoeur*. Evanston, IL: Northwestern University Press.
- Institute of Medicine (1990). *Broadening the base of treatment for alcohol problems*. Washington, DC: National Academy.
- Johnston, L. D. (1985). The etiology and prevention of substance use: What can we learn from recent historical changes? In C. L. Jones and R.J. Battjes (Eds.), *Etiology of Drug Abuse: Implications for Prevention* (National Institute on Drug Abuse Research Monograph 56). Washington, DC: U. S. Government Printing Office.
- Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (1991). *Drug use among American high school seniors, college students, and young adults, 1975-1990*. Vol. II. College students and young adults. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
- Kandel, D. B., & Logan, J. A. (1984). Patterns of drug use from adolescence to young adulthood: Periods of risk for initiation, continued use, and discontinuation. *Journal of Public Health*, 74, 660-666.
- Keller, M. (1970). The great Jewish drink mystery. *British Journal of the Addictions*, 64, 287-296.
- Keller, M. (1976). Problems with alcohol: An historical perspective. In W.J. Fildstead, J.J. Rossi, & M. Keller (Eds.), *Alcohol and alcohol problems: New thinking and new directions*. Cambridge, MA: Ballinger.
- Kelly, G. (1955). *The psychology of personal constructs*. New York: Norton.
- Khantzian, E.J. (1985). The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *American Journal of Psychiatry*, 142(11), 1259-1264.
- Khantzian, G.E.J., Halliday, K.S., & McAuliffe, W.E. (1990). *Addiction and the vulnerable self*. New York: Guilford.
- Kinder, B. N., Pape, N. E., & Walfish, S. (1980). Drug and alcohol education programs: A review of outcome studies. *International Journal of the Addictions*, 15(7), 1035-1054.
- Kivlahan, D.R., Marlatt, G.A., and Fromme, K. (1990). Secondary prevention with college drinkers: Evaluation of an alcohol skills training program. *Journal of Consulting and Clinical Psychology*, 58, 805-810.
- Kuhn, T. S. ((1970). *The structure of scientific revolutions* (2nd Ed.). Chicago: University of Chicago Press.

- Lee, N.K., & Oei, T.P.S. (1993). The importance of alcohol expectancies and drinking refusal self-efficacy in the quantity and frequency of alcohol consumption. *Journal of Substance Abuse, 5*, 379-390.
- Lettieri, D.J., Sayers, M. & Pearson, H.W. (Eds.). (1980). *Theories on drug abuse: Selected contemporary perspectives*. (National Institute on Drug Abuse Research Monograph 30.) Washington, DC: U.S. Government Printing Office.
- Machell, D.F. (1989). Alcoholics Anonymous: A wonderful medication with some possible side effects. *Journal of Alcohol and Drug Education, 34*(4), 80-84.
- Marcia, J. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology*. New York: Wiley.
- Marlatt, G. A. (1985). Relapse prevention: Theoretical rationale and overview of the model. In G. A. Marlatt & J. R. Gordon (Eds.), *Relapse prevention: Maintenance strategies on the treatment of addictive behaviors*. New York: Guilford.
- Marlatt, G.A. (1988). Research on behavioral strategies for the prevention of alcohol problems. *Contemporary Drug Problems, 15*, 31-45.
- Mead, G. H. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. Chicago: University of Chicago Press.
- Meltzer, B. N., Petras, J. W., & Reynolds, L. T. (1975). *Symbolic interactionism: Genesis, varieties, and criticism*. London: Routledge & Kegan Paul.
- Milkman, H., & Sunderwirth, S. (1987). *Craving for ecstasy: The consciousness and chemistry of escape*. Lexington, MA: Heath.
- Miller, W.R. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford.
- Nirenberg, T. D., & Miller, P. M. (1984). History and overview of the prevention of alcohol abuse. In P. M. Miller and T. D. Nirenberg (Eds.), *Prevention of alcohol abuse*. New York: Plenum.
- Oei, T.P.S., & Baldwin, A.E. (1994). Expectancy theory: A two-process model of alcohol use and abuse. *Journal of Studies on Alcohol, 55*, 525-534.
- Oetting, E., & Beauvais, F. (1986). Peer cluster theory: Drugs and the adolescent. *Journal of Counseling and Development, 65*, 17-22.
- Oliveri, M. E., & Reiss, D. (1981). A theory-based empirical classification of family problem-solving behavior. *Family Process, 20*, 409-418.
- Pentz, M. A. (1985). Social competence and self-efficacy as determinants of substance use in adolescence. In S. Shiffman and T. A. Wills (Eds.), *Coping and substance use*. Orlando, FL: Academic Press.
- Piaget, J. (1926). *The language and thought of the child*. New York: Harcourt, Brace, Javonovich.
- Poldrugo, F., & Forti, B. (1988). Personality disorders and alcoholism treatment outcome. *Drug and Alcohol Dependence, 21*, 171-176.
- Reynolds, P. D. (1971). *A primer in theory construction*. Indianapolis: Bobbs-Merrill.
- Rubin, J. Z., & Brown, B. R. (1975). *The social psychology of bargaining and negotiation*. New York: Academic Press.
- Russell, A. (1984). A social skills analysis in childhood and adolescence using symbolic interaction. *Journal of Youth and Adolescence, 13*, 73-92.
- Saltz, R., & Elandt, D. (1986). College student drinking studies 1976-1985. *Contemporary Drug Problems, 13*, 117-159.
- Sarbin, T. R. (1982). Contextualism: A world view for modern psychology. In V. L. Allen & K. E. Scheibe (Eds.), *The social context of conduct: Psychological writings of Theodore Sarbin*. New York: Praeger.
- Sarbin, T. R. (1982). Self-reconstitution processes. In V. L. Allen & K. E. Scheibe (Eds.), *The social context of conduct: Psychological writings of Theodore Sarbin*.

- New York: Praeger.
- Sarbin, T. R., & Allen, V. L. (1986). Role theory. In G. Lindzey & E. Aronson (Eds.), *The handbook of social psychology, Vol. 1* (2nd Edition). Reading, MA: Addison-Wesley.
- Schuckit, M.A., Klein, J.L., Twitchell, G.R., & Springer, L.M. (1994). Increases in alcohol-related problems for men on a college campus between 1980 and 1992. *Journal of Studies on Alcohol, 55*, 739-742.
- Selman, R. L. , & Demorest, A. P. (1984). Observing troubled children's interpersonal negotiation strategies: Implications of and for a developmental model. *Child Development, 55*, 288-304.
- Sher, K. J. (1987). Stress response dampening. In H. T. Blane & K. E. Leonard (Eds.), *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Shibutani, T. (1955). Reference groups as perspectives. *The American Journal of Sociology, 60*, 562-569.
- Shipley, T.E. (1987). Opponent process theory. In H. T. Blane & K. E. Leonard (Eds.), *Psychological theories of drinking and alcoholism*. New York: Guilford.
- Sillars, A., & Parry, D. (1982). Stress, cognition, and communication in interpersonal conflicts. *Communication Research, 9*, 201-226.
- Spotts, J. V., & Shontz, F. C. (1980). A life-theme theory of chronic drug abuse. In D. J. Lettieri, M. Sayers, & H. W. Pearson (Eds.). (1980). *Theories on drug abuse: Selected contemporary perspectives*. National Institute on Drug Abuse Research Monograph 30. Washington, D.C.: U.S. Government Printing Office.
- Spradley, J.P. (1970). *You owe yourself a drunk: An ethnography of urban nomads*. Boston: Little, Brown.
- Steinberg, L. (1992). *Adolescence* (3rd ed.). New York: MacGraw-Hill.
- Straus, R., & Bacon, S. D. (1953). *Drinking in college*. New Haven, CT: Yale University Press.
- van Dijk, W. K. (1980). Biological, psychogenic, and sociogenic factors in drug dependence. In D. J. Lettieri, M. Sayers, & H. W. Pearson (Eds.), *Theories on drug abuse: Selected contemporary perspectives* (National Institute on Drug Abuse Research Monograph 30). Washington, DC: U.S. Government Printing Office.
- Wechsler, H., Isaac, N.E., Grodstein, F., & Sellers, D.E. (1994). Continuation and initiation of alcohol use from the first to the second year of college. *Journal of Studies on Alcohol, 55*, 41-45.

THE WEB OF CARING: AN APPROACH TO ACCOUNTABILITY IN ALCOHOL POLICY*

*William David Burns, Association of American Colleges and Universities
Margaret Klawunn, Brown University*

Introduction

In L. Frank Baum's *The Wonderful Wizard of Oz* (1969), the Cowardly Lion draws courage from a bottle (invoking one old name for alcohol, "courage").¹ The famous movie version substitutes a badge of honor for the alcohol. This glimpse at our culture permits us to look at alcohol and other drug use as the ingestion of products that promise to help ease the burdens, or enhance the pleasures, of our common lives. Complicated issues of intimacy, identity, feelings of inadequacy and worth, courage, sexual identity, and self-confidence can be relieved or enhanced with the use of alcohol. When we drink, we are both uninhibited and simultaneously provided with an explanation for any unusual behavior that our lack of inhibitions might have allowed.

Alcohol becomes just another product marketed to satisfy a consumer need. Our obsession with products suggests our addiction to the quick fix. When it comes to our very special needs, alone or together, we turn our attention to the search for magic bullets to inoculate ourselves from some disability, to secure for us some special protection from our vulnerability, or to make us the perfect people we want to be. We are focusing on alcohol use (and not just on addiction) in this report.² We note the extreme ambivalence of our culture regarding alcohol and the benefits and risks associated with its use. Thus, we are committed to seeing more than alcohol itself as the problem that merits our attention. From a causal standpoint, we note the *coincidence* of alcohol abuse and many disturbing occurrences. We stipulate that many of the most heinous campus incidents would probably not have occurred without alcohol. Here we are thinking of vile incidents of racism, sexism, homophobia, intolerance of difference, rape, and other assaults. But alcohol cannot be said to have caused bigotry and prejudice or caused men to objectify women and appropriate them for exploitative purposes. These attitudes precede alcohol consumption, and a focus on alcohol will not seriously attend to the underlying problems. Hence, for us, the focus on alcohol and other drugs (except in cases of addiction) is in many ways inadequate.

Equally inadequate—and also impossible to find—would be a replacement for alcohol in the form of a wonder product that would have all of the

perceived benefits of alcohol and none of the undesirable side-effects or addictive properties. That search itself is pathological. It places responsibility for problems on the products themselves instead of questioning the users and those around them.

Theories are products, too, and the reader who invests the energy and time to go through what follows may expect a product to fix the problem. At the end of this document, what the reader will find is a description of a way of thinking that urges collective action to balance our obsession with individual rights, that promotes concern and connection more than separation and rules, and that encourages care over selfishness. We emphasize a series of impulses and habits in administration that we believe will respond sympathetically to students, while according them the dignity and respect they deserve. We urge a commitment to a process, not an attachment to a product. Most of all, we envision the web of caring as a metaphor for engagement and a precondition for any desire to promote community.

Particularly when it comes to alcohol policy, college communities must reckon with the laws of our society, and those laws, like many of our policies and programs, are crude attempts to gain control over things that seem to be out of control. Society's current preoccupation with young people, while grounded rhetorically in claims of care and concern and to a small extent connected with epidemiological concerns, seems more like a projection of adult anxieties combined with a neat avoidance of the behavioral problems of "grown-ups." This is especially true in cases where laws and policy are seen as the sole prevention strategy. It seems especially unfortunate that at a time when we might seek to reward and encourage the discriminating behavior of some young people who act like "adults," and by that we mean a range of behavior that is acceptable and praiseworthy (as distinct from behavior that is dangerous, abusive, and risky), we are nonetheless confronted with a legal context that makes no discriminations or distinctions in evaluating the drinking behavior of those who are underage. What is hoped for in developmental theory, a progression toward mature independence, is thwarted by the necessary practice of Manichean dichotomies of right and wrong, legal and illegal, us and them. In working with adolescents, we should prefer instruments with a finer calibration. We can find these instruments in our thinking and communicating with students, even if they seem a bit vague, ambivalent, or self-contradicting when we compare them to the blunt tools provided by some of our law-makers or to the simplistic rhetoric of our current national "war" on ourselves.

Those of us in higher education seem to be singled out by this focus on youth in college. While we believe that education offers our best hope to change the culture, there are many dangers in education. Some education is the polite subversion of prevailing myths. Gertrude Stein (1935) once wrote that "Education is being thought about and as it is being thought about it is being done it is being done in the way that it is thought about, which is not true of almost anything" (p. 15). Several convoluted and teasing sentences

later, after telling us how much education is being done in America and particularly in New England, she shrewdly notes, "They do it so much in New England that they even do it more than it is thought about." That we are doing it so much that we are not thinking about what we are doing is precisely why, even in the face of a crisis, we should pause to think. Thus, we have tried to follow Hannah Arendt's humbling and sober advice given in the introduction to *The Human Condition* (1958): "What I propose therefore is simple: it is nothing more than to think what we are doing" (p. 5).

In recent years, alcohol policy on college campuses has probably received more attention than any other part of the relationship between students and administrators. Yet it is only one piece of a complex set of negotiations that includes educational, political, and social decision-making. Decisions on alcohol policies and programs reflect and sometimes conflict with basic philosophies guiding these negotiations. They also illuminate the assumptions we make about students and student life.

The best way to assess the limitations and possibilities of current approaches is to put alcohol back into its context. We need to look at a series of motivations for administrative and student actions. A lot is said these days about both the need for community and the importance of individual rights. This tension in our thinking and in our national life needs to be examined. By teasing out both strands, the collective and the individual, we can see how institutions might emphasize one part over the other. When it comes to alcohol use, an overemphasis on individual self-regulation and responsibility is particularly dangerous.

In this report we look first at the assumptions in current approaches; and, second, we examine some intentions behind drinking and explore how colleges contribute to selfish attitudes and behavior; and finally we discuss alternative conceptions of the self in relation to others and suggest an approach to accountability designed to foster a web of caring. We want to uncover ideas about students that are implicit in models of university authority. By analyzing the *in loco parentis* doctrine and the contract/consumer model, we can see how these two formulations distort the students' role—the former by infantilizing students and the latter by increasing alienation and overestimating students' freedom of choice.

We then focus on the reasons for excessive drinking among undergraduates, and we identify some limitations in prevention strategies that do not account for these motivations. Using materials gleaned from student interviews, we are able to theorize about motivation by listening to students' formulations and explanations of their own drinking behavior. What they express is radical individualism, an attitude encouraged by the liability avoidance strategies of institutions, by rules-based approaches to alcohol use, and by certain prevention messages. These strategies discourage care and connection at the same time that they promote antagonistic relationships and exaggerate the condition of selfishness. And ironically, what emerges from listening to students is how important alcohol seems to be in their efforts,

though sometimes sloppy, to achieve community and connection.

In developing an accountability model to enhance connections—our concluding sections—we discuss alternative visions of selfhood in order to determine how we might nurture a different conception of self-identity, one that would incorporate care and concern for others. Turning to feminism and Afrocentrism as examples, we look for models of ways to describe political communities. We believe that a program to eliminate alcohol abuse will be effective only when responsibility expands to include genuine concern for the welfare of others, as well as for personal well-being. Our suggestions are designed to challenge the selfish and addictive attitudes that contribute to alcohol abuse. A change in thinking is an essential precondition for a sustainable change in acting.

This report analyzes the political, psychological, and cultural frameworks that support alcohol abuse. To supplement studies that use questionnaires or statistical surveys to discover truths about students' attitudes and drinking practices, we wanted to include student voices, believing that something can be learned by listening to how students talk. For facts about incidence and prevalence of alcohol use among undergraduates, we refer the reader to the following national and international studies: Engs & Hanson, 1985; Gadaletto & Anderson, 1986; Saltz & Elandt, 1986; Temple, 1986; Gallup, 1987; Johnston et al., 1987; Anderson & Gadaletto, 1988; and Johnston et al., 1988. For prevention research, see Kessler & Albee, 1975; Caleekal-John and Goodstadt, 1983; Farquhar et al., 1985; Brennan et al., 1986; and Burns & Sloane, 1987. For a very good discussion of alcohol, we recommend *Loosening the Grip* by Jean Kinney and Gwen Leaton.

The relationship between students and universities; what do our models say about students?

Colleges have gone from being parents to clinicians in just 30 years. No one would argue that they can or should return to the days when young women were locked in, when lights were out at 11:00 p.m., and when to be caught with a bottle of beer was to risk suspension or expulsion. But does this mean that there are no standards by which conduct can be measured—or that colleges have no obligations to students? Unclear about what standards to maintain and principles by which student life should be judged, many administrators seek to ignore rather than confront the issues (Boyer, 1987, p. 203).

Ernest Boyer, in *College: The Undergraduate Experience in America* (1987), points to the problem facing university administrators today: how to influence student behavior while respecting students' independence. What might surprise most Americans about the current situation is that out of a surveyed population of undergraduates, 50% supported a code of conduct on campus, and

many asked for more administrative control over fraternity parties (p. 203). The difference between the students of the 1960s and students in the 1980s is that today's students do not have a sense that anyone cares enough to want to regulate their behavior, or even to acknowledge their success at taking care of themselves. In the 1960s, when students demanded freedom from an *in loco parentis* doctrine that infantilized them, they were asking for independence within a system that assumed connection and membership. The inheritance for students today, in the wake of an overthrown *in loco parentis* doctrine, is a system that eschews connection in the name of student rights, on the one hand, and liability-avoidance on the other. Applying this hands-off approach to alcohol policy sends a message that the college does not want to be involved if there is a problem.

Forms of *In Loco Parentis*

The question Boyer poses is whether not having any standards can be the answer to not knowing what standards are applicable. Although everyone agrees that the old form of *in loco parentis* has met its demise, there is no consensus on a theoretical model to accurately describe the present student-university relationship. Part of the difficulty in formulating a new approach is that *in loco parentis* never worked as a theoretical basis for many types of university action to begin with, so a new model is being sought to account for all aspects of the relationship in a way that its predecessor did not.

In loco parentis provided an *ex post facto* justification for university intervention when there was a disciplinary problem with a student. Elaborated in *Gott v. Berea* (1913), but existing since the beginning of residential colleges, *in loco parentis* extended to college authorities the power of surrogate parent to make decisions "concerning the physical and moral welfare and mental training of the pupils." It was essentially a doctrine under which student affairs personnel promulgated rules (parietals) and provided food, shelter, discipline, and care for the sick. As a philosophy for interacting with students, it provided little or no guidance, while it clearly reserved for college authorities maximum power over students' lives. "As a rationale, *in loco parentis* contributed nothing to understanding the difference between good and bad parents. It said much about theoretical functions, but little as to why, how, or to what end" (Morrill, Hurst, & Oetting, 1980, p. 6).

In loco parentis, with its source of authority in paternalism, cannot distinguish between good and bad because its justification for action—exercising authority over persons for their own good, by persons who are assumed to know better than those whose lives are governed—can permit a variety of authoritarian means, including force and deceit, as long as the end is protection. "It is equally obvious that the intention of guarding from harm has led, both through mistake and through abuse, to great suffering. The 'protection' can suffocate, it can also exploit" (Bok, 1978, pp. 204-205).³

Since it never helped to formulate a comprehensive approach to student

policy, *in loco parentis* could not accommodate the very demands for autonomy that are embedded in developmental psychology, or that emerge with student-initiated negotiation for freedom. A new model, which can accommodate a more complex relationship with students, one that goes beyond parent and child, is important for several reasons: for helping to conceptualize the interaction between students and universities, as a guideline or framework for policy, and to provide new terms for the relationship. In his prologue, Ernest Boyer (1987) cites as one of the eight biggest problems facing American colleges the need to resolve the tension between institutional authority and student freedom (p. 5); examining some of the current approaches and student responses to these approaches, however, reveals that many current methods only serve to heighten this tension.

One educational phenomenon that drew much attention in the eighties was a rash of lawsuits brought by students who expected to be protected by their colleges. Court decisions made on these cases have also had a major impact on institutional policy, resulting in the substitution of waivers and party registration forms for what used to range from university supervision to organized indifference. In the early 1980s, courts began to hold colleges liable for personal injuries to students whereas they rejected such liability in the 1960s and 1970s (Szablewicz & Gibbs, 1987, p. 457). More significantly, students who are making legal claims seem to believe colleges should be the guardians of their physical well-being. They are seeking an extension of liability based on this duty to protect them from physical harm.

In a 1983 case, *Mullins v. Pine Manor College*, a student who was abducted from her dormitory room and raped brought a negligence claim against the college for failing to provide adequate campus security. The Massachusetts Supreme Court held the college liable, claiming that a new *in loco parentis* relationship exists:

The fact that a college need not police the morals of its resident students, however, does not entitle it to abandon any effort to ensure their physical safety. Parents, students, and the general community still have a reasonable expectation, fostered in part by colleges themselves, that reasonable care will be exercised to protect resident students from foreseeable harm (*Mullins v. Pine Manor*).

Another case, this one in 1985, where a student asked the court to make the college the guardian of his own safety was *Whitlock v. University of Denver*. In this case, the court awarded the plaintiff damages for injuries sustained while he was jumping on a trampoline outside a fraternity house. Neither the student's intoxication, nor the fact that he was jumping in the dark, dissuaded the court from deciding that the university had a legal duty to use reasonable care in response to a foreseeable risk of injury to others. The university exercised a degree of control over the fraternity, leased the house and property to the fraternity, and knew about the presence of the trampoline. Thus there was "abundant and sufficient evidence upon which a duty could be based and upon which a jury could . . . find the defendant's

negligence to be greater than that of the parties" (Whitlock v. Univ. of Denver).⁴

Szablewicz and Gibbs (1987) interpret these cases, and others like them, as the rebirth of an *in loco parentis* doctrine that is limited to the protection of student safety.

Thus, courts in several jurisdictions have found the student-college relationship to be a special one which either explicitly or implicitly gives rise to a college's duty to protect students from physical harm. . . . Though not yet articulated by any court, it seems clear that this is in effect a new *in loco parentis*, under which the college has no right to control students' morals and character but retains a duty to protect students' physical well-being (p. 464).

Szablewicz and Gibbs believe that these rulings are the beginning of the courts' reinstatement of a form of *in loco parentis*, which the students seem to be requesting (at least after they are injured). Their prediction for the future is that eventually colleges will, in response to these decisions, ask for more power to police student behavior in order to prevent potentially harmful situations. We regard this as an unhappy possibility because it could mean oppressively invasive and pervasive control. We are unpersuaded that sufficient resources to carry out such a program of supervision are available even if it would be desirable. Without the resources, colleges are placed in the position of avoiding liability or appearing to promise more than they can guarantee. As Ryan Thomas (1987) analyzes the situation, "the values undergirding our present behavioral codes have more to do with avoiding institutional embarrassment than with promulgating shared commitment to principles of social interaction" (p. 56).

One question that emerges from this litigation is, what kind of relationship are the students asking for? Is it, as Szablewicz and Gibbs suggest, a 1980s' renunciation of student independence in favor of a return to protection? Or is it a response to the hands-off administrative policies that have said to students that no one will take any responsibility for them?⁵ Szablewicz and Gibbs point out that the University of Denver was only acting "much like any other school would regarding the fraternity and trampoline—with deference to student autonomy" (1987, p. 460). Thomas (1987) claims, "When *in loco parentis* was given up, little attention was paid to the need for a principled substitute. Instead institutions began to formulate systems designed to meet the requirements of the law" (p. 56).

Students and universities are moving in opposite directions, a trend that is only exaggerated as universities respond to the new liability exposure by trying to extricate themselves from all legal responsibility. While 40% of surveyed undergraduates report that college is, quite literally, their home away from home (Boyer, 1987, p. 196), colleges are working to ensure that home is a place where anything that happens to a student cannot be blamed on the institution. To say the least, student litigation might not be having a desirable (or even the desired) effect.

A draft manuscript of a Department of Education report to college presidents on alcohol and other drug use counsels that “If only because the legal climate is changing, colleges and universities can no longer afford to keep their heads in the sand” (Upcraft & Welty, 1989, p. 11).⁶ They warn that recent court decisions have extended alcohol server liability so that institutions are responsible for “hosting or supporting [any] event at which alcohol is made available” to minors. The kind of liability-driven action on alcohol use advocated here constitutes a disconnection between colleges and students. As soon as institutional self-interest or paternalism comes into play, the idea of community begins to unravel. Engagement necessarily exposes one to risks, while thinking in terms of liability tends to negate connection. Thinking about liability—or obsessing about it—is no prophylaxis against having “one’s head in the sand.” On the contrary, it is possible that liability-avoidance strategies can result in serious self-delusion about the nature of student reality, especially where the strategy promises more than it can deliver, or seeks to disrupt connections that might otherwise reduce harm.

Changes in *in loco “parenting”* styles may not be so different from what goes on in the home. Part of the problem with even the new *in loco parentis* doctrine is that it assumes a universal and immutable standard of parenting—a standard even Doctor Spock cannot live up to.⁷ University administrators, too, have changed their minds in trying to find the proper balance between control and laxity. Realistically, the other side of the authoritarian parent model has always been a kind of laissez-faire approach that winks at certain transgressions without interceding. Universities, like most parents who know what is happening, have a certain level of accommodation, turning their heads at some select sins. For example, most first instances of alcohol use take place in a family context, and many parents want their children to learn to drink socially, even when they are drinking illegally. Without thinking through the consequences, parents actively decide not to intervene in the same way that many universities draw their line of involvement. Moreover, how much vigilance is a parent expected to provide? How active should a parent be? The phenomenon of the latchkey child (or rather the latchkey parent) is much talked about. It suggests the extent to which parents are not available in the home to provide effective supervision of young children. To the extent that colleges seek to play surrogate parents, their deployment decreases at the time when the activity most needing parental supervision takes place. We sleep while our students are awake—and most of us sleep at home, not on campus.

The Contract or Consumer Model

Under any form of *in loco parentis*, whether it is strict or indulgent, the student is in the place of the child. Colleges seem to want to recognize students’ maturity, and in trying to extricate themselves from the untenable position brought about by a wave of litigation that established certain student rights,⁸ another model emerged to reflect more accurately the new relationship

between students and colleges. We can call this the contract or consumer model. Under this model, the student gains the power to contract for services, as a consumer in an educational marketplace might negotiate for the best deal. The dominant metaphor shifts from family to market, and the student/consumer keeps the market healthy and responsive by taking business where the services most suit his/her needs.⁹ Getting as much as one can within the context of the contract, by knowing and acting on one's own interests, becomes the ideal behavior in this model. Substituted for the parent-child model is one that need not promise any interaction beyond formal and abstract negotiations of deals where everyone seeks to win.

The party registration form, in spite of its flaws, is one example of the contract model (as it applies to alcohol policy) that has been adopted on many college campuses. With the party registration form, it is customary for students to agree to a limited number of guests, a specific amount of alcohol, and service of alcohol only to legal drinkers. Other stipulations may include nights when parties are prohibited, a requirement that students provide door monitors to check underage drinkers, and a request for proof of age from the hosts. There is a significant educational value in making students aware of party planning. Yet once a student promises to meet all the qualifications of the contract, he or she officially assumes responsibility for whatever actually takes place. In seeking to transfer legal responsibility from college to student, the contract clarifies relationships. For students, though, the "right" to party comes at the cost of an official disconnection with the authorities at the institution. Whether wittingly or not, the contract signals the institution's desire to be disengaged from the event once the protocol of filing the form has taken place. The illusion of the contract is that the students have bargained to be able to do more or less what they want. (Of course, where the contract is thought to be too onerous, the parties go on "unofficially" or take place off campus.)

The contract/consumer model suggests that students stand on equal footing with colleges as far as bargaining power is concerned, but Victoria Dodd has shown that the claim of equality is a fallacy and the model is misleading. Dodd believes that students cannot be accurately classified as consumers since they cannot freely choose the college they will attend. She also argues that the essence of contract law, a two-sided agreement, does not exist between students and colleges because the student has no control over the contractual provisions and all the provisions favor the school. "In effect the student agrees upon matriculation to abide by and tolerate every action of the school, except those of an arbitrary and capricious nature, while that school promises almost nothing in return" (cited in Szablewicz & Gibbs, 1987, p. 462). While this model aims to provide students with some measure of equality, it only serves to obscure the more powerful role of the institution. William Kaplin (1980) notes that the debate continues over how much "implied or inherent authority" is retained by the institution (p. 228). Ultimately, when contract or consumer models misrepresent the relation-

ship, they contribute to student perceptions of institutional hypocrisy.

We have outlined two different models for the relationship between institutions and students, *in loco parentis* and the contract/consumer model. The *in loco parentis* doctrine is flawed because it infantilizes students, frustrating their desire to separate from parental authority. It cannot accommodate the developmental shift away from parents that most psychologists predict for adolescents. From the institution's point of view, being a parent is easier when the child is dependent and becomes more difficult as the child achieves some measure of independence. The *in loco parentis* doctrine is not honest about the nature of parental authority because parental authority is weakest when it comes into play with an independent child. It cannot predict or control behavior with an independent child, and the assumption of connection is false.

The contract/consumer model implies negotiation where there is little room to negotiate, especially with underage drinking. In most contract theory, there is a desire on the part of the institution to achieve distance from students because of the high risks associated with their behaviors. An antiseptic disconnection takes place where we believe a flexible connection might have more chance of achieving the desired end of collective responsibility. The contract also implies that students have some autonomy and individual power or choice when, in fact, about important aspects of student life (personal freedom and alcohol use), they have very little real bargaining power.¹⁰ With both approaches, students' relationship to authority is inaccurately represented, in part because the two models rely on rules that distort the character of students and institutions.

Developmental theories, disobedient dependency, and the limitations of rules

In order to understand students' sometimes complicated reactions to institutional authority, it helps to look at some elements of prevailing developmental theory. Robert Arnstein (1974) describes the tasks of eighteen to twenty-two year olds as separating from parents, forming an identity or egosynthesis, and then developing a capacity for commitment in a relationship. Arthur Chickering (1969) describes a similar process of becoming autonomous that includes a rejection of connection during the college years. Individuals often deny the need for relationships because to admit that need frustrates their ability to see themselves as autonomous. It is only after they are able to achieve some independence that they are able to recognize interdependence (Chickering, pp. 57-61). The capstone of autonomy, according to Chickering, is the recognition and acceptance of interdependencies, as Arnstein also suggests. Thus, students are expected to separate from parental and other past connections, then to move through "tasks" that ultimately lead to autonomy and then to reconnection. Yet during the college years, students

may be somewhere between the complete rejection of others and the mature acceptance of connection. To move from dependency or rebellious independence toward relationships of mutual respect, Chickering argues, students need the encouragement of the proper university structure.

The development of autonomy may not be fully completed in many college settings . . . because there is limited chance to develop, to demonstrate to oneself, the ability to cope with significant tasks alone—in short, because of limited opportunities for developing instrumental independence (p. 57).

It is important for administrators to recognize that while fulfilling their task of becoming independent, college students are negotiating their need for connection. (This negotiation has both a political and personal significance.) They may not have found a balance yet between dependency, autonomy, and a mature relationship of interdependency.¹¹

In order to help students resolve this negotiation, universities need to provide an environment that encourages connection and simultaneously stimulates individual development. One answer, which developmental theorists and educational theorists seem to agree on, is for colleges to adopt clear and consistent standards. These standards, which represent value commitments, become a guiding philosophy for the institution to follow in all policy decisions. The volume *Administration and Leadership in Student Affairs* counsels that “student affairs staff members can probably have a much greater impact on students’ ethical development by modeling a concern for and adherence to a set of publicly owned standards than they ever could when prescribing rigid rules for students” (Miller, Winston, & Mendenhall, 1983, p. 185). Chickering (1969) also finds that clear objectives, which encourage examination and debate, provide an effective structure for guiding student growth, while excessive regulation encourages bickering over implementation and enforcement (pp. 171-173). The key is not to be rigid and dogmatic in making objectives, because doing so seals learning off from conscious control and modification, causing students to rebel. Although students seem to want some kind of connected relationship to their institutions, rigid rules only serve to alienate students from those who seek to make and enforce the rules. Rules also tempt the ingenious to find ways around them. One student said it even better: “rules inspire genius.”

As students struggle with conflicting desires for autonomy and dependence, especially within a context of rigid rules, they are apt to fall into a relationship with authority that Richard Sennett (1981) calls “disobedient dependence” (p. 26). He defines this bond to authority as based on “compulsive focusing of attention: what would they [the people in authority] want? Once their will is known, a person can proceed to act—against them.” No genuine independence is achieved by this behavior because the authority figure is the central character: it is rebelling *within* authority rather than *against* it. As Sennett describes it, “the defiance creates a barrier which allows the depen-

dent person to enjoy the pleasure of dependence.” If we are trying to help students achieve a measure of independence, then the very act of rule-making, as opposed to standard setting, impedes that goal by promoting dependence.

In response to the question, “Can you think of a situation where the rules said one thing and because you cared for someone you wanted to do something else?,” a nineteen-year-old female Rutgers student illustrates this disobedient dependence bond to authority:

The only thing I can think of is if someone had alcohol in the residence hall I wouldn't tell on them because I figure if they are doing their best not to get caught I'm not going to tell on them. Because I wouldn't want anyone telling on me if I did something that was illegal.

Instead of emphasizing the desirability of some “illegal” actions, in this case, drinking, she emphasizes the satisfaction of strategizing to evade authority. A twenty-year-old male student sounds a similar note in his answer to the same question:

How about to protect a friend? This happened recently, he was too drunk, and you could have notified the proper people, which is what you're supposed to do, or you could just take care of it yourself, and hopefully everything should go all right and nobody should get into any problems.

This student, even though he is describing his own actions, frames his response using the second-person pronoun “you,” as if he is considering a hypothetical situation. The distancing of the pronoun “you” serves to absolve him of the disobedience, at the same time that it places the hypothetical “you” in the same dependent relationship to authority that he feels he is in himself.

Another male student describes a process of bending the rules whereby “you do as much as you can so you don't get in trouble.” He defines bending the rules as, “you would not change the rules but would ignore certain parts of them.” Fulfilling Sennett's definition of disobedient dependence, this twenty year old sees himself as powerless to change the rules, but he enjoys the rebellious feeling of sneaking around them. A twenty-year-old female admits that her friends who do not attend Rutgers would be “surprised at how much drinking does go on considering the rules that are going on—the strict rules that have been enforced lately, so they are pretty surprised at that.” All these students brought up drinking as their rules-breaking example without any prompting or suggestion from the interviewer (it was the first question), and alcohol or alcohol policy had not been mentioned at all in connection to the interviews.¹²

Obviously drinking is one area where students act out a disobedient dependence relationship to institutional authority. It is also an area where they identify the university's approach as centered on *rules*—rules that they can bend, ignore, or openly defy by illicit drinking since they see the letter of

the law as the only part of the policy that really concerns the university and themselves. All the other prevention and rehabilitation programs available on alcohol are subordinated to a focus on the one element that students feel invades their lives, the rules.

The reason each of these students gives for not reporting an infraction of alcohol policy is to avoid “getting someone into trouble.” Although they express awareness of the dangers of drinking too much, those potential health hazards are *secondary* troubles or problems, as compared to the *primary* problem of fearing or facing disciplinary action for not following the rules. One female student, who is entering her senior year, recently attended a seminar on how to be a good preceptor or group leader because she is planning to be a group leader (peer advisor on academics) next year. She gave this answer when asked about a situation where the rules conflicted with caring for someone:

If I was in that position [a friend got sick from drinking at a party in her room] I would feel more comfortable, if they were really sick I would take them to the Hurtado Health Center [the student health center], but if they're just a case of really drunk, I'd just stick them in their room. But the rules are that you are supposed to take any drunk person to Hurtado, but then it gets reported, and then you have to report to your preceptor, and then you get written up, and then you can get suspended for breaking the rules of alcohol policy or something like that. If I was responsible I would make darn sure they were all right in their room, but my last option would be Hurtado, but I would do it if they were really ill. But if they were just wasted I'd put them to bed.¹³

This student's negotiation with the rules, even after attending the training seminar, reveals that her first priority is to keep herself out of trouble, and then to consider the best care for her friend. This example, especially since it involves a student who has been through formal training on the alcohol policy, illustrates the limitations of a rules-based approach: the aim of the rules—to provide better care for students—gets lost in the obsession with the rules themselves and with their disciplinary consequences.

We realize that some student drinking might have nothing to do with authority figures, but the kinds of speculation about getting in trouble represented here suggest that a response is frequently expected. Students seem to think about drinking politically, some in terms of resisting what is controlling them, others in terms of “achieving autonomy.” The “trouble” that is of most concern is the trouble they or their friends might get into for having broken the rules, not the trouble that the person who may be seriously at risk from drinking is in. This is probably even more likely in cases of chronic abuse than in individual episodes of alcohol overdosing into drunkenness.

Prevailing theories of development are focused on self and individuation. While they advocate separation as the developmental task of adolescence, they also acknowledge that mature interdependence is a late stage of development, one that may or may not occur in college. Thus, the negotiations

that students undergo with authority may place them in a situation best described as disobedient dependence. The rules seem to function as something to be gotten around. In some cases, rules may actually interfere with students' ability to act to reduce harm or to provide care for other students who are drinking in disobedience. Theories that count on self-regulation seem subject to an obvious criticism: the "self" that is supposed to be doing the regulating may not be reliable. All of the rhetoric about rules and the self fails to consider that the self is less reliable when alcohol begins to work its effects. Rules-based approaches also forget that students may have reasons for drinking.

Why do students drink alcohol?

To reconcile students' understanding of the risks involved in alcohol abuse with their blatant subversion of all the rules governing its use, the function of alcohol itself must be considered. What role does it play in the disobedient dependence behavior of undergraduates? Is alcohol a sign of rebellion or sophistication? How does it fit into undergraduate socializing?

Even though students know all the rules and the risks, they still drink illicitly and often to the point of intoxication.¹⁴ The assumption in rule-setting is that a behavior must be modified: students have not learned how to tell when they have had enough to drink, so they need some reasonable guidelines. Since they are using the same substance that adults use, adults assume that students are misusing the substance, that they have not learned "adult" use, not that they are consciously using alcohol to get the pharmacologic effect they know it provides. If getting drunk is a conscious behavior with some kind of motive behind it, then it needs to be treated differently, and setting rules will not be effective.

Anna Freud (1974) describes a condition in adolescents that she calls the "transitory spontaneous recovery from the condition of asceticism" (p. 156). This phenomenon could explain the contradictory behavior of students who say they know the rules, seem to accept them, can argue for them, and then act against them even when they might be endangering themselves or others:

[W]e find almost invariably a swing-over from asceticism to instinctual excess, the adolescent suddenly indulging in everything which he had previously held to be prohibited and disregarding any sort of external restrictions. On account of their anti-social character these adolescent excesses are in themselves unwelcome manifestations; nevertheless, from the analytic standpoint they represent transitory spontaneous recovery from the condition of asceticism (p. 156).

For college students living much of their lives in conformity with administrative and parental expectations, drinking provides a release from the restrictions, even if they support those regulations in principle. John Dewey (1966) labels this behavior "capricious activity"—when one does not care

what happens and disconnects the consequences of an act from the act itself (p. 77). Dewey places the blame on schools that dictate rules without leading students to see the connection between the end and the means. Thus, it would not be unusual for a student who attends a “mocktail” party or demonstration (alcohol-free cocktail party)¹⁵ at six p.m. to decide to get drunk at a different party at midnight when she or he has grown restless with behaving. One notorious drinker, F. Scott Fitzgerald, in talking about his own college days, once exclaimed. “Why, I can go up to New York on a terrible party and then come back and go in to church and *pray*—and mean every word of it, too!” (cited in Wilson, 1967, p. 106). What Anna Freud terms the “antisocial character” of this type of rebellion and recovery might also be called the countercultural aspect of student drinking behavior.

Theodore Roszak (1969) defines a counter culture as a “culture so radically disaffiliated from the mainstream assumptions of our society that it scarcely looks to many as a culture at all, but takes on the alarming appearance of a barbarian intrusion” (p. 42). The key characteristics of a countercultural action are that it is anti-intellectual and disaffiliated. While drinking among today’s college students might not necessarily be anti-intellectual, it is not intellectual either, and it is deceptively disaffiliated. When Roszak first defined “counter culture” in the sixties, he was talking about a population of young people who looked different from their parents, used different drugs, and had different goals; today’s students look much the same as their parents, share many goals, and the same drug of choice, but their use of it at this stage of their lives is very different—they drink in party settings often to the point of drunkenness. They reject one of the messages of adult culture: learning control or at least learning a myth of control. In an odd way, when they drink they admit their powerlessness over alcohol because intoxication is just that state they seek to be in.¹⁶ When sober, however, they claim total control over alcohol.

The countercultural dimension of their drinking is its radical rejection of decorum. While students look like and behave like adults and have adult aspirations, what they do while drinking is a rejection of everything they would claim they were while sober. Consider vomiting as a symbol of rejection. The prominence of vomiting on campus (and even the rhetoric associated with it, e.g., “I drove the big white bus last night”) is more than just the gastrointestinal response triggered by drinking large quantities of alcohol. Vomiting is actually cultivated behavior in some instances.¹⁷ A recent story from a prominent Southern university seems to be a good example of this “counter cultural” rejection: A noted fraternity sponsored a keg-race in its basement where participants drank in order to vomit, and then the vomit was “collected” in a garbage pail. Once enough was collected, the pail was overturned in the middle of the floor, soap suds were added and the brothers took turns sliding—some on their chests—through the vomit. In every other respect, this fraternity would seem to have embraced the dominant culture. Vomit is a good symbol of rejection, however, and thus sliding in it would seem to

qualify as a counter cultural act.

To talk about student drinking in these terms, as transitory spontaneous recovery or countercultural behavior, is to take it seriously as a behavior with a plausible objective—instead of students getting drunk because they do not know how to handle alcohol, they are drinking for its effect, and on a political level, in relation to an authority figure.

Boredom as Motivation

Students say that they are bored. Recognizing the possibility of boredom as one intent behind student drinking, and taking it seriously, is essential for developing an effective campaign to stop alcohol abuse. One frequently attempted approach, which does not accurately assess the motivation of student drinking, is the programming of activities designed to distract students from drinking and getting drunk. The rationale for this approach is that students often cite a lack of other options as their reason for drinking. While colleges themselves express amazement about this claim (recalling the many lectures, concerts, club meetings, recreational sports, and films that seem to be scheduled at any given time), they nonetheless respond. As a tactical response, programming aims to reduce drinking and promote alcohol awareness by convincing students that alcohol-free activities can be fun, and that the possibilities for such activities are endless. Of course it makes sense to provide a wide range of programs for those who do not drink or whose drinking is non-problematic. It is less sensible to suppose that alternative activities will satisfy those who use alcohol for the effects they believe it will provide.

Just one example of this strategy is a handbook for residence hall staff entitled *How to Program without Alcohol: 3000+ Residence Hall Programs* by Dr. Floyd Hoelting.¹⁸ Hoelting alphabetically lists alcohol-free activities for dorms. He suggests programs that include a Bugs Bunny breakfast or lunch program with carrots and green vegetables and students dressed in rabbit costumes, a frog catching contest with a frog leg barbecue, a soap box derby, a bulimia rap session, etc.

As discussed earlier, any program that seeks to modify behavior must have a “sense” of the person whose behavior is to be changed. What is that sense as evidenced in these suggestions? Hoelting’s suggestions offer a very confused answer to the question—one that, to a great extent, fails to take college students seriously, even less their reasons for drinking.

To think that students would forget about drinking to catch frogs does not take into account the nature of boredom, nor what students mean when they say they are bored. Frequently boredom is a mood having nothing to do with the number of available activities, as this sophomore male explains:

You can get in a mood where you’re just blah and you could even know you have a party to go to but still be bored. I’ve been to parties even though everyone was having a good time I just wasn’t in the mood to have a good time so I left. There’s

times when you can still be bored and still have options to do something.

Another sophomore stated, "even when you're bored, there's still tons of things you can do."

An awareness of boredom as a personal feeling divorced from the environment was expressed by a majority of the students interviewed, which means the plan of providing more activities cannot eliminate the excuse of boredom as a reason to drink. Adam Phillips (1986), a child-psychoanalyst, believes that boredom is actually a developmental state necessary for reconnecting with one's desires:

What the bored child perceives himself as losing is "something to do" at the moment when nothing is inviting. . . . In a sense, the bored child is absorbed by his lack of absorption, and yet he is also preparing for something of which he is unaware, something that will eventually occasion an easy transition or a mild surprise of interest (p. 104).

The idea that boredom helps the child to "return to the possibility of his own desire" (Phillips, 1986, p. 101) might be a key to the link between alcohol use and boredom in college students.

Certainly this twenty year old's description of why he drinks when he is bored seems to fit Phillips' theory:

Alcohol just loosens you up. It's a depressant so it just makes you like less inhibited to think "All right let's do that." Just maybe [it] helps to get other people involved in what you want to do. Like say you think of something that's kind of unusual to do, and you want to do it, and people are drunk enough, they'll do it. Otherwise they say they have a paper due next Tuesday "I can't do that, we should just hang around here and go to bed early." But if you've been drinking, you're like "oh yea, I'll do that." It helps to get you going because once you start drinking there is just no going back really unless you just drink one or two beers and hang around and just let it wear off, but if you just start drinking you know once you get going, you might as well just have fun. Kind of like a line, you just kind of cross it.

This student betrays an awareness of the facts about alcohol—"it's a depressant"—and in an interesting way his knowledge about the drug leads to his desire for it: he can anticipate the effect. In fact, his own misuse of alcohol education reveals the limitation of teaching the facts as a method for preventing abuse because, for him, the uninhibiting effect of a depressant provides the release he needs and activates his desire.¹⁹

Boredom has not received enough attention by alcohol researchers, although several studies focusing specifically on the connection between drinking and types of boredom have helped to identify some of the variables in the relationship. A study done at Florida State University by James Orcutt (1984) tested drinking habits in relation to two different types of boredom: existential boredom and interpersonal boredom. Existential boredom, which

was positively related to drinking among college-aged students, was defined as arising from the feeling that one's life has no clear direction and purpose. In contrast, interpersonal boredom, boredom with small talk and social interaction, is negatively related to alcohol use because drinking so often occurs in a social setting. None of the interviewed students expressed interpersonal boredom, in keeping with Orcutt's findings, but many of them expressed existential boredom. Clearly, the type of boredom related to drinking, questioning one's life purpose, cannot be ameliorated through participation in bubble blowing contests or peanut week (nor can one predict with any certainty when it might be appropriate to plan a "life purpose" workshop). Actually, existential boredom might be accelerated by infantilizing options that make drinking seem to be the only sophisticated alternative. Another study (Schwarz, Burkhardt, & Green, 1982), based on the theory that drinking provides a culturally sanctioned time-out from social controls, tested sensation-seeking as a factor in the drinking of college-aged males. This study, performed at Auburn University, found that general sensation-seeking and alcohol are significantly related. In testing alcohol as a sanctioned time-out, these researchers provide another explanation for why non-alcohol activities alone will not succeed in preventing excessive drinking. The activities that Hoelting and others suggest may provide the ice-breaking function of alcohol but they lack the excuse for misbehavior. (They are, in the words of one alumnus, "like a scotch and soda without the scotch.") Students who want the release from social controls that they think alcohol provides will not be satisfied by alcohol-free activities—especially when those activities represent the very effort to achieve social control.

Countercultural Drinking to Create Communities

When students describe their drinking habits and parties, getting drunk is an assumed part of undergraduate life and, in fact, has been for many years. Edmund Wilson (1967) complained of a famous classmate that "he had never really been to Princeton, that he had always been drunk or deluded, and had lived in a personal fantasy. He made little attempt to learn anything, as far as his courses were concerned, and he had no idea whatsoever as to how the University worked" (p. 180). Wilson then had to admit, somewhat sheepishly, that the same was true of his own college days. Today's students seem to be continuing in this well-worn tradition of collegiate life, and it is inaccurate to think that the problem of student drinking is new just because it is now receiving a lot of attention. Michael Moffatt (1989) discovered during his anthropological journey into college residence halls that: "Liquor and near-drunkenness were central to partying for white, mainstream American students . . ." (p. 129).

Asked to describe a typical Rutgers party, a woman in the class of 1990 said,

A lot of drinking but I guess that's the same everywhere from what I've heard. A lot of drinking, sometimes I've been at a party where there's been a lot of fights. . . . I guess I would think of a fraternity party that's what I've been to mostly. I'm

too young for bars so I don't see that. People dancing, drinking—definitely—that's what I would say, there's a lot of drinking.

This student, who admits that she is under age for drinking at bars, completely unselfconsciously tells about attending numerous parties with “lots” of alcohol. She presents this scenario as the norm for undergraduate socializing at all the schools she has heard about. It is her idea of a “norm.” Elaborating on her description, she explains: “People won't dance usually unless they are drunk. . . . So by the end [of the party] everyone is dancing and everyone is just screaming.” Her description is not atypical. A twenty-one-year old senior claims, “Frat parties can be wild with drinking. People all over the floor, spilling beer on you, bumping into you. . . . They [fraternities] have gotten stricter with alcohol, but they're still the wildest.”

Parties may differ in character, but the emphasis on drinking seems to be universal. One sophomore gave his version of the various kinds of parties:

You have dorm parties but they have cut down on those and they are basically small gatherings. Pretty mellow and pretty quiet. You have fraternity parties I really don't like. There are a lot of people, you can get served but it's a big hassle to do it. Usually there's a lot of dancing depending on which ones you go to. You have off campus parties which are usually fairly large. I usually like going to off-campus parties because there are usually people you know, whereas in fraternity parties you usually only know who you go with. . . . I like going to off-campus parties because basically there are fifty to one hundred people in this one apartment and you know half of them. You feel comfortable with them and there's usually a lot of drinking and dancing. They can be pretty mellow but basically you're more friendly with the people.

A female in the junior class adds some details about the typical partying environment,

Just drinking. It's just drinking. I can't see it because I can't even breathe in a place like that because it's so hot and stuffy and filled with smoke. . . . It's just so hot in there I can't stand it and I have to move around. . . . And I can't understand why people want to do that. I guess it's just for the drinking.

The idea that these parties are organized just for the drinking is something several students mention explicitly. “If someone is planning a party, the first thing they plan is who is going to buy the keg, or the other choice . . . ,” as one student puts it. The definition one woman gave for a good party was “enough alcohol for everyone there. Enough would probably be enough to get everyone intoxicated, although I doubt a typical Rutgers student would say they wanted to.”

Recent research²⁰ on expectancy theory has interesting implications for establishing the nature of student drinking. Several undergraduates who are quoted above mention that parties frequently are organized for drinking, and they recount episodes of very heavy party drinking. One explanation for

this kind of episodic drinking is that students' beliefs about the benefits of alcohol to socializing affect the quantity of alcohol they consume on any given occasion. Because parties are perceived as necessary but potentially stressful social events, students' ideas that drinking helps to reduce inhibitions and enhance sociability may influence excessive drinking, even though this type of drinking might only take place on Thursdays, Fridays and Saturdays, the typical partying nights. As one recent study found:

As in previous studies (Mooney et al., 1987), expectancies were better predictors of quantity-related drinking variables, including usual quantity consumed per occasion and frequency of intoxication, than of frequency of drinking occasions. This finding makes sense when one notes that many of the effects of drinking are felt only after a certain number of drinks. Initiating a drinking episode might be influenced by other factors, such as convenience or timing, but on a drinking occasion an individual drinks to experience certain desired effects, expectancies may influence the amount drunk more than the frequency of those occasions (Leigh, 1989, p. 438).

This study provides an explanation for the tendency among undergraduates to drink to drunkenness when they do drink. Expectancy theory helps us to see how and why intoxication becomes the goal because it brings with it certain perceived benefits.²¹

Drinking, Socializing, and “Hooking up”

Asked to explain the reason for drinking, and particularly for getting drunk, one frequent answer students give is that it helps with socializing because it lessens inhibitions. The same woman who spoke about hating the hot, crowded rooms of most parties theorizes that the attraction of drinking for her peers is that it allows people who are normally closed to express themselves:

It [using drinking to open up] is a very big part of drinking here at Rutgers because a lot of people talked about this, that the reason you're doing an activity is for the drinking, not for the activity. Like parties, [they think] you have a party to drink, you don't have a party to get together with your friends.

The importance of drinking to socializing—especially when, paradoxically, one's own need for release overrides any meaningful contact with others—not only characterizes the situation at most parties, but also the kind of interaction students expect to have with each other.

Even though there is an enormous amount of pressure put on meeting people, romantic or sexual partners in particular, the interactions students have with each other at parties are, for the most part, set up to be superficial. Recognizing that not all student relationships are superficial, and in fact that many students have very committed relationships, these statements are only intended to describe one kind of socializing that is linked to drinking and parties; but since this kind of social contact was mentioned by a majority of

students as typical, it merits examination in conjunction with drinking and its function in students' lives.²²

Many of the interviewed students, when they discussed drunkenness as facilitating contact between men and women, also described a party situation constructed as an obvious set-up for sexual encounters. As they present it, drinking becomes an excuse for some students to let themselves be set up, even when they know the trap exists. This feigned innocence is described for men and women, although it has more complicated ramifications for the women. A male art history major in his junior year talks about "hooking up," a party phenomenon he participated in during his freshman and sophomore years, which he describes in terms of a social ritual. The routine begins by establishing eye contact with a woman while dancing, then he leaves his friends and she leaves her friends to "single it off." In his words:

For this to work successfully, you are usually fairly drunk so you don't remember what you are doing.²³ It's very awkward and not a lot of fun. But then you usually say "Gosh, it's hot in here," and go outside. Then you go outside and that's when you become physical. It's not sleeping with someone. It's not even, it's basically more just making out and not anything real. . . . Freshman year is like a point of like something really stupid, a matter of showing people you're cool, or you can do it. I did it more for, I really wanted that closeness, but it really wasn't that closeness, it was more that closeness combined with what it looked like. . . . I guess some people expect relationships out of that. I certainly never did. And I don't even know anyone who got one. Who would want to meet like that? You met in a drunken stupor, naked in the backyard of some fraternity in snow. That's not any way to meet anybody, and I guess I finally realized that.

Several other men and women echoed his description of this ritualized or contrived encounter between the sexes. In each case, the essential ingredient is the alcohol, which encourages social freedom and provides an excuse if things "go wrong." A senior, who describes herself as a light drinker, when asked about the difference between being at a party when she is drinking and when she is not drinking, replied:

Well, when you start drinking and you start feeling the alcohol take effect, you are more friendly. You take more risks. If I were a single person and I wasn't drinking, I'd say "oh, he's cute," but I wouldn't do anything. But if I were a little drunk, maybe I'd go up to him. So you have a lot of people taking risks like that and being more friendly, giving you a pat on the back more often, it's fun.

Alcohol and Predatory Sexual Behavior

Even though men and women claim that both sexes get drunk in order to socialize more freely with each other, the difference becomes harmful when women are entering a social situation set up by men, as in a fraternity house, which is designed to make it easier for men to take advantage of women sexually. One reason women may be willing to go along with the set-up is sug-

gested by Carol Cassell (1984). She argues that “The central fact—and fault—of women’s sexuality is that all too often we deny responsibility for it: we wrap our desire in a cloak of romance, need ‘love’ in order to have sex” (pp. 24-25). Because our society is still uncomfortable with women’s sexuality, women have developed “a coping mechanism, which allows them to be sexual . . . without having to pay the price of being labeled wanton or promiscuous.” This coping mechanism is the demand to be “Swept Away,” which as Cassell explains, is “a counterfeit emotion used to disguise erotic feelings.” Drinking, as it is typically used at fraternities, could certainly help with this delusional process and would further displace responsibility, maybe more effectively than the pretense of emotion alone.

Many students blame the women for their naivete, and all of them acknowledge that the set-up is explicitly constructed to make the women vulnerable. A female sophomore believes that going to a fraternity party is a risk, and one that women should know enough not to take:

The guys are very sexist. They just seem to want to get laid and do anything to manipulate a girl to get laid, whether they get her drunk and try to flirt with her, or stuff like that. But a girl is taking a chance by going there. They should know instinctively that’s what a teenaged man wants. Especially at this age they are at the peak of their sex drive and it’s kind of common sense.

Her attitude that a woman’s instincts should protect her from entering into a possibly threatening situation accepts as facts predatory male sexuality and the use of alcohol as a manipulative technique.

When a junior was asked how she thinks alcohol is used at fraternity parties, she reported,

I’ve talked to these friends of mine who have gone to fraternities and they have the booze there to get the women drunk, definitely. And the women drink because they think that’s what they are kind of supposed to do. And they like to drink anyway, they like to drink but they don’t, they are not doing it for the same reason, like they’re doing it to get relaxed or because it’s there.

When asked whether the men find it attractive for the women to be drunk, she answered,

I’ve done a lot of talking with people about this, and they think that a drunk woman is really disgusting but she’s like an easy and a quick lay. . . . So the people I know that are in fraternities that have girlfriends, they wouldn’t tolerate their girlfriends being drunk that way.

In the fraternity setting, the socializing can (and often does) lead easily to acquaintance rape and sexual assault.²⁴

One factor, which paradoxically increases the likelihood of acquaintance rape in fraternities, is the policy of many national sororities to prohibit the

use of chapter funds and sorority houses for the consumption of alcohol. Sorority members are not prohibited from drinking; they are simply asked not to do it at home or with their chapter's money. This policy stance contributes directly to the circumstance where college fraternities become the main focus of social activities, particularly those involving alcohol. As the handbook *Rush: A Girl's Guide to Sorority Success* naively advises sorority members, "Have fun—drink up before you dance" and "Go home from parties before you throw up or pass out" (Rose, 1985, p. 78). Ronald Roskens, the president of the University of Nebraska, notes:

It is clearly admirable that the sororities have banned alcohol in policy and in fact from their houses. But I find no redeeming virtue in this fact since sororities continue to participate actively in fraternity or even university sponsored events where excessive drinking is the rule, rather than the exception ("The Stuff That Dreams Are Made Of").

With regard to alcohol consumption and sexual assault, the fact that fraternities become the buyers/sources/servers of alcohol, and that women enter fraternities in order to drink it, means that the two main conditions that tend to predispose women to sexual assault are institutionalized in some greek systems. As research suggests, the conditions that predispose women to date rape are expressing interest in the man, letting him pay for the date, and entering his home.²⁵ Because alcohol impairs judgment and weakens defenses, it can become an agent in assisting a predator to acquire a victim. There are other more controlled situations where alcohol is also used to lessen inhibitions, but more for facilitating conversation and flirting than for sexual misconduct; however, that possibility exists even in these settings.

Drinking Games

A common method for combining drinking and socializing is playing drinking games, such as "Thumper," "Kill the Keg," and "Quarters." All the Rutgers students interviewed were familiar with Quarters (a game where players bounce a quarter off the table and into a full cup of beer in the center—anyone who is successful picks another player to drink the beer), and they could either describe their own experiences playing or what they knew about the game from watching others play. A typical explanation of why it is fun is given by this twenty-year old female:

I like Quarters at parties because usually people . . . I like going to parties, I like meeting people, and people don't introduce themselves and I do. . . . But a lot of people aren't, they don't do that. But you play a game of quarters, you sit down with four people you don't even know and you're talking and it kind of gets a conversation going. So I see it as that.

Like many students, this senior sees drinking games as an ice-breaker—an easy way to establish contact with others, to have fun talking and drinking

while being brought into a relationship with one another by virtue of the game. A study done at the University of Nebraska—Lincoln corroborates this view of drinking games: “They provide an easy means of relating to others, even strangers. . . . Games themselves encourage drunkenness which further facilitates socializing” (Newman, Crawford, & Nellis, 1989, p. 6).

When Rutgers students were asked how they would feel if their friends decided to try to get them drunk on their birthday by playing a game of Quarters, more than half of those interviewed said it would not bother them, although several males added qualifications about not wanting to be the only one drunk. One sophomore admitted:

I would feel a little used in a sense but they might be doing it for a reason other than just getting drunk. If they just want to see you get sick on your birthday, it might be fun for them but I would feel pretty used. Unless they would do something afterwards and just wanted to make sure you were. As long as everyone was as drunk as I was I don't think I would mind that much.

The young man quoted above added that he would not use the word “paranoid” to describe how he would feel as the only one drunk, but he would use the word “abused.” The following student did use the word “paranoid” to explain how he might feel:

I think it would depend on their motivation to get me drunk. If they were trying to get me drunk for some bizarre reason, to strip me naked and take pictures of me in the lounge, then I would be wary. But I don't think that would be the situation. I think if they were just trying to get me drunk, it wouldn't be anything I'd object to because I've been drunk with them before. . . . The only thing that bothers me about the situation is the type, because I'm so paranoid.²⁶

Ironically, only male students mentioned this fear of being “more drunk” than the others during a drinking game, while almost unanimously students stated women's predicament at fraternity parties to be precisely that: women wind up more drunk than the men who are trying to take advantage of them. These two males acknowledge the potential to be singled out as something that makes them uncomfortable, and this potential is frequently realized with women at fraternity parties; yet none of the women mentioned it in connection with drinking games, and none of the men related their discomfort with this use of alcohol to what women experience at fraternity parties. The omission may be a significant indication that vulnerability is still socially accepted as a feminine plight. It may also reveal that men are more obsessed with being in control.

When students at the University of Nebraska—Lincoln were asked why they play drinking games, 96% of those interviewed “indicated that one of the reasons why 'Quarters' was played by males was to pick up females and/or to take advantage of them” (Newman, Crawford, & Nellis, 1989, p. 11). The researchers concluded that

the activities around the Quarters cup can provide an effective, informal, unspoken matching process where signals are given and returned by the medium of an intoxicant that tends to decrease the inhibitions of those involved. Couples who have initiated relationships in this manner may find it easier to relate to each other following the game (p. 11).

By analyzing students' reasons for playing Quarters, these researchers hope to instruct health educators and administrators on the benefits students find in the games in spite of the medical risks of overconsumption. Although they consider the role of alcohol in facilitating social contact, they do not consider the possibly harmful nature of that interaction if men are expecting to be able to take advantage of the female players. Some of the male students at Rutgers recognized that alcohol in drinking games can be used to make a person vulnerable, but they were thinking about themselves when it seems, more typically, that in drinking games and at parties, the alcohol is being used to make women vulnerable. These drinking games have an intent besides getting drunk, and this intent says even more about students' alcohol use than does their willingness to ignore health threats. Student alcohol use is more characteristically a social, albeit sometimes pathological, behavior than a cavalier renunciation of personal health. However, prevention efforts more frequently focus on the health or "total wellness" aspect and exclude the social (and sometimes predatory) dimension of much student drinking.

Cultural Messages about Alcohol Use

Complicating universities' relationships to students around alcohol policy are the cultural messages students absorb about drinking and what alcohol bestows upon its users.²⁷ Three underlying themes contained in these messages are important for the issues in this report. The first theme is the connection of alcohol with status and privilege, the second, the association of alcohol with infantile escapism. The third theme concerns two basic "educational" messages that exaggerate the focus on the self and shift attention away from concern for others.

Alcohol and Privilege²⁸

Examples of advertisements that link alcohol with privilege abound. The basic use of alcohol as a reward (something you deserve) has been discussed extensively elsewhere. Two recent advertisements that link alcohol with anxiety about privilege help us see these connections. One entitled "Social Security" shows three bottles of champagne in a refrigerator, and the other is a mobile with an upscale scotch at the center captioned "Upwardly Mobile." Obviously these advertisements are aimed at a larger audience than college students, but they have unique repercussions within the university because they affect students' sense of their relations to status, power, and authority. If college students, who believe themselves privileged by virtue of their enrollment in college, are told that alcohol is part of being privileged, and part of

a connection to successful adults, it becomes a more desired commodity, but also a symbol of status and a way to achieve that status.

College is, after all, supposed to be the path to a successful adult life. Indeed, many admissions campaigns invoke the language of privilege—often linking it with excellence—in much of what they say about student status within the institution. This value of selectivity, of advantage over others, of specialness, is not lost on students, particularly not on those who are interested enough to engage us in our rhetoric.

A lot of the drinking behavior on campuses is designed to model the sophistication students are growing into: cocktail parties, formals, receptions, the ubiquitous presence of the bar in a fraternity house. Even the “tailgate” party, as it is appropriated by students, mimics the adult return to campus.

Students are told in many ways that “Membership has its privileges.”²⁹ Consequently, when injunctions on drinking are imposed, they are viewed as incompatible with the status of our best and brightest, and incompatible with the myth of adult freedom that colleges promise. This problem is not new. One graduate student, writing in 1969, expressed the paradox in these terms:

The nineteen year old with an I.Q. of 90 who was unable or too lazy to earn good grades in high school and unable or unwilling to go on to college, who now works only 35 to 40 hours a week, has all the dimensions of personal freedom that our society provides. This is not the case with this young person’s intellectual polar opposite. The nineteen-year-old with an I.Q. of 125 who works a total of 50 or 60 hours a week in class, in the library, at a part-time job, and at study is often told where to live and when to come and go, and can be subjected to annoying indignities, such as having his dormitory room inspected for disorder or searched for contraband liquor. If college and university administrators continue to reject demands for personal freedom made by this student and others like him, they are in a rather ludicrous position. For then they assume that members of their select community have less intelligence, capacity, or self-control than those unable or unwilling to be students (Driessel, 1969, p. 81).

Alcohol becomes a debating point within the concept of privilege: why should the most promising young people be the most restricted? Privilege and selectivity do not repose in students as some special trust—something that can be taken away easily—but rather feel like markers of status, allowing them to think they are chosen. It becomes very hard for students to cooperate with an alcohol-free strategy that seems burdensome and hostile, especially when it subjects them to what they perceive as greater restrictions than those applied to their non-college peers.

Infantile Escapism

Advertisements that appeal to the fun and playfulness of drinking, although they take the opposite tack, also create problems for university authorities who levy alcohol policy. An example of this strategy is the Miller Brewery Spring Break Guide “Beachin’ Times,” which was delivered to campuses nation-wide and then retracted by their top executives as a mistake. Printed

in a childish scrawl and formatted like a comic book, “Beachin’ Times” offers answers to the question “Why I Are A College Student” and proffers motherly advice on how to dress for the beach. It advises starting “spring training early” and then mixes messages of health and safety with pranks, put-downs, sexism, implicit racism, and advice for constant intoxication—the final result is that the serious messages are deconstructed at the same time that the foolish ones are promoted. “Beachin’ Times” makes irresponsible drinking into a requisite (and fun) part of youth culture, promoting abuse of alcohol and abuse of others as a right of the college generation. Students’ rights, according to Miller Beer, are:

The right to be. The right to be anything. The freedom to do nothing. The ability to make a statement without saying anything. The right to be truly decadent . . . or totally modular. The right to deny yourself nothing. You have the right to be.

Students who subscribe to these beliefs about drinking openly rebel or furtively sneak around alcohol regulations that they believe deprive them of an inalienable right of young adulthood.³⁰

“Beachin’ Times” seems to be targeted at white men, but one campaign that seems to be targeted in part at white women is the Spuds MacKenzie series. Here we find the party animal in the form of a bewildered dog, frequently being manipulated by a group of young women.³¹ In his cuddliness and his derring-do, Spuds is a reassuring, and systematically misleading representation of the party animal most young women need to be concerned about. Since he is a dog, he does not have to drink beer, so his animalism, not his intoxication, may account for his lack of inhibitions. Not so with the true party animal, which is why he turns to drinking.

College women are in the very precarious position of simultaneously having to be appealing, intelligent, caring, independent, careerist, and family-oriented. They cannot be one woman—they have to be many women. Retreating from socializing is an understandable response to this stress. Trusting people who you hope will not let you down is another. The association of alcohol with the condition of exploitation is a powerfully important condition with which women must contend. Alcohol consumption might help women feel more “integrated”—at ease in social situations, for example—but it is also an element that exaggerates their vulnerability to the very party animal they are being asked to cuddle.

Industry-Supported Education

In their attempt to collaborate with alcohol education, the industry has pushed at least two slogans that merit attention: “Know your limit” and “Know when to say when.” These messages find a sympathetic response from the higher education industry as well. The National Collegiate Awareness Week people sponsored their own “Know when to say when” poster campaign. Both messages purport to be helpful.

Like much alcohol prevention and education, these messages focus on

individuals, assume that students' drinking will approach dangerous levels ("say when"), and even encourage drinking "at the limit." Neither message distinguishes among drinkers (some people are at risk drinking anything at all). Neither reminds its target of any responsibility or connection with others. Ironically, the advertisements also provide a debating point for the drinker should someone else try to intervene ("What do you mean I'm drunk? I know when to say when"). Neither ad accounts for the fact that "knowing" is affected by drinking and that the most unreliable person to tell us "his limit" is the person approaching his limit. The campaign relies on the myth that the drinker maintains control. Absent from these messages is a call to collective responsibility—"Know when and how to say what and to whom."

We have looked at a variety of things people talk about when they explain why they drink, and we have also examined some of the messages that influence people's thinking about alcohol. Some of the reasons for drinking are social, to feel connected, while other reasons are more predatory. In both instances, students place the locus of control within the individual.

The dangers of radical individualism

Students' attitudes about alcohol reveal a lot about their relationships with each other, and some of that is very troubling if their ways of using alcohol are indicative. A fiercely individualistic idea about alcohol use comes up when students talk about responsibility for a drunk person. In February, 1988, James Callahan, a first year student at Rutgers and a fraternity pledge, died during a fraternity initiation ritual involving alcohol.³² In the student consciousness, James Callahan's death became the symbol for not knowing your limit. As they saw it, because of his error they were all being unjustly punished, and the fraternities were bearing the brunt of the criticism. A class officer had this to say about it in her interview:

Kids are going to drink no matter what and I just think . . . James Callahan, I mean, he was like stupid. Like I don't blame the Lambdas, he was dumb. He shouldn't have drank that much. I think people should really know their limit of how much they should drink. I don't think drinking should be banned. That's just like stupid. It will just drive it underground and people will abuse it more. I think there should be an alcohol education program people will take seriously.³³ Because it's just like a joke to everyone. It's almost like James Callahan died in vain, because you'd think after that people would calm down, with like chugging of alcohol. But I heard after that about people who would just down hard liquor.

Her evaluation of blame, attributing the death to personal error, completely ignores the group context of the incident. (It is thought that Callahan drank approximately twenty-four kamikazes in forty minutes as part of an initiation rite.) She denies any connection between Callahan and the others present in favor of an individualized ethic in which Callahan is somehow faulted

for not knowing enough to take care of himself. Opinions voiced by students shortly after the incident reveal that many students felt the same way: "He had drunk himself to death," "He should have known better," "He was responsible for what happened to himself," "He should have known 'when to say when...'[an echo of the industry message]." ³⁴ As this woman reports on the legacy of Callahan's death, this kind of response has permitted students to continue their own heavy drinking worry-free.

I still hear stories. This one fraternity, this past Christmas, the big gag is to each . . . like a little brother buys the big brother a bottle of hard liquor and then at the party they chug it. My friend told me he did it. I'm like, "You could have died. You are such an idiot." He was like, "Oh it wasn't that bad. Then people threw up." I'm like, "That's really brilliant. You drink so you can throw up? That's a lot of fun." I don't like it. They're like, "Oh, James Callahan died. He was stupid." And then they do the same thing. He died because he didn't realize how much alcohol he was ingesting at the time. He did it in such a short amount of time he didn't realize.

She claims frustration with her friend's inability to see that he could die the same way. However, because she does not let go of the idea that Callahan could have stopped if he were not confused, her reasoning allows for exactly that disconnection that her friend expresses. By denying the group's influence and the context beyond the self, they both absolve others of responsibility for what happened. ³⁵

Students who think this way are also asserting a powerful individuality: their sense of themselves as masters of their own fate gives them a feeling of invulnerability to external forces. The danger of this kind of thinking with alcohol is that any student who separates himself or herself from James Callahan is overestimating his or her own judgement, especially when intoxicated, and underestimating the influence of the group. In blaming Callahan for his fate, students display a strange lack of sympathy for a fellow student's death, as if sympathy would betray a connection they need to deny.

Where did this ethic of individualism come from and how does the university foster it? We have pointed to both contract/market theories, developmental theories that prize autonomy above connection, and cultural messages that focus on self ("knowing when to say when") as evidence of the special appeal to individualism that exaggerates the already profound "individualism" of American culture. The political side of individualism is a rights-based conception of relations to authority and the rule-making that goes with it.

Educational analysts from many different political orientations agree that there is a selfish individualism among today's college students that universities have somehow encouraged and now need to correct. In a 1986 speech at Harvard University, then Secretary of Education William Bennett took colleges to task for remaining silent on morality, and he entreated faculty and staff to accept morality as a basic responsibility. His example of laxity was a

college president who shrugs his shoulders about drugs on campus instead of doing something to stop the problem. Ernest Boyer (1987) blames the tension between individualism and community on the narrow vocationalism of many schools, which emphasizes personal success more than citizenship. He implores, "We need individualism but, at the same time, we must be mindful of the consequences of selfishness." Educational institutions, he argues, "must help students" understand the dilemmas and paradoxes of an individualistic culture" (p. 68). Allan Bloom, author of *The Closing of the American Mind* (1987), attributes students' egocentric individualism to too much free dom:³⁶

But a young person today, to exaggerate only a little, actually begins *de novo*, without the givens or imperatives he would have had only yesterday. His country demands little of him and provides well for him, his religion is a matter of absolutely free choice and—this is what is really fresh—so are his sexual involvements. He can now choose, but he finds he no longer has a sufficient motive for choice that is more than whim, that is binding (p. 109).

Each analyst of higher education has a different theory about what caused their claim of a lack of community among students in the 1980s, but each one lays at least part of the blame on the colleges and universities themselves. Consequently, educators are asked to question the behavior they are modeling and the policies that are eliciting this response.

We wanted to find out in the interviews how students felt about the connections they have with faculty and administrators, and whether they felt encouraged to initiate contact or not. We were interested in seeing if students believe their individualism reflects the treatment they receive from other members of the university community. Our question—Do you feel that the faculty and administrators with whom you have had contact are interested in you and your welfare?—met with this response from one senior:

A few professors have. When you go up to them after class, they will take the time to talk to you, answer your questions, will come to office hours with you. Some say no, they don't have time and you will have to come when they have their office hours. They won't make the extra effort.

A woman in the junior class speculates, "If we were younger I think that they would take more time, but I think they feel we're in college and you know what you have to do." She also relates an incident where her department failed to notify her about an important certification test:

One of my teachers just mentioned to us that she hoped we got our application for the teachers' certificate test. They didn't even send us anything. Now we don't know what we're going to do. The school is supposedly working on it but we don't know. . . . It's just too big I think. Maybe if you took advantage of it, I can't speak on that part because I never have. If you went down there yourself, but it's not like they're going out of their way, even in your own department.

The only student who mentioned any contact with administrators, a female class officer, wondered about the sincerity of the response she had received in some cases:

Some. I deal with a lot of deans because I'm involved in a lot of activities. I think some deans, I'm actually like friends with, and they really do care, however, as you get up there, on the surface they seem like they care but then you find out things like they refuse to meet with certain people. Or they constantly give you the same prepared speech. They don't genuinely care about the students, maybe they are sick of dealing with it. Too many kids.

Several students mentioned that professors responded once they made an effort, yet other students who did not initiate contact also might not have had any interaction with the professor. In one male student's experience:

I mean you have some professors that have huge lecture halls, and they really can't get to know each and every person, but if you go to their office hours even once or twice they'll usually go out of their way to help you. . . . I think to get some interaction you have to get involved with them.

What emerges from these interviews is that whether the experience was good or bad, little sense of connection exists. The students do not assume that contact with teachers or administrators is possible, although some take a chance, and teachers may or may not take the time to interact with students. It is necessary to raise the expectations so that personal contact is not the exception but the norm, so that students, teachers, and administrators encourage and initiate contact regularly.

We realize that connection cannot stop the kinds of destructive behavior that much student drinking represents. Connection does, however, provide a basis for influencing behavior that does not exist with separated models of authority. For example, a professor or dean who has some personal contact with students can probe, during a conversation about performance, to find out whether there are some underlying problems. This kind of personal contact is a precondition to political caring, which we are defining as caring that is directed at an individual but that also benefits the community. Political caring is based on the premise that the group benefits from the activities of individuals who act, through their connections with others, for the general welfare of the community. The effect of political caring is to improve the conditions of the group, and in that way it is not as immediately reciprocal as intimate caring. Adrienne Rich (1979) clarifies this distinction in her definition of the desire for relation: "The 'need for love' is not the same thing as a desire for relation; the desire for relation implies a degree of wholeness, which needs a fellow-being not for completion of the self but for extension and challenge of the self" (p. 114).

The relationships between authority figures and students are not the

only opportunity for political caring. Students can also care for each other. Unfortunately, the connections between students are often discouraged by factors inherent in the reward systems of most colleges. Competition very directly affects student-to-student relations. Most grading systems do not encourage collaborative work, and in the absence of required cooperation, students vie for the approval of the professor. In the student-professor relationship, the power distribution is clear and limit-setting is disproportionately fixed; but between students, there is the potential for a more equitable exchange, which is often lost because the model for achievement is so individually oriented. When we are wrapped in the language of egosynthesis, separation, autonomy, and individuation, the only visible model of self is one of disconnection.

Some alternative visions of self

Robert Bellah (1985) identifies as one of the crises in America today the fact that we do not have “any collective context in which one might act as a participant to change the institutional structures that frustrate and limit” (p. 127).³⁷ The challenge is to conceptualize a self in a collective context and to develop a program to increase interaction and participation. Although there is a lot of emphasis on individual rights, health, and pleasure, college is also a social place, and alcohol seems to be part of a search for connection, even if the interactions are not always mutually satisfying. Alcohol is often used to allay fears about the risks of connection, but what we need to do is to examine the roots of those fears.

American society privileges the model of the autonomous individual. In this section, we look at several alternative visions of the self from feminism, Afrocentrism, and Alcoholics Anonymous. We believe that ideologies of the self are political, and by privileging one model—of the autonomous individual—society devalues connection and excludes the possibility of a strong self developed in relation to others. The autonomous model is also not effective for developing theories of alcohol policy because it breaks down when it is applied to a substance that impairs individual judgment and functioning. We find these other models imaginatively suggestive because they give us ways to think about the self in relationships.

Feminist theorists have done much work on the ways our society represses or undervalues connection because of its association with the feminine. These theorists believe that connection is a natural human state, which has only been militated against to reinforce artificially the supremacy of male identity as “not female.” They argue for revaluing connection as part of identity formation.³⁸ The work of Carol Gilligan (1989, 1987) on women’s ethical decision-making posits a model for development that opens up our traditional notions of self and community.³⁹ Afrocentric theorists suggest a further step, the conceptualization of a social world that would value connections.

They argue that only Eurocentrism prizes individuality so highly, in contrast with African philosophy. The African sense of community, where individual survival is dependent on the strength of the group, is similar to the model of community used by Alcoholics Anonymous. The archetype of twelve step self-help groups, Alcoholics Anonymous, teaches that common welfare needs to come before the self.

Feminist Models

Researching women's moral development, Carol Gilligan discovers that feminine morality views the world as a network of relationships where the connections between people give rise to a recognition of responsibility. She uses Nancy Chodorow's (1978) psychoanalytic theory to explain why men and women have different conceptions of self and morality. Following Chodorow, Gilligan (1982) attributes the difference in identity to the fact that early child care is largely and universally carried out by women, so that female children experience themselves as like their caretaker, while male children define themselves in contrast to their caretaker.⁴⁰ "From very early, then, because they are parented by a person of the same gender . . . girls come to experience themselves as less differentiated than boys, as more continuous with and related to their external object-world, and as differently oriented to their inner object-world as well" (p. 8). Gilligan's aim is to redress the sexist bias favoring individuation in developmental models, as in Kohlberg's stages of moral development, and to expand our definition of mature behavior to incorporate interdependency as well as separation.

Other feminist theorists also find women's experiences of selfhood ignored or repressed within a male-dominated culture, and, like Gilligan, they believe that female models of connection have the potential to transform society. Jane Flax (1985) argues that our "inability to achieve true reciprocity and cooperative relations with others, and the translation of difference into inferiority and superiority can be traced in part to this individual and collective act of repression and denial" of the early infantile experiences of mothering (p. 26). She believes that by repressing, on a social and an individual level, the period in our lives when women are powerful, we deny the most fundamental proof of human bonding, sociability, and interdependence.

Jessica Benjamin (1985) theorizes that preserving the boundary between the male posture, which overemphasizes self boundaries, and the female posture, which relinquishes the self, leads to domination and violence in our political and erotic lives. She argues that the male stance of overdifferentiation, which protects and establishes individuality, "dovetails with the dualistic, objective postures of Western rationality" (p. 46). This way of thinking prohibits any understanding of interdependence, of simultaneous difference and sameness, and relegates others to object status. To overcome the opposition of self and other, we need to establish a form of communal life that can transcend the boundaries between "male" and "female" postures and

between the recognition (of another's similarity) and differentiation (p. 43).

Dorothy Dinnerstein (1976) and Nancy Chodorow (1978) argue persuasively that women's mothering is a central and defining feature of the social organization of gender and is implicated in the construction and reproduction of male dominance itself. With the present division of labor, nurturing and caretaking are devalued skills, but if child-rearing were to become the responsibility of both genders, then those abilities would no longer be belittled. By analogy, if taking care of others were more valued, then there would be less inclination to focus on one's own drinking as the only marker of control and regulation.

The individualistic conception of self that patriarchy supports is reinforced through our language systems. Julia Kristeva (1980), the French psychoanalyst, also believes that society imposes overdifferentiation, but her non-biological model locates the loss of connection in the acquisition of language.⁴¹ She believes that our language systems indoctrinate children into patriarchal societies. She identifies a period in early infancy, which she terms the "semiotic," during which the child communicates nonverbally with the mother. Once the child learns language, he or she takes on "The Name of The Father," and simultaneously learns to devalue the mother and repress his or her own connection to the mother. Kristeva theorizes that disrupting patriarchal language systems with semiotic play can unsettle the ideology of male domination.

Afrocentrism

Afrocentric theorists posit an alternative model of selfhood and, in opposition to Eurocentric models, these conceptions of identity are also helpful for exposing the self-limiting individualism of the dominant culture. These models suggest the extent to which racial identification affects personal development, as well as public interaction, even though it is an often neglected factor in the work of Euro-American social scientists, political theorists, and writers. Thinking in societal and cultural terms changes the meaning of self in relation to the world, and these analysts argue that racial identity must be included as another term in definitions of selfhood.

The whole notion of self-conception is more culturally determined than is generally recognized. Wade Nobles (1976) points out the differences between a European definition of self and an African one. The core of European self-identity is separateness, whereas the African world-view emphasizes cooperation, interdependence, and collective responsibility (p. 19). Nobles states that Black self-concept cannot be accurately analyzed through a European model that uses individuation as a measure of self-development.

Recognizing the need to question cultural frameworks, Ariola Irele (1965) explains that Negritude, an intellectual movement of Black writers, is different from other attempts to represent African identity precisely because it rejects western standards.

Negritude may be distinguished from other efforts to rehabilitate Africa by what can be termed its "ethnological" aspect, which attempted to redefine its terms, and to re-evaluate Africa within a non-western framework (p. 514).

Negritude aims to establish the "validity of African cultural forms in their own right." Its literature is characterized by a collective or group consciousness that the Black writer is a member of a minority group that has been subordinated within the political and social order. This movement redresses the oppression of Black culture and affirms its value, and thus its participants are able to reconstitute their own identities. For these writers, personal identity is understood collectively, and finding free self-expression has political implications.

In the social sciences, Na'im Akbar (1989) likewise argues that dominant models of development cannot account for the experiences of minorities. Akbar affirms that African/Black identity is the core context of the Black "real self," and working against Eric Erikson's developmental theory, he demonstrates how according to Erikson's scheme Blacks would not have achieved "concretized identity" (p. 259). Akbar points out that, for Erikson, "identity is core and essential to personality functioning despite the fact that social conditions may enhance or impede the emergence of that integrated entity." By omitting social conditions, Erikson disallows for variations in the process of identity formation.

The research done by these theorists of "Africanity" and by others expands our awareness and respect for difference, at the same time that it reminds us that self-identity does not exclude connections with others. These conceptions of the self in relation prove that we can rethink our notions of identification so that collective rather than individual action is our primary concern. They also tell us, implicitly at least, that programs that fail to take into account the cultural assumptions of those they seek to influence will not resonate in such a way that they can sustain their intended effect.

The Model of Alcoholics Anonymous

Alcoholics Anonymous is a good example of a non-professional, nontherapeutic community organized around sobriety. In the A.A. tradition, each member proclaims him or herself "but a small part of a great whole," which is the initial commitment to the group's welfare (1976, p. 565). At the twelfth step in the recovery process, every member is pledged to help other alcoholics: the primary purpose of the A.A. group is to carry its message to the alcoholic who still suffers. Despite some differences in goals, Alcoholics Anonymous gives us a glimpse of what the "self in relationship" might look like. A.A.'s sponsorship program, which gives each member an always available support person, recognizes that an addict tends to be radically, indeed pathologically, individualistic in his/her thinking. A trusting relationship with a sponsor mitigates the solipsistic pathology of addictive thinking.

Anne Wilson Schaef (1987) argues that we live in an addictive system where alcoholism is only one of the diseases; others are sexism, depression,

exploitation, and selfishness. Reflecting on Alcoholics Anonymous, Schaefer believes that the twelve-step model of recovery contains some insights into addiction from which we could all benefit.⁴² Usually we treat little pieces of the problem instead of admitting that the whole system is addictive, or as she puts it, our society (identified as White Male dominated) has a “nonliving orientation” to which we contribute. Schaefer believes that the way out of this addictive system is an emerging female system that breaks the cycle of co-dependency by renouncing the illusion of control. Borrowing from Alcoholics Anonymous, Schaefer supports a realization of powerlessness as the first step in recovery.

One application of her work to college drinking is that the illusion of control is something most institutions participate in, and one way around students’ rebellion against authority might be for colleges to acknowledge that complete control is impossible. Then they could begin with the areas of student alcohol use where they can have some impact. Schaefer helps us to see alcohol abuse as part of a system that fosters it, so we can begin to rethink our strategies with attention to the environmental factors. She goes too far, however, in attributing co-dependency to most of the population; she cites a study that includes 96% of the population under a broad definition of co-dependency (1989, p. 15). There is a difference between being in a relationship and being co-dependent: when Carol Gilligan (1982) talks about women being “mired in relationships,” connection is a non-pathological move against abstraction (p. 155). One probably unintended consequence of Schaefer’s analysis is her “blaming” pathology on the culture. In finding the problem everywhere, she could be absolving us all of any personal responsibility to change things.

Caring and the self

The central preoccupation of the care perspective is responsiveness to others. As defined by the editors of *Women and Moral Theory*, it entails “providing care, preventing harm, and maintaining relationships” (Gilligan, 1987, p. 3). The justice perspective is individualistic: “the rights it recognizes morally equip people to take care of themselves while morally shielding them both from the demands of others and from the invasiveness of the state” (p. 5).

For Carol Gilligan (1982), female and male conceptions of identity define complementary moral philosophies. The male model of identity as separation is justified by an ethic of rights, while the female model of attachment is supported by an ethic of care.

This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness (separate individual) ties moral development to the understanding of rights and rules (p. 19).

The female ethic of responsibility relies on the concept of equity, the recognition of differences in need. In Gilligan's interviews of women talking about abortion, she locates a distinct moral language of selfishness and responsibility; this language contains a definition of the moral problem as one of obligation to exercise care and avoid hurt. Within this moral framework, the expression of care is seen as the fulfillment of moral responsibility, and the inflicting of hurt, in its reflection of unconcern, is considered selfish and immoral. The male morality of rights is predicated on equality, balancing the claims of other and self, and centered on the understanding of fairness. Gilligan's conclusion is to advocate a dialogue between fairness and care, believing that each approach provides a healthy corrective for the other: "In the development of a postconventional ethical understanding, women come to see the violence inherent in inequality, while men come to see the limitations of a conception of justice blinded to the differences in human life" (p. 100).

Current models for the university-student relationship (*in loco parentis* and consumer/contract) and approaches to student drinking (laissez-faire, liability avoidance, party regulations) are all based mostly on an ethic of rights—the rights of the university or the rights of the students. Allan Bloom (1987) passionately declaims the limitations of rights:

It can be called a right and converted into a term of political relevance when a man is fully conscious of what he needs most, recognizes that he is threatened by others and that they are threatened by him. The spring that makes the social calculation that, if he agrees to respect the life, liberty, and property of others (for which he has no natural respect), they can be induced to reciprocate. This is the foundation of rights, a new kind of morality solidly grounded in self-interest (p. 166).

Although he is clearly pointing out only the worst in an ethic of rights, Bloom is accurately identifying the problem with the rights-based interaction between students and universities: there is no motivation for action besides self-interest, and there is little evidence that self-interest will be enlightened.

In contrast, when Gilligan (1982) explains the ethic of care, a central part of it is the "recurring recognition that just as the incidence of violence is in the end destructive to all, so the activity of care enhances both others and self" (p. 74). The idea of care as both self-enhancing and other-enhancing means that self and other are seen as interdependent, an insight into human relationships that is missing in the ethic of rights. According to Richard Sennett (1981), "liberty finally exists when the recognition I give you does not subtract something from myself" (p. 130). Incorporating an ethic of care into administrative policy can enable universities and their students to secure for themselves this kind of liberty.

Intimate Caring and Students' Negotiations of Self and Others

As Carol Gilligan demonstrates, speaking of care admits the tie between relationships and responsibility and acknowledges the ongoing process of attach-

ment that creates and sustains the human community. Eighteen- to twenty-two-year-olds, whom developmental theorists place at a stage between autonomy and interdependency, may be negotiating the demands of self and other⁴³ (Chickering, 1969; Arnstein, 1974). When students talk about the relationships they have with friends, teachers, and family, they talk about caring in terms of balancing their own interests with concern for others. A twenty-year-old student defined caring as, "Keeping in mind someone else's interests and needs, not necessarily ahead of your own, but sometimes ahead of your own needs or wants at that particular moment." Another student defined care as a "decision-making process, what do I need to do for myself, you know looking at the world and saying where am I at, do I have something to give?" When asked what gets in the way of caring, one twenty-year old responded, "Age—selfish stages you go through and you might not want to help somebody even though it might not be that much to ask. I was like that last year. I went through that."

Asked to define "caring," students locate it in intimate relationships, between parents and children or boyfriends and girlfriends. Some responses to the question—What does caring mean? Can you give an example?—follow:

—Something that happens between two people. When you trust somebody and have enough feeling for them to care about their well-being, making sure they are okay. I guess one example is between a boyfriend and girlfriend (Female, class of 1990).

—It has a connotation of parenthood, the ultimate caring situation (Female, class of 1990).

—Taking an interest in someone, being a friend to someone, caring about what happens to them, always being interested in what they have to say (Male, class of 1991).

—My family. I have a very close family. We're there to help each other even if we're having difficulties. . . . If something comes up, forget everything else, we're right there (Female, class of 1990).

—You have a certain attachment for that person when you care for them. . . . But there's very few people in this world that if I never saw them forever from right now, I really wouldn't care, even some of my friends. . . . There are very few people that you actually care about (Male, class of 1991).

Although most of the students interviewed think of caring in terms of very intimate relationships, several students mentioned experiences where the concept had been abused, and some betrayed the influence of a materi-

alistic culture even in their emotional attachments. A sophomore, in considering her reaction to the word “caring,” added: “I think when it comes to dealing with administrators and students, ‘Oh, do they care about you?’ then it is a little overused because it’s so superficial because you are dealing in such generalizations.” Another female student objected to the political use of the word:

Like when you read an editorial in *The Targum*. . . . They want to force an intimate relationship onto you with the cause, whereas you’re looking at care as something you do with people you have known all your life, or you’ve grown to know, and I think that’s overused or used the wrong way in politics because of course I care about dead whales or toxic waste but there’s just a limit that I can’t do anything about. . . . I just think care is a word that people use to lure you into, playing on your basic instincts and morality, to get you involved in something. That stuff is overused.

Defining care as “going out of your way to do something for somebody,” a 20-year old male gives the example of buying “a greeting card for really no reason.” Another male student had a very cynical response to “caring” because it has been so exploited:

I think of a Hallmark card, or of something sweet out of a card store. I think it gets a little bit of overuse by some people, like sororities probably use it too much. But I think that people connotate the same meaning with a different word. I use concern a lot or something like that because I think that it has more thought behind it. Whereas care is something without as much thought behind it, a little more superficial.

Missing from all of these responses is an idea of sincere caring as anything other than personal relationships and intimacy. As soon as caring is moved outside of personal relationships, students express distrust, partly because they have never seen any public models of caring that were sincere. As the female student who objected to editorials on care (extract above) expressed it, “Like Bush says he wants a caring nation and a kinder, gentler nation . . . but he’s using that to appeal to an emotional voter instead of, how can you care when there is a red button right next to your desk and you can push it any time?” The ethic of rights seems to have deprived the political situation of care.

Political Caring: the Need for Connection

Lacking a positive ideal for life together, we do not know how to conceptualize caring on a large political scale. Says Parker Palmer (1981), “We have lost the ability to act in public creatively” (p. 35). Palmer asserts that public life cannot function on the norm of intimacy since we must be able to understand relations that are not warm.⁴⁴ He argues that the familial model of interaction is inadequate because it excludes vital elements of human expe-

rience. Although Palmer advocates a spiritual solution, some of his observations about the lack of communal life in America are helpful for looking at models of community for universities. His explanation of the need for a philosophy of community to proceed a set of rules is particularly useful for analyzing the limitations of the rules-based approach as compared to the necessity for an ethic of care.

At its most basic level, the public life involves strangers, encountering each other with no political agenda at all. In fact, the public life is “pre-political.” It is more basic than politics; it existed long before political institutions were developed and refined; and a healthy political process (at least, the process we call democracy) depends on the preexistence of a healthy public life. As important as it is to attempt to influence the government, it is even more important to renew the life of the public. Without a public which knows it shares a common life, which is capable of feeling, thinking, debating, and deciding, politics becomes a theater of illusion, with everyone watching the drama on stage, hoping to play some part, while the real action goes on backstage in the form of raw and unrestrained power. Without a public life, government becomes a sham, a show, an elaboration of techniques for manipulating the populace—and movements aimed at altering the government tend to become the same. Public life creates the community which both establishes legitimate government and holds it accountable to what the people want (p. 23).⁴⁵

An ethic of care, with its web of relations, would work the same way as the public life Palmer describes—it could create a connection as well as the demand for an interactive form of decision-making. Palmer’s idea that rules without a guiding philosophy are only an attempt to manipulate describes exactly the kind of breakdown of rules that occurs with student drinking. Students resent both the attempt to manipulate and the lack of interaction between themselves and the powers that be.

In asking for a public vision, we want to distinguish at this point between a community of *manners* and a community of *morals*. A community of manners is a nonpolitical vision, one without the conflict and tension of opposing viewpoints. It has the appearance of cooperation, just as some theme parks look like communities. In the political vision, there will be conflict and people with different opinions will have to work together to find solutions. A consensus is reached through compromise and a deeper solution emerges from the perspectives at variance.

With rules there is no provision for effective dissension. Conflicts are acted out or driven underground. The whole idea of university rules to regulate drinking proceeds from the fact that, for most undergraduate resident students in most states, drinking is illegal; although the rules stem from that fact, student behavior suggests great disobedience and misbehavior. Increasing the rules, however, risks increasing alienation. When one Rutgers student was asked about the effect of stricter drinking rules she perceived to have been adopted, she replied:

In some ways they are better like maybe there's a deemphasis on fraternity, but at the same time if you want to go and have a good time, it's just like impossible. In the beginning of the year, we went to this one fraternity where one of my friends is, and every five minutes we would be shoved in a room because Board of Control was there, or the Dean of Students was there, and it was like so annoying, and I was like this is so horrible, it was just horrible. So in that case it is bad.

Exemplifying an alienated response to rules, this student feels no connection to the reasons for regulating drinking, nor to the administration that has some responsibility for carrying out state law. She recounts an episode of misbehavior without questioning her own actions or the actions of the fraternity; instead she focuses on the intrusion of the administration into her good time.

Attempting to control students' use of alcohol without fostering any interaction, like the empty rules Palmer describes, will not have the desired effect. If anything, such a strategy seems to push the drinking underground into more unregulated situations, decreasing the chance to influence and intervene, and away from even the watchful gaze of the administration. Robert O'Neil (1970) analyzes the bind universities get caught in:

A system of rules is only as effective as the means for its enforcement. Some systems can rely chiefly upon persuasion. Not so university codes of student conduct, the enforcement of which must be ultimately coercive. . . . Thus the university is caught between moral suasion that does not work in serious cases, and criminal penalties which seem barbaric in this context (p. 139).

Rules seem to create more problems than they solve because instead of representing a careful reading of the situation, they represent a projection of adult anxiety—a need to feel in control of student behavior when uniform enforcement is almost impossible and the necessary policing only causes rebellion. Rules may serve to retrospectively determine blame, but they are not effective in prospectively predicting behavior. Moreover, the rules acknowledge no distinction within behavior: the student who is drinking as one might hope reasonable adults might drink is just as disobedient as the most abusive drinker.

The student quoted above objects to strict rules on the grounds that they are invasive. Michael Moffatt (1989) found in his experience in a college dorm that

students definitely did not agree with the new laws; or, more precisely, some of them did agree that many of their peers drank too much, but very few of them felt it was fair or just to abridge their own freedom to drink. Drinking, of course, was not the only issue. Drinking was really about partying, and partying was really about sexuality (p. 124).

Even though student rights guarantee protection of many freedoms, students are not shielded from the invasiveness of the state when it comes to

alcohol because they are not legal drinkers. They face a limitation of their liberties with a substance they use, and that substance exposes them to demands and intrusions. They see their rights as citizens compromised whether they behave responsibly or irresponsibly. Political caring necessitates promoting connections within political communities, going beyond the small bonds of intimates.

Planning connectedness:

the web of caring

In choosing the image of a web to describe what we propose as an approach to accountability in alcohol policy, we were inspired by the title of Janet Emig's book, *The Web of Meaning* (1983). Emig reports that she borrowed the title from Vygotsky's famous observation that writing is "elaborating the web of meaning" (Preface). The image of the web is a powerful one for us because it suggests a complex series of connections, issues, motivations, and circumstances. It helps suggest that the particular behavior (consuming alcoholic beverages) that we discuss is bound up with many other issues. A web also offers many opportunities to shift position and to evade any particular attempt to sort out one or a few strands of a problem. The web suggests the many pathways and connections that need to be explored in order to begin to understand and act. The web is an organic metaphor; it varies and changes. It is not a mechanistic image, nor one that locates power in simple linear relationships to those who attempt to control behavior, predict reactions, or inspire change in others. Suggesting connections that are sometimes obscure and nonlinear, the web confirms the interconnectedness of much of what we have to do.⁴⁶

This report is political and contains as its essential feature a belief in democracy and in the kinds of political arrangements that give people opportunities to create their own lives. When opportunities for freedom (even freedom to make mistakes) are not provided, people find ways to act outside the reach of the rules that seem to restrict freedom. Students create their own culture. This is evident in many ways. One simple example is residence hall security. Unless there is some collective belief that enhanced security arrangements make sense, students will find ways to prop open doors, let people enter through windows, and otherwise circumvent what they find to be serious impediments to their own movement and freedom (even though these restrictions are designed to keep them safe). This example serves another purpose, however, and that is to illustrate just how precarious simple gestures toward collective security can be. They are easily abrogated by a few people who act on their own private, individualistic impulse to be free from the onerousness of rules.

Culture and context are part of the web we describe. In college, at least,

most of the drinking still occurs in group settings. It is well established that people tend to drink like the people around them. (This is not the usual argument about peer influence, although that argument is worth keeping in mind because it explains how people sometimes choose peers who exhibit attitudes and kinds of behaviors that will allow the chooser's behavior to seem normal.) Thus, if one wishes to drink, one chooses a drinking crowd to be in as a reference group. For the most part, however, even the nonproblematic student drinking seems to be party or group drinking. Yet, as we have suggested, the vast majority of our prevention activities and rules have focused on individuals and individual behavior.

One element shared by the "Just say no" and "responsible drinking" campaigns is that the focus of the message is on the individual. It is obvious that action occurs on the individual level, but the group context in which the action takes place seems to us to be the most important factor to consider in elaborating an overall prevention strategy. This is implicit in the understanding of alcohol and drug prevention that FIPSE takes because FIPSE emphasizes a comprehensive, across-the-board approach. Unfortunately, many prevention programs, except for some environmental strategies, seem rooted in a concept of wellness or obedience, both of which are individually focused. The wellness metaphor or approach places obligation on the individual to take care of him or herself. What it also does, as many critics have pointed out, is blind the individual to structural and other large questions. It relies, to a huge extent, on either narcissism or ego strength to carry out the message.⁴⁷

Obedience, similarly, hardly seems possible in a cultural setting that emphasizes privilege, in a setting where laws seem to have lost their authority, and where society maintains an unofficial but very discernable ambivalence toward drinking. The other theme that seems to run through understandings of alcohol use is that the individual is somehow defective; some people are simply morally, or in some other way, reprehensible and should be avoided.

Thus, in both of these strategies, in order to consider whether one has a problem with drinking, it seems necessary to consider the possibility that one is somehow personally responsible or morally defective. Neither of these conditions need be present in a person suffering from either chronic or acute alcohol abuse. Nevertheless, programs that seek to single out individuals run that risk. Since a good deal of discussion about alcohol focuses on individual behavior, there seems to be an exaggeration in the elaboration of distinctions about behavior that again leads away from group or collective consequences of actions. Individual behavior can always be dismissed as something that needs to be controlled: "So what that he was found passed out in his car! He just needs to learn to get himself home. He doesn't drink everyday, and he's kept his job." In this kind of formulation, a fixed set of criteria for individual behavior is the focus, and the effect on the group or on another individual

(friend/family/lover) goes unexamined.

Even the concept of “responsible drinking” gets reformulated in the minds of students as a kind of *ex post facto* method of determining whether someone obeyed a rule or not. Responsible drinking—or responsible decision-making about drinking—becomes less and less reliable as drinking progresses, so that while one may have a very responsible notion of how one is going to drink prior to drinking, as the drinking proceeds, depending on an individual to modify behavior in accordance with some preordained or pre-determined notion of responsibility is exceedingly unreliable.

Our efforts have not sought to abandon individuals and individuals’ obedience to rules. Instead, we seek to supplement these strategies with a much more comprehensive look at the web of relations and the web of possibilities. We seek to shift the focus from the individual and to change the issue from an individual matter to one of collective understanding, responsibility, and intervention. We have described some of the ways in which, among other factors, developmental theory, institutional organization, and industry-sponsored messages about prevention contribute to the exaggerated focus on individual control. They also encourage disconnection at the same time that they permit a radically selfish approach to the use of alcohol. But we have also suggested that alcohol, in the pharmacological sense, is being used by students for both narcissistic purposes and for reaching out to create some kind of community. It is, in the old phrase, a kind of social lubricant, particularly as it is used in a group context.

Our aim in this part of the text is to describe an approach to accountability that would help inform administrators and students alike of opportunities they may have to strengthen the web of caring. We hope that a web of connection can allow for the natural creation of a student culture that would be less pathological than the one that is currently created. We believe that, to a very great extent, some of the pathologies in current student/institutional arrangements are direct consequences of the strategies that institutions have used to deal with the problem of alcohol abuse or to avoid dealing with the problem. And so it is our belief that choosing a set of strategies that modify, to some extent, the dominant ones may enhance what we have called “political caring.” We seek to go beyond the individual taking care of him or herself (and all the autonomy/rights talk that engenders) to individuals having an interest in others and using that interest in a way that improves the common conditions of those around them.

In looking for some kind of cultural, or other deep basis, for a web of caring, we found at least three strands that are suggested by three different parts of our culture. They provide a theoretical basis for why we might take this approach and suggest what doing so might entail. The first strand is an *ethic of care*, which is elaborated in the work of Carol Gilligan but which also seems to us to have roots in certain religions and moral philosophies, Afrocentrism, feminism, and the self-help movement.⁴⁸ The second strand is the continuum of care, a concept that seeks to allocate and describe caring obligations

and opportunities across a broad spectrum of participation. This concept is drawn from nursing theory.⁴⁹ The third strand is a duty of care drawn from legal theory. It is a description of certain obligations that people, because of their relationships, have to one another.⁵⁰ We are not intending for an emphasis on these sorts of things to eclipse individualism, personal freedom, or autonomy. What we hoped to do in this text, however, is to provide an alternative to paternalism and selfish individualism. Paternalism and individualism, when combined with alcohol, produce results that damage much more fundamental values held by most institutions of higher education, and, more importantly, they damage human beings.

We are interested in a political and democratic approach because we want to avoid an approach that exaggerates power distribution or that deemphasizes connection by being essentially professional and therapeutic. Students should be educated in democracy and citizenship, and those values should be modeled. Concern for the welfare of others does not have to be solely the responsibility of certain designated professionals. This is surely not an argument against professional intervention; instead we seek to locate in citizens certain obligations that arise from "membership" in the political community. Professional interventions would be used only in those cases where ordinary people lack abilities, opportunity, and authority to act.

We propose ways to enhance connection so as to aid in the education of the people we are responsible for and to promote in them a sense of responsibility for others that will serve for the future. We suggest approaches that enhance accountability and remind us that we should be able to justify our behavior toward others. Making rules and walking away is not acting responsibly toward the people for whom the rules were made. We do not want to emphasize a selfish inclination that might already exist in our students. If Anna Freud (1974) is right when she tells us that "Adolescents are excessively egoistic, regarding themselves as the center of the universe and the sole object of interest, and yet at no time in later life are they capable of so much self-sacrifice and devotion" (p. 137), then we must want to make sure that we emphasize their democratic impulse, which asks for a relationship between the rulemakers and the ruled.

Formulating a model of authority that could work with alcohol policy necessitates some creativity because the authority must be flexible, in that it must foster connection between administrators, faculty, and students, as well as participation of all members of the university community, and it must encourage caring behavior without being rigidly manipulative. Caring and connection—as standards—rather than the alienation of rules are essential even in the treatment of those who are addicted. "An empathic approach is one common element in a variety of interventions that have been shown to yield favorable long-term outcomes with problem drinkers" (*Handbook of Alcoholism Treatment Approaches*, p. 73).⁵¹

We are advocating something like what William Ouchi (1981) calls

“Theory Z,” a model developed from Japanese management techniques. Ouchi warns us that Americans tend to think too narrowly, not realizing that “productivity [for us, in terms of reaching goals] may be dependent upon trust, subtlety, and intimacy” (p. 9). His suggestions for implementing Theory Z take a holistic approach and avoid formal bureaucratic procedures. One of the initial steps is to “audit” the institutional philosophy, as Ouchi puts it, to show that the philosophy should come out of what the institution is and not what it should be (p. 87). The philosophy needs to be implemented by creating structures and incentives to support it: formal reporting relationships and divisions of people and tasks ensure that everyone works together, even though Ouchi’s model of the optimal organization is one with no formal structure, like an experienced basketball team that responds effectively to changes in play (p. 90). Developing interpersonal skills is another step in the Z process because everyone must be able to work cooperatively (p. 91). An important interpersonal skill is being able to recognize patterns of interaction so that if a meeting gets stalled because of conflicts, a leader can reorganize and get back to the important issues. (This skill is especially useful in discussions about alcohol use policy, which often become occluded by side questions: what is a public place versus a private space? Or, what authority does an institution have over a fraternity or sorority? While these are interesting and important questions, the shift of focus from alcohol to these topics is a kind of denial.) Theory Z helps with productivity because it clarifies shared goals and encourages cooperative efforts as the best way to meet those goals. We are interested in Theory Z’s emphasis on interpersonal interaction and trust, rather than formal hierarchical structures, as a method for getting people to work together to find solutions to communal problems.

Rules would not be jettisoned with a web of caring approach, but they would be subordinated to a guiding philosophy or standard of care—the kind of clear standard that Boyer (1987), Chickering (1969), Ouchi (1981), and others advocate as the best method for promoting community. Rules should be inferred from experience, deduced from differences in need, and flexible because they would respond to changing needs. Richard Sennett (1981) explains how open discourse about nurturance keeps authority from becoming rigid:

All the ambivalence we feel about authority is contained in these impersonal or indirect ploys for nurturance. To declare openly that we need someone else, that we have a right to another’s strength, seems to make us most vulnerable, and to give the other absolute power over us. This is why an open negotiation about nurturance face-to-face at each echelon of the hierarchy seems to me the most disruptive experience which can occur in a modern chain of command. Making the first fact of nurturance a face-to-face encounter seems a reasonable way to lose the shame of dependency (pp. 186-187).

Because true nurturance acknowledges that one’s care makes another stronger, the power of authority seems diminished when its purpose is care-

taking. Open acknowledgement of caring also removes the motivation for disobedient dependence behavior (as described earlier, a possible motivation for student drinking) because without the shame of dependence, there is no reason to rebel against or within it. Sennett describes this kind of diffusing of power as keeping it *en abyme*, or constantly in question; the structure of power is not allowed to become rigid since methods for shaking it up are built into it (p. 178). An example of authority *en abyme* takes up one of Sennett's suggestions, which is open discourse about categories, to show how students can participate in the application of a regulation. The regulation that all underage students are illegal drinkers and should be disciplined for breaking the law is a good test case. What should we do about students who take an intoxicated friend to the health center for medical attention? In an open discourse, students might propose to administrators that there should be some provision for immunity to encourage students to take intoxicated friends for treatment. An inflexible categorization of "illegal drinker" prevents students from helping each other to get proper medical care and confuses the issue of caring for others. Questioning the category would also, in this case, initiate a discussion of how to provide the best nurturance, or to help prevent the need for medical attention in the first place.

Some suggestions for creating the web of caring

In proposing to shift the focus of policy and programming from individuals, rights, and rules to care and connection, we have made several assumptions. They are:

- that institutions are prepared to take a comprehensive approach which embraces policy, prevention education, staff development, intervention, and rehabilitation services or referral for services, and at least modest self-evaluation and research;

- that institutions are interested in the issue of alcohol and drug use by their members (including students, faculty, staff, alumni and visitors) and are prepared to engage with that use when it is sanctioned, just as when it is not (thus institutions will be interested in policies and practices governing when alcohol is used/served, just as they are in determining when it may not be served);

- that institutions are concerned about the problems of those members of institutional communities whose lives are affected by the substance use of other people (thus, even though they may not drink themselves, the loved ones—children, relatives, and others—of alcoholics have an "alcohol problem"); and

—that institutions have forms of decision making that can involve participation by those who will be subject to the policies and programs that are developed.

We will not be providing details on policies and programs—these are products of a process, and could, at best serve only a provocative or suggestive purpose. Rather, what follows will be a set of suggestions that might shape and assess policy and program development, moving the process in the direction of a model of care and concern. The result would support, metaphorically, the web of caring that we have advocated. Many good sources on practical ideas for policy and programming exist. *Alcohol and Other Substance Abuse: Resources for Institutional Action*, published by the American Council on Education, contains our suggestions for the elements of policies and programs and suggestions for how to institutionalize them.

In each of the sections that follow, we offer a brief discussion and an example or two of how the suggestion might advance an ethic of care, how it might get implemented along a continuum of care and/or how it might help fulfill a duty of care.

Here, then, are ten suggestions designed to encourage care and connection:

1. Engage in Serious Self-Evaluation

We recommend institution-wide self-analysis in order to foster an engaged relationship between students and those in authority. We want to replace the idea that administrators have to be separated from students with the idea that all can be willing to take the risks of involvement. Instead of crude liability-avoidance and the distancing of “professional” responses, self-analysis encourages an introspective look at the values we project and the mission we embrace. Since members of our institutional communities are relatively transient—especially students—self-evaluation will need to be repeated periodically or institutionalized to afford continuity.

Approach

We should be very conscious of our collective mission in higher education and the particular mission and ideology of our own institution. Our policies and programs, the way we do what we do, the degree to which we take our students seriously, all of these facets of our beliefs about ourselves will contribute to the communication of our values. To know our ideology, we must talk about it more, think about its implications for our theories of student development, and determine what it suggests about how rules and standards are to be created.

How successfully we reach students will have a great deal to do with how well we know them. If we do not pay attention to them, we can easily make the mistake of thinking or assuming that what goes on in their minds is what we think we remember went on in our minds when we were students. Instead, we need to take advantage of the opportunities to know our students, collectively and individually. Michael Moffatt (1989) suggests one method: on-site

anthropological research. It is, however, a project to which few of us could devote our full energies. But there may be opportunities short of Moffatt's pioneering work, like finding ways to listen to students, engaging in interviews and carefully observing student culture, which we can fruitfully pursue. Even though it may be difficult to get to know students, particularly because of their sometimes loaded reactions to authority figures, knowing them is essential if we are to be effective. They, too, must have a corollary opportunity to come to know us. One of our goals should be to find out systematically what we can about the people for whom we have a responsibility.

Whatever we say we believe in, we teach by example, and we project values both implicitly and explicitly in what we do. Faculty members are not the only teachers; in the way we perform our jobs we are all teachers. Yet we cannot simultaneously embrace the idea that our purpose is to educate free, autonomous, and independent persons and not expect to have our authority challenged. We should not confuse quiescence on campus with virtue. Education in all that we do entails being prepared to give explanations that we think are good explanations, doing our work in ways that communicate our standards for how our work should be done, and being honest and candid with students. Such high standards are connected to what, in other contexts, we claim we seek to uphold. Excellence, if it is our standard, makes no sense in a vacuum.

Accountability

Testing what we do against the standard of an ethic of care implies that we cannot practice a strategy that seeks to separate ourselves from students or students from one another, especially if that separation is designed simply to avoid having to take some responsibility for what happens. Being engaged creates risks, but so does membership in any community.

Self-evaluation is a good place to begin establishing a sense of the continuum of care, for it affords an opportunity to examine the self in relation to others, in relation to the roles we each play and in relation to institutional mission. Looking at one's own responsibility within the institutional context and in relationship to others can suggest each person's role in a comprehensive strategy to create a web of caring. Behavior should be a central focus of institutional concern and that implies the development of thoughtful, consistent strategies designed to prevent misuse of alcohol by "adults," just as much as it suggests a need to concentrate on those who are underage. Self-evaluation should enable institutions to determine how much their policies contribute to disconnection and alienation. It can also help suggest compensatory strategies to address that problem.

As self-evaluation gets underway, an institution can begin to discover duties to care that are implied by the mission expressed, the roles clarified, the practices discovered, and the expectations of performance that are developed. For example, if an institution makes a serious commitment to raising consciousness about alcohol use and abuse, it follows that it should back up

that commitment with resources and services for coping with identified problems. It might, therefore, support recovering members of its community by providing special services and facilities. It would provide training so that those in specific roles could perform them to capacity. It would act to correct identified deficiencies.

2. Avoid Hypocrisy in the Focus of Policy and Programs

Students have an uncanny ability to discern hypocrisy and condescension. To avoid setting a standard that cannot be achieved, that is inadequate, or that cannot be enforced, we need to be honest with one another, and we need to formulate realistic policies. The best method for developing policy is through negotiations among those it will affect. Policies should allow for a wide range of individual behavior, but should strive to model a standard of care and concern. By instituting a strategy of negotiation, we, as authority figures, acknowledge our need for student involvement, just as we recognize that negotiations are time consuming and involved. But in negotiating, we do not pretend to self-sufficiency or infallibility, nor do we create standards we cannot live up to ourselves. We also resist the pretension of control and avoid hypocrisy. Hannah Arendt (1972) reminds us that “if we inquire historically into the causes likely to transform *engagés* into *enragés*, it is not injustice that ranks first, but hypocrisy” (p. 162).

Approach

To avoid hypocrisy, the behavior we model should match our expectations for our students. If we want them to act with care and concern, then we need to begin by acting that way toward them. We want to set high standards for ourselves, and we want to make sure that we act to meet those standards, on an individual level as well as on an institutional level.

In looking at alcohol-related behavior, we want to be honest about abusive drinking whether the problems exist among students, administrators, staff, or faculty members. Focusing policy means being honest about the problems and doing something about them. It means balancing a standard (“dry campus”) against the reality (94% of American college students drink), favoring honesty as a prophylaxis to hypocrisy.

Accountability

We should openly acknowledge the existence of addicted members of our community, and we should follow an ethic of care by seeking to create or connect with employee assistance programs, student assistance programs, and campus and community-based Twelve-Step programs in order to help where we can.

We must care enough about the quality of our prevention approaches not to participate in programs that we know to be false or that make claims about the dangers of alcohol use that are exaggerated to the point of spoiling credibility. There will be a great pressure for us to join in one or another national incantation—because if we don’t we will be seen as part of the prob-

lem, not the solution. However, we do have our own standards to uphold and we should not collaborate in something we know to be false or misleading.

Everyone in the campus community—the whole continuum of care—needs to be taught to recognize the difference between remarkable drinking and non-remarkable drinking. All student alcohol use does not need to get our attention, but we need to be able to distinguish between behavior that requires intervention and behavior that does not. Once problem behavior is identified, however, we all have a part in the chain of referral, treatment, and support.

Recognizing the difference between policy, what we hope we can affect, and the realities of student life is an important start in helping us understand our duty to care. We should not pretend that implementing a party regulation, for example, changes the reality of off-campus alcohol abuse. When we focus on where drinking takes place and seek to put it out of our sight we may be helping to create greater risks, and hence a greater likelihood of tragic consequences. When we say drinking is prohibited but fail to enforce a rule we know is being broken, we may be missing our duty, which might be better understood as an obligation to educate one another about collective responses to each other's drinking.

It is important to acknowledge that either implicitly or explicitly institutions have some policy toward alcohol and other drug use:

The policy consists of what the school really does about the issues, not necessarily what its written pronouncements say. Schools that think that they have no policy fail to realize that they actually have a policy of approaching the question in a less formal, more ad hoc manner (American Council on Education, p. 15).

3. Acknowledge Differences in People, Needs, and Approaches

Rules tend to anticipate uniform behavior—but they also assume a kind of uniformity of personality and circumstance. Lacking a mechanism for considering specific circumstances and differences, we cannot measure the appropriateness of an action for a particular situation. Inflexibility in expectation frustrates special responses to the special needs of diverse populations.

To replace one unitary strategy, we are advocating many strategies. Only by recognizing and responding to the differences among us can we find effective bases for influencing behavior. A pluralistic approach recognizes that treating everyone the same way may not be treating them equally or appropriately.

Approach

We must begin by respecting difference. Another side of racism is what for some whites is fickle color blindness, a condition that leads them to decide sometimes to recognize race and sometimes not, depending on whether it suits their immediate interests. This practice denies any history, any differ-

ence, any culture to the other person, so that race does not have to be addressed when it might need to be. Race and culture are two differences, but gender, sexual orientation, religion, medical history, and family background also affect another's world view and need to be taken into account when strategies for prevention are considered. There is a similar blindness that seems to adhere to our perceptions of alcohol use, as well. It accounts for our differential handling of situations, which to an outside observer might seem substantially identical. As applied to alcohol policy, appreciation of difference helps with the project of connecting with particular others and suggests another dimension of care and concern.

Accountability

Part of a commitment to an ethic of care entails learning something about the people who surround you. It is necessary to be able to envision the possibility of someone seeing the world and interpreting its messages in ways that are different but completely comprehensible to the interpreter. An ethic of care would seek first to understand difference, in its own terms, and to engage with it. This can be difficult, but one relatively benign place to turn to find out about other experiences is to read fiction. We can learn about how we live our lives, and a lot about the lives of others, through fiction. In Toni Morrison's *The Bluest Eye*, Gabriel Garcia Marquez's *One Hundred Years of Solitude*, and Maxine Hong Kingston's *Woman Warrior*, for example, the authors metaphorically recreate their cultural legacies. The translation of their stories into images intensifies the forces of survival and domination with which each culture contends. The opportunity to feel another person's experience cannot be gained through facts. But those who seek to influence behavior will have to have a sense of feelings, if they are to succeed.

In order to be effective with interventions, it is necessary to know something about the different circumstances and needs of diverse peoples. Thus, while a continuum of care will entail many people performing many roles, within that caring there will be a web of differences that needs to be considered. For example, Dana Finnegan and Emily McNally (1987) outline "issues and problems that are specific to gay/lesbian alcoholics' experience and that can increase the difficulty of their recovery from alcoholism and other drug dependencies" (p. 32). The central issue is homophobia, which they locate externally in society's harmful and destructive attitudes and internally in self-hatred. Homophobia affects recovery from alcoholism as it contributes to feelings of depression, anxiety, and denial in the lesbian or gay male. A frequent mistake of alcohol counselors is to try to force a gay patient to stop passing as heterosexual at the same time that she or he stops trying to pass as a social drinker. Admitting alcoholism may be only the first step in a process of self-disclosure. As this example illustrates, the interaction between alcohol and personal identity is more complex than it may appear, and alcohol treatment programs must reflect the range of differences that exists. The connection to issues of bigotry is not abstract, for, like homophobia, racism and sex-

ism can undermine prevention strategies, just as they can help create high-risk drinking (drinking to cope with the stresses of discrimination and marginality).

Whenever rules are made that apply to everyone, they are probably going to injure someone. A duty to care implies an obligation to act with sensitivity to particular circumstances. Whether someone is or is not a child of an alcoholic makes a big difference in analyzing his or her habits. As a consequence of different family histories, two people with identical behavior may not share the same risk of alcoholism and should not be treated the same. Without attention to predisposing factors, effective prevention and rehabilitation cannot take place.

4. Practice and Encourage Subtlety in Seeking to Manage Others

Increasing control often means tightening rules. Rules may apply to all, but are directed at individuals and seek individual compliance. For college, the zone of influence and control fades as the student moves away from the campus. Theoretically this means that there will be less "illicit" behavior on campus because all possibilities for it have been outlawed. We know, however, that students now come to "dry" parties having already consumed alcohol before arriving, just as they sometimes stagger back—or worse, drive back—to the campus having partied elsewhere. What we have here is at best the adherence to the letter, surely not the spirit, of some rules.

By advocating "subtlety," we want to encourage the use of power that can discriminate between behavior that is harmful and behavior that is not harmful, so that control is exerted only when, where, and by whom it needs to be. We call rules that can measure degrees of behavior "finely calibrated" as opposed to the blunt instruments of blanket regulations. William Ouchi (1981) translates a lesson in subtlety from Japanese practice to American ways. He warns that "Relationships between people are always complex and changing. . . . These subtleties can never be captured explicitly, and any bureaucratic rule will do violence to them" (p. 6). The answer is to find—through consensus decision-making—flexible, subjective, implicit, and subtle solutions that acknowledge the intricacies of human behavior, and for our purposes such decision-making can focus on alcohol use, not on the limits or domain of institutional control.

Approach

By looking at the authority we appeal to when we try to get someone else to do something, we can get a good idea of how we regard the person we seek to influence. Being conscious of the source of authority we wield can help us to act appropriately. We should seek to "empower" students in proximal relationships to other students, so that subtlety can have a chance to work.

Judgments of and assumptions about other people's identity are implicit in the metaphors for relationships between authority figures and those sub-

ject to that authority. To the extent that we believe we are engaged with students who qualify as equals, we shall need techniques like subtlety to secure cooperation.

Accountability

An ethic of care requires sustained engagement and some consistency in behavior that is characterized by a concern for the needs of another person. It is nurturing, not controlling. But this attention to needs should not originate in nor degenerate into co-dependency. This issue of subtlety versus co-dependency can be tested by examining what is happening—is what both parties claim about the condition of the relationship credible or true?

The identity we claim for ourselves along the continuum of care—parent, friend, advisor, disinterested observer, “brother” or “sister,” physician, police or security person, teacher—will reflect something of our sense of the other in the relationship, just as it says something about how we see ourselves and what others might expect from us. We should be accountable to others for fulfilling the role that we are in. That means resisting the tendency to go in and out of roles and identity, thereby undermining trust and creating an unreliable identity for those who are engaged with us. This is a particularly difficult matter for those who are called upon to be friends and authorities at the same time or in unpredictable succession. As discussed earlier, keeping the structure of power in a relationship *en abyme*, or constantly in question but not in doubt, may seem to invite the kind of instability that we have just decried. But thought about another way, such questioning acknowledges that adjustment and change must be achieved in subtle ways, not in brittle disputes about power, but in connection with what we can know about a problem or a person, and how we might trust other people to influence those in proximal relationship to their own power and influence.

One appropriate source of authority for those of us in colleges and universities is the authority of knowledge itself. What we know and can teach and learn could be said to inhere in our duty as an institution. Thus, if we believe that there is a need for knowledge about alcohol and other drug use and its relation to the condition of our community—something that everyone who says this is our “number one problem” would seem to believe—then prevention education, as well as a variety of other strategies, would seem to be required of us. We also need to be careful to examine how we use our power in order that we not abuse it in harmful ways. Many of us are not as conscious as we should be of just how much power we have over our students. The authority to not act, to deny or delay action, can have just as great an effect on the life of a student as an action can. Even though we think we are approachable and open, it may not look that way to a hesitant student. A stern posture may appeal to those who hope for a drug-free school, but it can also mitigate against a student’s duty to seek help for a problem and, as we saw in the interview material, chill a tendency we would otherwise want to encourage, namely seeking help for people who may be in trouble because of

their drinking. It is in response to this fear of punishment that many students are trying to “handle” the problems of their fellow students by using “subtlety”—but, if they too are afraid of the consequences of seeking help, or are themselves impaired at the time they try to figure out how to help without being caught, dangerous consequences can result.

5. Pay Attention to the Context and Content of Drinking Behavior

While studies of incidence and prevalence are important contributions to the research on alcohol use and abuse, they are only one source of help for us as we try to understand problem student drinking. We believe that an understanding of the character of alcohol use and abuse can only be attained by listening to students and by looking at the conditions that are amenable to the pharmacological “benefits” alcohol provides. Thus, except for addicted students or those in recovery, alcohol should not even be the center of our attention. Rather, we need to look at the complexities of our lives and the special tensions that being in college seem to create or exaggerate. What purposes does drinking serve? What do our students and, indeed, what do we think about drinking?

It would be much easier if we could just blame the substance itself, but the need for the drug arises within a social context. We need to examine this social context if we are ever to discover what makes drinking such a priority for students.

Approach

Prevention and intervention should be targeted to specific needs that are known. The best way to find out about student needs is to listen to what students say and to observe what they actually do. It is important that we define “needs” as more than addiction or problem drinking because alcohol use may be a response to other needs.

Our theories of student development will influence what we see when we look at behavior and listen to speech. We urge a resistance to certain aspects of development theory that “reward” autonomy, emphasize individuality, or push towards “self-actualization”—because, in part, it is especially difficult to determine when “obedience” to rules is an example of dependency or fear as opposed to when it might represent some highest “stage” of development where the obedience is connected to the appreciation of some abstract principle or truth. Programs that emphasize individuals and individualism obscure the collective or group context in which most of the drinking behavior occurs. Strategies of prevention and intervention should be tailored to the group context of much of the behavior. Thus individual behavior will be of importance, but we will be able to focus on more than “will” or ego strength as we seek to modify behavior; we can focus on relationships, intimacy, the need for relief of stress, etc. Indeed, we will be able to focus on the self in relationship to others.

Accountability

In a U.S. Department of Health and Human Services publication on adolescent peer pressure and drug use, the top two recommendations for “What Youth Need Most” were (1) increased respect from adults and (2) more time and involvement from adults (1984, p. 17). We often underestimate how much college students still need the acceptance and guidance of adults. An ethic of care would suggest some “institutionalization” of a caring relationship, among students themselves and among people in authority and students. Some desire the “independence” that maturity is supposed to bring us and resist the “coddling” of more caring relationships. This seems to us to be an evasion of relationship, more than a theory of relationship—but an accountability strategy might entail examining just that issue as it plays out on campus.

Talking to or at students is not enough, however, to ensure that those along the continuum of care are doing what they should for students. An important component to advising students is *listening* to students and caring enough to find out what they think. Being informed about the facts of students lives is not enough. The research we can all conduct to improve our job performance is to let students tell us about themselves instead of operating on our own assumptions about them. (Our own almost unshakable impulse to indulge in generational comparisons of difference—“we were never like that”—seems just as much designed to reassure ourselves about ourselves as it may be to understand what differences might actually exist.) It is again in this attention to context that a focus on alcohol alone will probably be inadequate, just as in neglecting to consider alcohol use as a contributing factor to some other problem—such as poor academic performance—we might fail to see alcohol as part of the larger context of a student’s life.

If we develop critical indicators so that we know when we need to intervene, then we have a duty to intervene when the indicator tells us we should. Certain conditions should signal to us that we have an obligation to provide follow-up investigation and care. For example, acquaintance rape and its connection to alcohol abuse should prompt us to pay attention to violence toward women and alcohol use. The context of the problem should help shape the content of the response to it.

6. Find Ways to Foster Connections and Alternative Conceptions of the Self

Traditional notions of development have over-emphasized individual autonomy and ego strength. Some claim that these theories are stuck in a Eurocentric white male ideology of selfhood and that they support rights-obsessed, contract-driven conceptions of the self in relation to others. In any event, these theories do not seem to be especially good descriptors or predictors of the conditions of many college students, especially women, African-

Americans, Asians, and members of marginalized communities, like Greek organizations, gays and lesbians, and others. Yet these notions are consistent with a rules-based approach to alcohol policy because they count on rights to balance the invasiveness of the rules. Ideas of selfhood do not need to exclude connections to others, however, and we believe that supporting alternative visions, which see the self in relation, may be more helpful in prevention strategies and surely more likely to help create the community that many members of the academic establishment long for. These alternative notions of the self can help us to see how we enter into each other's lives and behavior, including drinking behavior.

Approach

Our sense of obligation to one other should balance our sense of individual rights. The ethic of care suggests to us the metaphor of citizenship because as citizens we have two bases for action: private interests and public welfare. Citizenship suggests membership that both preserves the self and locates the self in a public context. We have to rediscover our connections and begin to feel comfortable with making moral claims on one another. In the metaphor of citizenship, we can recognize that what hurts one of us can hurt all of us and that communal good includes individual good.

Accountability

We would do well to think about Benjamin Barber's (1984) definition of citizenship: "Citizens are neighbors bound together neither by blood nor by contract but by their common concerns and common participation in the search for common solutions to common conflicts" (p. 219). As members of an academic community, we should see ourselves as connected in this way, and we should see that that connection binds us in relation to others.

Feminist and Afrocentric conceptions of the self stress interdependence, and this notion of interdependence is valid on the institutional level as well as on the personal level. Departments need to recognize their mutual dependence on other departments. As we are learning from changes in our country's health care systems, we can provide the best care if we all work together. Sometimes what we remember to practice as individuals we forget to practice on an institutional scale. Thus, the political relationships implied by the metaphor of citizenship preserve institutional identities but also suggest the need for integrated services along the continuum of care.

We have a duty to make sure that we use our best resources to foster connection. Practically this means making sure that every department and facility on campus publicizes its services and capabilities and then acts to carry them out according to the highest standards possible. Everyone on campus should have a list of available resources and should be familiar with some of the options. It is important that everyone be taught to make referrals when a problem lies outside his or her area of expertise, and the attitude about referrals should be that they are a valid way to help a person in need, not a sign of personal inadequacy or disinterest.

7. Recognize Complexity and Raise Expectations

While it is often tempting to tighten control or to provide a barrage of alternative activities to dissuade students from drinking, those responses do not recognize the complexities of student behavior. An array of other options will not persuade students who want to drink that they should not. Tightening control can give students more reasons for being disobedient. When they sense our distrust instead of our concern, they are inspired to disobey.

We seem to have a choice of selecting prevention strategies that tend to view students either as infantile or as adult. We recommend an approach that errs, if at all, in the direction of expecting adult and mature behavior—the mature conception of interdependency discussed earlier in connection with Arnstein and Chickering. We think that the infantilizing strategies—what we call the Parcheesi theory of student development—are irrelevant, at best, and surely not sufficient to prepare leaders for our democracy.

Approach

We want to raise our expectations of student behavior, and we want to raise their expectations for us—so that they assume we are connected, interested, and involved. A misguided, post-sixties political strategy has been to lower expectations in order to prevent dissatisfaction (one theory is that the race riots were motivated by high expectations that were not met). But the problem with this strategy is that it never leads to better conditions for anyone. Alexis de Tocqueville, who first coined the term “rising expectations” in the nineteenth century, noted that revolutionary movements generally do not occur when conditions are most hopeless, but during periods of improvement. When people begin to realize that oppression is not inevitable, they agitate for change (Keller & Light, p. 214). For us this means that we have to expect a response from students if we ask them to be involved with us. We are saying that we do not want complete obedience or cowed silence. We want participation. We have to realize that what we will get is debate and negotiation, which may produce better solutions. Raising expectations seems to be a strategy that even people from diverse ideologies agree upon. Raising expectations can help us find a standard for relating to one another—one that is based on mutuality and taking each other seriously.

Accountability

Universities need to set high standards for themselves in all arenas, and not just academically. The corollary to care is trust. We need to trust that our students, whom we otherwise tend to associate with our prestige, are really capable of the excellence we say they represent. As a community we need to expect a lot of each other and for each other. If we want an environment of care, rather than one of distrust and suspicion, we ought to be able to ask ourselves if our policies and practices really assume that standard.

The best way to provide a continuum of care, as well as to translate our trust into action, is to expect students to help each other. Within dorms,

departments, health care centers, and counseling centers, students can be resources for each other, just as we can be resources for them. We should be clear about our expectation of that care and concern, and our prevention strategies should thus seek to engage with the behavior we are interested in, not simply divert attention away from the complexity of issues like self-worth and intimacy by pretending that “we can get high on life” or be diverted from thinking about our situations by a series of childish games.

Students are sometimes experts on their drinking habits, and we will increase our effectiveness if we take advantage of their knowledge and skills in formulating our policies. We have to be flexible enough to continue to listen to students’ suggestions. Infantilizing students is another symptom of low expectations. When policy incorporates dismal predictions, it seems to encourage more immature behavior. We should encourage what we want, not what we fear.

8. Resist Denial, Understand Addiction, and Plan for Rehabilitation

Institutional denial is probably the greatest single threat to coming to terms with a campus’ alcohol and drug problem. This denial can be seen in the claims people make about what a problem is or would be, in their sense of what is “normal,” in the projection of their own beliefs about alcohol use, and in many other ways. While we have urged that expectations be raised, we also suggest that there is a virtue in being frank about problems, and thus risking the “public relations” problem of promising more than can be assured in practice.

A rules-based approach assumes that alcohol use is a willed behavior, which can be stopped whenever a drinker decides that he or she has had enough. Strategies like “just say no,” “know your limit,” and “know when to say when” are based on the idea that an individual controls his or her consumption. A care-based alcohol policy recognizes context and addiction and pays attention to the impossibility of individual control over some drinking behavior, whether the person is an alcoholic or, in isolated instances, drinks too much to judge the limit.

This approach also recognizes that the desire to drink is a desire for the expected effects of alcohol and not simply for entertainment, or because there is nothing else to do. Alcohol-free activities cannot prevent students from drinking if what they want is the release they get from alcohol.

Recognizing the powerlessness of some people over alcohol brings us to the need to consider services for those who need special help. It is important to re-think the proposition that alcohol and drug use impairs academic performance and academic productivity. Surely it does, but often the impairment is not particularly discernible and a standard that assumes loss of academic productivity will under-predict problems because sometimes very accomplished people are very accomplished alcoholics. If

one waits for a college alcoholic to “bottom out,” one may wait too long. We want students to get help before they bottom out, and we want recovering students to remain a part of the campus community. On-campus treatment services allow students to continue their studies and to have the help of the people at college with whom they feel comfortable.

Approach

We need to be honest with ourselves and openly acknowledge that members of our college communities are addicted to alcohol. Resisting denial is a very important dimension of recovery. There is a great deal of denial going on in our whole national strategy, and we do not want to perpetuate it on our college campuses. Roland Barthes (1979) warns us to beware of the “oppressive divorce of knowledge and mythology” (p. 37). We do not want the myth of individual control over alcohol use to block us from treating addictive behavior.

Accountability

To resist denial, we must stop pretending that the problem does not exist, or that drinking is just a simple matter of people choosing some option in their own lives that can just as easily not be chosen, or that because the “problem” is everywhere it has become intractable and cannot be solved. An ethic of care gets us, to use Gilligan’s phrase, “mired in relationships” where we are just as susceptible to denial as we might be to effectively caring. Education to help sort out that difference should be part of a comprehensive prevention strategy.

It is critical to acknowledge openly the fact of disobedience, misuse, and abuse. We should fashion efforts designed to achieve consensus on how to deal with misbehavior, and how to distinguish misbehavior from behavior beyond an individual’s control. This may include communicating with parents, who are still other participants in the continuum of care, to clarify expectations and develop strategies.

We should use our research capacity, as William Bennett (1986) suggests, to assess the extent and character of the problem on our campuses. This means committing research funds to knowing why alcohol and drug abuse happens, not just summing up statistics on incidence and prevalence. We should seek to determine what about college campuses can be changed to reduce the root causes of abuse, or at least to improve the action to reduce risk.

We have a duty to create substance-free living situations for students in recovery. College is a very hard place in which to recover from an addiction because many theoretically “dry” dorms are not in reality substance-free. Remembering that students, not dorms, are what can be substance-free, we should arrange for special facilities where students can join together and help each other through the recovery process.

9. Rethink Privilege

For many students, privilege plays a part in the justification for their drinking

behavior and in the character of that drinking. Advertisements inculcate the idea that adult success is rewarded with alcohol. People who are influenced by these cultural messages think individualistically about success and about drinking. Let us re-think the idea of privilege so that it includes the idea of membership in a community, not simply the mark of special status. Privilege as status knows few limits, but privilege as something different from a right, carries obligations. Drinking behaviors that are excessively status conscious and individualistic are more suggestive of addiction than is drinking behavior in relation to others. Making decisions that take others into account is the kind of responsibility we hope to foster in place of the dangerous belief that because of my status, the rules should not apply to me.

Approach

One approach to change individualistic thinking about alcohol is to rethink privilege. Privilege is bound up in students' sense of their status, our sense of the university as an elite community, and marketing strategies that link drinking to sophistication. Re-thought, privilege becomes something earned through responsible membership in a community. It is not just a status to be purchased with money, an SAT score, or special connections.

Accountability

To rethink privilege, we must reconnect it with membership and obligation. This conception of privilege can enhance a sense of connectedness and have the corollary effect of binding us to an improved relationship with students. Connection can be animated by care and concern, not alienation, control, or self-generated and self-validated ideas of accountability. If privilege is to be disconnected from alcohol for any of us, perhaps it should be disconnected for all of us. Let us look at our own use of alcohol and be sure that we can subject ourselves to the same standards we expect students to uphold. We can use our power to try to suppress the dimension of popular culture that links alcohol and privilege. We can also use education to expose the dangerously misleading elements of marketing strategies that seek either to obscure the risk of alcohol abuse or make false promises to users.

If we see privilege as connected to membership and obligations, our duties go beyond making rules and walking away satisfied that we have addressed the problem of alcohol abuse. Our responsibility is to work with students on methods and programs for stopping the alcohol abuse of all members of the institution. To have personally obeyed the rules does not absolve someone of responsibility for another person's problem drinking—this is a danger of both individualistic and privilege-as-status thinking.

10. Get Beyond the Individual in Designing Prevention Strategies and Keep Authority Flexible

The popular approach to health and wellness centered on the individual is hampered by its inability to change the addictive system that has produced

the problems. Effective education and prevention strategies need to be community-oriented. They should look at individuals as they fit into and are shaped by the collective circumstances of their lives.

Approach

If our strategies are going to encourage community, we need to remember to keep authority flexible. Collaborative models coming out of management theory are urging “flexible authority” as the best way to produce a good working relationship between those in authority and those who are ruled. Flexible authority is responsive to the specific needs in a situation that requires attention. This kind of authority makes use of the resources in a community: people’s unique skills and their ability to work together are utilized more fully. Solutions come from those involved rather than from those higher up. William Ouchi (1981) urges us to “find those organizational innovations which can permit a balance between freedom and integration, which go beyond our current interpretation of individualism” (p. 79). We believe that flexible authority will empower students in the decisions that affect their lives, and thus can help us to do our jobs better because we will be able to find solutions that fit the problems.

Accountability

As a college community, we work together on our problems, realizing that all of them do not belong to the students and that we have much to learn from students and about them. The solutions we reach should not be structured so that they ask each of us only to take better care of ourselves, but so that they also ask us to take better care of each other. We would be making our authority flexible by adding our need to be cared *for* into our responsibility to take care *of* the college.

A substitute for the “know when to say when” approach could be to teach everyone “how to say what, when and to whom,” which incorporates a relationship to others into our thinking about limits and locates us all on a continuum of engagement.

Our duty is to reduce risks by making our community, not just ourselves, strong and healthy. Individually focused approaches to risk reduction are vitally important, but they are inadequate because they overestimate individual power and underestimate our desire not to be alone, especially in relation to others we care about.

Conclusion

Having outlined an approach that urges people to take risks—one that also urges them to be involved and to care—we are left with a key and troubling question: Why should anyone take this approach?

One perceived benefit of an approach that emphasizes individuals taking care of themselves is that if someone fails to take care of himself, then his fail-

ure will be felt most by him, or so we would like to think, and that failure is his—"he packed his own chute," "he wrote his own script." Were this the case, perhaps we would not be faced with the problems we have. But it is clear that the acts of single individuals are not without a broad range of consequences for others. We certainly know that people who are killed or hurt by drunk drivers would find little solace in a program of radical individualism, and, on a much more ordinary level, so much of what we do is bound up with each other in intimate relationships and in forming friendships. It seems to us that to redress the harm that selfishness creates, we can learn something from twelve-step programs that actually ask those who are recovering to make inventories of people they have hurt, and then to make, at some later point, amends to those who have been injured. Thus, we can see that it is only a myth, propped up by recent political messages, which convinces us to be content with an assessment of progress that considers only whether we as individuals are better off than we were sometime in the past.

There is obviously, particularly in the collective context of the college, no reason to believe that the behavior of individuals fails to touch the behavior of others. Students are in an interesting stage in which they will acknowledge peer pressure, but simultaneously argue that it does not affect them. That is to say, they acknowledge that peer pressure is a factor in culture, groups are very important, but individually they ask, "how can I emerge with some sense of self and argue that I am being controlled by others, particularly other peers?" Listening to students speaking about drinking games provides an interesting insight into how much they believe they are subject to other influences. Oftentimes they will say that they could leave the game at any moment. But one begins to doubt that claim when one considers a wide range of other things the student may be negotiating at that point: the whole desire to be connected; to be different, but not so different as to be exotic; to be the same, but not so much the same so as to be unnoticeable.

When we began to think about what a web of caring might look like at an individual level, we were inspired by the image of the sponsor, someone who takes an unqualified interest in the person beginning a journey to recovery: someone who knows the rules, knows what works and what doesn't work, but also someone who is prepared to engage actively with the alcoholic so that some good might come with it. In discussing whether or how one might induce people to take that kind of interest in each other, whether there was some basis in a university for that kind of interest, one colleague of ours, a recovering alcoholic himself, a distinguished scholar, and an academic leader, thought the idea was interesting, but expressed great skepticism about whether it could actually work because of a very big difference between the situation in higher education and the situation in Alcoholics Anonymous.

In Alcoholics Anonymous, there is a distinct belief that without such a system, death will occur to the alcoholic or to someone around him. "Without each other we will all surely die. Without AA we will all surely die." This presence of an almost apocalyptic view helps strengthen a commitment to others

for those who have not reached the stage of their recovery where such a commitment is the step that they should be doing. But our colleague doubts that there is any such collective sense of either crisis or doom sufficient to motivate this kind of caring. Unfortunately he is probably right. But in the end, our sense is that to the extent that we believe that there is a need to improve our political conditions, to avoid many of the calamities that are predicted for higher education and for the culture in general, and to resist a kind of denial that leads us to believe everything will just work out all right—to the extent that we subscribe to any of the beliefs about the breakdown of community, then we believe that the exaggerations caused by selfishness qualify us as people who need to become engaged and need to support those students whose activities most model the kind of interest and connection that we believe can inoculate our community to some extent against some of the real pathologies. Therefore, care for others is something, we think, that is justified from the three strands that we have identified, but also forcefully commended to us by our sense of the urgency and importance of creating a human community and engaging in some of the reform that long-term planning would suggest to us.

In challenging assumptions and rules or rights-based approaches, we have done more than just show their shortcomings: we have developed a program to reconceptualize our connections to one another. Our approach has been similar to what Stephen Jay Gould (1981) calls “debunking” (pp. 321-322). He suggests that debunking is a mechanism for allowing a progression of ideas; rather than being wholly negative, debunking replaces ideas that are no longer useful with a more informed view of the nature of things. After assessing the limitations of current approaches to alcohol policy on campuses, we are advocating a contextual method, one that looks to political theory, psychology, and literature to expand our knowledge. We hope to start a conversation of “strong democratic talk,” as Benjamin Barber (1984) calls the “talk that makes and remakes the world” (p. 177). Strong democratic talk “entails listening no less than speaking; second, it is affective as well as cognitive; and third, its intentionalism draws out of the domain of pure reflection into the world of action” (p. 174).

We hope we have suggested a variety of ways in which this approach can be tried. We are persuaded that the typical prevention activities now in place exaggerate, to some extent, the dangerous dimensions of individualism instead of strengthening individuals enough that they might act in collaborative ways with others. This is going to be a continuing struggle, and we hope that we have contributed in this report to strategies that will not be alienating and that may result in benefits that go beyond simply dealing with some of the transient dimensions of student use of alcohol.

**This paper was made possible by generous grant support from the Fund for the Improvement of Postsecondary Education (FIPSE) of the United States Department of Education. With funds made available under its Drug Prevention Program, I was able to*

employ Margaret Klawunn, a Ph.D. Candidate in English at Rutgers to do research and aid in the project. Margaret's work made it possible for me to devote time to this project and the manuscript. Her contributions merit her designation as co-author. I am greatly indebted to her for her part in this collaboration.

*My own thinking on these topics has been influenced by many people, some known to me and some unknown. To account for the unknown, one of my favorite teachers once invoked, as I do now, Blanche Dubois' line in *Streetcar*: "I've always relied on the kindness of strangers." My conversations with colleagues and students, the questions that have followed lectures I have given, what I have read or observed here and there, all these things seem to find ways to wander into my thinking and writing. Some debts, though, are too special to remain anonymous. Don Fisher, Ron Bucknam, and Richard Wheeler of FIPSE were unstinting in their attention, generous with deadlines, and helpful in connecting these ideas to those of others working on similar problems. To my colleagues from around the country, I am grateful for the influence that knowing them has had on my thinking—although they bear no responsibility for any mistakes I make: Jean Kinney, Bruce Donovan, Chris Cullinan, Carol Gilligan and the students in the seminar on female adolescence, Richard Keeling, Omowale Amerleru-Marshall, and Peter Claydon. Some of my Rutgers colleagues have been especially generous: Peter Nathan, James Reed, Lisa Laitman, Marvin Greenberg, Fern Goodhart, Richard Nurse, April Pagano, and Robert Bierman. Ultimately, this work concerns the inextricable link between the welfare of students and that of colleges and universities. Students were the inspiration for this thinking and I hope they—and those who seek to promote that welfare—will benefit from it as well.*

I am profoundly grateful to the late Edward J. Bloustein, president of Rutgers University, for having the courage to take on hard issues and to support those of us who had the privilege of working with him in doing the same. With his encouragement and support, we stretched ourselves to find a new metaphor for the relationship of students to institutions. In his memory, I shall work to bring that metaphor to life.

—William David Burns

Notes

¹The passage from L. Frank Baum's *The Wonderful Wizard of Oz* follows: The lion now walked to the Throne Room and knocked at the door. "Come in," said Oz. "I have come for my courage," announced the Lion, entering the room. "Very well," answered the little man; "I will get it for you." He went to a cupboard and reaching up to a high shelf took down a square green bottle, the contents of which he poured into a green-gold dish, beautifully carved. Placing this before the Cowardly Lion, who sniffed at it as if he did not like it, the Wizard said, "Drink." "What is it?" asked the Lion. "Well," answered Oz, "if it were inside of you, it would be courage. You know, of course, that courage is always inside one; so that this really cannot be called courage until you have swallowed it. Therefore I advise you to drink it as soon as possible." The Lion hesitated no longer, but drank till the dish was empty. "How do you feel now?" asked Oz. "Full of courage," replied the Lion, who went joyfully back to his friends to tell them of his good fortune (Baum 137-9). For a reference on courage as a name for liquor, see the *Dictionary of Alcohol Use and Abuse: Slang Terms and Terminology*, ed. Ernest L. Abel (Westport: Greenwood Press, 1985).

²We recognize that the Fund for the Improvement of Postsecondary Education (FIPSE) Drug Prevention Program is concerned with a wide range of drugs, including alcohol. We have chosen to concentrate on alcohol because it is the drug of choice for college students and because it is more socially accepted than other drugs. There is also a significant correlation between heavy use of alcohol and the use of other drugs, which makes the focus on alcohol a justifiable strategy in a general discussion of prevention. We believe that much of what we say in this report is relevant to drugs other than alcohol.

³The context for this quotation is Sissela Bok's analysis of paternalism which includes an example from public health policy: "Among the most thoroughgoing paternalistic proposals ever made were those of Johan Peter Frank, often called the Father of Public Health, in eighteenth-century Germany. In his six-volume *System for a Complete Medical Policing* he proposed ways to 'prevent evils through wise ordinances.' Laws should be passed, he argues, in every case where they might further the health of citizens. Sexual practices, marriages, and child rearing were to be regulated to the smallest detail; a law should be passed to prohibit tight clothing women wore, if it interfered with their respiration. . . . The need for some paternalistic restraints is obvious. We survive only if protected from harm as children. Even as adults, we tolerate a number of regulations designed to reduce dangers such as those of infection or accidents" (203-205).

⁴We are not attempting to analyze the legal implications of these cases, nor even, as in the case of *Whitlock v. University of Denver*, to follow their progress through the courts (the original decision in the *Whitlock* case was overturned). We simply use them to illustrate some of the powerful motivations for liability avoidance that are pressed upon colleges and universities. It has been stated that the possible damage claims arising from lawsuits account for why colleges are paying attention to alcohol at all. For a good overview of the legal issues, see *Self-Regulation Initiatives: Resource Documents for Colleges and Universities* (American Council on Education, Washington D.C., 1988).

⁵Students may not be the only ones who are litigating to get a response from their colleges. An article in the October 26, 1989 edition of *Black Issues in Higher Education* quotes Martha Bazik, president of Chicago Citywide College, on the relationship

between faculty and the administration: Many faculty members feel that “they are not listened to, that they are not heard, and the environment often makes them feel like that.” Moreover, she said, faculty do not have to sue to maintain their campus rights, but because of the climate, they often see that as the only means” (Wiley, 1988, p. 22).

⁶The report, *Alcohol and Other Drug Use: A Guide for College Presidents and Governing Boards* prepared by M. Lee Upcraft and John B. Welty, is presently in draft manuscript form and is being circulated for comment by the Dept. of Education, Office of Substance Abuse Prevention.

⁷Styles of parenting are as tied to time, place, and culture as any other social phenomenon, and a look at the revisions of Dr. Benjamin Spock’s popular handbook *Baby and Child Care* proves it. When the handbook first came out in 1946, Dr. Spock urged parents to trust their instincts with their children: no more rigid schedules and emotional constraints—“Be natural and comfortable, and enjoy your baby” (Spock 4). By 1956, he was worried that he had been misinterpreted by overly-permissive parents who no longer tried to have any control over their children, and he issued this corrective: “Firmness is one aspect of parental love. Firmness, by keeping children on track, keeps them lovable. And they love us for keeping them out of trouble” (Spock 48). (Lynn Z. Bloom points out this significant revision in *Dr. Spock: Biography of a Conservative Radical*.)

⁸We are referring to cases like *Goss v. Lopez*, *Mississippi University for Women v. Hogan*, *Soglin v. Kauffman*, *Gaspar v. Bruton*, *Healy v. James*, and *Gay Lib v. University of Missouri*.

⁹Even federal financial aid strategy changed to reflect this market driven, consumer approach. Institution-based aid was replaced to a great extent by “portable” aid—financial aid vouchers that consumers could use to “access” the college or program of their own choice. This shift sought to bring market forces to play to help move what colleges offered closer to what consumers want. For a thorough analysis of the contract and consumer legislation, see William Kaplin’s *The Law of Higher Education*, 2nd edition. He includes an extensive bibliography on the new legal status of students.

¹⁰Contract theory relies upon a belief that both parties are interested in what they can get from the contract. The consequences of breaking the terms of the agreement have to be significant enough to encourage obedience. One problem with applying contract theory to alcohol policy is that the students are not as committed to the contract as the dormitory staff or the administration might be. The result is that the students do not feel compelled to comply.

¹¹Much of the political and popular rhetoric in the 1980s stressed individual effort, which may have exaggerated students’ sense of autonomy.

¹²The interviews, conducted on 26-27 April 1989 in a residence hall on campus, were advertised as a project on student behavior (*Has Anybody Ever Paid You to Talk about Your Life for 20 Minutes?*). Nothing was said about alcohol policy or the Office of Student Life Policy and Services. Thirty students volunteered. While all classes were represented and 1/4 of the volunteers were minorities, these interviews are not meant to be representative in any way. We were interested in how students formulate their thoughts about each other, about Rutgers, about their social lives, and about drinking. We are using the interviews to show how students deal with these issues. The responses are unedited to preserve the contradictions and qualifications that take place in conversation. Surveys done at Rutgers have shown that the incidence and prevalence of alcohol use among Rutgers students is equal to (or slightly below) the national norm as published in *National Trends in Drug Use and Related Factors among American High School Students and Young Adults, 1975-1988*.

¹³This perception of “trouble” may or may not be related to what would really happen were she to get the person to a health center: indeed, what is risked in seeking help is the *possibility* that the situation will get out of student “control,” and the potential that someone in authority might act in a way that gets someone else in trouble.

¹⁴The most recent national survey suggests that 92% of high school students drink, compared with 94% of college students. More than half of the white men in college drink heavily, consuming more than five drinks on one occasion in the two weeks preceding this survey. It is clear that at least as far as alcohol use is concerned, we lack the “adherence to a publicly owned sense of standards” referred to earlier. These statistics are taken from Johnston, L.D., P.M. O’Malley, and J.G. Bachman. *National Trends in Drug Use and Related Factors among American High School Students and Young Adults, 1987-88*. Rockville, MD: National Institute on Drug Abuse, 1989.

¹⁵A note on the “mocktail” party and other similar prevention fantasies: these are good examples of what Stanley Fish calls a “self-consuming artifact”—something that turns back on itself and self-destructs. In preserving the form of a behavior we seek to avoid while suppressing its substance, we tell people “it’s not the real thing.” In this sense, it is a *mocktail* (tale). For the concept, see Stanley Fish, *Self-Consuming Artifacts*. Berkeley and Los Angeles: University of California Press, 1973.

¹⁶Hence words like “blasted,” “wrecked,” and “trashed” are used in passive voice constructions to describe their condition when drinking, and names like Child Abuse, B-52, and Kamikaze for the drinks.

¹⁷It is worth noting the connection between the “group vomiting” associated with alcohol use and the “group vomiting” associated with bulimia. For an excellent article on bulimia, see Susan Bordo’s “Anorexia Nervosa: Psychopathology as the Crystallization of Culture” (*The Philosophical Forum*, 17(2): 73-103).

¹⁸Hoelting’s strategy might effectively satisfy a desire for relief from adult responsibilities, which may be one reason for drinking, but his suggested activities do not provide an excuse for misbehavior, an end to boredom, nor “sophisticated” adult fun. Some of the activities are organized around being alcohol-free (alcohol awareness band wagon, cold turkey week, etc.), but others do not necessarily preclude alcohol use (outdoor movie night, bowling tournament, candy corn counting contest, chariot races, new wave dances) and could turn into drinking events quite easily. In fact, even the spirit of some of the alcohol-free events suggests the desirability of drinking. For example, one entry under alcohol awareness is Cold Turkey Week. “Sponsor an all campus Cold Turkey Week where students pledge not to drink for one full week. Successful participants will receive an ‘I Survived Cold Turkey Week!’ button.” Because the emphasis is on *surviving* the week rather than enjoying it, this activity reinforces the idea that without drinking students can barely live.

¹⁹Perhaps we can say that it is more likely that someone would find the frog leg fry an appealing alternative to boredom *after* consuming alcohol than they would in a sober state.

²⁰A study done at Northern Illinois University (Haines 1988) and another one done at Hobart and William Smith College (Perkins and Berkowitz 1987) found that students tend to overestimate how much their peers are drinking, thus placing an internal pressure on themselves to fit in. Michael Haines, program coordinator for NIU’s Health Enhancement Services, discovered that less than 9% of a surveyed population of freshman and sophomore students thought a “frequent drunk” was okay, but they guessed that 42% of their peers approved of frequent drunkenness. These studies have interesting implications for student reports of drinking activity, and for

assessing motivation of heavy drinking. They also show that a care-based approach needs to examine the myths about student drinking because administrators need to be in touch with the myths, as well as the reality, in order to respond to need accurately.

²¹Barbara Critchlow Leigh refers readers of her study to two reviews of other studies on expectancy effects, Hull and Bond (1986) and Critchlow (1986).

²²In *Escape from Intimacy*, Anne Wilson Schaef develops the concept of the "pseudo-relationship," which offers some insight into this kind of interaction. As she explains it, "The healthy part of the person or the nonaddicted true self may actually be looking for love and intimacy at the same time the addiction (or addictive process) is looking for its fix and utilizing relationships to get that fix. Neither the person nor the relationship is really important; they are only used to get the buzz. The pseudo-relationship addict can be just as ruthless as a drug addict in search of a fix" (*Escape from Intimacy* 102).

²³This statement is particularly interesting because after the student says that "you are usually fairly drunk so you don't remember what you are doing," he proceeds to reconstruct a very particular event, right down to the snow in the backyard, as a typical example. It is as if he is telling himself that the best way to engage in this socializing is not to remember it—the voice is more imperative ("Don't remember it") than it is descriptive.

²⁴For an excellent study on the incidence of gang rape at fraternity parties, see Julie Ehrhart and Bernice Sandler's "Campus Gang Rape: Party Games?," a publication of the Project on the Status and Education of Women.

²⁵A study done at Texas A&M University surveyed 106 undergraduates about acceptable behavior in dating situations. Men rated intercourse against the woman's wishes as significantly more justifiable when the woman initiated the date, when the man paid, and when the couple went to the man's apartment (Mulenhart & McFall, 1981). Another survey that supports this claim found that only 34% of teenagers said that force was not acceptable under any circumstances. See *"Nobody Told Me It Was Rape": A Parent's Guide for Talking with Teenagers about Acquaintance Rape and Sexual Exploitation* (Caren Adams and Jennifer Fay, Santa Cruz: Network Publications, 1984).

²⁶Present in this quotation is a kind of trust: the speaker wants, simultaneously, everybody to be drunk but believes that, even in the impaired state, they would not do anything to betray his trust even though he offers us a couple of real examples of his "paranoid" fantasies.

²⁷For example, see Jean Kilbourne's video *Calling the Shots: The Advertising of Alcohol* (Cambridge Documentary Film Co.).

²⁸For a more extended analysis of alcohol and privilege, see "Alcohol and Community: Rethinking Privilege" by W. David Burns (*The Educational Record*, Summer/Fall 1989).

²⁹The trademark or copyright slogan of the American Express Card.

³⁰Many students were outraged by this promotion, which Miller later called a "mistake." However, neither student behavior during Spring Break, nor the behavior of those who sell beer to them, seems to have changed since the appearance of "Beachin' Times."

³¹Another beer company features men and a dog: in this television advertisement, man's best friend orders a case of beer, a side of beef, and a female dog. Although he intends to enjoy these pleasures himself, the beer and the beef are conveniently turned over to his owner. This advertisement and the Spuds series deconstruct the term "party animal" and reconstruct it as something benign.

³²This tragedy, quite significantly, is named after the victim and not after the fraternity—it is the “James Callahan incident” rather than the “Lambda incident.” Students do not talk about the incident in the context of fraternity hazing; the situation is left out to focus on the victim’s culpability.

³³Regarding education programs specifically related to hazing, a Dean had arranged for the fraternity leaders to be trained in risk reduction on the Sunday preceding the Thursday on which this incident occurred. At that meeting, a representative of a national fraternity where a hazing-related alcohol death occurred addressed them on the issue of alcohol and hazing (see the case *Ballou v. Sigma Nu*).

³⁴The most recent article in *The Daily Targum* that expresses this opinion was published on October 3, 1989. As part of a report on a seminar to end dangerous hazing, it is noted that the speaker mentioned the following hazing tragedies: “two pledges who were marched off a railroad trestle and one who fell off a cliff at night after being kidnapped by fraternity brothers. He further described a pledge who was buried in the sand on the New Jersey shore and lastly, James Callahan, the Rutgers student who drank himself to death.” It is interesting that the reporter paraphrases the list of incidents in a way that makes two of the tragedies the fault of the fraternity brothers and two of them, including James Callahan, the fault of the victim. The one that most explicitly absolves others of any responsibility is the report on James Callahan, that he “drank *himself* to death.” Even the student who fell off the cliff did that after being kidnapped by others. (“Seminar held to help battle hazing evils in pledging,” *The Daily Targum*, 10/3/89.)

³⁵Programs like Students Against Drunk Driving (SADD) have been very effective in getting students to think about helping each other instead of denying the group’s influence. Unfortunately these programs are often criticized for not taking a strong enough stand “against” drinking because they give tacit approval to drinking, and/or because they are seen as examples of “enabling” behavior. We see them as collective strategies to prevent injury and harm.

³⁶Bloom has a lot of justifiable complaints about American society, students, and colleges today, but his explanations exaggerate (as he puts it) the dangers of post-sixties liberalism. There is also a real naivete in his observations about the condition of students that pays little attention to the psychological complexity of their situation. While we agree with some of the list of problems he identifies, his reasoning of the causes and his solutions are different from our’s. Bloom attributes many of the problems to cultural relativism, and he advocates a return to the classical values. With our approach, we hope to counter egocentric attitudes by encouraging connection and the respect of differences, not by decreasing “openness.” We also suspect that some of the classical values are themselves part of the problem, not the solution.

³⁷Bellah and the co-editors of *Habits of the Heart* persuasively illustrate a thesis about American society, but because they are so sure about what they want to prove at the outset, they lack more objective evidence for their theory that America is a therapeutic culture mired in self-analysis. Despite a disclaimer, much of the basis for their analysis rests on Tocqueville’s observations about nineteenth century America and the contemporary voices of four white Americans. Their observations about the lack of collective life and the inability to think publicly are suggestive, particularly in combination with more representative sources.

³⁸We recognize that the idea of a pre-social connection is subject to criticism for its romanticization of the infant’s bond with its mother, but more origination myths are romanticized and so are some social science methodologies. Many political theories, including dominant European political theories, begin with a description of man

in nature. Interestingly enough, in the case of Hobbes, the state serves as protection against man's natural depravity. In the case of feminist theorists, the state is an artificial imposition of male domination over a natural condition that did not contain hegemony.

³⁹Including gender differences as a factor in moral development, Gilligan supplements and revises Lawrence Kohlberg's stages of moral development. Her work was first published as an article in the *Harvard Educational Review* ("In A Different Voice: Women's Conception of Self and Morality," *Harvard Educ Rev* 47 (1982): 481-517), and then as a book, *In a Different Voice*. She elucidates and refines her ideas in "Moral Orientation and Moral Development" in *Women and Moral Theory*, a collection of essays responding to Gilligan's conception of a female morality.

⁴⁰See Chodorow, Nancy. "Family Structure and Feminine Personality." *Women, Culture, and Society*. L.M. Rosaldo and L. Lamphere, eds. Stanford: Stanford University Press, 1974; and *The Reproduction of Mothering*.

⁴¹For an elaboration of Kristeva's theories, the collection of essays *Desire in Language* provides a good selection of her work on language and semiotics.

⁴²The 12-Step program for recovery, developed and used by Alcoholics Anonymous, is: 1) We admitted we were powerless over alcohol—that our lives had become unmanageable; 2) Came to believe that a Power greater than ourselves could restore us to sanity; 3) Made a decision to turn our will and our lives over to the care of God *as we understood Him*; 4) Made a searching and fearless moral inventory of ourselves; 5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs; 6) Were entirely ready to have God remove all these defects of character; 7) Humbly asked Him to remove our shortcomings; 8) Made a list of all persons we had harmed, and became willing to make amends to them all; 9) Made direct amends to such people wherever possible, except when to do so would injure them or others; 10) Continued to take personal inventory and when we were wrong promptly admitted it; 11) Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out; 12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

⁴³See Arthur Chickering, Education and Identity; Robert Arnstein, "Psychiatry and the College Student," in Vol. 5 of *American Handbook of Psychiatry*.

⁴⁴Parker Palmer wants the church to fill the gap in our missing "public" life in America, which is much different from our secular model. We agree with him, however, that what is lacking in our society is a way to relate to others that is neither intimacy nor neglect.

⁴⁵This is only one idea of state/society, pre-political relations. Without choosing a myth to account for the "pre-political", we choose to look at the political as something broader and more basic than institutions of governance.

⁴⁶The web metaphor is currently used in health care theory to represent a multifactorial concept of disease. As Sylvia Tesh noted in *Hidden Politics*, the web, "more than a linear or triadic configuration, represents the reality that disease occurs in a social, physical, political, psychological, cultural, and economic *context*" (59). Tesh critiques the web metaphor, however, for its inability to accomplish in practice what it promises in theory. We believe that the web model is the most effective paradigm and its shortcomings can be remediated with a careful program for implementation.

⁴⁷Sylvia Tesh, in *Hidden Arguments*, theorizes that "In an era where the news media continually publicize the new threats to health from polluted water, air, and soil, and

where both industrial disasters and the possibility of nuclear war pose threats completely outside the control of individual citizens, it is comforting to think that personal action can reduce one's chances of dying early. Whether lifestyle change calls for wearing a respirator at work, giving up cigarettes, or learning stress reduction techniques, it means that at least some disease is a consequence of circumstances over which individuals have control. In addition it suggest that health can be secured without major changes in industrial practices, in the economy, or in the government" (46).

⁴⁸The ethic of care emphasizes connectedness: loving your neighbor as yourself from Judeo-Christian theology. It also shares the concerns of feminist and Afrocentric theorists as discussed earlier. With an ethic of care, the other comes into relation with the self as a "particular other"—"particular others" are the people one has a relationship with and responsibility for, as mothers do; but is also a way of thinking about the world that reduces separation (see Virginia Held's "Feminism and Moral Theory" in *Women and Moral Theory*). There is a similar concept of identity in Afrocentric theory, the "extended self," which defines identity in terms of "we" instead of "I" (see Wade Nobles's article "The Extended Self").

⁴⁹The continuum of care requires that each member of the college recognize the connection between his/ her own activity and the community's solution to a problem (Dr. Carol Brownlow, the Director of Allied Health at Chemeketa Community College in Salem, Oregon, first suggested the application of this concept to alcohol policy). In nursing theory, continuity of care "means that total patient care includes all phases of health-illness continuum, from high level wellness to complete disability" (Beatty, 1980, p. 3). This goal is achieved by providing the following services: 1) health education; 2) prevention of potential disease; 3) detection of disease; 4) continuing care—health maintenance; 5) care of emergency, episodic, and chronic illnesses; 6) physical, social and vocational rehabilitation; 7) custodial care; 8) terminal care (Beatty, 1980, chap. 1). The continuum of care for alcohol translates into everything from preventive measures for occasional drinkers to the rehabilitation of alcoholics. Within the college community, everyone from students and faculty members, to residence hall staff and health care providers has a role in preventing, identifying, and treating alcohol abuse.

⁵⁰According to *Black's Law Dictionary*, a "duty" is the correlative of a right: wherever there exists a right in any person, there exists a corresponding duty upon some other person or persons. Yet a duty is not a *legal* obligation in that the courts will not enforce or redress it; it is considered an imperative *moral* or *ethical* obligation that the court sanctions. This distinction is significant within the web of caring because we are talking about "caring" in terms of an ethically motivated action rather than a liability avoidance strategy. Reasonable, ordinary, or due care is "care proportioned to any given situation, its surroundings, peculiarities, and hazards" (Black, 1968, "Due Care"). For colleges that means evaluating potential dangers and determining how care can best be provided given the specific needs of community members.

⁵¹This connection between our political non-therapeutic strategy and the treatment strategy for addiction was suggested to us by Dr. Bruce Donovan, the Associate Dean of the College and Associate Dean on Chemical Dependency at Brown University.

References

- Adams, C., & Fay, J. (1984). *"Nobody told me it was rape": A parent's guide for talking with teenagers about acquaintance rape and sexual exploitation*. Santa Cruz: Network Publications.
- Akbar, N. (1989). Nigrescence and identity: Some limitations. *The Counseling Psychologist*, 17(2), 258-263.
- Alcoholics Anonymous*. (3rd ed.). (1976). New York: Alcoholics Anonymous World Services.
- American Council on Education. (1988). *Self-regulation initiatives: Resource documents for colleges and universities*. Washington, DC: American Council on Education.
- Anderson, D. S., & Gadaletto, A.F. (1988). *Results of the 1988 college alcohol survey and comparative analysis with the 1979, 1982, and 1985 college alcohol surveys*. Mimeo.
- Arendt, H. (1972). *Crises of the republic*. New York: Harcourt Brace Jovanovich.
- Arendt, H. (1958). *The human condition*. Chicago: University of Chicago Press.
- Armstein, R. (1974). *Psychiatry and the college student*. (S. Arieti, Ed.) (Vol. 5 of American Handbook of Psychiatry, 2nd ed.). New York: Basic Books.
- Barber, B. (1984). *Strong democracy: Participatory politics for a new age*. Berkeley: University of California Press.
- Barthes, R. (1979). *The Eiffel Tower and other mythologies*. (R. Howard, Trans.). New York: Hill & Wang.
- Baum, L. F. (1969). *The wonderful wizard of Oz*. San Rafael, CA: Classic Press.
- Beatty, S. R. (1980). *Continuity of care: The hospital and the community*. New York: Grune & Stratton.
- Bellah, R., et al. (Eds.). (1985). *Habits of the heart*. Berkeley: University of California Press.
- Benjamin, J. (1985). The bonds of love: Rational violence and erotic domination. In H. Eisentein & A. Jardine (Eds.), *The future of difference* (pp. 41-70). New Brunswick: Rutgers University Press.
- Bennett, W. (1986, October 10). [Address]. Harvard University Graduation. Cambridge, MA.
- Black, H. C. (1968). *Black's law dictionary* (4th ed.). St. Paul: West Publishing.
- Bloom, A. (1987). *The closing of the American mind*. New York: Simon & Schuster.
- Bok, S. (1978). *Lying: Moral choice in public and private life*. New York: Pantheon Books.
- Boyer, E. L. (1987). *College: The undergraduate experience in America*. New York: Harper & Row.
- Burns, W. D., & Sloane, D. C. (Eds.) (1987). Students, alcohol, and college health: A special issue. *Journal of American College Health*, 36, 2.
- Caleekal-John, A., & Goodstadt, M. S. (1983). Alcohol use and its consequences among Canadian university students. *The Canadian Journal of Higher Education*, 13 (2), 56-69.
- Cassell, C. (1984). *Swept away: Why women fear their own sexuality*. New York: Simon & Schuster.
- Chickering, A. (1969). *Education and identity*. London: Jossey-Bass.
- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley: University of California Press.
- Dewey, J. (1966). Education as conservative and progressive. *Democracy and Education* (pp. 69-80). New York: The Free Press.
- Dictionary of alcohol use and abuse: *Slang terms and terminology*. (1985). (E. L. Abel, Ed.) Westport, CN: Greenwood Press.
- Dinnerstein, D. (1976). *The mermaid and the minotaur*. New York: Harper & Row.

- Driessel, D. K. (1969). A student's view of freedom in the multiversity. In L.C. Vaccaro & J. T. Covert (Eds.), *Student Freedom in Higher Education* (pp. 73-84). New York: Columbia University Press.
- Emig, J. (1983). *The web of meaning*. Montclair: Boynton/Cook Publishers.
- Engs, R. C., & Hanson, D. J. (1985). The drinking patterns and problems of college students. *Journal of Alcohol and Drug Education*, 31(1), 65-83.
- Farquhar, J. W., Maccoby, N., & Wood, P. D. (1985). *Education and communication studies* (pp. 207-221). (W. W. Holland, R. Detels, & G. Knox, Eds.). (Vol. 3 of Oxford Textbook of Public Health). Oxford: Oxford University Press.
- Finnegan, D. G., & McNally, E. B. (1987). *Dual identities: Counseling chemically dependent gay men and lesbians*. Minneapolis: Hazelden.
- Flax, J. (1980). Mother-daughter relationships: Psychodynamics, politics, and philosophy. In H. Eisenstein & A. Jardine (Eds.), *The future of difference* (pp. 20-40). New Brunswick: Rutgers University Press.
- Freud, A. (1974). The ego and the mechanisms of defense. *The writings of Anna Freud*. (Cecil Baines, Trans.). (Vol.2). New York: International Universities Press.
- Gadaletto, A. F., & Anderson, D. S. (1986, November). Continued progress: The 1979, 1982, and 1985 college alcohol surveys. *Journal of College Student Personnel*, 499-509.
- Gallup Report. (1987). *Alcohol use and abuse in America*. (Report No. 265). The Gallup Report, 46-49.
- Gilligan, C. (1982). *In a different voice: psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1987). Moral orientation and moral development. In E. F. Kittay & D. T. Meyers (Eds.), *Women and moral theory* (pp. 19-33). Totowa: Rowman & Littlefield.
- Goodstadt, M.S., & Caleekal-John, A. (1984). Alcohol education programs for university students: A review of their effectiveness. *The International Journal of the Addictions*, 19(7), 721-741.
- Gott v. Berea College. (1913). 156 Ky. 376, 161 S.W. 204.
- Gould, S. J. (1981). *The mismeasure of man*. New York: Norton.
- Hester, R.K & Miller, W. R. (Eds.). (1989). *Handbook of alcoholism treatment approaches: Effective alternatives*. New York: Pergamon Press.
- Hoelting, F. B. (1988). *How to Program without Alcohol: 3000+ Residence Hall Programs*. Office of Residential Life, Illinois State University.
- Hunt, B. L. (1988). From a chain to a network—trends and developments in the pattern of health care. In B. H. Doan (Ed.), *The future of health and health care systems in industrialized societies*. New York: Praeger Publishers.
- Irele, A. (1965) Negritude—literature and ideology. *The Journal of Modern African Studies*, 3(4), 499-526.
- Johnston, L.D., O'Malley, P. M., & Bachman, J. G. (1989). *National trends in drug use and related factors among American high school students and young adults, 1975-1988*. Rockville, MD: National Institute on Drug Abuse.
- Kaplin, W. A. (1980). *Law of higher education 1980*. San Francisco: Josey-Bass.
- Keller, S., & Light, D. (Eds.). (1985). *Sociology* (4th ed.). New York: Alfred A. Knopf.
- Kessler, M., Albee, D. W. (1975). Primary prevention. *Annual Review of Psychology*, 26, 557-591.
- Kinney, J., & Leaton, G. (1987). *Loosening the grip: A handbook of alcohol information* (3rd ed.). St. Louis: Times Mirror/Mosby College Publishing.
- Kristeva, J. (1980). *Desire in language: A semiotic approach to literature and art*. (L. S.

- Roudiez, Ed.). (T. Gora, A. Jardine, L. S. Roudiez, Trans.). New York: Columbia University Press.
- Leigh, B. C. (1989). Attitudes and expectancies as predictors of drinking habits: A comparison of three scales. *Journal of Studies on Alcohol*, 50(5), 432-440.
- Miller, T. K., Winston, R. B., & Mendenhall, W. R. (1983). *Administration and leadership in student affairs*. Muncie, IN: Accelerated Development.
- Moffatt, M. (1989). *Coming of age in New Jersey*. New Brunswick: Rutgers University Press.
- Morrill, W. H., Hurst, J. C., & Oetting, E.R. (Eds.). (1980). *Dimensions of intervention for student development*. New York: Wiley & Sons.
- Mulenhart, C.L., & McFall, R. M. (1981). Dating initiatives from a woman's perspective. *Behavior Therapy*, 12.
- Mullins v. Pine Manor College, (1983). 389 Mass. 47, 449 N.E.2d 331.
- Newman, I. M., Crawford, J. K., & Nellis, M. J. (1989). The role and function of drinking games in a university community. Unpublished manuscript.
- Nobles, W. W. (1976). Extended self: Rethinking the so-called Negro self-concept. *Journal of Black Psychology*, 26(2), 15-24.
- O'Neil, R. (1970). *The Price of Dependency*. New York: E.P. Dutton.
- Orcutt, J. D. (1984, Winter). Contrasting effects of two kinds of boredom on alcohol use. *Journal of Drug Issues*, 161-173.
- Ouchi, W. G. (1981). *Theory Z*. New York: Avon Books.
- Palmer, P. (1981). *The company of strangers*. New York: Crossroad Publishing.
- Phillips, A. (1986, Fall). Being bored. *Raritan*, 101-7.
- Rich, A. (1979). *On lies, secrets, and silence*. New York: W.W. Norton.
- Rose, M. A. (1985). *Rush: A girl's guide to sorority success*. New York: Villard Books.
- Roskens, R. W. The stuff that dreams are made of. *Alpha Chi Omega Newsletter*.
- Roszak, T. (1969). *Making of a counter culture*. Garden City, NY: Doubleday.
- Saltz, R., & Elandt, D. (1986, Spring). College student drinking studies 1976-1985. *Contemporary Drug Problems*, 117-159.
- Schaeff, A. W. (1987). *When society becomes an addict*. San Francisco: Harper & Row.
- Schaeff, A. W. (1989). *Escape from intimacy*. San Francisco: Harper & Row.
- Schwarz, R. M., Burkhart, B. R., & Green, S. B. (1982). Sensation-seeking and anxiety as factors in social drinking by men. *Journal of Studies on Alcohol*, 43(11), 1108-1114.
- Sennett, R. (1981). *Authority*. New York: Vintage Books.
- Spock, B. (1946). *The common sense book of baby and child care* (1st ed). New York: Duell, Sloan, & Pearce.
- Spock, B. (1965). *Baby and child care* (3rd ed.). New York: Pocket Books.
- Stein, G. (1935, March 16). American education and college. *New York Herald Tribune*, p.15.
- Szablewicz, J. J., & Gibbs, A. (1987). Colleges increasing exposure to liability: The new *in loco parentis*. *Journal of Law and Education*, 16(4), 453-465.
- Temple, M. (1986). Trends in collegiate drinking in California, 1979-1984. *Journal of Studies on Alcohol*, 47(4), 274-282.
- Thomas, R. (1987, Summer). Systems for guiding college student behavior: Punishment or growth? *NASPA Journal*, 25, 54-61.
- United States. Dept. of Health and Human Services. (1984). *Adolescent peer pressure: Theory, correlates, and program implications for drug abuse prevention* (3rd printing). National Institute of Drug Abuse. Washington: GPO.

- Upcraft, M. L., & Welty, J. B. (1989). *Alcohol and other drugs: A guide for college presidents and governing boards*. [Draft Manuscript]. Dept. of Education. Office for Substance Abuse Prevention.
- Whitlock v. University of Denver. (1985). 712 P.2d 1072. CO. App.
- Wiley, III, E. (1988). National forum explores relationships between faculty and administrators. *Black Issues in Higher Education* 6(16), 22.
- Wilson, E. (1967). *A prelude: Landscapes, characters, and conversations from my earlier years*. New York: Farrar, Strauss, & Giroux.

AN INTEGRATED THEORETICAL FRAMEWORK FOR INDIVIDUAL RESPONSIBILITY AND INSTITUTIONAL LEADERSHIP IN PREVENTING ALCOHOL AND DRUG ABUSE ON THE COLLEGE CAMPUS

Gerardo M. Gonzalez
University of Florida

There is nothing quite so practical as good theory and nothing so
good for theory-making as direct involvement with practice.

—Nevitt Sandford

Introduction

Although theoretical models relevant to alcohol and drug education have recently been proposed (Amatetti, 1987; Funkhouser, Goplerud, & Bass, 1992; Ray & Ksir, 1990), most school-centered programs generally have remained atheoretical, based on educational judgments unsupported by research (Braucht & Braucht, 1984; Bukoski, 1986; Schaps, DiBartolo, Moskowitz, Palley, & Churgin, 1980). A lack of theory-based development and research also characterizes such programs on the college campus (Gonzalez, 1988a; Gonzalez, 1993-94; Saltz & Elandt, 1986), where such programs have proliferated rapidly in recent years (Eigen, 1991; Eigen, Brenowitz, & Henshaw, 1993; Gadaletto & Anderson, 1986). This lack of a theoretical framework has made difficult the evaluation of campus programs and has led to demands from administrators for information on "what works" in preventing alcohol and drug abuse (Goode, 1994; Magner, 1988). Therefore, the purpose of this paper is to review three of the most influential conceptual systems in the field of prevention (the Health Belief Model, Social Learning Theory, and Problem Behavior Theory) and to offer an integrated framework for predicting degrees of individual responsibility and institutional leadership in the prevention of alcohol and drug abuse.

Major theoretical models

The Health Belief Model

The Health Belief Model is a theoretical construct previously used to explain health-related behavior in general (Rosenstock, 1974a) and the prevention of bad choices in particular (Rosenstock, 1974b). It links socio-psychological theories of decision-making to a person's ability to choose among alternative health behaviors. Origins of the theory underlying the model have been attributed to Lewin's theory of goal setting in the level-of-aspiration situation. Lewin hypothesized that behavior depends on two variables: the value someone places on a particular outcome and the estimate someone makes that a given action will result in that outcome (cited in Maiman & Becker, 1974).

In the Health Belief Model, this motivation is analyzed as a function of the expectancy of goal attainment. Thus the model provides a theoretical construct upon which health-related behavior might be predicted and altered. When Rosenstock (1974a) described it, he based it phenomenologically on the supposition that the world as perceived, not a person's physical environment, will determine a person's actions. Accordingly, for people to act to avoid a health problem, they first must believe that they are susceptible to that problem. Moreover, only the perceived severity of the condition can dispose them to act. Furthermore, their actions will be determined by their perception of the benefits from or the barriers to alternative behaviors. Finally, a "cue to action" such as an internal stimulus (e.g., a perception of bodily states) or an external stimulus (e.g., interpersonal interaction, mass-media communication, or knowledge of someone else's experience) must occur to trigger the appropriate health behavior. The Health Belief Model assumes that motivation is a necessary condition for action and that motives selectively determine people's perception of their environment (Maiman & Becker, 1974).

By emphasizing such motivation, the Health Belief Model aligns itself with research showing that, among young people generally, perceptions of their peers' alcohol and drug use are more influential than their peers' actual behavior (Jessor, Collins, & Jessor, 1972; Jessor & Jessor, 1977; Kandel, 1980; Kandel & Logan, 1984) and that this influence extends as well to college students in particular (Baer, Stacey, & Lariner, 1991; Perkins & Berkowitz, 1986). Likewise, the model closely allies its predictive function to those "value expectancy" theories as the basis for an understanding of the use of alcohol and other drugs (Hays, 1985).

In practice, the Health Belief Model has inspired the design of individual drug education and prevention programs (Albert & Simpson, 1985; Iverson, 1978; Kaufert, Rabkin, Syrotuik, Boyco, & Shane, 1986). One such program, that of Kleinot and Rogers (1982), successfully has applied the principles of the model to alcohol education for college students, a program focused on (1) the severe, even noxious, consequences of excessive drinking, (2) the probability of these consequences, and (3) the prevention of these consequences through abstinence or moderation as a coping response. In their experiment, Kleinot and Rogers examined systematically the effects of this information on students. They found that college students' intentions to moderate their drinking habits were affected positively by the knowledge provided. In another study, Portnoy (1980) described an academic course in alcohol education for college students, incorporating factors of the Health Belief Model with persuasive communication strategies. This multivariate analysis demonstrated the program's overall effectiveness, Portnoy concluding that the course was effective for students not yet problem drinkers because it increased knowledge about alcohol and reinforced desirable attitudes and beliefs while effecting a decline in beer consumption. He also suggested that the program could have had greater impact if more emphasis had

been placed on the students' susceptibility to peer and parental judgment, as well as to driving-while-intoxicated convictions, automobile fatalities, and even hangovers. To students, these problems seem more relevant than any medical or psychological problems.

In addition to predicting individual health-related behavior, the Health Belief Model can anticipate institutional or social responses to health problems. Thus alcohol and drug education programs in institutions of higher education can be justified in terms of the model (Gonzalez, 1988a). After a decade spent encouraging colleges nationwide to discuss alcohol's impact on campuses, its abuse has been recognized as one of the leading social and health threats to college students (Boyer, 1990; Goodale, 1986; Ingalls, 1982; Sherwood, 1987; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994). Similarly, more recent efforts by the U.S. Department of Education to spotlight illicit drugs on campus has increased the perception of this major threat to student health. Thus the first two principles of the model—susceptibility and severity—can be seen as forces in the development of campus programs for alcohol and drug education. But the third principle of the Health Belief Model—that of beneficial alternative behavior—is also gaining favor among college administrators. Speaking at the First National Conference on Campus Policy Initiatives held in Washington, D.C., Indiana University President John W. Ryan said, "Effective alcohol education programs and policy initiatives on campus have changed—from something we all wanted but could not afford—to something we cannot afford to be without (Ryan, 1986, p. 78)."

Such encouragement has helped change the attitude of the campus leadership from benign neglect (Ingalls, 1982) to concerned support for prevention programs (Fischer, 1987; Gonzalez, 1985; Upcraft & Welty, 1990). Moreover, this new level of motivation has been translated into action by increasing incidents of both internal and external stimuli (i.e., those "cues to action" in the model) experienced by institutions whose social environments are changing. One particularly strong cue has been the growing willingness of the courts to impose third-party liability judgments on colleges and college groups that sponsor permissive alcohol-related policy or allow violations that result in injury or death. A white paper commissioned by the American Council on Education (1986) for college presidents nationwide emphasizes the new responsibility: "The important point is that every school should appraise its policy in light of the changing temper of public policy toward alcohol abuse (p. 69)." In addition to motivating reform, such liability cases and warnings serve to underscore the susceptibility to and the severity of alcohol and the other drug problems confronting higher education. As the Health Belief Model predicts, colleges are taking major steps to protect themselves, implementing both educational programs and policy changes (Eigen, Brenowitz, & Henshaw, 1993; Gadaletto & Anderson, 1986; Gonzalez & Broughton, 1986; Sherwood, 1987).

In a comprehensive review of the model, investigations published between 1974 and 1984, as well as the tabulations of findings from seventeen

earlier studies (Janz and Becker, 1984) found that the model's theory of "perceived susceptibility" was particularly important in promoting preventive behavior. This finding has important implications for those who use the model in designing programs. It suggests that successful prevention depends on realistic information about personal susceptibility and associated risks. Unless students know the odds against them when they use alcohol and drugs, they are unlikely to take much responsibility for their own health, remaining optimistic about their behavior, whatever its immediate results (Weinstein & Lachendro, 1982). Reducing a student's sense of invulnerability to harmful physical, psychological, and social effects, at the same time providing an honest assessment of personal drug risk, is crucial to information-based, preventive intervention designed to lower the incidence of harmful drug use (Cvetkovich, Earle, Schinke, Gilchrist, & Trimble, 1987).

A concept closely related to perceived susceptibility is that of perceived risk associated with unhealthy practices (Gonzalez & Haney, 1990; Lorig & Laurin, 1985). Epidemiological studies have found that an increase in perceived risks is associated with a decline in drug use reported by high school students (Johnston, 1985). Surveys of high school graduating classes from 1976 to 1986 show that the increased perception of risks associated with marijuana is a fundamental causative factor in the reduction of its use (Bachman, Johnston, O'Malley, & Humphrey, 1988). Moreover, these surveys suggest that shifting views about risks may influence the increases found in students' disapproval, the disapproval they convey to others and the disapproval others convey to them about drug use. In challenging conventional wisdom about the inability of information to affect behavior, the surveyors have concluded that "information about risks and consequences of drug use, communicated by a credible source, can be persuasive and can play an important role in reducing demand, which ultimately must be the most effective means of reducing drug use" (Janz & Becker, 1984, p. 109). Empirical research also supports this predictive power of perceived susceptibility (Janz & Becker, 1984). In an experimental attempt to measure the efficacy of Health Belief in predicting success among smokers trying to stop, researchers found that health worries and perceived susceptibilities were the best predictors (Kaufert, Rabkin, Syrotuik, Boyko, & Shane, 1986).

Approaches to Social Learning Theory

Not all reviews of the Health Belief Model have been favorable. One has criticized the model's predictive power because it ignores environmental conditions such as accessibility to health services and transportation (Mechanic, 1976), while another suggests that cultural and religious values, more so than structural conditions, limit the predictive value of the model for preventive health behavior (Quah, 1985). But researchers have attempted to overcome the lack of environmental attention in the model. They often combine it with other "value-expectancy" models that ascribe a greater role to environmental influences (Hays, 1985; Janz & Becker, 1984; Lorig & Laurin, 1985). Most

notable in these models is the appearance of Social Learning Theory and its concept of self-efficacy (Bandura, 1977a, 1977b, 1986). According to the self-efficacy paradigm, change and maintenance of behavior are a function of expectations about the results of one's behavior and the ability of one to engage in a behavior. Beliefs about whether a given behavior will lead to a given outcome are termed "outcome expectations," and beliefs about one's capability in performing the behavior that leads to those outcomes are termed "efficacy expectations." In a review of the role of self-efficacy in changing behavior, some of the original proponents of the Health Belief Model (Strecher, DeVellis, Becker, & Rosenstock, 1986) have stressed its perceived benefits similar to outcome expectations in Social Learning Theory. They see that such expectations strongly influence change. If health practices are not particularly difficult to modify, outcome expectations may be the dominant factor in changes of behavior. However, if they are believed to lead to desired consequences and the change is difficult, self-efficacy considerations become more important. According to Bandura (1982), efficacy expectations are learned from vicarious experience, verbal persuasion, physiological arousal, and accomplishments; that is, this learning comes from experience, the most potent form of efficacy expectations. In suggesting an overall strategy for raising self-efficacy relevant to health behavior, some would require a careful examination of the target behavior and identification of its specific elements calling for the development of skills (Strecher et al., 1986).

Social Learning Theory conceptualizes alcohol and other drug use as socially learned, purposive, and functional behavior that is the result of the interplay between socio-environmental factors and personal perceptions (Johnson & Solis, 1983). Prevention techniques based on Social Learning Theory have emphasized the development of specific social and personal skills to resist pro-drug environmental and peer pressures among young people (Botvin, 1983; Goldstein, Reagles, & Amann, 1990). Based on the premise that unhealthy behaviors are maintained through periodic social reinforcement, environmental cues, and in some cases physiological reinforcement, recent prevention programs drawing on theory have combined efforts to correct perceptions of social norms with individualized instruction in peer refusal and social skills (Botvin & Wills, 1985; Funkhouser & Denniston, 1992; Hansen, 1990). In general, these "psychosocial" approaches to substance abuse fall into two general categories: programs that look out for social influences that promote substance use and training designed to improve personal and social competence.

Social-influence approaches try to stiffen resistance to group pressures, first, by making students aware of these pressures to try drugs and, second, by helping them develop effective counterarguments. These methods increase the personal and social competence of students and are meant to strengthen those characteristics associated with low susceptibility to substance abuse, namely, assertiveness, effective communication, the social graces, and decisiveness. Supporters of this broad-based intervention (Hawkins, Lishner,

Catalano, & Howard, 1986) have argued that prevention must do more than provide students with the skills necessary to resist pressures; it must also demotivate them, substituting those competencies that reinforce their perception of the risks drugs pose to their best relationships and roles. The Second Triennial Report to the U. S. Congress from the Secretary of Health and Human Services (NIDA, 1987) summarizes over a dozen studies showing reductions in cigarette smoking among mostly junior high school students who had participated in experimental prevention programs, programs that looked at psychosocial factors thought to be involved in substance-use initiation (Botvin & Wills, 1985). Evaluated primarily for their impact on those introduced to tobacco, these programs may have wider applicability to alcohol and marijuana use (NIDA, 1987).

The effectiveness of psychosocial prevention has been improved through the use of peer models. One "life skills training" program, unsuccessful when implemented by teachers, reduced tobacco, alcohol, and marijuana use among middle-school students when it was implemented by their peers (Botvin, Baker, Renick, Filazzala, & Botvin, 1984). However, the importance of peer involvement in prevention had been recognized even before the advent of psychosocial approaches. Early reports of positive results from programs based on informational methods had suggested the promise of strategies involving a greater degree of active student participation, leadership, and affective involvement (Kline, 1972; Swisher, Warner, & Herr, 1972; Williams, DiCicco, & Unterberger, 1968). Since then, other strategies of this type have evolved. The "ombudsman approach" involves instructors or group leaders not otherwise part of the established school structure (Kim, 1981). In a comprehensive analysis of nine different models of drug education, Wong (1976) concluded that the peer approach is one of the few consistently successful ones. In a meta-analysis of 143 adolescent drug-prevention programs, Tobler (1986) found that the only reductions in abusive behavior were produced by peer programs. And superior results for school-age, peer-led programs, as contrasted with teacher-led control groups, have even been reported across cultures internationally (Perry & Grant, 1988). In some successful college-level programs using students as peer leaders (Kraft, 1984; Gonzalez, 1980; Gonzalez, 1990; Rozelle & Gonzalez, 1979; Rozelle, 1980), those trained in social leadership were encouraged to lead discussions with other students in workshops or classes.

Social Learning Theory proposes that vicarious experience constitutes an important source of efficacy expectations, and this proposition predicts consistent and positive effects of peer involvement in alcohol and drug education. Vicarious experience produces learning through observation of events and people. When people or events display behaviors that illustrate principles, rules, or response, they can be called models. According to Bandura (1986), however, for models to affect an observer's self-efficacy or behavior positively, certain conditions must be met: the model must be similar to the observer in age, sex, and other physical attributes. Particularly in drug

education, these similarities contribute to the effect of verbal persuasion (Smart & Fejer, 1972; Sheppard, 1980), which, according to Social Learning Theory, serves as a third source of efficacy expectations. Predictively, preventive messages from peer leaders have been more persuasive among students than admonitions from teachers or other older models.

Problem Behavior Theory

Under Problem Behavior Theory (Jessor & Jessor, 1977), drug abuse becomes part of a syndrome involving other problems such as precocious sexual activity and delinquency, behaviors either inappropriate for an age group or condemned by society (Murray & Perry, 1985). According to the theory, environmental and individual factors both lead to problem behavior. Predicting it are the variable systems: personality, the perceived social environment, and behavior itself. The personality system includes the motivational-instigational structure, the personal-belief structure, and the personal-control structure. The perceived-environment system is divided into proximal and distal structures. The behavioral system is divided into the problem-behavior structure and the conventional-behavior structure. Demographics and socialization, along with distal influence on behavior, affect the personality and perceived-environment systems (Hays, 1985), while the personality and perceived-environment systems have proximal influence on behavior. By specifying structures and the relationships between systems, research now deals with the social environment rather than centering solely on the dysfunctional personality. Thus Problem Behavior Theory now provides a useful framework for further etiological research (Jones & Battjes, 1985), as well as for the prevention of drug abuse (Glynn, Leukefeld, & Ludford, 1983).

From Problem Behavior Theory derives a comprehensive health-promotion approach to prevention (Perry & Jessor, 1983). This Health Behavior Theory links four interrelated domains: the physical, the psychological, the social, and the personal. Within these domains, good health depends on moderating or eliminating behaviors that compromise health and on practicing or strengthening those that maintain it. These two strategies apply to intra-personal characteristics, environmental influences, and behavior. Whatever their application, intervention weakens or even eliminates intra-personal characteristics, environmental influences, or behaviors that compromise health, while introducing those that promote health. Promoting the understanding of co-variation among behaviors, the theory directs alcohol and drug abuse research to these realms: the intra-personal (comprising attitudes, beliefs, and motivations behind health-related behaviors that determine the adoption of such behavior) and the environmental (affecting people's health-related behavior). It proposes two environmental approaches: resisting or avoiding health-compromising behaviors by reducing the availability of drugs and demonizing their use in media campaigns and by penalizing those who engage in drug-related activities and supporting healthful peer relations, drug-free activities, and health and fitness programs. Ideally,

its components will reveal people's susceptibility to potentially lethal drugs while encouraging pleasure in other activities.

Features of the Health Behavior Theory as a model for programs of prevention and research are substantial (Perry and Jessor, 1983). First, it is a theory-based, health-promoting intervention relevant to adolescent drug use. Second, its other preventive interventions simultaneously introduce or strengthen behavior that improves health and eliminates or limits behavior that damages health. Third, it implies an environment of intervention greater than individual behavior alone and future research that will specify the relative contributions of strategies and their interaction. Meanwhile, more attention must be paid to the larger environment, including its social norms and supports that regulate behavior, and to changing attributes of personality, those proximal to specific health behavior such as the value of fitness and those distal to general self-confidence such as a sense of competence. Finally, co-variation among a number of health-compromising behaviors requires interventions that look for multiple-behavior targets and assess multiple-behavior outcomes.

But at its center lies the key to its success: individual behavior. Although behavior is influenced by intra-personal and environmental factors, prevention programs must discourage health-compromising behaviors (e.g., using drugs, affiliating with drug-using peers) and encourage health-improving behaviors (e.g., engaging in fitness activities, affiliating with drug-free peers). These latter may need to be instilled directly, often the case in psychosocial skills programs, if assertiveness, interpersonal communication, and stress-management skills are to be raised and if students are to successfully mediate between their internal motivational states, as represented by the Health Belief Model, and their environment.

An integrated theoretical model

Like most programs in alcohol and drug education generally (Braucht & Braucht, 1984; Goodstadt, 1978; Schaps et al., 1980), college-based prevention programs often assume that raising the awareness of a problem is sufficient to change behavior (Gonzalez, 1993-94; Oblander, 1984). On closer examination, however, awareness may be only a necessary first step, insufficient alone as a condition for change (Cvetkovich et al., 1987; Engs, 1977; Goodstadt, 1978; Meacci, 1990). The Integrated Theoretical Model recognizes three conditions, all of which, in combination with personal skills development and environmental interventions, must be assumed and addressed in program planning: personal or institutional susceptibility, the severity of the problem, and workable options. Furthermore, research has not yet shown how these conditions interact to produce motivation for change or what the most appropriate mix of emphases for a college population might be. Nor has it yet shown how the application of personal and social skills mediate in

the development of efficacy expectations to successfully resist environmental pressures that otherwise might lead to alcohol and other drugs. Although a greater, long-range study of college-level prevention needs to be made, this paper attempts only to identify significant variables within a useful theory of student responsibility and institutional leadership in drug education and prevention. Development of such a theory is a necessary first step before applying a workable program.

Any theory of abuse prevention useful in higher education must be practical and comprehensive. As suggested above, a comprehensive theory must account for (1) the student's biopsychosocial susceptibilities to alcohol and other drugs, as well as his or her own knowledge—about alcohol and drugs, about attitudes and motivations that influence usage patterns, and about drinking or drug use itself—and (2) the environment—or settings in which drug use occurs, the mores of campus and community that shape practices, and legal sanctions and student regulations. Both elements—the person and the environment—are interactive and interdependent. Thus the most effective strategies are those that deal with both. Gains made in one will produce gains in the other. Because they emphasize different elements—the intrapersonal, the environmental, and the interaction between person and environment—the Health Belief Model, Social Learning Theory, and Problem Behavior Theory can be combined into one integrated theoretical framework. When combined, they provide a powerful and practical model for on-campus program planners and researchers.

When Problem Behavior Theory is applied to alcohol and drug abuse, behavior is divided into health-enhancing and health-compromising categories. Different domains or arenas are also identified (Perry & Jessor, 1985; cited in Amatetti, 1987), the two here being personally and environmentally focused interventions (e.g., individual skill-building activities, discouragement of health-compromising behaviors through media campaigns). More specifically the Health Belief Model identifies goals of personal intervention and assumes that a student's disposition toward abuse is mediated by three factors: (1) the degree to which students believe themselves susceptible to alcohol or drug dependence, (2) the severity perceived of the consequences of abuse, and (3) the degree to which they believe that alternative behaviors and their benefits outweigh barriers. These personal interventions try to show students the severity of abuse and their own susceptibility in order to discourage health-compromising behaviors. But to engage in these better alternatives, students must gain appropriate skills in assertiveness, stress management, and inter-personal communication if they are to resist environmental pressures to use drugs and if they are to enter into drug-free activities and relationships. Therefore, the model raises by behavioral intervention the abilities of students to mediate between their health beliefs and the external pressures related to alcohol and drug abuse. As their acquisition of these skills raise efficacy expectations (necessary, according to Social Learning Theory, for the practice of such skills in natural environments), their efforts,

combined with alterations in the campus environment, lead to better health, as they simultaneously are discouraged from health-damaging behaviors. Where appropriate, the information about environmental interventions should include a motivation for protection proposed in the Health Belief Model (e.g., a media campaign to warn students about the severity of drugs and their susceptibility to them and to publicize the alternatives). When peers are included in both individual and environmental interventions, the program is further strengthened.

A Focus on the Individual

The model of drug education and prevention proposed here begins with an exploration of factors that motivate students to engage in preventive behaviors. Students motivated as individuals, particularly those in positions of leadership, will probably change their environment as well. But effective approaches will require a substantial, long-term administrative commitment if prevention is to be integrated into an institution's mission and services (Boyer, 1990; Upcraft & Welty, 1991). This commitment must extend to the creation of full-time specialists in alcohol and drug education who will serve as coordinators of programs. Moreover, student-affairs professionals should thoroughly understand current prevention theory and research. And they should know how to apply this knowledge in designing programs that encompass educational policy, intervention, and treatment. Activities within these areas are complementary and each strengthens the others. For example, an effective policy requires an active educational effort to explain the principles behind it and to encourage students, as well as faculty and staff, to adhere to those principles (Ingalls, 1984). When all appropriate institutional resources are mobilized behind a prevention program, the campus environment, members of the college community, and conditions under which alcohol or other drugs are available in that community are influenced. Indeed, a widespread impact must be the general goal of any comprehensive alcohol and drug program (Benard, 1990; Jansen, 1992; Kumpfer, Moskowitz, Whiteside, & Klitzner, 1986; Wallack, 1984).

But the Health Belief Model predicts that systemic changes are not likely to occur unless campus leadership perceives that the problem facing their institutions is serious, that their institution is susceptible, and that change is necessary. Likewise, individual students will not be motivated to alter their behavior unless they see the problem as serious, themselves or classmates as potential victims, and beneficial alternatives of behavior consistent with their lifestyle. Research shows that of these three conditions the perceived susceptibility variable is the most powerful predictor of individual preventive behavior (Janz & Becker, 1984), particularly for a population of healthy young adults found on a college campus. But if students feel immune or only slightly at risk to alcohol and other drugs, they are likely neither to be motivated toward greater responsibility nor to alter their pattern of drinking or drug taking. Therefore, motivation for change is the most significant mediating

component in prevention.

However, motivation for change is not likely to translate into new behavior unless campus leaders and students also achieve efficacy expectations and skills to negotiate their environment successfully. Only those behaviors that are easy to change (e.g., changing from one type of alcoholic beverage to another) are likely to be affected by expectations and motivation alone. Behaviors that require greater effort (e.g., resistance to peer pressure in the matter of marijuana) are likely to be influenced by efficacy expectations and skills, such as assertiveness and interpersonal communication, necessary to execute the behavior. Indeed, evaluations of college programs show that intensive skill-building, including field experience and practice, has been the most effective in changing behavior.

One review of the literature (Goodstadt and Caleekal-John, 1984) has identified fourteen studies that have experimentally defined the impact on college students. Although most programs were centered exclusively on alcohol, the reviewers saw sufficient research for beginning their assessment of such programs. Almost two-thirds of the studies reveal attempts to increase knowledge of the physical effects of alcohol or drugs, over half focused on changed attitudes, and all but one were specifically concerned with behavioral change. Of the nine studies showing increases in knowledge, all judged the efforts successful. Of the eight studies that aimed at attitudinal change, all but one found that programs had achieved this objective, and of the thirteen studies that included a focus on behavioral change, over two-thirds uncovered evidence of at least partial success. The review concludes that programs that include field or laboratory experience, as well as factual information and effective experiential strategies, strongly influence change among students. Furthermore, it suggests that this effect appears more likely when programs are intense, involve a considerable amount of input over a large number of hours, and are spaced over an extended period of time.

Another review of effective campus alcohol education strategies (Oblander, 1984) draws similar conclusions, reporting that the most successful strategies of behavioral change were those that took place over time and involved more than one meeting with a facilitator or group leader. It suggests also that these findings translate into a potential for academic courses in alcohol and drug education. Another study (Kraft, 1984) also found that concentrated alcohol education could be successful in augmenting knowledge and modifying attitudes and behaviors among college students. However, the study concludes that success requires multiple exposures to small groups of the target population over extended periods of time.

Apparently then, the common element among successful campus-based alcohol and drug education programs is their in-depth, extended presentation of material over time. Such an approach allows students to practice behavioral skills taught in the programs and to derive feedback about the environment from field experiences. Such accomplishments make the greatest difference in self-efficacy expectations and behavior (Bandura, 1982).

Likewise, successful college programs use student peer leaders as instructors and guides (Kraft, 1984; Gonzalez, 1990; Rozelle & Gonzalez, 1979; Rozelle, 1980). In these instances, trained student leaders mean increased self-efficacy through vicarious modeling experiences which, according to Social Learning Theory, are the second most powerful source of efficacy expectations.

These findings regarding college-based programs are encouraging. Unfortunately, however, most have been evaluated on their classroom courses, workshops, or other short-term interventions or instruction offered for academic credit. Most evaluations have emphasized cognitive, affective, or experiential instruction focused on the knowledge, attitudes, or behaviors of individual students. Few have looked at the effects of environmental pressures or environmental changes that may influence individual behavior outside the classroom (Gonzalez, 1988b). An earlier series of studies conducted at the University of Florida (Gonzalez, 1982) found that a short-term alcohol-education module and an academic course presented over a period of one semester were effective in producing positive attitudes and behavioral changes respectively. However, a three-month follow-up found that the effects of the short-term module on attitudes had already begun to erode (Gonzalez, 1982). Students seem to need to practice behaviors discussed in the program and to be rewarded for their practice in natural environments before behaviors are actually learned. If, after exposure to a program, students return to an environment that generally encourages the excessive use of alcohol and tolerates illicit drugs, changes in attitudes initially produced by programs may be insufficient to sustain moderation or abstinence offset by environmental pressures. Even successful, more intensive approaches seldom have included follow-up evaluation periods of more than three months and never of more than a year (Goodstadt & Caleekal-John, 1984). How the effects to these courses interact with the environment to either sustain or extinguish behavioral gains is unknown.

A Focus on the Environment

Evaluations of short-term programs suggest that even when effective these programs may not be enough. Comprehensive campuswide programs may be needed to recreate not only individual student attitudes but also environments that will support moderation in the use of alcohol and demand intolerance for illicit drugs. When comprehensive, communitywide approaches are tried for the prevention of smoking, heart disease, and other health problems (Johnson & Solis, 1983; Moskowitz, 1986; Perry & Jessor, 1985), the most effective efforts combine generalized community approaches with individualized instruction on life skills and healthful behavior (Funkhouser & Denniston, 1992). It is reasonable to believe that a comprehensive, campuswide program should, at minimum, include an active public-education media component, clear policy guidelines and instruction on alcohol availability, and plans for alcohol-related events. These individualized solutions to

the problem of alcohol and drug use include small-group training in seminars and workshops, academic courses for credit, individual and group counseling for students with alcohol and other drug dependencies, assistance programs for faculty and staff, and an active collection of data and evaluations. In addition, programs to influence attitudes of faculty and staff toward intervention should be included because faculty, counselors, deans, health personnel, and student resident assistants are likely to encounter abusing students early on. Moreover, activities that increase resistance to health-compromising and acceptance of health-enhancing behaviors should be organized. At the level of the environment, for example, interventions can reduce the availability of drugs, as well as the student's exposure to influential models of health-compromising behavior. Social support for and better access to alternative behavior can also expose the student to influential models who can reinforce positive changes (Perry & Jessor, 1983).

Much attention is being paid to the potential of government as an instrument of prevention. Concepts of "supply reduction" and "user accountability" have become major interests in national drug policy (U.S. Congress, 1988). Increased research and legal scrutiny now examine the role of public policy in the control of alcohol abuse (Augustson & Davis, 1992; Gordis, 1988; Hanson & Engs, 1995; Moore & Gerstein, 1981; NIAAA, 1987). Most of these efforts are based on the distribution of a model that assumes a constant relationship between per capita consumption of alcohol and the prevalence of alcoholism in a society (Rush & Glicksman, 1986). Prevention research based on the distribution of this consumption model has examined relationships between the physical, economic, and social availability of alcohol to alcohol consumption and alcohol-related problems. In general, the research has shown that availability aggravates problems (Moskowitz, 1986), but the full relationship between availability and these problems is less clear. For example, much evidence shows that minimum drinking-age laws reduce automobile accidents and fatalities among the young (Cook & Tauchen, 1984; DuMouchel, Williams, & Zador, 1987; Wagenaar, 1983). But the effects of raising the legal drinking age generally (Hingson et al., 1983; Vingilis & Smart, 1981), particularly among college students (Davis & Reynolds, 1990; Gonzalez, 1989; Hughes & Dodder, 1986; Perkins & Berkowitz, 1985), are uncertain. Therefore, campus efforts to reduce availability through policy or other environmental interventions must be carefully designed to fit the student culture. One study summarizes the effects of formal controls on drinking and driving: "The extent to which formal controls are effective may depend upon their ability to stimulate or reinforce informal social controls. Hence, formal controls must be congruent with informal controls and must be adequately communicated to be effective" (Moskowitz, 1986, p. 34).

One promising form of environmental intervention has been called "server intervention" (Mosher, 1983), an attempt to modify a drinker's immediate social environment by promoting food and non-alcoholic drinks. Here intervenors are trained to slow down or refuse service to persons whose con-

sumption puts them at risk. Designed primarily for bars and restaurants licensed for alcoholic beverages, this intervention can be applied to campus social events at which alcohol is available. Promulgating a model alcohol policy for institutions of higher education, the Interassociation Task Force on Alcohol and Other Drug Issues (Gonzalez, 1987) has also issued guidelines which recommend trained, designated servers for all student functions involving alcohol. Such reasonable interventions can improve environmental conditions under which alcohol is permitted on campus.

A second form of intervention can reduce exposure to models who tempt students to health-compromising behaviors. In the past, former student athletes or other student leaders hired by breweries to promote beer on campus, appeared at entertainment or athletic events, associating themselves as models with particular brand names (Ingalls, 1985). Although studies of the effects of advertising on consumption have been inconclusive, questions arise about the cumulative effect of such exposure among the public in general (Frankena, et al., 1985) and youth in particular (Atkin, Hocking, & Block, 1984; Atkin, Neuendorf, & McDermott, 1983; Breed, Wallack, & Grube, 1990). Recognizing this problem, the Interassociation Task Force has also set guidelines for college administrators who must develop marketing and promotion policies (NASPA, 1984).

A third form of intervention that can reduce any reinforcements of health-compromising behavior is the campus campaign to tell students the truth about the extent of alcohol and other drug use. This intervention can include news releases of local surveys, student testimonials, and campus media appearances of student leaders or other appropriate models. Occasionally, national media reveal students who find relief in the improving campus scene. A front-page story in the *New York Times* reports new steps to reduce drinking on campus: "And slowly but surely, students say, their friends' attitudes toward drinking are starting to change" (Wolfe, 1985, p. 18). In another story, a student from Southern Methodist University is quoted in *Newsweek on Campus*: "The in thing was to go to fraternity parties, get totally wasted and have a good time. I think it's better now" ("A New Prohibition," 1985, p. 12). These testimonials now appear frequently in both educational and popular sources. Such comments, coupled with similar ones by local student leaders, can dispel the "everyone's wasted" myth and deny the notion that drunkenness and illicit drugs are good form and good fun.

Evidence suggests that publicity does change college students' perception of the risk associated with drug use. Results of a multimedia campaign to slow the acceptance of illicit drugs and to increase awareness of their risks show the greatest degree of change in attitude to occur among college students. Compared to all other groups targeted and surveyed, these students expressed anti-drug sentiments in almost half of the thirty-two basic attitudes measured by questionnaire. In addition, they were the group most aware of risks, the most positive toward non-users, and the most negative toward marijuana and cocaine users. Among those college students who described them-

selves as occasional users, cocaine use declined from 11% to 6% over the course of the study (ADAMHA, 1988).

Yet another form of environmental intervention increases exposure to good models: the creation on campus of student-advocacy groups. Student organizations enlisted to raise drug awareness on campus serve as advocates for community standards of moderation or against illicit drugs. Another peer-based program on campuses throughout the United States and Canada is BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students). Founded at the University of Florida, this program consists of an international network of student chapters sponsored by local colleges. BACCHUS involves and supports students who combat attitudes of tolerance toward heavy drinking, communicating with others the message that not everyone on campus views drunkenness as acceptable pleasure. Chapter activities often publicized by the media feature temperate students having a good time and speaking out against excess.

The goal of BACCHUS is to create a campus environment amenable to peer pressure that discourages illegal or excessive drinking. But BACCHUS differs from self-help groups of student alcoholics or problem drinkers. Activities including public debate, media campaigns, social events, alternative non-alcoholic programs, and role-modeling give members a voice speaking the following message: that the consequences of excessive drinking are severe, that every student is vulnerable to these consequences, and that students, as well as the institution, have options by which to limit these consequences. BACCHUS and similar groups are not intended as total campus programs. Instead, these groups are mechanisms for student involvement and support within a more comprehensive, campuswide program (Gonzalez & Kouba, 1979). They provide a visible student presence, and in their cooperation with the administration, a consistent warning about alcohol and other drugs.

Although other possibilities may suggest themselves, BACCHUS exemplifies that intervention that can change a health-threatening campus environment by replacing health-compromising behaviors with acceptable ones. However, in the theoretical model proposed here, such an organization alone is insufficient for social and behavioral change. While it can be part of a dynamic, interactive model, its effects must be mediated by individual perceptions, motivations, skills, efficacy expectations, and behaviors. Likewise, particularized interventions will be insufficient for change in a non-supportive environment. Earlier evaluations of alcohol and drug programs failed to consider this dynamic interaction (Braucht & Braucht, 1984; Moskowitz, 1986; Schaps et al., 1980). But in the light of experience, prevention now requires a long-term, systems perspective on the problems of diffusion between social and individual factors (Bernard, 1990; Gonzalez, 1988a; Gonzalez, 1993-94; Holder, 1984; Kumpfer et al., 1986; Wallack, 1984). To this end, theoretical and research models of prevention programs must emerge before effective and emphatic combinations of interventions can be made.

Applications to program design and evaluation

The theoretical model proposed here provides a framework for structuring preventive campus alcohol and drug education. It emphasizes the content of messages, the implementation process, and the levels of intervention. As suggested by the Health Belief Model, it demands a consistent message about the severity of abuse and the susceptibility of students to it, and it requires viable options as part of its informational program. Whether a brief media campaign or a semester-long course, its message must be consistent with these principles. However, this information alone is insufficient to effect behavioral change. Additionally, students must be taught the skills necessary to resist environmental pressures. If prevention is to last, it must extend skills-building activities and opportunities for social reinforcement to students in a normal campus environment. Moreover, it must deal simultaneously with the environment and the student, a crucial balance in the development and maintenance of those behaviors that resist drug use. While the application of this model must be comprehensive and campuswide, it must also allow sub-components. For example, an academic course can be designed that offers information on the severity of drug abuse, the susceptibility of students, and the viable alternatives to drug use. The course can include not only direction in assertiveness and interpersonal skills, but also out-of-class assignments that require students to practice these skills. Likewise, media campaigns can alert students to related problems. Ideally, however, all efforts must be coordinated as part of a comprehensive, institutional program.

This model can also be used to evaluate a prevention program's effectiveness. Both short-term and long-term goals can be measured against environmental changes that occur after students have been exposed to messages about drugs and alcohol and their alternatives. The immediate impact of short-term programs or media campaigns can be measured by new attitudes toward and awareness of risk. Acquisitions of resistance skills and self-efficacy expectations can also be measured to gauge the effects of training and exercises. Because many factors can influence behavior, some researchers have suggested that self-efficacy may be an even more appropriate assessment goal in health-education programs than behavioral outcomes (Lorig & Laurin, 1985).

The theoretical model proposed here assumes that efficacy expectations are a necessary intermediate variable that strengthens a student's resistance to environmental pressures. However, attitudes and drug use itself must finally be measured to determine long-term results of a prevention program. These variables must be measured in conjunction with changes effected by the program in the more proximal, predictive variables proposed. If, for example, students after intervention perceive more fully the risks associated with drugs, their perceptions as reinforced by their interactions with peers and other influential models in the community must be measured before any

predictions of behavioral change can be made. Therefore, interaction becomes a crucial factor in assessing a program's effectiveness. Such an evaluative model requires resources and a mutual commitment between researchers and practitioners (Cowen, 1978; Gottfredson, 1984). Thus while anecdotal evidence suggests that educational programs influence students, as well as reshape their environment (Gonzalez, 1988b), the cost of large-scale community research will make difficult an empirical validation of this notion.

A Pilot Application of the Model to a Drug Education Course

The University of Florida has applied the Integrated Theoretical Model to the structure and evaluation of an experimental, one-semester course (Gonzalez, 1990), "Alcohol and Drug Abuse." Designed to make students aware of the risks and to introduce available options that reduce these risks, the course consists of lectures and small-group discussions designed around the model's themes. The large class meets once a week for a one-hour lecture, followed by smaller one-hour discussion session led by undergraduate students trained as "peer facilitators" and prepared by the lead instructor in weekly group meetings. These meetings insure a unity of purpose in the discussion sessions and allow facilitators the opportunity to anticipate problems or questions. The smaller groups carry out structured assignments including role playing exercises in assertiveness, interpersonal communication, and values. The first objective of the smaller groups is to reinforce information from the lecture about risks in drug use. A second goal is the increase in behaviors whereby students can reduce those risks.

Lectures given by lead faculty are augmented by guest speakers, including police officers, recovering addicts, adult children of alcoholics, and professionals who treat the chemically dependent. Topics range from the prevalence of drugs and the effects of drugs on performance and driving to personal perspectives on drug dependence, including the effects of addiction on the family, the impact of drugs on the workplace, the risk factors associated with drug use, its treatment, and intervention, and the relationship between AIDS and drugs. Students also are tested on carefully selected contemporary literature dealing with crucial factors in the Health Belief Model. Because of national concern and publicity, cocaine—its initiation, use, and addictive force—takes a prominent place in both lectures and reading assignments.

At the beginning of the semester, students are surveyed to determine their knowledge of and experience with alcohol and drugs. A questionnaire of four sections measures different factors: (1) quantity and frequency of alcohol and drug use, (2) perceived levels of risk from alcohol and other drugs, (3) the incidence of drug-related problems within the past three months, and (4) attitudes toward alcohol and other drug-related behavior. A fifth section asks for demographic information. The first three sections derive from the "core" items developed at the Michigan Institute of Social Research for use in a study of drug use among high school and college students (Johnston, O'Malley, & Bachman, 1987), the fourth from items in the Drug

Attitudes Scale (Goodstadt, Cook, Magid, & Gruson, 1978) and the Student Alcohol Information Scale (Gonzalez, 1978).

How were results derived from an application of the Health Belief Model to a study of college students in a classroom setting? During the second class meeting, a pre-test was administered to the experimental group, 110 students who were told that the questionnaire was part of a study on alcohol and drug use among college students, that the information was only for research, and that anonymity was guaranteed. A consent form, which students were asked to sign, explained that participation in the study was voluntary and that not participating would affect no one's grade. Names were left off the questionnaire, but for matching earlier responses with final ones, code numbers known only to the author were assigned to students. Procedures for data collection had already been approved by the University of Florida Institutional Review Board.

The control group was two sections of a sociology course, "Contemporary Social Problems." Presenting topics such as poverty and racism and touching only briefly on drug abuse, the instructor assigned no readings and held no major discussions on illicit substances. At the beginning of the semester, ninety-five students were pre-tested in this control group. Data collection was similar to that for the experimental group. During the last week of the semester, both the experimental and control groups were post-tested, and these questionnaires paired with pre-test scores according to code numbers assigned. With unmatched questionnaires deleted from the study, a total of ninety-six matched questionnaires were collected from the experimental group and eighty from the control group. The data were examined via an analysis of covariance using pre-test scores as co-variables to control statistically for the main effects of initial group differences. Each matched set of pre-test and post-test scores was treated as one case with repeated measures. According to the theoretical model, among the variables measured, perceived risks associated with drugs should be the key proximal variable that would change as a result of the course itself. Since there was no way to assess the different effects of environmental events on the two groups, behavioral changes could not be predicted as a result of the course alone. However, because changes in perceived levels of risk had already been shown to be fundamental, reducing drug use or delaying its initiation (Bachman et al., 1988) and assuming supportive environmental influences, an increase in this perception might be expected as an important mediating factor in this reduction or delay.

Results of the study show that the course for the experimental group produced significant increases ($P < .05$) in levels of perceived risk associated with some drugs, particularly cocaine used once or "only occasionally." But little increase was noted in levels of perceived risk from marijuana or alcohol, not surprising considering that many assigned readings had dealt specifically with cocaine, that some guest speakers had emphasized the dangers of cocaine, and that small-group discussions had often centered on friends or family members affected by cocaine. Despite these increased perceptions of risk

regarding cocaine, patterns of use showed little difference immediately between the experimental and control groups. While this finding may seem disappointing, rapid change could hardly be expected as a result of the course alone. From the beginning, most students in both experimental and control groups were non-users. Therefore, a more appropriate test to determine whether an increased perception of risk deters cocaine use is to see which students formally and specifically instructed in the risks of cocaine become users at a lower or higher rate than those who are not. Some data (Kandel, 1984) supports the probability that initiation into cocaine use does increase among young people during their late teens and early twenties. Perhaps an increased perception of cocaine's risks may cause students to avoid its experimental use. But only by longitudinal research can this possibility be confirmed.

Findings from this study, although tentative, have several implications for the validation of the theoretical model here proposed. First, they suggest that it can indeed be used to structure preventive educational programs. It should be remembered that the content of the course was selected because it addressed areas suggested by the model. Moreover, its methods of delivery (i.e., skill-building exercises, peer-led discussion groups, out-of-class assignments) were consistent with the model's principles of primary prevention. After the course, evaluations by the students and other feedback indicated that the format was enjoyable and acceptable, an important consideration in view of the target population's new status as independent adults responsible for their elective educational choices.

A second implication of the research is that a program designed according to the model can have immediate effects on levels of perceived risks, a critical motivational variable under the model. Furthermore, different levels of perceived risks seem to depend on what programs emphasize. Thus any program to reduce drunk driving needs to deal with causes as well as strategies of avoidance. Or a program to halt the initiation of students into cocaine use will focus on variables related to it. But whatever the emphasis of a particularized program, no generalized program can impact all areas of abuse. Therefore, programs designed under this model can result in students' heightened awareness of danger and their susceptibility, plus options to drug use, and the skills and efficacy expectations relevant to specific drug-related behavior and environmental pressures.

Lastly, this study makes no claims that increased levels of perceived risks will automatically change behavior. Any change motivated by new perceptions will more likely be mediated by skills acquisition and efficacy expectations, these according to the ability of students desiring protection. As they interact within their environment they can, but may not, reinforce their desires to overcome environmental pressures to use drugs. Change motivated by increased perceptions of risks will more likely occur if their efforts are strengthened by peer reactions, social approval, alternative activities, or other environmental reinforcement. On the other hand, attempts to change met by

peer rejection or a lack of reinforcing activities are unlikely to be sustained for long. Nevertheless, if the assessment of interaction between student and environment continues, if the entire campus provides environmental reinforcement, if these efforts include intensive skills-building and efficacy expectations, students can resist health-compromising environmental pressures. According to the model, individual responsibility toward alcohol and drugs will depend largely on a dynamic interaction between a student's personal characteristics, skills, and motivations and that same student's perceptions of the environment. Therefore, success of a prevention program may depend on its creation of conditions conducive to a positive balance between these forces. Finally, efforts to validate the model will necessarily require prospective, longitudinal research. Without it, no one can know the extent to which preventive interventions influence students as they confront campus environments often characterized by the availability of and the social pressures to use alcohol and drugs.

Application of the Model to Institutional Leadership

Vital to the creation of conditions under which alcohol and drug abuse can be prevented is the support and involvement of the campus leadership. The proposed model predicts that the extent to which faculty and administration perceive alcohol and drugs as threats to students' health, understand their institution's jeopardy, and know the options to this danger will determine their support of preventive measures. However, this support will be strong only to the extent that the means to talent needed in a prevention program already exist on campus. Moreover, how involved the leadership becomes and remains will depend on extramural support (e.g., encouragement from off-campus colleagues, coverage in professional journals and newsletters and at conventions, in speakers' comments, and in local press responses to campus programs).

But no study has yet assessed the applicability of the model to institutional leadership. A retrospective method might be to survey college presidents and student affairs officers. In such a study, a questionnaire developed to measure the three factors of motivation in the Health Belief Model might ask respondents to indicate, through a rating format, how severe they perceive the drug problem on their campus, how susceptible their students and the institution are to major drug-related incidents, and how many listed options for reducing this risk are available to them. The questionnaire also might assess any prevention efforts already underway. Administrators who find their problems severe, their institution susceptible, and their options open should be thoroughly motivated to support prevention programs. A multiple regression analysis might then determine the relative contributions of these motivational factors to the level of a program's effort. Findings from this part of the study might also have significant implications for the model's validity in predicting administrative support for prevention programs. The results might also suggest strategies to encourage future support, for exam-

ple, more emphasis in prevention messages about the involvement of the institution's leadership, or if the severity of the drug problem becomes the immediate motivation, messages might stress the results of surveys and other sources of data that point out what is needed for prevention, or if institutional susceptibility is found to be the best predictor of an administration's interest, then they might point to the potential for lawsuits, attrition, or other drug-related effects found in similar institutions. Finally, if a list of perceived options best predicts an institution's support of preventive programs, then the emphasis might be on the methods of successful programs elsewhere.

A second component of this study may be useful in assessing the effects of environmental support for the administrative implementation of prevention programs. Under the model, motivation for this support must be reinforced by environmental contingencies if programs are ever to be realized. Thus an examination of the greater professional community's attention to alcohol and other drug issues might show the effects of the environment on leadership support. The number of articles appearing recently in professional journals, the extent to which alcohol and drug abuse sometimes dominates the agenda of professional meetings, the curiosity of the popular press about alcohol and drugs on campus, the dollars from outside the institution available for research and development—all are evidence of extramural attraction to the issues of drug and alcohol use.

Since the mid-1970s, substance abuse education has proliferated on campus (Gadaletto & Anderson, 1986; Connell, 1985; Gonzalez & Broughton, 1986; Ingalls, 1983). However, no one has studied the reasons for this growth. Although victims of alcohol have long been recognized as a major problem and responsibility of the academy (Sandford, 1967; Strauss & Bacon, 1953), new programs and policies are unprecedented. Why? What happened to bring this movement to a critical mass? Is it simply a matter of a bad situation getting worse? Or are other factors responsible for the attention? Some researchers have argued that the problems of alcohol (Gonzalez & Broughton, 1994; Hanson & Engs, 1986; Hanson & Engs, 1992; Ingalls, 1982) and drugs (Johnston et al., 1987) have grown no worse, that the interested researcher must look elsewhere for answers. Evidence does suggest that the perception of personal and institutional susceptibility to the problems of alcohol has increased among leaders in student affairs (Hanson & Engs, 1995). In a national survey of 600 such leaders (Gonzalez & Broughton, 1986), more than half said that they were somewhat concerned that their institution might be involved in lawsuits arising out of alcohol-related incidents, almost two-fifths more were very concerned about this possibility, but fewer than one-tenth were unconcerned. Have perceptions of susceptibility contributed to the growth in alcohol and drug education efforts?

Because most programs have developed under the leadership of student-affairs professionals (Sandeem, 1988), perceptions of susceptibility cannot entirely explain the increase in their number. And if susceptibility to third-party liability were the determining factor, then counselors and financial offi-

cers of the institutions would likely have already led the march. Whatever the case, the proposed theoretical model suggests that a number of factors have combined to motivate student-affairs leaders to take action. Perceptions of the severity, the institution's susceptibility, and the variety of options, as well as increased skills among student-affairs personnel in program development and professional support, have probably played their part. A purposeful examination of this interaction under the proposed theoretical model may guide institutions to an even greater expansion of and support for prevention programs. The results can have important implications for other college leaders, particularly college presidents, in meeting the challenge of alcohol and drug abuse on campus.

Summary

This paper has attempted to provide an integrated, conceptual model for individual responsibility and institutional leadership in the prevention of alcohol and other drug problems on the college campus. Three theories of health motivation and human behavior—the Health Belief Model, Social Learning Theory, and Problem Behavior Theory—have been combined into a framework of individual motivation, the acquisition of interpersonal and social skills, and efficacy expectations and environmental interactions. Some preliminary original research has been presented in support of the model, and further research for validation has been suggested. This paper emphasizes the development of a model that is both practical and comprehensive. The practical is marked by its applicability to planning and evaluation at various levels of intervention; however, the comprehensive is seen in the need underscored by its campuswide approaches. While the model represents a sound, theory-based framework for the prediction of individual and leadership behavior in drug-related situations, its authenticity will depend on the future application of rigorous methods of research. Nevertheless, the model can now provide a structure in which the roles and functions of the theoretician, program developer, and evaluator can be combined in a coordinated, cooperative effort to advance alcohol and drug education on the college campus.

References

- A new prohibition (1985, April). *Newsweek on Campus*, p. 7.
- ADAMHA (1988, November). "Unsealing" illegal drugs is working, survey finds. *ADAMHA News*, 14 (11), 9.
- Albert, W. G., & Simpson, R. I. (1985). Evaluating an educational program for the prevention of impaired driving among grade 11 students. *Journal of Drug Education*, 15, 57-71.
- Amatetti, S. L. (1987). A prevention primer: Putting theory to work in the classroom. *Alcohol, Health and Research World*, 11 (4), 38-43.
- American Council on Education (1986). Universities, colleges and alcohol: An overview of tort liability issues. In *Proceedings of the first national conference on campus alcohol policy initiatives* (pp. 63-70). Denver, CO: BACCHUS of the U.S.
- Atkin, C., Hocking, J., & Block, M. (1984). Teenage drinking: Does advertising make a difference? *Journal of Communication*, 34, 157.
- Atkin, C., Neuendorf, K., & McDermott, S. (1983). The role of alcohol advertising in excessive and hazardous drinking. *Journal of Drug Education*, 13, 313-326.
- Augustson, K. L., & Davis, D.J. (1992). Programs designed to reduce demand. In M.A. Jansen (Ed.), *A promising future: Alcohol and other drug-problem prevention services improvement* (OSAP Monograph No. 10, pp. 83-99), Rockville, MD: Office for Substance Prevention.
- Bachman, J. G., Johnston, L. D., O'Malley, P. M., & Humphrey, R. H. (1988). Explaining the recent decline in marijuana use: Differentiating the effects of perceived risks, disapproval, and general lifestyle factors. *Journal of Health and Social Behavior*, 29, 92-112.
- Baer, J. S., Stacey, A., & Larimer, M. (1991). Biases in the perception of drinking norms among students. *Journal of Studies on Alcohol*, 52, 580-586.
- Bandura, A. (1977a). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1977b). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122-147.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Benard, B. (1990). An overview of community-based prevention. In K. Rey, C. Faegre, & P. Lowery, (Eds.), *Prevention research findings: 1988* (OSAP Prevention Monograph No. 3, pp. 126-147). Rockville, MD: Office of Substance Abuse Prevention.
- Botvin, G., Baker, E., Renick, N., Filazzala, A., & Botvin, E. (1984). A cognitive-behavioral approach to substance abuse prevention. *Journal of Addictive Behaviors*, 9, 137-147.
- Botvin, G.J. (1983). Prevention of adolescent substance abuse through the development of personal and social competence. In T. J. Glynn, C. G. Leukefeld, & J. P. Ludford (Eds.), *Preventing adolescent drug abuse* (Research Monograph No. 47, pp. 115-140). Rockville, MD: National Institute on Drug Abuse.
- Botvin, G. J., & Wills, T. A. (1985). Personal and social skills training: Cognitive-behavioral approaches to substance abuse prevention. In C. S. Bell and R. J. Battjes (Eds.), *Prevention research: Detering drug abuse among children and adolescents* (Research Monograph No. 63, pp. 8-49). Rockville, MD: National Institute on Drug Abuse.
- Boyer, E. (1990). *Campus life: In search of community*. Princeton, NJ: Carnegie Foundation

- for the Advancement of Teaching.
- Braucht, G. N., & Braucht, B. (1984). Prevention of problem drinking among youth. In P. M. Miller & T. D. Nirenberg (Eds.), *Prevention of alcohol abuse* (pp. 253-279). New York: Plenum Press.
- Breed, W., Wallack, L. & Grube, J. (1990). Alcohol advertising in college newspapers: 7-year follow-up. *Journal of American College Health*, 38, 225-261.
- Bukoski, W. J. (1986). School-based substance abuse prevention: A review of program research. *Journal of Children in Contemporary Society*, 18, 93-115.
- Connell, J. R. (1985, January/February). Drinking on campus—The 21-year-old drinking age: Education or enforcement? *Change*, p. 44.
- Cook, P., & Tauchen, G. (1984). The effect of minimum drinking age legislation on youthful auto fatalities, 1970-1977. *Journal of Legal Studies*, 13, 169-190.
- Cowen, E. L. (1978). Some problems in community program evaluation research. *Journal of Consulting and Clinical Psychology*, 46, 792-805.
- Cvetkovich, G., Earle, T. C., Schinke, S. P., Gilchrist, L. D., & Trimble, J. E. (1987). Child and adolescent drug use: A judgment and information processing perspective to health-behavior interventions. *Journal of Drug Education*, 17, 295-313.
- Davis, J.E., & Reynolds, N.C. (1990). Alcohol use among college students: Response to raising the purchase age. *Journal of American College Health*, 38, 263-269.
- DuMouchel, W., Williams, A., & Zador, P. (1987). Raising the alcohol purchase age: Its effects on fatal vehicle crashes in 26 states. *Journal of Legal Studies*, 16, 249-266.
- Eigen, L.D. (1991). *Alcohol practices, policies, and potentials of American colleges and universities: An OSAP white paper*. Unpublished Report. Washington, DC: CSR.
- Eigen, L.D., Brenowitz, L., & Henshaw, R. (1993). College alcohol and other drug prevention strategies. Paper presented at the annual conference of the American College Health Association, Baltimore, MD, May 29, 1993.
- Engs, R. C. (1977). Let's look before we leap: The cognitive and behavioral evaluation of a university alcohol education program. *Journal of Alcohol and Drug Education*, 22, 39-48.
- Fischer, J. M. (1987). A historical perspective: Alcohol abuse and alcoholism in America and our campuses. In J. Sherwood (Ed.), *Alcohol policies and practices on college and university campuses* (NASPA Monograph No. 7). Washington, DC: National Association of Student Personnel Administrators.
- Frankena, M., Cohen, M., Daniel, T., Ehrlich, L., Greenspun, N., & Kelman, D. (1985). Alcohol advertising consumption and abuse. In *Recommendations of the staff of the Federal Trade Commission: Omnibus petition for regulation of unfair and deceptive alcoholic beverage marketing practices* (Docket No.209-46). Washington, DC: Federal Trade Commission.
- Funkhouser, J.E. & Denniston, R.W. (1992). Historical perspective. In M.A. Jansen (Ed.), *A promising future: Alcohol and other drug problem prevention services improvement* (OSAP Monograph No. 10, pp. 5-16), Rockville, MD: Office for Substance Prevention.
- Funkhouser, J.E., Goplerud, E.N., & Bass, R.O. (1992). Current status of prevention strategies. In M. Jansen (Ed.), *A promising future: Alcohol and other drug problem prevention services improvement* (OSAP Monograph No. 10, pp. 17-82), Rockville, MD: Office for Substance Prevention.
- Gadaletto, A. F., & Anderson, D. S. (1986). Continued progress: The 1979, 1982, and 1985 college alcohol surveys. *Journal of College Student Personnel*, 27, 499-509.
- Glynn, T. J., Leukefeld, C. G., & Ludford, J. P. (1983). *Preventing adolescent drug abuse:*

- Intervention strategies* (Research Monograph No. 47). Rockville, MD: National Institute on Drug Abuse.
- Goldstein, A.P., Reagles, K.W., & Amann, L.L. (1990). *Refusal skills: Preventing drug use in adolescents*. Champaign, IL: Research Press.
- Gonzalez, G. M. (1978). What do you mean prevention? *Journal of Alcohol and Drug Education, 23*, 14-23.
- Gonzalez, G. M. (1980). The effect of a model alcohol education module on college students' attitudes, knowledge, and behavior related to alcohol use. *Journal of Alcohol and Drug Education, 25*, 1-12.
- Gonzalez, G. M. (1982). Alcohol education can prevent alcohol problems: A review of some unique research findings. *Journal of Alcohol and Drug Education, 27*, 2-12.
- Gonzalez, G. M. (1985). Alcohol on campus: You must insure its responsible use. *AGB Reports, 27* (4), 24-28.
- Gonzalez, G. M. (1986). Trends in alcohol knowledge and drinking patterns among students: 1981-1985. *Journal of College Student Personnel, 27*, 496-499.
- Gonzalez, G. M. (1987). Alcohol policy development: A necessary component for a comprehensive alcohol education program on campus. In J. Sherwood (Ed.), *Alcohol policies and practices on college and university campuses* (NASPA Monograph No. 7). Washington, DC: National Association of Student Personnel Administrators.
- Gonzalez, G. M. (1988a). Theory and application of alcohol and drug education as a means of primary prevention on the college campus. In T. M. Rivinus (Ed.), *Alcoholism/chemical dependency and the college student*. New York: Haworth Press.
- Gonzalez, G. M. (1988b). Should alcohol and drug education be a part of comprehensive prevention policy? The evidence from the college campus. *Journal of Drug Issues, 18*, 355-365.
- Gonzalez, G. M. (1989). Effects of raising the drinking age among college students in Florida. *College Student Journal, 23*(1), 62-75.
- Gonzalez, G.M. (1990). Effects of a theory-based, peer-focused drug education course. *Journal of Counseling and Development, 68*, 446-449.
- Gonzalez, G.M. (1993-94). Can colleges reduce student drinking? *Planning for Higher Education, 22*, (2), 14-21.
- Gonzalez, G. M., & Broughton, E. A. (1986). Status of alcohol policies on campus: A national survey. *NASPA Journal, 24*, 49-59.
- Gonzalez, G.M., & Broughton, E.A. (1994). Changes in college student drinking and alcohol knowledge: A decade of progress, 1981-1991. *Journal of Alcohol and Drug Education, 39* (3), 56-62.
- Gonzalez, G.M., & Haney, M.L. (1990). Perceptions of risk as predictors of alcohol, marijuana, and cocaine use among college students. *Journal of College Student Development, 31*, 313-318.
- Gonzalez, G. M., & Kouba, J. M. (1979). Comprehensive alcohol education: A new approach to an old problem. *NASPA Journal, 16*, 7-14.
- Goodale, T. G. (Ed.). (1986). *Alcohol and the college student* (New Directions for Student Services No. 35, pp. 17-33). San Francisco: Jossey-Bass.
- Goode, S. (1994, 1984, August 8). Are America's college students majoring in booze? *Insight Magazine*, pp. 15-17.
- Goodstadt, M. S. (1978). Alcohol and drug education models and outcomes. *Health Education Monographs, 6*, 263-279.
- Goodstadt, M. S., & Caleekal-John, A. (1984). Alcohol education programs for university

- students: A review of their effectiveness. *International Journal of the Addictions*, 19, 721-741.
- Goodstadt, M. S., Cook, G., Magid, S., & Gruson, V. (1978). The Drug Attitude Scale (DAS): Its development and evaluation. *International Journal of the Addictions*, 13, 1307-1317.
- Gordis, E. (1988). A perspective on science and public health policy. *Public Health Reports*, 103, 575-577.
- Gottfredson, G. D. (1984). A theory-ridden approach to program evaluation: A method for stimulating researcher-implementer collaboration. *American Psychologist*, 39, 1101-1112.
- Hansen, W.B. (1990). Theory and implementation of the social influence model of primary prevention. In K. Rey, C. Faegre, & P. Lowery, (Eds.), *Prevention Research Findings: 1988*. (OSAP Monograph No. 3, pp. 93-107). Rockville, MD: Office of Substance Abuse Prevention.
- Hanson, D. J., & Engs, R. C. (1986). College students' drinking problems: 1982-1985. *Psychological Reports*, 58, 276-278.
- Hanson, D. J., & Engs, R. C. (1992). College students' drinking problems: A national study, 1982-1991. *Psychological Reports*, 71, 39-42.
- Hanson, D. J., & Engs, R. C. (1995). Collegiate drinking: Administration perceptions, campus policies, and student behaviors. *NASPA Journal*, 32, 106-114.
- Hawkins, J. D., Lishner, D. M., Catalano, R. F., & Howard, M. D. (1986). Childhood predictors of adolescent substance abuse: Towards an empirically grounded theory. *Journal of Children in Contemporary Society*, 18 (1 and 2), 1-65.
- Hays, R. (1985). An integrated value-expectancy theory of alcohol and other drug use. *British Journal of Addiction*, 80, 379-384.
- Hingson, R., Scotch, N., Magione, T., Meyers, A., Glantz, L., Heeren, T., Liu, N., Mucatel, M., & Pierce, G. (1983). Impact of legislation raising the legal drinking age in Massachusetts from 18 to 20. *American Journal of Public Health*, 73, 163-170.
- Holder, H. (1984). A systems perspective of alcohol abuse at the community level. In H. Holder and J. Hallan (Eds.), *Control issues in alcohol abuse prevention: Local, state and national designs for the '80s* (pp. 37-58). Chapel Hill, NC: Human Ecology Institute.
- Hughes, S. D., & Dodder, R. A. (1986). Raising the minimum drinking age: Short-term effects with college student samples. *Journal of Drug Issues*, 16, 609-620.
- Ingalls, Z. (1982, July 21). Higher education's drinking problem. *Chronicle of Higher Education*, p. 1.
- Ingalls, Z. (1983, February 9). Campuses face changes in policies as states raise legal drinking ages. *Chronicle of Higher Education*, p. 1.
- Ingalls, Z. (1984, November 21). Campus must be made to grasp principles behind alcohol policies, experts say. *Chronicle of Higher Education*, p. 3.
- Ingalls, Z. (1985, February 6). Selling beer on campus: From "chug-a-lugs" to "alcohol awareness." *Chronicle of Higher Education*, p. 15.
- Iverson, D. C. (1978). Utilizing a health behavior model to design drug education/prevention programs. *Journal of Drug Education*, 8, 279-287.
- Jansen, M.A. (Ed.). (1992). *A promising future: Alcohol and other drug problem prevention services*. (OSAP Prevention Monograph No. 10). Rockville, MD: Office of Substance Abuse Prevention.
- Janz, N. K., & Becker, M. H. (1984). The Health Belief Model: A decade later. *Health Education Quarterly*, 11, 1-47.

- Jessor, R., Collins, M.J., & Jessor, S. L. (1972). *On becoming a drinker: Social-psychological aspects of an adolescent transition*. Ann, NY: Academy of Science.
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. New York: Academic Press.
- Johnson, C. A., & Solis, J. (1983). Comprehensive community programs for drug abuse prevention: Implications of the community heart disease prevention programs for future research. In T. J. Glynn, C. G. Gleukefeld, & J. P. Ludford (Eds.), *Preventing adolescent drug abuse* (Research Monograph number 47, pp. 76-114). Rockville, MD: National Institute on Drug Abuse.
- Johnston, L. D. (1985). The etiology and prevention of substance use: What can we learn from recent historical changes? In C. Jones & R. Battjes (Eds.), *Etiology of drug abuse: Implications for research*. (Research Monograph No. 56). Rockville, MD: National Institute on Drug Abuse.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1987). *National trends in drug use and related factors among American high school students and young adults, 1975-1986* (DHHS Publication No. ADM 87-1535). Rockville, MD: National Institute on Drug Abuse.
- Jones, C. L., & Battjes, R. J. (Eds.). (1985). *Etiology of drug abuse: Implications for research*. (Research Monograph No. 56). Rockville, MD: National Institute on Drug Abuse.
- Kandel, D. B. (1980). Drug and drinking behavior among youth. *Annual Review of Sociology*, 6, 235-285.
- Kandel, D. B., & Logan, J. A. (1984). Patterns of drug use from adolescence to young adulthood: Periods of risk for initiation, continued use, and discontinuation. *American Journal of Public Health*, 74, 660-666.
- Kaufert, J. M., Rabkin, S. W., Syrotuik, J., Boyko, E., & Shane, F. (1986). Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial. *Journal of Behavioral Medicine*, 9, 475-489.
- Kim, S. (1981). An evaluation of the ombudsman primary prevention program on student drug abuse. *Journal of Drug Education*, 11, 27-36.
- Kleinot, M. C., & Rogers, R. N. (1982). Identifying effective components of alcohol abuse prevention programs. *Journal of Studies on Alcohol*, 43, 802-811.
- Kline, J. N. (1972). Evaluation of a multimedia drug education program. *Journal of Drug Education*, 2, 229-239.
- Kraft, D. P. (1984). A comprehensive prevention program for college students. In P.M. Miller & T. D. Nirenberg (Eds.), *Prevention of Alcohol Abuse* (pp. 327-369). New York: Plenum Press.
- Kumpfer, K. L., Moskowitz, J., Whiteside, H. O., & Klitzner, M. (1986). Future issues and promising directions in the prevention of substance abuse among youth. *Journal of Children in Contemporary Society*, 18, 249-278.
- Lorig, K., & Laurin, J. (1985). Some notions about assumptions underlying health education. *Health Education Quarterly*, 12, 231-243.
- Magner, D. K. (1988, November 9). Officials involved in substance abuse by students search for "what works." *Chronicle of Higher Education*, p. A35.
- Maiman, L. A., & Becker, M. H. (1974). The Health Belief Model: Origins and correlates in psychological theory. *Health Education Monographs*, 2, 336-353.
- Meacci, W.G. (1990). Evaluation of the effects of college alcohol education on prevention of negative consequences. *Journal of Alcohol and Drug Education*, 35 (3), 66-72.
- Mechanic, D. (1976). *The growth of bureaucratic medicine: An inquiry into the dynamics of patient behavior and the organization of medical care*. New York: Wiley.

- Moore, M. H., & Gerstein, D. D. (1981). *Alcohol and public policy: Beyond the shadow of prohibition*. Washington, DC: National Academy Press.
- Mosher, J. (1983). Server intervention: A new approach to preventing drunken driving. *Accident Analysis and Prevention, 5*, 483-497.
- Moskowitz, J. M. (1986). *The primary prevention of alcohol problems: A critical review of the research literature*. Berkeley, CA: Prevention Research Center.
- Murray, D. M., & Perry, C. L. (1985). The prevention of adolescent drug abuse: Implications of etiological, developmental, behavioral, and environmental models. In C. L. Jones and R. J. Battjes (Eds.), *Etiology of drug abuse: Implications for prevention* (Research Monograph No. 56). Rockville, MD: National Institute on Drug Abuse.
- National Association of Student Personnel Administrators (1984). NASPA adopts guidelines for campus marketing of beverage alcohol. *NASPA Forum, 4*(5), 1. Washington, DC: Author.
- National Institute on Alcohol Abuse and Alcoholism (1987). *Sixth special report to the U.S. Congress on alcohol and health* (DHHS Publication No. ADM 87-1519). Rockville, MD: Author.
- National Institute on Drug Abuse (1987). *Drug abuse and drug abuse research: The second triennial report to Congress from the Secretary, Department of Health and Human Services* (DHHS Publication No. ADM 87-1486). Rockville, MD: Author.
- Oblander, F. W. (1984). Effective alcohol education strategies. *ACU-I Bulletin, 52*, 17-25.
- Perkins, H. W., & Berkowitz, A.D. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions, 21*, 961-976.
- Perkins, H. W., & Berkowitz, A. D. (1985, October). *College students' attitudinal and behavioral responses to a drinking age law: Stability and contradiction in the campus setting*. Paper presented at the annual meeting of the New York Sociological Association, Rochester, New York.
- Perry, C. L., & Grant, M. (1988). Comparing peer-led to teacher-led youth alcohol education in four countries. *Alcohol, Health and Research World, 12*, 322-326.
- Perry, C. L. & Jessor, R. (1983). Doing the cube: Preventing drug abuse through adolescent health promotion. In T. J. Glynn, C. G. Leukefeld, and J. P. Ludford (Eds.), *Preventing adolescent drug abuse: Intervention strategies* (Research Monograph No. 47). Rockville, MD: National Institute on Drug Abuse.
- Perry, C. L., & Jessor, R. (1985). The concept of health promotion and the prevention of adolescent drug abuse. *Health Education Quarterly, 12*, 169-184.
- Portnoy, B. (1980). Effects of a controlled-usage alcohol education program based on the Health Belief Model. *Journal of Drug Education, 10*, 181-195.
- Quah, S. R. (1985). The Health Belief Model and preventive health behavior in Singapore. *Social Science Medicine, 21*, 351-363.
- Ray, O. & Ksir, C. (1990). *Drugs, society and human behavior* (5th ed.). St. Louis, MO: Times Mirror/Mosby College.
- Rosenstock, I. M. (1974a). Historical origins of the Health Belief Model. *Health Education Monograph, 2*, 328-335.
- Rosenstock, I. M. (1974b). The Health Belief Model and preventative health behavior. *Health Education Monograph, 2*, 336-353.
- Rozelle, G. R. (1980). Experiential and cognitive small group approaches to alcohol education for college students. *Journal of Alcohol and Drug Education, 26*, 40-54.
- Rozelle, G. R., & Gonzalez, G. M. (1979). A peer facilitated course on alcohol abuse: An innovative approach to prevention on the college campus. *Journal of Alcohol*

- and Drug Education, 25, 20-30.*
- Rush, B., & Glicksman, L. (1986). The distribution of consumption approach to the prevention of alcohol-related damage: An overview of relevant research and current issues. *Advances in alcohol and substance abuse, 5(4), 9-32.*
- Ryan, J. W. (1986). Conference keynote address. *Proceedings of the first national conference on campus alcohol policy initiatives* (pp. 77-80). Denver, CO: BACCHUS of the U.S.
- Saltz, R., & Elandt, D. (1986). College student drinking studies 1976-1985. *Contemporary Drug Problems, 13, 117-159.*
- Sandeen, C. A. (1988). *Student affairs: Issues, problems and trends*. Ann Arbor, MI: ERIC Counseling and Personnel Services Clearinghouse.
- Sandford, R. N. (1967). *Where colleges fail: A study of the student as a person*. San Francisco: Jossey-Bass.
- Schaps, E., DiBartolo, R., Moskowitz, J., Palley, C., & Churgin, S. (1980). Primary prevention evaluation research: A review of 127 impact studies. *Journal of Drug Issues, 11, 17-43.*
- Sheppard, M. A. (1980). Sources of information about "drugs." *Journal of Drug Education, 10, 257-262.*
- Sherwood, J. S. (Ed.). (1987). *Alcohol policies and practices on college and university campuses* (NASPA Monograph No. 7). Washington, DC: National Association of Student Personnel Administrators.
- Smart, R. G., & Fejer, D. (1972). Drugs and drinking behavior among youth. *Annual Review of Sociology, 6, 235-285.*
- Strauss, R., & Bacon, S. D. (1953). *Drinking in college*. New Haven, CT: Yale University Press.
- Strecher, V. J., DeVellis, B. M., Becker, M. H., & Rosenstock, I. M. (1986). The role of self-efficacy in achieving health behavior change. *Health Education Quarterly, 13, 73-91.*
- Swisher, J. D., Warner, R. W., & Herr, E. R. (1972). Experimental comparison of four approaches to drug abuse prevention among eleventh graders. *Journal of Counseling Psychology, 19, 328-332.*
- Tobler, N. S. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control group or comparison group. *Journal of Drug Issues, 16, 537-567.* United States Congress (1988, October 21). *National drug control program*. Congressional Record-House.
- Upcraft, M., & Welty, J. (1990). *A guide for college presidents and governing boards: Strategies for eliminating alcohol and other drug abuse on campus*. Washington, DC: Office of Educational Research and Improvement, U.S. Department of Education.
- Vingilis, E., & Smart, R. (1981). Effects of raising the drinking age in Ontario. *British Journal of Addiction, 76, 415-424.*
- Wagenaar, A. (1983). *Alcohol, young drivers and traffic accidents: Effects of minimum age laws*. Lexington, MA: Lexington Books.
- Wallack, L. (1984). Practical issues, ethical concerns and future directions in the prevention of alcohol-related problems. *Journal of Primary Prevention, 4, 199-224.*
- Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994). Health and behavioral consequences of binge drinking in college. *Journal of the American Medical Association, 272, 1672-1677.*
- Weinstein, N. D., & Lachendro, E. (1982). Egocentrism as a source of unrealistic optimism. *Personality and Social Psychology Bulletin, 8, 195-200.*

- William, A. F., DiCicco, L. M., & Unterberger, H. (1968). Philosophy and evaluation of an alcohol education program. *Quarterly Journal of Studies on Alcohol*, 29, 685-702.
- Wolfe, L. (1985, March 8). Colleges are taking steps to reduce drinking on campus. *The New York Times*, p. 1.
- Wong, M. R. (1976). Different strokes: Models of drug abuse prevention education. *Contemporary Educational Psychology*, 1, 285-303.

A SOCIAL ECOLOGY THEORY OF ALCOHOL AND DRUG USE PREVENTION AMONG COLLEGE AND UNIVERSITY STUDENTS

William B. Hansen
Tanglewood Research, Inc.

I ntroduction

This paper presents a social ecology theory of alcohol and drug use prevention; its goal is to establish the relationship of naturally existing social structures to problems of drug and alcohol use among college students. Previous researchers have sketched out a social ecology theory (Berkowitz & Perkins, 1986; Perkins & Berkowitz, 1986), but their work lacks the breadth, depth, and definition needed for robust theoretical application. The following discussion offers a model that college and university personnel might use as they develop strategies to combat substance abuse on campus.

T he fundamentals of social ecology

Programs to prevent substance abuse inherently rest on certain assumptions about why people use alcohol and other drugs. Strategies for prevention, in turn, are based on these assumptions. To date, most prevention efforts have focused on changing the traits and behaviors of individuals, with heavy emphasis on their personalities, their backgrounds, or their ability to respond to their environment. Thus, some educational programs teach individuals about the dangers of substance use in order to promote fear of those dangers. Others teach them skills for dealing with inter- and intra-personal social influences (such as stress and peer pressure). Still others emphasize the improvement of personal qualities, such as self-esteem, that help people function in a complex world. These education efforts are based on theories that locate the causes of substance abuse primarily within the individual. Even in cases where the role of the social environment is given prominence, the responsibility for action is placed on the individual.

Social ecology theories begin with the premise that these assumptions are inherently false. Such theories postulate that instead of looking for causes within the individual, or even in the individual's way of interacting socially, we should focus on the social system itself and how that system affects individuals. Clearly, some causes of substance abuse lie within the individual, and these should not be ignored. Social ecology theory, however, seeks causes primarily in the social environment. Consequently, efforts to modify use must focus on changing the person's environment rather than the person. For the

central tenet of social ecology is that individual behaviors are mainly the result of socialization; to change the behavior, we must change the social institutions that shape it.

Examples of social movements that include changing social ecologies

During the 1960s and 1970s, three social movements had a tremendous impact on the social ecology of the United States: the feminist movement, the peace movement (in opposition to the war in Vietnam), and the civil rights movement. An underlying assumption of all three movements was that major changes were necessary in the social system itself. Individual beliefs and actions were surely affected by these movements, but the changes they introduced were essentially systemic.

These movements, while clearly powerful in effect, accomplished their ends through both formal and informal means. There were formal requests to Congress (the Equal Rights Amendment, Congressional oversight for the war budget, and the Civil Rights Act). However, these requests were not isolated from the informal activities of others committed to social change. Newspapers ran editorials, magazines were devoted to the cause (*Cosmopolitan*, *Rolling Stone*, *Ebony*), marchers filled the streets, the media covered events, and folk songs proclaimed the objectives at hand (*I am woman hear me roar*, *All we are saying is give peace a chance*, *We shall overcome*).

In debates, activists raised issues that, at least for the preceding generation, had been minor issues if they had been issues at all. Value-laden labels describing opponents became part of the common vocabulary (*male chauvinist pig*, *war monger*, *racist pig*). Symbols abounded (*the burning bra*, *the peace sign*, *the clenched fist*). Conservatives, those who aligned themselves with the status quo, were attacked in public and in private. Newly formed counter-culture organizations often went underground to accomplish their goals.

In the end, these movements made significant progress toward achieving their goals, introducing structural and substantive changes. Moreover, each movement altered the normative fabric of American life. Congress passed laws (though the ERA was never ratified), and the courts acted as well. Abortion was legalized. *Row v. Wade* became the law of the land.

Television shows now feature women and African Americans in new roles. The Vietnam War ended but left a legacy that, even now, shapes our nation's military options; the essential strategy that guided the war with Iraq was to avoid another Vietnam. African American citizens can now eat at any lunch counter, join any social organization, and enroll at any college in the country. The feminist, anti-war, and civil rights movements have by no means accomplished all of their goals, but these movements have nevertheless transformed our culture.

The social ecology of substance abuse

When applied to alcohol and drug abuse, social ecology theory shifts attention to a different set of variables from those that most program developers typically deal with. Of particular interest from this theoretical perspective are variables like culture, traditions, rituals, inter-personal relationships (including power relationships), group value systems, and social norms. Of lesser interest are variables such as personal belief, perception of risk, and intra-personal skills.

Since the preponderance of research on drug and alcohol use has focused on individual-level variables, the evidence for social ecological processes is partly conjectural at this point. Nonetheless, there is evidence that social ecological processes are at work. The strongest predictors of alcohol and drug abuse among young people are social. Among adolescents and college-age adults, for example, the friendship group dominates as the best predictor of substance use (other than previous drug use). Those who take drugs usually do so in a social context of one kind or another. From such data, we may conclude that individuals use drugs primarily as a function of the social group with whom they interact. This principle applies directly to casual and experimental use and indirectly to addictive use of substances. Obviously, at some point in an addict's history, physiological and psychological effects drive use. Even for addicts, however, we can postulate that the social ecology continues to play an important role.

It is specifically within the social group, then, that we can expect to find the causes of alcohol and drug use. Groups that have traditionally had a powerful influence on the behavior of their members include religious organizations, fraternities and sororities, athletic associations, professional societies, and political activist organizations. For some of these groups, such as fraternities and sororities, anecdotal evidence strongly suggests that traditions, rituals, and norms facilitate drug and alcohol use. Given the pervasive influence of various social groups on the lives of college students, it makes sense to adopt basic principles from social ecology theory in designing programs to prevent substance abuse. If we hope to change a particular behavior (e.g., excessive use of alcohol), we must change the social context—the institution or group—that shapes the behavior. In other words, we must address the effects of social influence.

According to the social influence model, substance use and misuse are functions of an individual's interaction with the immediate peer group. In this model, two mechanisms mediate substance use: normative beliefs and social exposure to alcohol and drugs.

Normative Beliefs

The term "normative belief" refers to an individual's perceptions about how much his or her close friends use alcohol and drugs and approve of such use.

A person who sees the peer group as favorably inclined toward substance use is typically motivated to use alcohol and drugs as a means of gaining social acceptance (Downs, 1987). On the other hand, those who belong to groups not disposed toward substance use will most likely be inhibited from using alcohol and drugs because of implied and real sanctions proscribing use (Hirschi, 1969; Johnson, 1986).

Significant research verifies the role of normative beliefs in triggering the onset of substance use. Most prominently, Ajzen and Fishbein argue that normative beliefs figure in predicting individual intentions and behavior (Ajzen & Fishbein, 1973; Fishbein & Ajzen, 1975). Their theory, briefly summarized, predicts that intentions to behave are a linear combination of personal attitudes and social normative beliefs, the weights given to each being an empirically derived relationship defined by the weights from regression equations.

This theory has recently been applied in predicting the use of alcohol and other substances (Chassin, 1984; Chassin et al., 1986; Grube & Morgan, unpublished; Grube, Morgan, & McGree, 1986; Morgan & Grube, 1989a). Normative beliefs (compared to personal attitudes) generally predominate as predictors of use among young people. As individuals grow older, normative influences become stronger predictors of use until about age sixteen (Morgan & Grube, 1989a), after which the relative strength of normative beliefs versus personal attitudes gradually diminishes. However, even during late adolescence and young adulthood, normative beliefs remain strong predictors of alcohol and substance use. Normative beliefs about friends are stronger predictors of substance use than are students' normative beliefs about their peers in general (Downs, 1987; Morgan & Grube, 1989b).

Individuals often misjudge the extent to which peers consume alcohol and other substances and approve of such consumption. Their estimates of substance use are much higher than warranted by known data (Hansen, Graham, Wolkenstein, Lundy, Pearson, Flay, & Johnson, 1988; Perkins & Berkowitz, 1986). This overestimation occurs even when actual rates of use are relatively high, e.g., at or above 50% prevalence. Particularly important for developing prevention programs is the fact that individuals misjudge even their close friends' behavior (Graham, Marks, & Hansen, 1991).

Correcting such misperceptions is potentially a powerful strategy for changing alcohol and drug use among young people. This researcher, for example, developed a program to manipulate individual normative beliefs about substance use among young adolescents (Hansen, Graham, Wolkenstein, & Rohrbach, 1991). This program has reduced overall alcohol and marijuana consumption of eighth graders who participated in the program during the seventh grades (Hansen & Graham, 1991). In addition to changing individuals' normative beliefs, it may also be possible to do likewise within groups. Norm-referent groups and peer opinion leaders may be appropriately targeted to establish a conservative use norm as part of the group identity.

Social Exposure to Alcohol and Drugs

Another mechanism that influences substance use is social exposure to alcohol and drugs—the extent to which individuals (a) receive offers from peers to drink alcohol and (b) find themselves in situations where alcohol and drugs are being used by peers. Individuals who receive more offers and who are frequently in social settings where alcohol and drugs are available have increased risk of substance use.

The behavior of others has long been known to induce conformity (Asch, 1951; Deutsch & Gerard, 1955; Kiesler & Kiesler, 1969). It has been argued that one reason for accepting offers to drink alcohol and use drugs is a lack of self-efficacy to refuse offers (Hansen et al., 1988). Many school-based prevention programs have addressed this issue, training students to increase their skill and self-efficacy in refusing offers. While there are generally promising results from these studies, particularly for tobacco prevention (Flay, 1985), alcohol and drug prevention efforts have not been uniformly successful (Botvin, Baker, Botvin, Filazzola, & Millman, 1984; Duryea, Mohr, Newman, Martin, & Egwaoje, 1984; Duryea, 1983; Duryea & Okwumabua, 1988; Pentz et al., 1989; Perry et al., in press). One program has successfully increased young adolescents' skills for refusing alcohol and drugs (Graham, Rohrbach, Hansen, Flay, & Johnson, 1989; Hansen, Graham, Wolkenstein, & Rohrbach, 1991; Rohrbach, Graham, Hansen, Flay, & Johnson, 1987). However, self-efficacy was not improved by this method. Furthermore, training to refuse offers had no independent effect on reducing the onset of alcohol use (Hansen & Graham, 1991). On the other hand, the norm setting program did improve self-efficacy and reduced offers to use alcohol and other substances, suggesting that rather than skill training, altering normative beliefs may effectively reduce the social availability of alcohol and drugs.

Researchers have not systematically investigated other methods for altering availability. However, various ways of curbing availability are possible. Peer opinion leaders, who clearly contribute to the planning of social functions at which drugs and alcohol may be available, could be targeted for programmatic action.

Social ecology units and their influence on substance abuse

Two types of social units are relevant to college and university students. The first type is the formal group or institution. Classes, which are a major feature of the social ecology of every college and university, fall into this category. In addition to classes, formal campus institutions include the administration, the faculty, student government, student services (such as the student health service), the student newspaper, and organizations such as fraternities, sororities, religious fellowships, athletic teams, special interest clubs, and dormito-

ries. Formal groups are characterized by such features as official rules and operating procedures, a name, a list of members or affiliates, a leadership hierarchy, a defined budget, a plan for self-perpetuation, and public or semi-public recognition.

The second type of social unit is the informal group. At their most extreme, such groups consist of friendships and acquaintances. The organizational links that hold these social groups together are never written down, and, for the outsider, difficult to specify. Nonetheless, it is clear that all friendships have at an informal level many of the qualities that formal institutions do. There are implicit rules for making decisions, expectations about procedures, understandings about membership (although these are usually more flexible and less enduring than for formal groups), and an informal leadership hierarchy (which may change periodically). Such groups rarely have a name, a budget, a plan for continuation, or public recognition.

Individuals may and, in fact, probably do belong to formal and informal groups that overlap. Friendships emerge from formal relationships; formal relationships may emerge from informal acquaintances. Like minded friends often seek membership in the same fraternity or sorority. By college age, then, some individuals are involved in networks that include formal organizations as well as a large number of informal relationships.

The Potential of Social Units to Affect Substance Use

In evaluating social units—formal and informal—we should consider the potential each has for influencing the behavior of its members. I surveyed a sample of my employees ($n=7$) to determine the potential of sixteen such units for socializing students. The survey asked respondents (all of whom had attended college) to rank a random list of social institutions, thereby indicating the relative influence of each institution in socializing students. The results from this survey (see Table 1) are non-scientific but nonetheless telling. With relatively good inter-rater reliability ($r=.66$), respondents saw certain institutions as having high potential for influence: dormitories, roommates, friends, and acquaintances. Parties were the next most likely influence, followed by cafes, night spots and stores. Classes and classmates, fraternities and sororities, and special interest clubs and groups also ranked high. Institutions least likely to influence socialization were the student health service, the administration, student government, and the faculty. Ironically, these latter social units are the very ones we typically count on to change norms.

In the following pages, each unit will be analyzed for its potential to alter the social ecology of campuses and to influence the socialization of students regarding alcohol and drug use. Two general assumptions will guide this analysis. First, social units in which individuals spend the most time will influence them most; greater time equals greater potential to transfer existing normative standards. Second, social units that foster greater bonding (identification with members) will be more likely to cause the adoption of group norms.

1. *Friends and acquaintances.* Friends and acquaintances are the strongest influence in all social groups, including student groups. Friendships are the basis of socializing and socialization. The extensive literature on friendship formation shows that attitudes among friends are relatively convergent. When attitudinal disagreements do occur, friends either suppress them or dissolve the friendship (Heider balance theory). It is not clear how frequently friends state or openly discuss their attitudes; frequency may vary considerably from group to group. Male-centered, female-centered, and mixed friendship groups most likely address normative issues differently.

Conversations among friends tend to reinforce existing group norms rather than explore new ones. Norms about alcohol, for example, are generally discussed as secondary or incidental concerns; such norms may emerge more as a result of story-telling and joking than serious discussion. In discussing substance use, friends will probably not work actively to resolve strong attitudinal differences. Rather, they are likely to ignore controversial issues.

Friendships usually have an internal hierarchy in which dominant individuals have influence but not necessarily power. Collegiate friendships are dynamic and diffuse, with students often making new friends and maintaining multiple friendships. When members of a group hold weak opinions

Rank	Social Unit	Average Rank
1	Friends & Acquaintances	1.93
2	Dormitories & Roommates	1.93
3	Parties	5.21
4	Cafes, Night Spots, Stores & Hang Outs	5.71
5	Classes & Classmates	5.93
6	Fraternities & Sororities	6.93
7	Special Interest Clubs & Groups	7.14
8	Campus-Sponsored Special Events	8.36
9	Worksites	9.57
10	Athletic Teams	9.64
11	The Student Newspaper	10.64
12	Religious Fellowships	11.50
13	The Faculty	11.64
14	Student Government	12.79
15	The Administration	13.14
16	Student Health Services	13.93

Lower scores indicate greater potential for social influence.

Table 1. Potential for influence

about a particular issue, a dominant friend can usually influence them to change their attitudes.

Couples who are dating or romantically involved may be the single greatest influence on each other for socialization and the adoption of norms. Often, those involved in such relationships enter a new friendship group; with this change comes pressure to accept practices and beliefs common to the group. Romantic relationships are often fraught with difficulties as the

two partners try to balance their competing norms. For example, one partner and her friends may have different norms for substance use than the other partner and his friends. Such a discrepancy may hamper the development of strong social bonds, either fracturing the relationship or inducing one partner to adopt the norms of the dominant friendship group.

2. Dormitories and roommates. Social relationships in a dormitory are relatively more structured than those among friends and acquaintances, although the set of individuals involved may overlap considerably. Roommates often become friends and, whether close or not, they set up a social ecology that influences socialization in college. Given the communal nature of dormitory life, such socialization is inevitable.

Dormitories often evolve their own cultures. They sometimes have reputations for substance use or for attitudes and behaviors associated with such use (e.g., anti-establishment views, rowdiness). Campus residents often form opinions about individuals based on which dormitory they live in; these opinions circulate and become part of a campus's social ecology.

3. Parties. Parties can be defined almost exclusively in terms of social ecology. Their entire purpose is to bring people together for mutual social enjoyment. As such, parties are an important means of socialization. That is, people learn from party experiences what is and is not acceptable to the group that sponsors or participates in the party. Much of the socialization that accompanies parties may, in fact, occur before or after an event in discussions about dress, interpersonal behavior, social customs, and alcohol and drug use.

Parties can be both formal and informal, with both types serving to socialize college students. Most parties are planned by sponsors to include alcohol use. There are several plausible reasons for this, including campus traditions that create expectations of heavy use. Because of these expectations, alcohol is generally regarded as a means of reducing shyness and heightening social interaction. Some groups associate alcohol with social rituals, such as toasts at wedding banquets and other special events. Finally, at some parties, alcohol is used in social contests. The chug-a-lug, for example, pits contestants against each other in a test of drinking skill.

Along with actual alcohol consumption, college parties often feature much talk about such consumption. Conversations include story telling and jokes that describe adventures with alcohol and drugs, slightly or greatly exaggerated to add humor and appeal. One-upmanship and status building may contribute to this exaggeration.

4. Cafes, cafeterias, night spots, stores, and hang outs. These institutions exist in various forms on and around most college campuses. Insofar as socialization is concerned, they provide settings for unstructured discussion among students. They give friends and acquaintances a chance to explore attitudes about social issues and to transmit information about normal behavior.

These settings also serve as a location for testing competence. Individuals may discuss contemporary issues and campus life. Such interaction is a way for students to demonstrate their ability to navigate social institutions.

Ordering alcoholic beverages (understanding the terminology, having confidence in being served, etc.) may reinforce an image of social competence. For a person of legal age, acquiring alcohol for an under-age friend can confer social status. Since they make significant profit from the sale of alcohol, night spots are often designed intentionally to promote drinking. They benefit from the underlying need to demonstrate social competence, actively promoting consumption through direct marketing (waitresses, waiters, and bartenders) and through various types of advertising. Cafes and cafeterias may offer alcohol, but they generally do so with less overt promotion.

5. *Classes and classmates.* Although they are the primary reason for colleges and universities to exist, classes have only a moderate impact in the social ecology of most campuses. The reasons for this are several. Classes are, for the most part, temporary; they exist for a quarter or a semester and then disband. At most universities, classes are not tracked. They continually mix and remix students. Further, the objective of most courses is to master a body of material, not to explore current events or issues. To the extent that social issues do become a focus of discussion in class, the potential of that class to influence socialization increases.

On the other hand, classes are an important means of social introduction. Shared course work may initiate friendships and prompt interaction outside of class, especially if classes are based on discussion rather than lecture. Students often get to know each other while talking about homework and tangential issues related to course topics. Those who share majors are more likely to meet and form friendships because of their shared course work.

6. *Fraternities and sororities.* Fraternities and sororities focus primarily on providing opportunities for socialization. Membership is characterized by intense bonding, fostered in part by standards of selection and initiation that promote a specific group identity. The reputations of fraternities and sororities are perpetuated through this selection process. Alcohol and drug use may become part of a fraternity's or sorority's reputation. To maintain a desired reputation, chapter houses sometimes seek members who exhibit high-risk or rowdy social behavior. Alternatively, houses may foster reputations for political and social competence. However, a reputation for alcohol use may be particularly important for attracting pledges. During rush, veteran members may explicitly or implicitly raise expectations about such use.

Pledges typically go through a period of ridicule or hazing to test their determination to join the group and adopt its norms. This process breaks down individual differences and creates a situation in which survival requires cohesion to the group. Brotherhood and sisterhood imply a willingness to defend the institution actively against outsiders.

Fraternities and sororities help their members develop social skills. They do so partly through informal counseling to promote socialization. Older or more experienced members may counsel newer members about relationships with the opposite-sex, job opportunities, public behavior, and ways to achieve status or enhance social success. Discussions of alcohol and drugs

may be part of this process, including advice about how to obtain and use substances to promote personal status. Members may also counsel each other about using alcohol and drugs to disinhibit members of the opposite sex in preparation for sexual conquest or other forms of social manipulation. Fraternities and sororities may sponsor parties partly to complete the social training of members.

Fraternities and sororities also promote jokes and storytelling, including institutionalized forms of alcohol-and-drug-related mischief. A fraternity or sorority may direct or foster alcohol-related pranks (e.g., spiking punch or inducing over-indulgence among naive members). Various members may develop personal reputations based on alcohol or drug use; their exploits become part of an oral tradition, often repeated with humorous embellishment. Storytelling may encourage other members to participate in risky behavior. Becoming part of house lore is a mark of status conferred partly by the use of alcohol or drugs. Fraternities and sororities have enormous potential for positive norm setting, but a long history of deviance and irresponsibility works as a countervailing force against that potential.

7. Special interest clubs and groups. Special interest clubs and groups place less emphasis than do fraternities and sororities on identity and bonding with the group. These less intense groups, however, give individuals a chance to associate with those who share a particular interest or need for affiliation. And while the potential for socialization in such groups is reduced, it nevertheless remains a factor. For instance, the group may sponsor get-togethers and parties at which alcohol is served. Thus, interest clubs and groups may foster friendships and regular interaction among members. To the extent that they do so, their potential to influence socialization is increased.

8. Campus-sponsored special events. College students usually attend concerts, speeches, and sporting events in the company of friends. To the extent that this is the case, special events become opportunities for socialization and norm setting. In conjunction with such events, students may use or share alcohol and drugs. Campus-wide norms may even develop around a certain event, with students generally believing that they should attend the event drunk. Such norms, spread by casual conversation and storytelling, can evolve into regular social rituals passed down from one generation of students to the next.

The formal nature of campus sponsored events provides for some regulation. The purchase of alcohol, if legally allowed, may be restricted to adults. Or alcohol may be banned entirely. Enforcement then becomes the primary issue, and control of the physical environment, especially in places like bathrooms and parking lots, becomes problematic. The accepted purpose of most special events (entertainment and recreation) is at odds with strict enforcement and this makes the task of control difficult.

9. Worksites. To help pay college expenses, many students work part or full time in settings where other students work. Worksites typically do little that directly promotes the use of substances; indeed, many businesses have adopt-

ed policies to exclude from employment anyone who uses hard drugs (heroin, marijuana, cocaine). Even bars and restaurants that serve alcoholic beverages may severely restrict employees' access to company stocks. As informal settings, however, worksites may foster the development of friendships; thus, the normal socialization that occurs among friends may be observed in work sites.

10. Athletic teams. Athletics is an important part of college life for members of both varsity teams and intramural teams. And most students use campus athletic facilities for physical education courses or for free-time fitness activities. By its very nature, athletics promotes group identity, either with the college (for varsity sports) or with the sponsoring group (for intramurals). The strong emphasis on bonding and esprit de corps make athletics a key institution for socialization.

To the extent that health consciousness is a component of athletics, participants are expected to avoid the risks associated with drugs and alcohol. In practice, however, the socialization of team members may not support this expectation. Chewing tobacco has long been an accepted practice for baseball players, for instance. And alcohol consumption is sometimes tolerated—or even promoted—as consistent with the iron-man image of football players. Further, as part of team building, athletes may celebrate victory or ease the pain of defeat with after-game parties.

Team sports are hierarchical, with the head coach, assistant coaches, team captains, and squad captains all participating in the organizational structure. First-string players enjoy higher status than second-string players, outstanding athletes more status than weaker ones. Seeking status within this hierarchy may involve the use of alcohol and other substances.

Coaches may play a critical role in the development of drug habits. Eager to win the confidence of their players and concerned about players' emotional well-being, coaches sometimes tolerate or promote substance use as a way to build camaraderie. They may also use substances to help players deal with stress, cope with defeat, and celebrate victory. Recruitment efforts may also include promises about access to drugs. While such practices are obviously illegal, there is wide speculation that they are commonplace. Naive recruits may see the use of a substance like cocaine as a high-status reward for performance.

Athletes may even see some dangerous drugs as having health benefits. For instance, the use of anabolic steroids for muscle development has become a focus of national concern. In some cases, the use of such substances is directed, or at least sanctioned, by the leadership hierarchy of an athletic team. If these drugs are part of the team's culture, members may be introduced to them as an ordinary part of the socialization process.

Of course, coaches can also play a role in preventing the onset of substance use and in getting help for athletes who have started to abuse drugs. If group sanctions and personal values are clearly defined, coaches and team leaders can actively watch for and intervene with players. Coaches may also set standards for inclusion in the team leadership hierarchy, promoting play-

ers who are drug- and alcohol-free.

Players, of course, may develop a culture outside the purview of coaches. Senior players may dominate a social hierarchy and impose initiation rites akin to those found in fraternities and sororities. Well established expectations about social behavior may also have a specific place in the culture of team membership. Junior members may feel pressured to prove themselves through risky or adventurous exploits, with alcohol and drug use figuring prominently in such rites of passage. Similar but less dramatic socialization will probably occur on intramural teams. Although team spirit may be a less important factor, socializing after games and practices may encourage alcohol and drug use.

Drug testing is likely to become more and more an issue in inter-collegiate sports. If detection is frequent and sanctions real, testing has great potential to deter individual behavior and to establish appropriate group norms. On the other hand, if individuals can avoid testing or believe that they can mask test results, the establishment of appropriate norms will depend upon other socialization forces.

11. *The student newspaper.* In American colleges, the student newspaper has periodically served as the social conscience of the student body. Indeed, the campus paper has the potential to help define issues and set agendas for discussion. In practice, most campus newspapers rarely achieve their potential as mechanisms of change. This may be due in part to administrative oversight, which limits the range of possible expression. Censorship may not be obvious, but budgetary pressures and pressures to eliminate political turmoil may subtly steer editors away from controversy. At the same time, some newspaper staff may continue a tradition of apparent independence from the administration and thus resist taking the officially sanctioned position on a given social issue.

Campus newspapers generally play only a minor role in establishing group norms for substance use. They may advertise alcohol and tobacco products, alcohol- and tobacco-sponsored events, and local establishments that sell alcohol. Or they may feature articles and editorials about drug and alcohol use on campus. A review of past issues of the student newspaper at Wake Forest University turned up some advertising about alcohol but no other coverage of substance use. Of course, surveys of other campus papers may not reveal the same pattern.

12. *Religious fellowships.* Religious fellowships generally play a limited role in student socialization. That is probably due to several factors, including the limited presence of fellowships on campus and a low rate of participation among students. At state-sponsored campuses, religious organizations may have low status or may lack official recognition. On the other hand, private colleges with strong religious affiliations may encourage religious activity and instruction as part of their social tradition. Fellowships may also emerge from student-generated interests. Overall, participation in religious fellowships is likely to ebb and flow, as it has during the previous three decades, in response

to cultural valuation of religion.

Religious affiliation can be a very effective means of introducing social and moral values to those who participate. However, religious groups differ widely in the degree to which they address lifestyle issues in general and alcohol and drug abuse in particular. As a result, some fellowships may be very effective in promoting drug- and alcohol-free lifestyles, whereas others may have a limited effect.

13. The faculty. Outside of class, contact between undergraduates and their teachers is limited; thus faculty have little influence on student norms for substance use. Indeed, most faculty have minimal interest in the socialization or lifestyles of students, and the barriers between students and their teachers, such as limited times for office hours, may send students a message of disinterest. Furthermore, students themselves may have little interest in non-academic contact with faculty.

In general, therefore, the potential of faculty to influence alcohol and drug use is slight. Some individual faculty, however, may influence their students in diverse and specific ways. For example, a highly visible anti-establishment faculty member admired by students might help foster norms for liberal alcohol and drug use. On the other hand, students are sometimes subjects of psychology experiments and sociological studies. Faculty who use students as participants in well-crafted intervention projects may have an opportunity to affect their socialization significantly.

14. Student government. At most college campuses, the potential for elected student leaders to effect social change is probably greater than what is typically realized in practice. The influence of student government is limited for several reasons. Those who hold office sometimes regard their functions as largely ceremonial. Actual powers are limited and duties circumscribed. Those who seek office may be interested predominantly in social status and popularity rather than in social change. Furthermore, even with an agenda for change, many student leaders lack the necessary vision and skill to alter the campus culture in significant ways. Participants are simply unschooled and unpracticed when it comes to changing policies and procedures at academic institutions.

As an institution, then, student government has limited capacity to influence the socialization of students. However, as individuals, officers may have significant potential. They are likely to belong to, and have a strong voice in, numerous social organizations on campus. Thus, student government may become an indirect vehicle for the expression of social norms about many issues, including alcohol and drug use.

15. The administration. College administrators have little personal interaction with students. However, their decisions about policies and funding (such as funding for campus police) do directly affect students in a broad way. Virtually all institutions have regulations—issued under the direction of chief administrators—that address alcohol and drug use. These rules influence other social ecology units on campus, units that more directly establish and

reinforce norms among students.

On an informal level, administrators may have profound influence on a few individuals, primarily those in student government. Administrators are unlikely, however, to communicate messages about alcohol and drug use directly to these students. Indirectly, student leaders may observe indicators (the presence of alcohol at administration-sponsored events, etc.) that reveal normative expectations about personal use.

16. Student health services. On many campuses, the student health service may be the primary agency responsible for alcohol and drug problems. Ironically, this institution apparently has little influence on the social ecology of the campus; students regard the student health service as the provider of a limited number of specific tasks. Some of these tasks relate directly to alcohol and drug use (e.g., diagnosing and referring alcoholic or drug-dependent students or treating injuries that result from substance use). In dealing with such cases, the health service sees a small number of students and spends little time with them. The power to influence the socialization of students is thus beyond the purview of the health service.

Personnel from the student health service may be asked to provide information about substance use at orientation or in specific classes. In most cases, however, this information will emphasize facts about substance use and its consequences, not normative beliefs. However, the health service could shift the emphasis of its presentations, designing them specifically to help set or alter norms.

Social Ecology Strategies for Changing Substance Use

Social ecology theory suggests that the more profoundly a social unit affects interaction among students, the more likely it will be to promote or discourage alcohol and drug use. The list of social units given above shows the relative influence each has on student socialization. A major challenge facing those responsible for altering substance use is the fact that those units most likely to influence students are also the ones least amenable to direct programming. A social ecological model postulates that informal rules (norms) about alcohol and drug use, rather than formal ones (policies), most profoundly influence group behavior.

Interventions based on a social ecology model aim to reinforce conservative norms within a given social unit. Thus in settings where expectations for use are low and intolerance of substance abuse is high, the best tactic is to strengthen existing norms. In high-use settings, on the other hand, a more aggressive program is necessary, one designed to alter normative expectations.

1. Friends and acquaintances. Friends and acquaintances may be an optimal group to target for behavior change—but a very difficult one to reach in a formal way. Friendships are often ill defined and in flux. New relationships constantly take shape and old ones fade away. Even though friends do not interact in a standardized way, changing the attitudes of a dominant individual may lead to a change in attitude among that person's friends and acquaintances.

tances (e.g., more conservative norms for substance use). Formal programming to change key individuals within friendship groups has not been tried specifically. However, there is evidence that peers can act as change agents for improving behavior.

2. Dormitories and roommates. Dormitories have a relatively high degree of formal structure. The stability of these social units and the presence of residence advisors make it possible to alter their normative climate. Colleges should select residence advisors who are personally intolerant of excessive alcohol and drug use. In making such a selection, however, they must also seek advisors who are socially aware and friendly enough to earn the respect and confidence of residents.

Residence advisors should be trained to assess students' normative beliefs, to facilitate interaction, to correct erroneous perceptions of norms, and to deal successfully with violations of dormitory policies about alcohol and drug use. Training should particularly emphasize two skills: (1) using personal influence to establish conservative norms within the residence hall and (2) using appropriate methods to handle students who have problems.

3. Parties. Designers of intervention programs face serious challenges in finding methods to reduce or eliminate substance use at parties. Nevertheless, because most parties are planned events, it is possible to influence behavior if sponsors are identified and appropriately groomed in advance. In particular, it may be possible to shift party goers from heavy use to moderate use.

Students who routinely plan parties (e.g., representative of fraternities or sororities) may be willing to participate in training about alternatives to traditional "drinking" parties. Trainers should spell out the ramifications (legal or otherwise) of serving alcohol to minors and of using illegal drugs. Trainees should discuss actual consequences of substance use, not merely hypothetical ones. It might also help to present local survey data showing conservative personal beliefs and normative preferences about alcohol and drugs among likely party goers. Party sponsors should also be taught to identify and help those who overindulge. And they should learn to handle risky situations involving substance use (driving and violence).

4. Cafés, cafeterias, night spots, and stores. Because these institutions are open and semi-public, they may offer campus personnel relatively easy access to at-risk populations. However, interventions may have to be structured creatively in order to promote participation. Gaining the support of owners and operators has traditionally been a major barrier to reaching students in these kinds of establishments. Servers can be invited (or, if possible, required by local ordinance) to participate in training to help them deal with intoxicated clients. Campus groups may also promote zoning ordinances to restrict the number of liquor licenses in a certain geographic area, thereby reducing access to alcohol.

5. Classes and classmates. Most courses do not lend themselves to prevention activities. There are several notable exceptions, however. Some courses,

for instance, specifically address substance use and related issues as academic subjects. Faculty teaching such courses may want to include material about substance abuse. Whether this material has the potential to change the campus social ecology is an open question. Typically, information about substance abuse emphasizes predictors and consequences of individual use, not predictors and consequences at a sociological level. Even in classes centered on substance abuse, social pressure not to use substances is rarely mobilized.

A second exception is honors courses, in which students are likely to be tracked—or at least know each other from previous classes or activities. Furthermore, such classes usually engage students intensely and may bring current events and issues into focus. In this sort of setting, substance use may become a topic of discussion. A major benefit of mobilizing honors students is the potential for having the best and the brightest allied with the anti-drug movement. Honors students tend to have strong social influence on campus and often fill positions of leadership in fraternities and sororities. As participants in student government, they are outspoken and articulate. And among their friends they are respected and followed. These are obviously overgeneralizations, and individual honors students will not meet all of these expectations. However, on the whole, their potential is well worth cultivating.

6. Fraternities and sororities. Nearly all campuses allow fraternities and sororities to operate only with administrative approval. Furthermore, these groups traditionally report to some sort of panhellenic organization, which provides a mechanism for intervention. However, since houses highly prize their independence, coercive tactics are likely to have less impact than strategies that invite cooperation. Administrators can encourage houses to sponsor alcohol and drug-free events for members. As noted above, fraternity and sorority leaders who plan parties may be willing to learn ways to moderate alcohol use at social events. Additionally, houses might want to rethink long-standing images and traditions that promote substance abuse. House customs are sometimes out of touch with the actual preferences of current members. Alternative ways to achieve a desired image (toughness, sophistication, etc.) can also be explored. At a minimum, fraternities and sororities should foster understanding and respect for the wishes of non-drinkers and non-drug users.

Those charged with developing intervention programs can assist fraternities and sororities in learning to identify and help members with substance abuse problems. House leaders may be willing to attend workshops that explore strategies for promoting non-use or reduced-use within the group. Such training can lead to more conservative normative expectations. The leadership may even be asked to glamorize drug-free pranks as a relatively safe way for the group to maintain a desired reputation for high-risk exploits.

7. Special interest clubs and groups. To the extent that such groups are formal and recognized, intervention may be possible. Unfortunately, these groups usually are informal, making intervention difficult. Planners should anticipate difficulty gaining access to special interest clubs and groups; they

may want to approach opinion leaders identified in other contexts. These leaders can be trained to understand and respond to inaccurate normative expectations expressed by group members.

8. Campus-sponsored special events. Special events are usually held in locations governed by formal rules for alcohol and drug use. Unfortunately, these formal means of control, because they are so externally directed, may result in confrontations and emotional reactions. Planners should consider alternative ways to promote conservative alcohol and drug-use norms. Legal enforcement may help suppress consumption on site, but in many cases, drug use will occur before the event in a setting beyond the control of security personnel.

Those who supervise special events should plan to monitor them carefully, using surveys to sample student opinion about the availability of alcohol and drugs. These surveys can identify norms for substance use and help supervisors develop appropriate plans for deterrence. A low norm should be publicized to enhance an event's reputation. If the norm is high, enforcement procedures might help lower it. Any changes in violation rates as well as shifting expectations among attendees should be reported to promote a new image for the event.

Inasmuch as enforcement is unavoidable, policies should be stated clearly and posted in obvious places. Alcohol sales can be eliminated or strictly monitored. Particularly important points of enforcement are entrances and restrooms. Security personnel should deal directly with any rowdy behavior that results from alcohol or drug use. Policies that prohibit leaving and returning to events may further strengthen the control of substance use on site. Those charged with supervising events should have adequate training and resources to enforce policies.

9. Worksites. Worksites that employ college students should be identified and targeted for intervention. Employers can be encouraged to adopt hiring policies that screen for substance abuse and to use application forms that clearly state zero-tolerance policies for drinking and drug use on the job. Employee assistance programs are increasingly being adopted as effective strategies for detection and referral of substance abuse problems.

10. Athletic teams. Coaches and team captains should be trained in methods for establishing and reinforcing conservative normative expectations among team members. Specifically, coaches can be advised to state explicitly that drug and alcohol use will not be tolerated in conjunction with training regimens. Nonsporting activities, such as awards banquets and parties, should be planned with alcohol and drug use prohibited. And coaches should be instructed about symptoms of drug use and be made aware of referral resources.

11. The student newspaper. Student newspapers can set agendas for public debate about alcohol and drug use, identifying issues and airing opposing views. The focus should be on fostering discussion about controversial topics. Potential topics may include the suitability of alcohol advertising for campus events and the acceptability of drug use as a rite of passage. The student

paper can also be a vehicle for reporting survey results about alcohol and drug issues. Publicizing lower-than-expected rates of consumption can help correct students' inflated perceptions about use.

12. *Religious fellowships.* Fellowships can be encouraged to discuss religious beliefs or teachings about alcohol and drug abuse. Dilemmas about tolerance and hypocrisy may become the focus of such discussions. Since religious individuals tend to have low use, surveys of members may be undertaken and reported to the group as a way to correct any normative misperceptions. Fellowships may be actively engaged to assist with prevention and intervention efforts.

13. *The faculty.* Faculty can be encouraged to assign small research projects that explore normative beliefs about alcohol and drug use. And those with appropriate credentials may want to involve students in field experiments about such beliefs.

14. *Student government.* Student government can be mobilized to bring the issue of substance use to the forefront in campus affairs. Administrators might be willing to fund student projects to assess attitudes and behavior; such projects can develop strategies to increase awareness or curb substance abuse. The student council, for example, might challenge the university's investments in tobacco and alcohol companies.

Student leaders can also be trained to understand and influence social norms, or they can learn to use polls and other tools to identify conservative individual attitudes about alcohol and drugs on campus. They can then use the collected data to develop policies and position statements. Leaders may also want to apply norm setting skills to constituent groups and to leaders of other student groups.

15. *The administration.* Administrators can take several steps to influence alcohol and drug use on campus. Prior to doing so, however, they should be well informed about the various ways in which norms operate in the social ecology of college campuses. They should then authorize and support a systematic program to influence normative beliefs. They should also encourage student government to promote discussion about substance abuse and should support ongoing assessment of the campus climate regarding alcohol and drug use. Finally, they should examine and modify policies to address norms (not just behavior).

16. *Student health services.* Staff of the health service should receive regular, up-to-date instruction about the prevalence of substance use and abuse on campus. They should use this information in educating students and in referring them to appropriate outside agencies as necessary.

References

- Ajzen I., & Fishbein, M. (1973). Attitudinal and normative variables as predictors of specific behaviors. *Journal of Personality and Social Psychology*, *27*, 41-5.
- Asch, S. E. (1951). Effects of group pressure upon modification and distortion of judgments. In H. Guetzkow (Ed.), *Groups, leadership, and men*. Pittsburgh: Carnegie Press.
- Berkowitz, A. D., & Perkins, H. W. (1986). Problem drinking among college students: A review of recent research. *Journal of American College Health*, *35*, 21-28.
- Botvin, G. J., Baker, E., Botvin, E. M., Filazzola, A. D., & Millman, R. B. (1984). Prevention of alcohol misuse through the development of personal and social competence: A pilot study. *Journal of Studies on Alcohol*, *45*, 550-552.
- Chassin, L., (1984). Adolescent substance use and abuse. In P. Karoly & J. J. Sterhan (Eds.), *Adolescent behavior disorders: foundation and contemporary concerns*. Lexington, MA: Lexington Books.
- Chassin, L., Presson, C. C., Sherman, S. J., Montello, D., & McGrew, J. (1986). Changes in peer and parent influence during adolescence: Longitudinal versus cross-sectional perspectives on smoking initiation. *Developmental Psychology*, *22*, 327-334.
- Deutsch, M., & Gerard, H. B. (1955). A study of normative and informational social influence upon social judgement. *Journal of Abnormal and Social Psychology*, *51*, 629-636.
- Downs, W. R. (1987). A panel study of normative structure, adolescent alcohol use and peer alcohol use. *Journal of Studies on Alcohol*, *48*, 167-175.
- Duryea, E., Mohr, P., Newman, I. M., Martin, G. L., & Egwaoje, E. (1984). Six-month follow-up results of a preventive alcohol education intervention. *Journal of Drug Education*, *14*, 97-104.
- Duryea, E. J. (1983). Utilizing tenets of inoculation theory to develop and evaluate a preventive alcohol education intervention. *Journal of School Health*, *53*, 250-57.
- Duryea, E. J., & Okwumabua, J. O. (1988). Effects of a preventive alcohol education program after three years. *Journal of Drug Education*, *18*, 23-31.
- Fishbein, M., & Ajzen, I. (1975). *Belief attitude, intention, and behavior*. Reading, MA: Addison-Wesley.
- Flay, B. R. (1985). Psychosocial approaches to smoking prevention: A review of findings. *Health Psychology*, *4*, 449-488.
- Graham, J. W., Marks, G., & Hansen, W. B. (1991). Social influence processes affecting adolescent substance use. *Journal of Applied Psychology*, *76*(2): 291-298.
- Graham, J. W., Rohrbach, L. A., Hansen, W. B., Flay, B. R., & Johnson, C. A. (1989). Convergent and discriminate validity in assessment of behavioral skills. *Behavioral Assessment*, *11*, 353-379.
- Grube, J. W., & Morgan, M. Attitude-normative belief interactions: Contingent consistency effects in the prediction of adolescent smoking, drinking, and drug use. Unpublished manuscript.
- Grube, J. W., Morgan, M., & McGree, S. T. (1986). Attitudes and normative beliefs as predictors of smoking intentions and behaviours: A test of three models. *British Journal of Social Psychology*, *25*, 81-93.
- Hansen, W. B., & Graham, J. W. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus

- establishing conservative norms. *Preventive Medicine*, 20: 414-430.
- Hansen, W. B., Graham, J. W., Wolkenstein, B. H., Lundy, B. Z., Pearson, J. L., Flay, B. R., & Johnson, C. A. (1988). Differential impact of three alcohol prevention curricula on hypothesized mediating variables. *Journal of Drug Education*, 18(2), 143-153.
- Hansen, W. B., Graham, J. W., Wolkenstein, B. H., & Rohrbach, L. A. (1991). Program integrity as a moderator of prevention program effectiveness: Results for fifth grade students in the Adolescent Alcohol Prevention Trial. *Journal of Studies on Alcohol*, 52(6): 568-79.
- Hansen, W. B., Johnson, C. A., Flay, B. R., Phil, D., Graham, J. W., & Sobel, J. (1988). Affective and social influences approaches to the prevention of multiple substance abuse among seventh grade students: Results from project SMART. *Preventive Medicine*, 17, 135-154.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley: University of California Press.
- Johnson, K. A. (1986). Informal control networks and adolescent orientation toward alcohol use. *Adolescence*, 84, 767-784.
- Kiesler, C. A., & Kiesler, S. B. (1969). *Conformity*. Reading, MA: Addison-Wesley.
- Morgan, M., & Grube, J. W. (1989a). Adolescent cigarette smoking: A developmental analysis of influences. *British Journal of Developmental Psychology*, 7, 179-189.
- Morgan, M., & Grube, J. W. (1989b). The influence of friends versus peers on adolescent substance use. Paper presented at the Western Psychological Association.
- Pentz, M. A., Dwyer, J. H., MacKinnon, D., Flay, B. R., Hansen, W. B., Wang, E. Y. I., & Johnson, C. A. (1989). A multi-community trial for primary prevention of adolescent drug abuse: Effects on drug use prevalence. *Journal of the American Medical Association* 261, 3259-3266.
- Perkins, H. W., & Berkowitz, A. D. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions*, 21, 961-976.
- Perry, C. L., Grant, M., Emberg, G., Florenzano, R. U., Langdon, M. C., Myeni, A. D., Waalberg, R., Berg, S., Anderson, K., Fisher, J., Blaze-Temple, D., Cross, D., Saunders, B., Jacobs, D. R., & Schmid, T. W.H.O. collaborative study on alcohol education and young people: Outcomes of a four-country pilot study. *International Journal of the Addictions*. In press.
- Rohrbach, L. A., Graham, J. W., Hansen, W. B., Flay, B. R., & Johnson, C. A. (1987). Evaluation of resistance skills training using multitrait-multi-method role play skill assessments. *Health Education Research*, 2, 401-407.

Additional References

- Baron, R. A. (1970). Magnitude of model's apparent pain and ability to aid the model as determinants of observer reaction time. *Psychonomic Science*, 21, 196-197.
- Cohen, S., Sherrod, D. R., & Clark, M. S. (1986). Social skills and the stress-protective role of social support. *Journal of Personality and Social Psychology*, 50, 963-967.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.
- Critchlow, B. (1986). The powers of John Barleycorn: Beliefs about the effects of alcohol on social behavior. *American Psychologist*, 41, 751-764.
- Critchlow, L. B. (1987). Beliefs about the effects of alcohol on self and others. *Journal of Studies on Alcohol*, 48, 467-475.
- Glass, G., McGaw, B., & Smith B. (1981). *Meta-analysis in social research*. Beverly Hills: Sage.

- Goodstadt, M.S. (1989). Substance abuse curricula vs. school drug policies. *Journal of School Health, 59*, 246-250.
- Holden, M. G., Brown, S. A., & Mott, M. A. (1988). Social support network of adolescents: Relation to family alcohol abuse. *American Journal of Drug and Alcohol Abuse, 14*, 487-498.
- Kandel, D.B. (1985). On processes of peer influence in adolescent drug use: A developmental perspective. *Advances in Alcohol and Substance Abuse, 4*, 139-163.
- Jessor, R., & Jessor, S.L. (1977). *Problem behavior and psychosocial development*. New York: Academic Press.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1989). *Drug use, drinking, and smoking: National survey results from high school, college, and young adult populations, 1975-1988*. Washington, D.C.: USDHHS, PHS, ADAMHA, NIDA.
- Latane, B., & Darley, J. M. (1968). Group inhibition of bystander intervention in emergencies. *Journal of Personality and Social Psychology, 10*, 215-221.
- Latane, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help*. New York: Appleton-Century-Crofts.
- Latane, B., & Nida, S. (1981). Ten years of research on group size and helping. *Psychological Bulletin, 89*, 308-324.
- Latane, B., & Rodin, J. (1969). A lady in distress: Inhibiting effects of friends and strangers on bystander intervention. *Journal of Experimental Social Psychology, 5*, 189-302.
- Mauss, A. L., Hopkins, R. H., Weisheit, R. A., & Kearney, K. A. (1988). The problematic prospects for prevention in the classroom: Should alcohol education programs be expected to reduce drinking by youth? *Journal of Studies on Alcohol, 49(1)*, 51-61.
- McKnight, J. A., & McPherson, K. (1986). Evaluation of peer intervention training for high school alcohol safety education. *Accident Analysis and Prevention, 18*, 339-347.
- Roskies, E., & Lazarus, R. S. (1980). Coping theory and the teaching of coping skills. In P. O. Davidson & S. M. Davidson (Eds.), *Behavioral medicine: Changing health lifestyles*. New York: Brunner/Mazel.
- Schwartz, S. H. & Clausen, G. T. (1970). Responsibility, norms, and helping in an emergency. *Journal of Personality and Social Psychology, 16*, 299-310.
- Stacey, A. S., Widaman, K. F., & Marlatt, A. G. Expectancy models of alcohol use. *Journal of Social and Personality Psychology*. In press.
- Tobler, N. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues, 16*, 537-567.
- Wills, T. A. (1985). Supportive functions of interpersonal relationships. In S. Cohen & S. L. Syme (Eds.), *Social support and health*. New York: Academic Press.
- Wills, T. A. (1982). *Basic processes in helping relationships*. New York: Academic Press.

COLLEGE STUDENT MISPERCEPTIONS OF ALCOHOL AND OTHER DRUG NORMS AMONG PEERS: EXPLORING CAUSES, CONSEQUENCES, AND IMPLICATIONS FOR PREVENTION PROGRAMS*

H. Wesley Perkins
Hobart and William Smith Colleges

Introduction

The abuse of alcohol and other drugs among college students remains a prominent concern on most campuses. Problems commonly associated with such abuse include property damage, poor academic performance, damaged relationships, unprotected sexual activity, physical injuries, date rape, and suicide (Berkowitz & Perkins, 1986a; Perkins, 1992; Presley, Meilman, & Lyerla, 1993; Wechsler & Isaac, 1992; Wechsler, et al., 1994). While some students begin using alcohol and other drugs after enrolling in college, research suggests that other students actually begin much earlier and simply continue to develop problem behavior during the college years.

Institutions have responded to problems of substance abuse by developing counseling and health education programs and by imposing strict administration policies. Yet there is little evidence that such measures reduce consumption among youth in general (Braucht & Braucht, 1984; Hanson, 1982; Kinder, Pape, & Walfish, 1980; Moskowitz, 1989) or among college students specifically (Kraft, 1988; Moskowitz, 1989; Oblander, 1984). Simply educating youths about the variety of abused drugs, their effects, and the associated health risks may produce more sophisticated (i.e., knowledgeable) users but has shown no significant benefit in changing behavior (Tobler, 1986). Where education programs have changed attitudes, those changes have been pro-drug as well as anti-drug, leading Pickens (1985) to conclude that "the effects of drug information on behaviour are best regarded as unpredictable" (p. 40).

Legal responses such as raising the minimum drinking age have helped somewhat in reducing highway accidents and adolescent use in general, but such responses have done little to reduce consumption and abuse in the college setting (Engs & Hanson, 1988; Perkins & Berkowitz, 1989; Williams, Kirkman-Liff & Szivek, 1990). Furthermore, some drug prevention programs remain relatively ineffective because they do not include a comprehensive approach to prevention at primary, secondary, and tertiary levels of campus concern (Berkowitz & Perkins, 1987; Dean, 1982; Kinney & Peltier, 1986; Kraft, 1979).

Various theories have been advanced to explain the persistence of drug abuse among college students. Some psychological studies, for example, have focused on youthful rebellion or problem-prone personalities; others

have examined cognitive expectations associated with intoxication. Sociologists have typically focused on the effect of peer socialization in settings void of mature role models, examining the way students internalize problematic behavioral norms.

Most empirical research in social science, however, has attempted to isolate personality and environmental variables that predict drug use without providing a clear theoretical framework. Such research also fails, for the most part, to offer practical means by which institutions can combat problems of abuse.

It is therefore clear that new and more effective strategies must be developed, strategies based on coherent theories supported by research. The most useful theories are likely to have two important characteristics. First, they must simultaneously consider both psychological concerns about cognitive functioning and sociological concerns about peer group and institutional effects. Second, they must be translatable into practical programmatic initiatives that can be applied at primary, secondary, and tertiary levels of intervention.

This paper applies attribution theory and peer socialization theory to the problems of substance abuse. More specifically, it applies these theories to an analysis of peer group influence and to misperceptions of peer norms among college students. Such misperceptions, which have a negative impact on alcohol and other drug abuse, are then examined in order to develop institutional tactics to counteract problems of substance abuse. Focusing on student misperceptions from a theoretical perspective that is both psychological and sociological, this study aims to address limitations we face in trying to solve alcohol and other drug problems on campuses solely through drug information approaches and legal restrictions. Certainly there is value in educating students about the problems and dangers of addiction and in using legal means that may limit abuse. But, given the slim evidence that such approaches are effective, we need to examine other potential solutions. Looking at student misperceptions may be a particularly important strategy to address some of the problems.

Peer influence

Classic theories and research in social psychology have long argued that several factors conspire to move individuals to perceive their world as the group does, to adopt peer group attitudes, and to act in accordance with peers expectations and behaviors. Such factors include friendship affiliation needs and social comparison processes (Festinger, 1954), pressures toward peer group conformity (Asch, 1951, 1952), and the formation and acquisition of reference group norms (Newcomb, 1943; Newcomb & Wilson, 1966; Sherif, 1936, 1972). Young people are especially prone to adopt peer attitudes and behaviors, even on a college campus where faculty, administrators, and the curriculum encourage individuality. Certainly the use of alcohol and other

drugs in adolescence seems to be influenced largely by peers, a claim supported by Kandel's (1980) review of research and by more recent studies (Marcos, Bahr, & Johnson, 1986; Orcutt, 1991). While the relative influence of peers and parents on adolescents varies considerably in other areas, peer influence is notably most pronounced with regard to illicit drug use (Kandel, 1985). Even in early adolescence, parents' attitudes and behaviors have less impact than those of peers and older siblings (Needle, et. al., 1986). Furthermore, the predominant influence of current peers extends into young adulthood, affecting individual drug use across the range of "soft" and "hard" drugs (Clayton & Lacy, 1982).

Peers may be of signal importance in college, where socialization is typically "peer intensive," especially at undergraduate and residential colleges. There students lack frequent contact with parents, siblings, and other reference groups and institutions (e.g., religious communities, occupational structures); therefore, peers become crucial in defining attitudes and behaviors. Research on college students indeed demonstrates that their use of alcohol and other drugs is associated much more closely with peer use than with family or religious influences (Perkins, 1985).

Of course, not all students residing on campus or even living in the same residence hall think and behave identically regarding drug use. Besides the residual influences of family, religion, and social background, students interact with various student peer groups that can vary in composition and lifestyle. Peer influence, moreover, is not necessarily negative. Peer pressure may encourage or discourage drug abuse depending on one's "peer cluster" associations (Oetting & Beauvais, 1986) or on one's reference group orientation. Furthermore, students may differ in their susceptibility to peer pressure depending on their psychological differences in inner- versus other-directedness. Some students are simply more socially integrated than others, thereby producing differences in the intensity of peer interaction. Nonetheless, the basic assumption of this socialization model is that one tends to think and act as one's peers do, especially when contact with them is close and frequent. In such situations, peers set standards of acceptable and valuable behavior. Thus, even if the larger society considers heavy alcohol and other drug use deviant, youths may learn and continue such behavior if the peer group provides models for it, rewards it, and defines it as desirable (Akers, Krohn, Lanza-Kaduce & Radosevich, 1979).

If asked directly, students may not always indicate that they experience peer pressure, even if they conform rather closely to peer expectations. Furthermore, some expressions of felt pressure may not correlate highly with behaviors, but this lack of correlation may reflect problems with the subjective means used to measure the pressure. Subjective assessments of peer pressure may be misleading because we build into our notion of such pressure a negative orientation toward the activity studied along with a component of exposure. If we simply ask students how much "pressure" they feel to use alcohol and other drugs, part of that felt pressure may reflect how much they are

exposed to the drugs. Another part of the pressure may reflect how positively or negatively they feel about the particular drug use. That is, to describe oneself as feeling pressured may imply a negative orientation toward the activities in question. Thus students who react negatively to other students' drug use may feel pressured even though they are not necessarily close to peers who exhibit or encourage drug-related behavior. On the other hand, students who are heavily exposed to peer drug use are not as likely to object to this use even though it produces more encouragement to participate. So one may have little exposure but, feeling negative about it, experience considerable pressure. Alternatively, one may have much exposure and, feeling positive about it, sense little pressure. In research on undergraduates at a state university, Orcutt (1991) found that students who were generally light drinkers did not increase their drinking in the presence of close friends, whereas students disposed to drink heavily did so. The latter type of students may have been more vulnerable to peers but, failing to recognize the influence negatively as pressure, may have viewed the presence of peers as encouragement to act on their preferences. Thus, peer pressure as subjectively experienced may simultaneously reflect degrees of competing social and psychological forces (exposure to and negative evaluation of drinking or other drug use).

Given the problems with subjective assessment of peer pressure, some researchers have used measures of peer attitudes and behaviors that avoid implicit evaluation of the activity, thus providing a more accurate assessment of exposure to differing reference groups. In many instances, researchers ask students to indicate their immediate peers' level of alcohol and other drug activity and then use the reported information to indicate how much exposure and pressure a student faces. These are perceptual assessments of one's peers, of course, and may not accurately reflect the student's actual peer environment. Students may misperceive or misremember which drugs are readily available or how much their friends are actually using drugs. Some studies simply ignore this distinction. Others using this method, while clearly acknowledging that such measures are perceptions, nonetheless accept them straightforwardly as accurate indicators of the peer environment.

In contrast, still other studies use measures that evaluate students' peer environments more objectively. For example, one's friends can be contacted and interviewed or surveyed directly about their attitudes and behavior in order to construct an indicator of peer influence. Ecological context measures (e.g., exposure to differing housing or social environments with varying consumption levels or use patterns that are known) provide another objective approach for comparing students and assessing the effects of various peer groups.

Yet it is also possible to question the use of objective contextual variables to measure the student's peer environment. While such measures may provide a better assessment of actual peer norms, this objective "picture" of the student's world may not be what the student actually sees. Thus, it may be

equally or even more important to consider the picture of peer influence through the eyes of the perceiver. That is, what students see happening among their friends may be more important than the actual peer norms. Certainly whatever one's peers think and do is likely to correspond to some extent with one's impressions of those peers, but this correspondence may be only partial (Nisbett & Kunda, 1985). Here a classic sociological dictum is particularly relevant. If people perceive situations as real, those situations are real in their consequences (Thomas & Thomas, 1928). Subjective perceptions, be they accurate or inaccurate, must be taken as important in their own right since people act on their perceptions in addition to acting within a real world.

Which is crucial for the individual student, the actual norms of peers or the student's perception of those norms? Both are presumably relevant, but rarely are both considered in research or in education and prevention programs. Figure 1 illustrates a basic model of peer influence on drug use. The impact of actual peer norms may come from two routes. First, actual norms may influence students directly (path A). Drinking environments, for example, are an important consideration in this regard. If almost all students in a particular setting are drinking heavily, then a student entering that setting is likely to be handed a drink without requesting it and to feel compelled to accept because everybody else is drinking. In this case, then, the actual peer norm directly affects behavior as the individual responds to it.

Likewise the actual peer norm may indirectly influence personal use. What peers actually do will presumably have some impact on the student's perception of the norm (path B). This perception can, in turn, affect the student's personal use in multiple ways. No matter what the student's own attitude about use might be, he or she may adjust personal behavior in light of

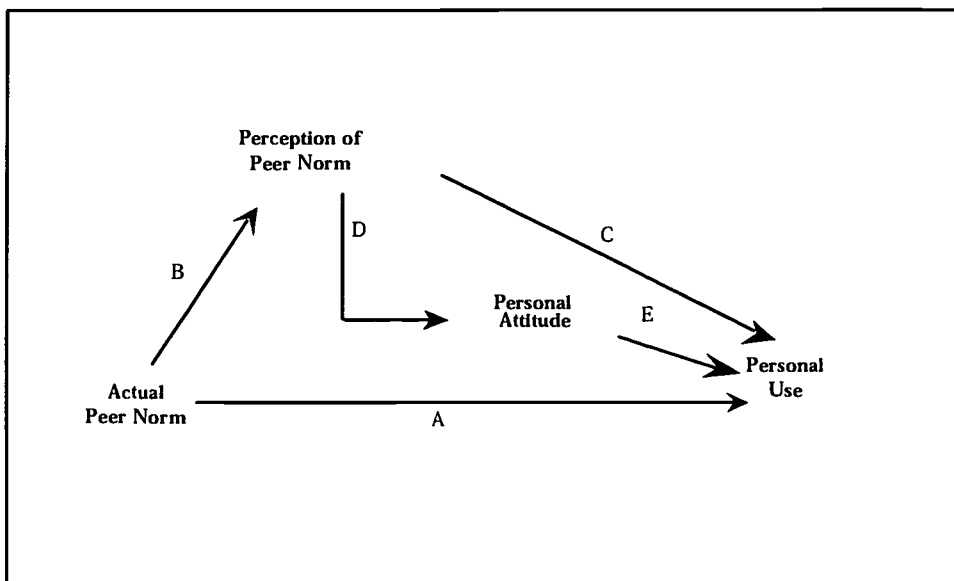


Figure 1. Simple peer influence model of personal drug use

the perceived standard in order to feel more comfortable socially (path C). Of course the student's perception of peer attitudes will likely influence his or her own attitude (path D), and the student's personal attitude will directly affect his or her drug use (path E). Thus, if a student perceives peers as permissive, this perception may encourage a relatively permissive personal attitude and more extensive consumption. Furthermore, the student with a moderate or restrictive attitude toward a particular drug, when placed in a situation where she or he believes friends are more permissive, may be inclined to use in excess just to "fit in" on that particular occasion, regardless of personal beliefs.

Figure 1 is not meant to suggest that personal use has no affect on one's attitudes and perceptions of others. Indeed, individuals may shape their attitudes to conform with their current behavior, thereby producing greater cognitive consistency. In addition, it can certainly be argued that one's actions will, at least in part, affect one's assessment of peer norms because of a cognitive tendency to see oneself as relatively normative. Likewise, an individual's behavior may tend to place him or her in situations with other people who exhibit similar behavior. Thus a more complete picture of the psychological dynamics of human behavior here would also include arrows from personal use toward personal attitudes and perceptions. The purpose of Figure 1 and of this theoretical discussion, however, is to consider actual and perceived peer influences on personal behaviors. Thus the "causal flow" discussed here is not intended as a complete model of all possible dynamics.

The model presented in Figure 1 can be modified, however, to provide a more complex explanation, one that incorporates a "contingent consistency" model (Rabow, Neuman, & Hernandez, 1987; Grube & Morgan, 1990). This type of model accounts not only for the independent effects of norms and personal attitudes on drug use, but also for the interaction of norms and attitudes. Several studies suggest that one's attitude influences one's behavior most saliently in the presence of supportive peer norms, although the research results have varied somewhat depending on the nature and extent of the behavior (Andrews & Kandel, 1979; Grube, Morgan & McGree, 1986; Liska, 1974). That is, while peer norms may influence personal use directly and indirectly by affecting one's attitude, such norms may further determine use by reinforcing an existing personal attitude. Thus someone who personally finds drug use acceptable and then simultaneously experiences a permissive peer norm may be far more encouraged to abuse drugs than if influenced by personal attitude or peer situation alone.

Here again, however, we must distinguish actual peer norms from perceived peer norms, both of which may exert interactive influences when consistent with personal attitudes. Thus Figure 2 expands the model in Figure 1 by incorporating the contingent consistency model for both actual and perceived peer norms. Path F represents the interaction between personal attitude and actual peer norm. Such an interaction might occur, for example, in the case of a student personally prone to use drugs but likely to do so only if the drug is actually made freely available by peers. Path G represents the

interaction between personal attitude and perceived peer norm. In this situation a student personally prone to use a drug might do so only if he or she perceives friends to be accepting of such behavior. The model in Figure 2 shows that actual peer norms, perceived peer norms, and personal attitude may contribute independently to a student's use of drugs. The model also

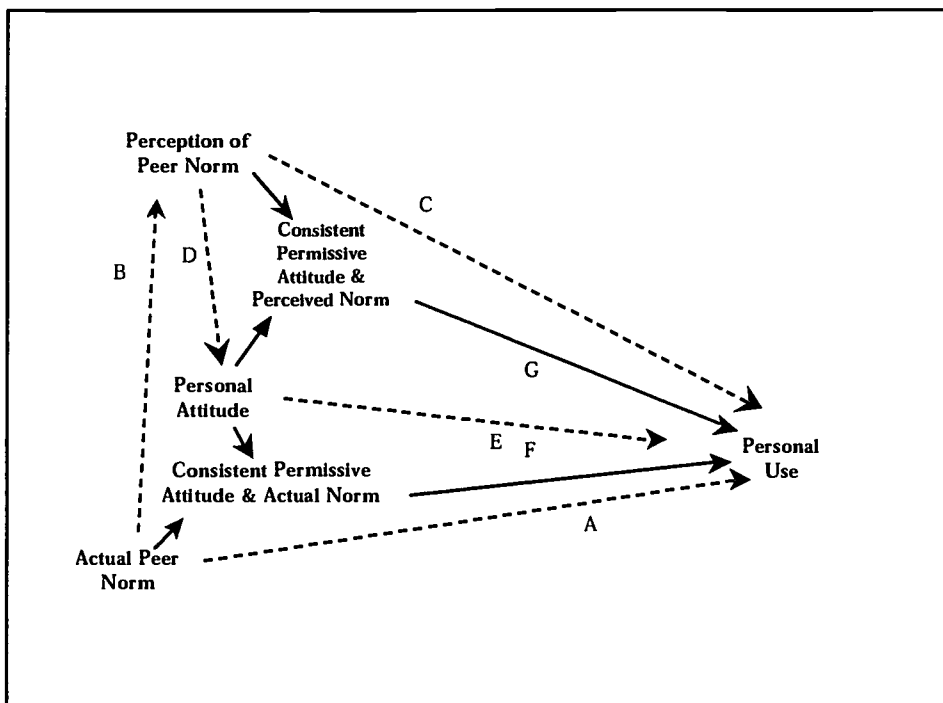


Figure 2. Contingent consistency peer influence model of personal drug use

shows, however, that even more encouragement may occur if permissive actual and perceived peer norms combine with a permissive personal orientation.

Misperceptions of peer norms

The models presented in Figures 1 and 2 show how the perceived peer norm can be an important determinant of personal use. Indeed, the strongest peer influence may occur indirectly through the individual's perception of peers, regardless of the accuracy of that perception. Yet research and programmatic efforts to address substance abuse on campus often fail to consider (1) variation in perceptions of drinking and other drug use norms among students, and (2) any contrast of these perceptions with actual attitudes and practices. Radically different perceptions of campus norms may exist in the same student body, and the typical student's perception of the norm may be at odds with the actual norm. If perceptions of the environment do vary and influence the individual (Jessor, 1981), then an empirical question is critically important: Do students' perceptions of their peers' attitudes and behaviors

tend to differ from the actual student drug norms on a campus? If so, is it possible that the strongest effect of peers may operate through the impression one has of them, an impression that may be significantly distorted for many students?

Perkins and Berkowitz (1986a) published the first research focusing specifically on misperceptions and their effects. Based on data collected in a 1979 alcohol survey of the entire undergraduate student body at a liberal arts college, this study shows that while a range of attitudes and drinking patterns existed, the actual norm could be clearly classified as relatively moderate. Yet students perceived their peers' consumption of alcohol as much more extreme than it actually was. As part of the survey, students were given a range of five possible responses to indicate their attitudes toward alcohol use. These choices were (1) drinking as never good or (2) drinking as acceptable with no intoxication (the relatively conservative options), (3) drinking as acceptable with occasional intoxication as long as it did not interfere with any academic or other responsibilities (the relatively moderate position), and (4) occasional or (5) frequent intoxication as acceptable even if it interfered with other responsibilities (the relatively liberal options). About 14% placed themselves in the conservative camp, about 66% in the moderate camp, and about 19% in the most liberal camp (1% did not respond to the question). Thus, the vast majority of responses—and hence the norm for personal attitudes—was shown to be moderate. Asked to give their impression of the general campus norm in the same survey, however, students painted a very different picture. Using identical response categories, virtually no one perceived the general norm to be conservative, only about one-third perceived it as moderate (the actual norm), and almost two thirds (63%) saw their peers on campus as having a liberal attitude toward drinking.

Thus while most students' personal attitudes were moderate, they perceived other students' attitudes toward alcohol as much more permissive. In this initial study, over three-quarters of students believed that one should never drink to intoxication or that intoxication was acceptable only in limited circumstances. Yet almost two-thirds thought their peers believed that frequent intoxication or intoxication that did interfere with academics and other responsibilities was acceptable.

This gross misperception of peer attitudes was not simply the result of a particular historical situation momentarily distorting students' perceptions (e.g., a tragic incident or a large campus party involving alcohol). Subsequent surveys at the same campus over several years consistently uncovered misperceptions of similar magnitude (Berkowitz & Perkins, 1986b; Perkins, 1994). Moreover, these findings were based on highly representative samples or surveys of the entire population, with response rates as high as 90% in one case. Thus sampling biases cannot explain the discrepancy between the actual norm and the common perception of the norm.

Misperceptions about substance use on this campus have not been limited to attitudes toward alcohol. Subsequent surveys reveal similar discrepancies between the way students perceive marijuana, cocaine, and hallucino-

gens and the way they imagine their peers to perceive these drugs. That is, although personal support for the use of a drug varies considerably depending on the drug (e.g., marijuana is more widely acceptable than cocaine), a similar gap exists in all comparisons between the actual norm and the typical perception of the norm for each drug. Figure 3 shows this relative pattern of actual and perceived norms for each substance.

The tendency to misperceive peer norms for drug use did not go entirely unnoticed among researchers studying earlier generations of college students and other types of institutions. While demonstrating misperceptions was not the primary focus in any instance, a few studies prior to the 1980s did uncover discrepancies between actual and perceived norms. Imperi, Kleber, and Davie (1968), for example, noted such discrepancies in reviewing undergraduate survey results from a previous generation of students at two private East Coast universities. Data showed that students' perceived estimates of hallucinogenic drug use were double or triple actual levels. In another late

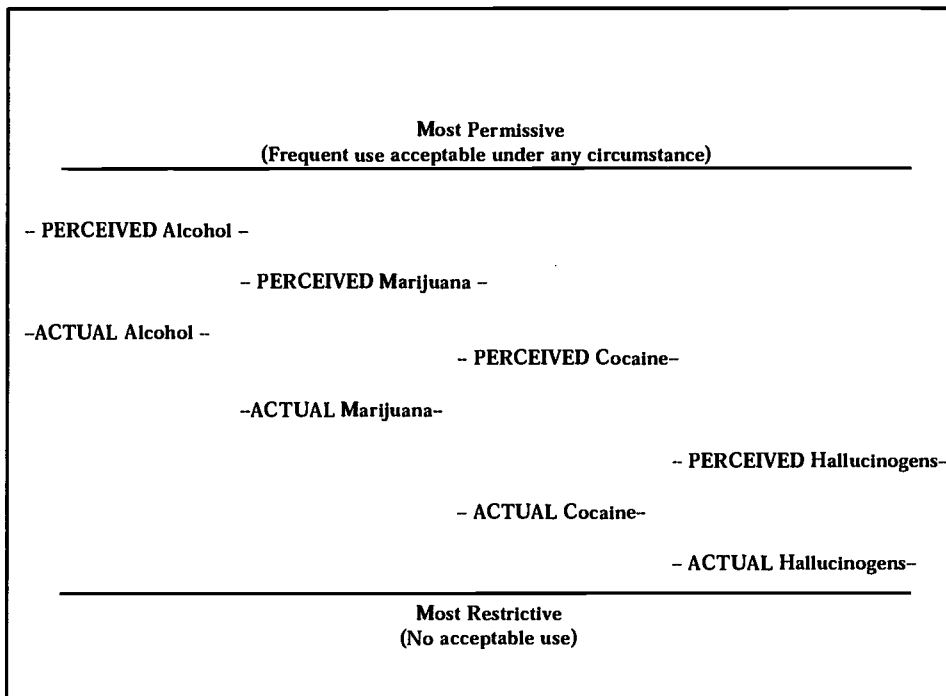


Figure 3. Actual and perceived norms for use of different drugs among undergraduates on a college campus

1960s survey conducted at a moderately large West Coast university (Suchman, 1968), four out of five students reported not using drugs (other than alcohol), while only one out of three thought nonuse was the norm and two out of five believed that most students were at least occasional users. Bowker (1974), while concentrating on significant correlations between perceived peer norms and personal drug use at a small liberal arts college, also noted that drug users overestimated the extent of peer drug use. Although

Banks and Smith's (1980) survey of student alcohol use at a private college in western New York relied on a relatively small sample drawn from a psychology class, it is still worth noting that they also found that students typically perceived their friends (presumably other students) to be drinking more heavily or at least as much as themselves and rarely less than themselves.

Several more recent studies have also noted student misperceptions of drug use or have focused directly on this phenomenon. A research note on drinking at a New England state university (Burrell, 1990), for example, reports that students perceive their friends as heavier drinkers than themselves. In analyses of students attending a large Western university (Baer & Carney, 1993; Baer, Stacy & Larimer, 1991), misperceptions of peer drinking norms were found to persist across gender and housing types. In survey investigations using multiple strategies, Prentice and Miller (1993) found misperceptions of peers' attitudinal norms about drinking among students at an Ivy League university.

Finally, data collected by several FIPSE-supported programs reveal a consistent gap between actual and perceived alcohol and other drug attitudes and behaviors. These findings—appearing in professional newsletters, local newspapers, unpublished reports, and personal communications to this author—come from various institutions, including large Southeastern, Midwestern and West Coast public universities as well as small private colleges in the Midwest and the Northwest, all employing the research model initially presented by Perkins and Berkowitz (1986a).

Attribution theory and misperceptions

One explanation of how these false normative perceptions are created and maintained can be found in attribution theory from social psychology. Attribution theory studies the cognitive mechanisms we use to assess the causes of human behavior as we order our perceived environments (Crittenden, 1983; Harvey & Weary, 1985; Hewstone, 1983; Kelley, 1973; Ross & Fletcher, 1985). Over time, we gather information by observing the behavior of ourselves and others in a variety of situations; we use this information to sort out and account for the causes of behavior. That is, we try to answer questions in an effort to bring order to our perception of the social environment (e.g., Is some behavior characteristic of people in general, only of certain individuals, or only of people in particular situations? Did someone act as they did because of personal orientation or because of a particular circumstance?). Thus, attribution theory focuses on how people need to and do construct causal explanations of events and behaviors. As intuitive (albeit crude) scientists, we are always observing ourselves and our environments, trying to understand why events and behaviors occur. We typically have only limited information about what we observe, but we nevertheless have to make judgments about our perceptual environment and try to order it in some way. As we observe things, we use cognitive testing mechanisms to decide whether

something can be accounted for by the particular environment, by the particular person, or by a combination of factors.

Attribution theory can help explain how people judge their own and other people's use of alcohol and other drugs. Most previous work applying attribution theory in this area considers the way people explain their own drug behavior (e.g., why they use, why they continue to use, and so forth). Some of the research focuses on alcohol expectancies (i.e., how people expect the drug to affect them). Other work considers the perceptions of alcoholics and other substance abusers about the locus of control (to what internal and external factors do people attribute the causes of their own consumption?). Finally, other research investigates the extent to which people will attribute responsibility for hypothetical incidents to a person who has been drinking. What I propose is that attribution theory can also be used to understand misperceptions of peers' alcohol and other drug use, a possibility not examined thus far in the scholarly or clinical literature.

Attribution research shows that we generally see other people's behavior as stemming from their personalities, not from their current situation or environment. That is, we tend to overattribute the behaviors of others to their dispositions. Jones and Nisbett (1971) argue that people are likely to consider different information when they are assessing themselves than when they are assessing another person. In evaluating our own behavior, we give primary attention to the situation we are in; in evaluating others, by contrast, we must necessarily focus more on the actor than on the environment. When observing someone else, I may examine the environment to some extent, but I naturally spend most of my time watching that person. In observing myself and my actions, on the other hand, I must necessarily look outward, focusing more on the environment than on myself. So the actor interpreting his or her own behavior tends to look more at the situation, while the person observing someone else is visually centered on that person and less aware of the social surroundings. Consequently, with relatively less information gathered about the environment, the observer ends up attributing more of another person's behavior to that person's disposition.

This perceptual dynamic can help explain how misperceptions about peer drug use arise. We may inherently see people's behavior regarding alcohol and other drugs as more closely linked to their dispositions than it actually is. Such a misperception would naturally tend to rise from our insufficient perceptual attention to surrounding circumstances. Thus, we are likely to downplay the impact of environment on people's behavior. In contrast, awareness of our own actions typically includes intimate knowledge of the context in which we operate (i.e., I know more about what is going on in my own life at any time than about what is relevant to anybody else).

With regard to alcohol use, for example, a person is likely to know much more about why he or she is drinking in a given circumstance than about the circumstances of someone else's alcohol consumption. A student may get drunk on a certain occasion (e.g., finishing final exams or breaking up with

an intimate friend). Regardless of whether such behavior is wise, the student can contextualize it as a limited occurrence consistent with his or her moderate attitude toward alcohol. Likewise, a person watching a close friend get drunk in a given circumstance can probably contextualize that behavior fairly well given his or her knowledge about the friend's life. That is, a student will likely know about how often, to what degree, and for what reasons a roommate or very close friend consumes and abuses alcohol, and in most such cases the abuse will be perceived, then, as limited.

Beyond their immediate friends, however, college students have limited information about other students' lives. Thus, they cannot contextualize drinking behavior very well. For example, if a student sees a fellow dormitory resident passed out in the hall, the observing student may be aware of, and therefore link the peer's inebriation to, a special annual party where drunkenness is common. Knowing less about this student than about close friends, however, the student observer is more likely to attribute the drunkenness to character or to a general pattern of behavior. Still, the student observer will probably see the peer in other contexts fairly often, which may moderate this unfavorable impression. When it comes to a virtually unknown peer, however, the student observer has little information with which to contextualize behavior. The observer, therefore, will tend to blame the peer's disposition and general attitude toward alcohol, not the social context, for the drunkenness.

Thus, although they have limited information about the actual behavior and motivation of most peers, students still must form a cognitive picture of their overall social environment. Attribution theory, suggesting how we cognitively order our environment using fragmentary information, can thus help explain how misperceptions evolve. If our knowledge of others is superficial, then we typically attribute their behavior to whatever we can, most commonly to the character of the individual being observed. For example, even if a student drinks more alcohol than she or he intended to, others may nonetheless see the excess drinking as intentional. The behaviors and attitudes of peers whom a student barely knows may then be generalized, turned into perceptions, misperceptions, even firm beliefs, about wider peer norms. Moreover, a student may even assume that the behavior of other students at, say, a drunken party indicates what they are truly like, since they are perceived as beyond the control of parents, employers, or school administrators. This apparent lack of external control may give a student the impression that peers are being themselves in this situation. Of course, this impression is an illusion; all social contexts, even the most seemingly uninhibited party, are socially constructed and thus controlled by normative expectations. In this case, however, the norms are the perceived expectations of other students.

As we move away from the self toward more distant social groups, we have less contextual information to explain the causes of behavior. Lacking such information, we base judgments increasingly on the perceived dispositions of people relatively unknown to us. Thus we might predict a student's perceptions of behavior to be more distorted the more those perceptions are based

on a relatively unknown group of students. This prediction has been empirically tested at the same college in the Northeast at which we initially discovered misperceived drug norms. In repeated surveys of the entire campus population, students were asked to indicate their perception of the alcohol norm among their closest friends and among other students in their particular living unit. As predicted, student perceptions of alcohol use were increasingly more distorted for peers they knew less well (see Figure 4). Respondents described their friends as somewhat more permissive than themselves, students in their living unit as more permissive than close friends, and students in general as most permissive. They did so even though the actual norm for these three groups (the aggregate or average of all responses) was moderate. Baer, Stacy, and Larimer (1991) found a similar pattern of increasing mis-

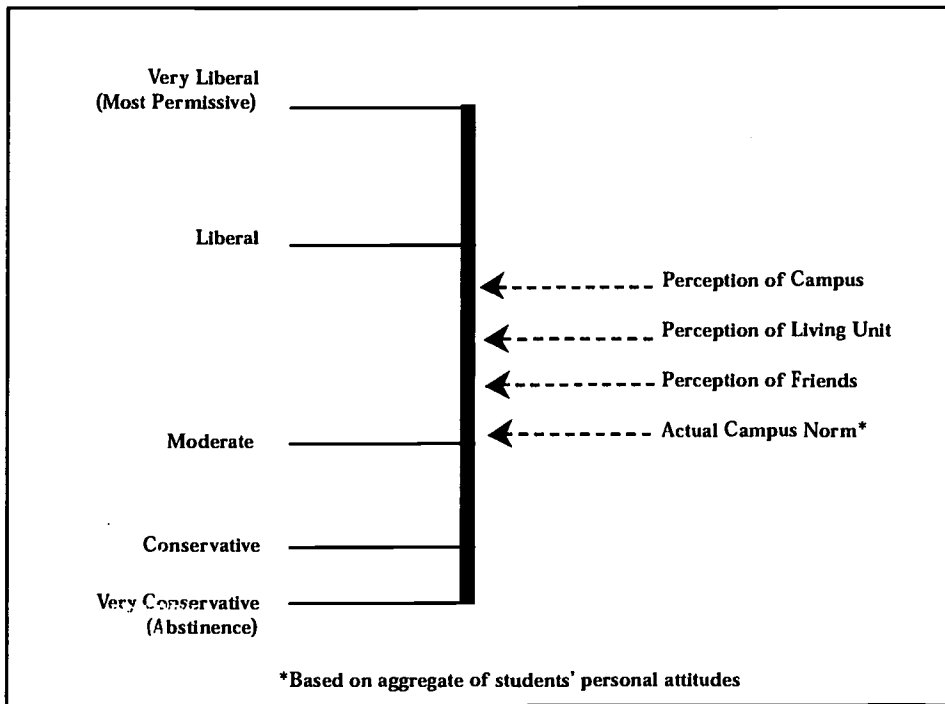


Figure 4. Actual and perceived norms of alcohol use among undergraduates on a residential college campus

perceptions with increased social distance among students at a large Western state university.

Public peer behavior and conversation

To understand more fully how misperceptions of peer norms develop on college campuses, we must look beyond attribution theory toward a broader analysis of public behavior and language. When a student observes a highly intoxicated or drugged peer, that observation is likely to make a vivid impres-

sion. The observing student may be amused, watching or interacting with the peer as a form of social entertainment. The peer may assume comedic roles, act out of character, or become uncharacteristically extroverted. Alternatively, the impression may be one of sadness or disgust as the observer sees an inebriated peer being exploited as a sexual object, vomiting in a residence hallway, or passed out in a public lounge. Or the impression may be frightening as a student tries to fend off the inappropriate sexual advances of an intoxicated peer or faces a belligerent (sometimes incoherent) student destroying property or picking a fight.

Whether the experience is entertaining, unpleasant, or shocking, the student is likely to remember it more vividly than other campus experiences, most of which do not involve alcohol or other drug use. The problem here is that a casual student observer is unlikely to take the systematic approach of a social scientist. The student will remember the unusual behavior and fail to give equal weight to typical behaviors in forming impressions of the norm. That is, the observer is unlikely to count the number of students at a party who are not intoxicated, which is probably a sizeable majority in most cases. Although many students will not use drugs during the course of an evening, the student observer is not a pollster sampling a representative group or an anthropologist systematically recording field notes. Thus, the student distorts the actual picture of drug-related behavior in a student body. This distorted image of heavy use may remain foremost in the student's memory and may be exacerbated by the student's own drug use. That is, the ability to assess accurately the extent of drinking or drug related activity may be compromised by the student's own intoxication.

Conversation can also distort perceptions of alcohol and other drug norms. Students may discuss their impressions of drug use at greater length and in more detail than they discuss ordinary activities of student life, even though these other activities may be statistically normative. A big party where many students drank, the behavior of intoxicated friends, or a fatal car crash involving intoxicated students often become popular subjects of discussion, adding to a sense of heavy use on campus.

Normative misperceptions about drug use are strengthened by the lack of conversation about alternative attitudes and behaviors. Students, for the most part, do not talk about having remained sober at a particular event. Even if they are not embarrassed to proclaim themselves abstainers, if asked, they do not introduce such comments into conversation, since doing so is highly unlikely to impress their peers. On the other hand, students may readily comment about how high or drunk they got the night before, often exaggerating the story or embellishing it with such expressions as "blasted," "wasted," "smashed," "ripped," "stoned," and so forth. Classic behaviorism and social learning theory help explain this circumstance. Individuals are positively rewarded by praise and attention when they recount and embellish their "adventures" while intoxicated. This pattern of conversation is thus reinforced and perpetuated. Students rarely sit down on the morning after a

party and announce casually that they stayed sober the night before, even if such behavior was the norm. Students simply lack access to language that might facilitate such conversation or allow them to discuss alternative behaviors to alcohol and other drug abuse; furthermore, peer rewards for this kind of talk are few or negative. Even abstaining students and those with moderate personal attitudes may inadvertently help maintain conversation about heavy use when they pay attention to and laugh about the reported escapades of their peers. The lack of discussion about alternative behaviors is ultimately internalized by most students—users and nonusers alike—and taken to indicate a lack of restraint among collegians in general.

With the accumulation of conversation over time, certain college social events get the reputation (often encouraged by the sponsors) that "everyone goes" and "everyone gets smashed." Thus a sensationalized view of the college community emerges. This powerful mythology has a life of its own and actually encourages more students to attend parties and get drunk than might otherwise do so. But here again the actual numbers attending such events and the percentage getting intoxicated, though certainly large enough to be a major concern, will typically not come close to justifying the common notions that "everyone" is at the event and that "everyone" is heavily intoxicated. Thus common conversation can contribute to misperceptions and, in turn, to problem behavior.

Consequences, pervasiveness, and persistence of misperceptions

On many campuses, students misperceive the norm for drug use, imagining it to be much more permissive than it actually is. Such a misperception can have negative consequences for individual students, encouraging them to drink or take drugs more than they otherwise would. This is not to deny that problems with permissive and abusive norms do, in fact, exist on most campuses. We should recognize, however, that such problems may be exacerbated by a misperception among students that peer norms are more permissive than they actually are. Many students may drink and take drugs in abusive ways based not so much on their own attitudes as on what they think the student environment encourages them to do.

We can reasonably assume that students' perceptions about the norms of their close friends' will influence their behavior more than will their perceptions of the general student norm. This might be reassuring, given the finding that students tend not to distort their friends' norms toward permissiveness as much as they do the general norm. Nevertheless, as previously noted, friends are still often seen as somewhat more liberal in attitude than they actually are. Therefore, while misperceptions of friends' norms may be relatively slight, those misperceptions can be powerful given the large influence friends have on behavior. In contrast, perception about peers in general may

have a relatively weak effect on behavior but, nevertheless, be very powerful since the distortion of perceptions is so much greater. Thus, the relative social distance of the individual from peers, when combined with the degree of misperception involved, makes each level of peer perception (close friends, students in a living unit, students in general) an important factor.

The phenomenon of students misperceiving peer norms is, then, a self-fulfilling prophecy in the classic sociological sense. As Merton (1957) describes it, "the self-fulfilling prophecy is, in the beginning, a false definition of the situation evoking a new behavior which makes the originally false conception come true. The specious validity of the self-fulfilling prophecy perpetuates a reign of error" (p. 423). So the kind of misperception discussed here fits Merton's definition—that is, the misperceived norm about drug use becomes a behavioral reality. Students' misperceptions prompt them to behave in ways they otherwise wouldn't; their excessive behavior then reinforces misperceptions about drug-use norms. That is, as misperceptions fuel problem behavior, the misperceptions themselves worsen because the behavior is often quite visible. And, as previously noted, these visible behaviors become the topic of public conversation in disproportionate ways. At the same time, misperceptions discourage moderate and conservative students from speaking out against abusive consumption, thus producing an even greater bias toward permissive use in conversation. What occurs, then, is not a simple, direct process of misperceptions producing undesirable behavior. Rather, the process is a complex, self-perpetuating one: misperceptions encourage excessive behavior, excessive behavior leads to more problems that are highly visible and widely discussed on campus, and these problems in turn lead to even greater misperceptions.

Thus misperceptions can have a compound effect. A student may be drinking heavily because he or she imagines the norm to be more permissive than it actually is. This student's heavy drinking, in turn, is misinterpreted by other students as reflecting the actual disposition of the student being observed. This misperception is then passed along and extended in the general process of misperception.

This expanded model of peer influence is illustrated in Figure 5. The model takes into account the individual student's misperceptions of peer norms as well as the misperceptions of other students in the peer environment. If most students are misperceiving each other, the resulting situation creates and perpetuates a misperceived norm, a norm that influences peer attitudes directly (path H) and influences peer use through, and regardless of, personal attitudes (paths I and J). The misperceived norm among peers, the actual peer attitudes, and the actual peer use then all contribute to further distort public conversation about student use (paths K, L, and M). Distorted conversation and the actual peer use observed by the individual spawn his or her misperception of the peer norm (paths N and B). This misperception, in turn, directly promotes increased personal use as the individual behaves in accordance with perceived expectations (path C). The mis-

perception, in conjunction with personal attitudes, also promotes use indirectly (paths D, E, and G), as discussed in the previously presented models of Figures 1 and 2. Finally, as also illustrated in Figures 1 and 2, the actual peer use has its own independent and interactive effect on personal use (paths A and F). More important, however, this actual peer use is already a product of inflated peer misperceptions of the norm (paths H, I, and J). Thus the individual's use of alcohol and other drugs is ultimately encouraged by both peers' misperceptions and personal misperceptions through the various interconnected and reinforcing processes portrayed in these causal pathways.

Of course, each person influenced by peers is simultaneously a peer to other students. Thus, a student's own misperceptions, attitudes, and personal use—affected by all these other factors—are simultaneously part of the peer environment and therefore subject to other students' misperceptions. Moreover, even if a student does not exhibit problematic behavior or hold a permissive attitude, that student still may contribute significantly to the overall problem simply by holding and communicating a misperception about peers. Our research shows that most students indeed misperceive the norm to be more permissive than it actually is, even if they personally abstain or participate very little in drug consumption. Thus, to use the analogy of a contagious disease, these students are carriers of the virus. That is, regardless of their own abstinence or restricted use, they can spread the misperception. By contributing to an erroneous conversation and acknowledging a false norm, they reaffirm other students' beliefs in that norm. They help maintain the

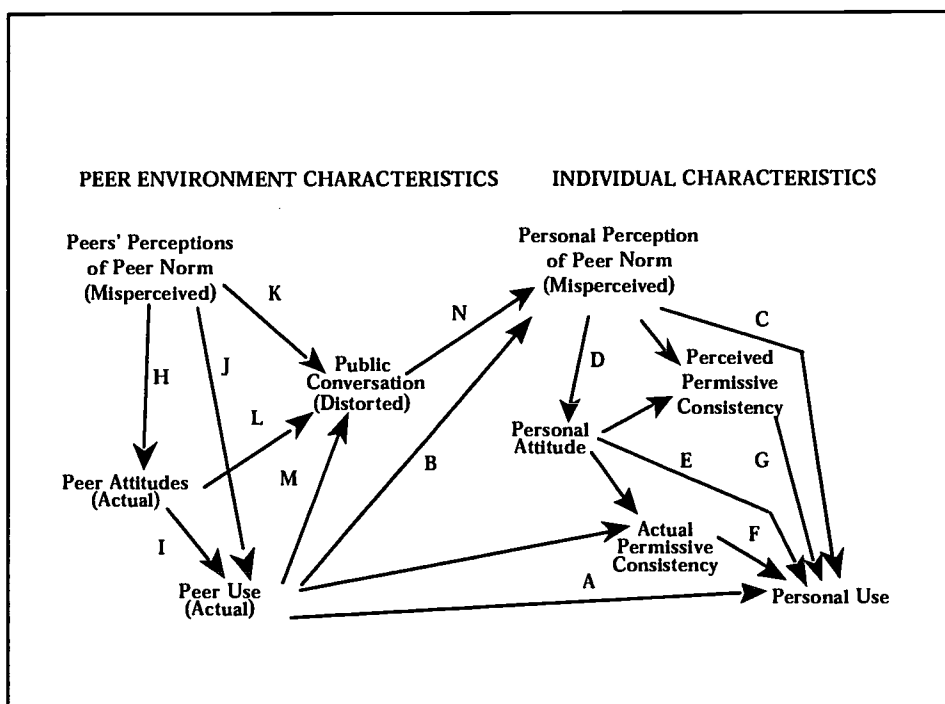


Figure 5. Expanded model of peer influence on personal drug use

false norm, even if they themselves do not fall victim to the misperception.

An environment of multiple drug use may further promote misperceptions in ways beyond those shown in the model thus far presented. In a community where various drugs are used, as on most campuses, the perceptions of peer permissiveness about one drug are not likely to remain distinct in students' minds from perceptions about other drugs. We know there is a correlation in most adolescent and student populations between types of drug use; that is, heavy alcohol users are more likely to use marijuana, and those users are more likely to use cocaine, and so forth. (Clayton & Ritter, 1985; Donovan & Jessor, 1985). And some of the greatest dangers of abuse come when students use more than one drug simultaneously. Since the actual use of various types of drugs overlaps somewhat, students' perceptions about different forms of drug use probably do not remain distinct. In this context of multiple drug use, misperceptions about the use of alcohol will most likely reinforce or accentuate misperceptions about the use of marijuana, cocaine, or hallucinogens, and vice versa.

Approaches to drug abuse prevention from the perspective of misperceptions

This widespread misperception of peer norms has important implications for addressing problems of student drug use. In order to achieve positive changes in behavior, for example, we may not have to rely solely on changing personal attitudes (an approach that has produced only limited effects on campus). If students become aware that actual peer norms are relatively moderate, they might well reduce their own consumption. The power of peers would then serve to restrain rather than to encourage drug use. Such an effect has been demonstrated in research among primary and secondary school students, who also misperceive drug norms (Hansen, 1993; Hansen & Graham, 1991; Marks, Graham & Hansen, 1992). These studies show that confronting misperceptions with actual norms works better than more traditional strategies. Research on college students at large and small schools in various regions suggests that perceived social norms significantly influence students' drinking behavior (Perkins & Berkowitz, 1986a; Perkins & Wechsler, 1996; Wood, Nagoshi, & Dennis, 1992). On one campus, a prevention program aimed at reducing misperceptions achieved notable reductions in binge drinking (DeAngelis, 1994; Haines, 1993; Haines & Spear, 1996).

Figure 6 identifies intervention points in the peer influence model previously discussed. The figure shows three points of intervention for traditional strategies and three for a proposed "perceptual correction strategy." Traditional approaches typically intervene with education programs designed to change actual attitudes. Or they develop policies to restrict public use on campus. In contrast, the proposed strategy attacks entirely different factors—

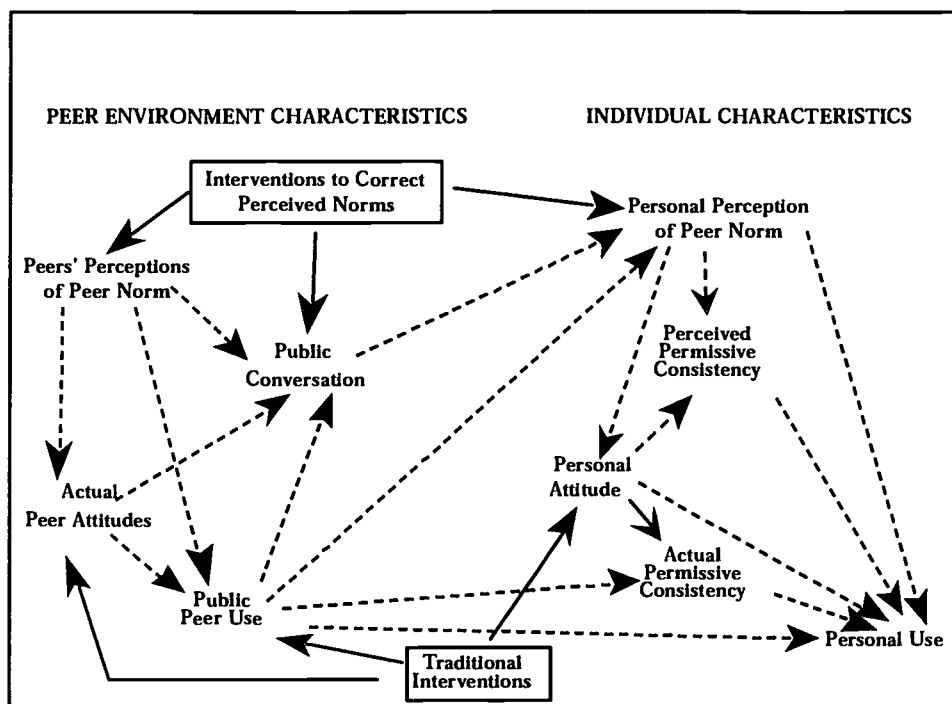


Figure 6. Intervention points in the peer influence model on personal drug use

norm perceptions and public conversation—seeing change in these factors as crucial for reductions in personal use.

To be most effective, this consciousness raising about the actual student norm should occur at primary, secondary, and tertiary intervention levels, and it should simultaneously address misperceptions about the use of all types of drugs. Furthermore, this "perceptual correction strategy" should not necessarily replace traditional strategies. It could be conducted independently or, perhaps ideally, in conjunction with other programs.

At the primary level, it is important to conduct surveys regularly enough to gather information about any student's cohort. Surveys should include questions about student perceptions of their peers as well as questions about their own attitudes toward and use of various drugs (Perkins & Berkowitz, 1986b). Health care personnel on campus can use the survey to assess student health and well-being.

Since students must review their own behavior as they complete the survey, the survey itself becomes a consciousness-raising device. More importantly, survey data—which are likely to reveal a moderate actual norm—can be used to reorient students' misperceptions of their peers, assuming, of course, that the data comes from a representative sample. Furthermore, the discussion of misperceptions sparked by such results can help counter typical public conversation, which distorts the student's image of peer norms. Survey results contrasting misperceptions with actual norms can be publicized in ori-

entation programs, student newspaper articles, radio programs, lectures, poster campaigns, and other forums. Such publicity should help correct students' false impressions about alcohol and other drug use. Disseminating information as widely as possible is especially important; as previously noted, all types of students may be "carriers" of the misperceptions even if they themselves do not use drugs.

At the secondary level of intervention, designated campus personnel can target the most problem prone groups for special attention (e.g., first-year students, fraternity or sorority members, adult children of alcoholics, athletes). Workshops can help these students confront their own misperceptions of peer use and can facilitate discussion about student norms from campuswide studies. Such workshops can also compare perceived norms and actual norms found within the particular group attending the workshop. An anonymous, informal survey of group members' perceptions is a good way to gather information for such a comparison. Group members can then discuss any misperceptions that come to light. Such an exercise can occur in special workshops or in residence hall floor meetings. Since the findings from these kinds of programs reveal peer expectations, students are more likely to respond to them than they would be to educational messages or judgments from authority figures.

Finally, at the tertiary level of intervention, a counselor can explore an individual student's misperceptions of peer norms, whether the student is voluntarily seeking help or is referred by administrative authorities. Discussion of perceptions and actual norms can also serve as a kind of reality testing and consciousness raising about the student's behavior in a peer context. Furthermore, clinicians might give special therapeutic attention to misperceptions for any substance abusers identified as highly peer oriented, conformist, or "other directed" (i.e., students who might be most vulnerable to perceived peer expectations). It is worth noting in this regard that existing research (Brown, Calsen, & Eicher, 1986) demonstrates elevated substance use among adolescents who hold strong dispositions toward peer conformity and who simultaneously perceive a high degree of peer pressure. Research on children of alcoholics shows them to be especially vulnerable to perceived peer pressure (be it positive or negative); this may reflect their need for a normative sense of expectations not previously available in the family environment (Perkins, 1993). Thus, clinicians working with adult children of alcoholics might give special attention to misperceptions of peer norms. The intervention strategies outlined above are designed to help students question their own perceptions of peers and to form more realistic assessments of peer norms. These strategies also aim to stimulate conversation that might counter somewhat the distorted public conversation about alcohol and other drug use. If these types of actions can help us, even slightly, to shift our perceptions and conversations, the ultimate effect should be a notable reduction in student use.

As noted in the earlier discussion of attribution theory, however, misperceptions stem partly from our natural tendency to overattribute other peo-

ple's behavior (e.g., drug use) to their dispositions or personal traits. Thus, it might follow that at least part of the process that creates misperceptions in the first place is out of the hands of those charged with carrying out campus intervention programs. Two comments are important on this point. First, if psychological bias does, indeed, cause us to overattribute behavior to people's dispositions, then intervention efforts focused on norms should be ongoing, designed to continually challenge students' assumptions about their peers.

Secondly, traditional attribution theory focuses strictly on perceptual processes in psychology; its explanations may not apply fully to the kind of attributions discussed here. When we decide that someone's behavior is individually or socially induced, a significant cultural component underlies that decision. That is, the amount of emphasis we place on the individual or the environmental context to explain behavior is learned. This sociological aspect of attribution cannot be ignored. Depending on how we are socialized, we will tend to look more toward the individual or toward the context to explain behavior. Thus educational experiences can be significant in determining how a perceiver will interpret the cause of events (Guimond, Begin, & Palmer, 1989). The point here is that we might also begin to resocialize students, teaching them to look more closely at the social contexts in which their peers use and talk about drugs. By teaching students to give a bit more attention to the cultural situation and not so much to the individual, we could perhaps help them see how behavior is shaped by the social forces of campus life. In this way, students may not so readily assume that the use or abuse of drugs simply reflects peer attitudes and the general norm.

○bstacles, dilemmas, and resolutions in addressing student misperceptions

The "perceptual correction strategy" described above has much potential as an alternative to traditional intervention strategies. This approach, however, is not without its own obstacles for administrators, health educators, and clinicians in higher education. What follows is a listing of some of the most important difficulties, along with possible tactics for resolving them. Although the potential obstacles are considerable, they are by no means insurmountable. Addressing them is crucial for any institution that wishes to develop an effective program for correcting student misperceptions of peer norms.

Staff Expertise

Health educators and clinical staff at most institutions are typically trained to deal with personal attitudes, personality structures, and individual behavior, and thus may be unprepared to conduct and interpret social research about normative perceptions. Here it might be useful to seek help from social scientists on campus who are willing to contribute their research and analytic skills.

Skepticism about Data

If they are highly committed to their own misperceptions, some students will be skeptical of results from campuswide polls about substance use norms. This may be true of both problem users and other students, who will explain discrepancies as the result of an odd sample, poor questions, poor participation, and so forth. Of course the most effective way to counter such criticism is to use the best methodology to get representative samples, honest and clear answers, and high participation rates for any survey. Again, enlisting the assistance of social scientists may be useful.

Another way to address doubting student groups is to have them test out perceptions and actual norms in their own experiments. If they take responsibility for and thus "own" the results, they may find it harder to discredit the findings. They can be encouraged to try an informal survey in classes or social settings, collecting anonymous data on personal and perceived attitudes, looking for discrepancies, and discussing results. Thus the doubters become part of the investigation process and have a greater involvement in discovering actual norms.

Naïve Administrative Reactions

One unexpected obstacle may be the reaction of administrators to an approach that uncovers misperceptions. Some school officials and health workers may react to findings of moderate use with disbelief: "It can't be true. I know we have a significant problem here. You can see the problem at any social event." Others may react in the opposite way, embracing the news uncritically: "I'm relieved to find out that our alcohol and drug problem here is not nearly as bad as people claim. I knew all along that things have been overstated and that the problem is really limited to a minority of our students." Both types of reactions are naïve, of course, in that they miss the fundamental point.

There is a substantial and fairly widespread problem on most campuses, especially with alcohol, but the perception of peer acceptability and use outpaces the reality. It is this misperception that actually makes the problem more of a reality for students than would otherwise be the case. The implications of this model must be communicated clearly to campus officials who deal with substance abuse.

Publicly Acknowledging True Norms

Another administrative issue is the acceptability of acknowledging true norms publicly. At nearly all campuses, most students do not use drugs other than alcohol with any regularity, and thus, the actual norm—nonuse—will not be problematic to acknowledge publicly. However, given the fact that official school policies frequently forbid any drinking on campus, administrators may find it difficult to publicize results that show any alcohol use or even an attitude of moderation as the norm. Presenting the reality, even though it is substantially better than the perception, will still give evidence of a significant problem. Ironically, officials may see such evidence as bad for the school

image. Moreover, they may be reluctant to publicize a moderate norm as part of an effort to bring more permissive students in line with the actual norm, fearing that the information will be misconstrued as tacit support for moderation.

However, given the national attention to problems of drug use throughout society, it is doubtful that admitting only moderately permissive attitudes about alcohol as the norm will cause much negative publicity for most schools. Revealing a moderate norm may inadvertently bolster moderate alcohol use. But this possibility must be balanced against the problems created by misperceived norms. Obviously there are trade-offs. But the benefit of reducing alcohol abuse by correcting misperceptions is likely to exceed any negative consequences of indirectly promoting some students' moderate use.

Conflicting Prevention Program Strategies

Some traditional intervention techniques may conflict with the approach offered here. In particular, educational campaigns that saturate the campus with information about the effects of alcohol abuse among students may cause problems. It is true that students who perceive greater risks may be less likely to use drugs. Unfortunately, however, such a strategy may inadvertently exacerbate the misperception that campus norms are more permissive than they actually are. In some instances, education campaigns may raise awareness about the danger of a drug, but this information may also reinforce students' exaggerated perceptions of use and peer acceptance.

If programs continue to publicize evidence of campus abuse, then the true norms—what most students do and what they prefer—may fade from students' awareness. While particular drinking or other drug problems may be frequent on campus, rarely are they personally experienced by a majority of students. Drawing attention to an already visible minority of problem students may simply serve to amplify further the public conversation that feeds misperceptions of the norm. Thus, negative advertising about pervasive drinking and other drug problems may become counterproductive, inflating misperceptions of the student norm.

In order to create a more positive mindset among students, it might be better to report data differently, emphasizing the "incidence levels" of the majority who do not exhibit the problem. Of course the actual data remain the same, whether presented negatively as incidence rates of the problem or positively as rates of students who do not experience the problem. Concerns about those who abuse alcohol should not be neglected, but we must also consider the impact of the message on the audience who receives it. If the goal is to establish the need for intervention or to raise concern among administrators, then problem incidences should be highlighted. Most students, however, when given problem percentages, are unlikely to invert the calculation and think about who the dominant group of peers actually is. Pointing out that the majority do not want, and are not a part of, substance abuse on campus should be the top priority in presentations to students. An intervention model based on misperceptions is therefore a more proactive educa-

tional strategy, one that reveals the opposition of most students to abusive behavior.

Student Turnover

Since roughly a quarter of the student body changes every year at most schools, correcting perceived norms on campus might appear to be easier than doing so in a more stable community with entrenched perceptions. New students, however, do not come to campus with accurate perceptions. Some arrive with images that match the immediate campus misperception: stereotypes of "animal house" parties and drunken students gleaned from films and popular lore. Other newcomers may have no clear impression upon arrival. The former group may seek confirmation of their stereotype from other students. For the latter group, socialization into campus life begins quickly; these students look immediately to older peers to communicate expectations about social life. So the current perceived norms are passed along quickly to new students early in their college career. Thus intensive programs to address misperceptions may be crucial for new students, especially during their first few weeks on campus, a period when misperceptions are rapidly taking shape.

Counterproductive Role Models

Student roles models may have an unexpected negative effect on other students' misperceptions of peer norms. Most high profile students—resident advisors, student government leaders, star athletes, honors students—may exhibit less substance abuse than other students and therefore function as models of good behavior. Nonetheless, these students are just as likely to misperceive their peers' attitudes as other students are (Berkowitz & Perkins, 1986b; Perkins & Berkowitz, 1988) and to communicate these misperceptions in conversation. Ironically, then, with their disproportionate influence on socialization, these role models may be counterproductive, passing along misperceptions about the normative culture of alcohol or other drug use. For example, if a resident advisor talks casually about how most students abuse alcohol, then that advisor transmits false perceptions and creates pressure to abuse, even though his or her own behavior does not encourage abuse. To again use the image of a contagious disease, just as students in general are carriers of misperceptions, so too are role models. And their greater contact with others can be disproportionately destructive—more "virulent"—in passing on the misperception. Thus, it is essential for any program that addresses misperceptions to target students who serve as role models, just as it is for that program to target problem-prone groups.

Conclusion

The misperception of peer norms contributes significantly to problems of alcohol and other drug abuse on college and university campuses. Put simply, students overestimate the use of drugs and the permissiveness of their peers. Their peers in reality are more moderate in both use and attitudes, and more

of them are nonusers than students typically think. While substance abuse is unquestionably a serious problem on most campuses, students actually misperceive the extent of use, which, in turn, fuels the problem behavior. They end up following a distorted image of their peers, behaving in ways inconsistent with their own attitudes. So a "reign of error" on campus becomes a self-fulfilling prophecy. Thinking that greater use is what their peers expect, some students increase their consumption of alcohol and other drugs, thereby exacerbating an existing problem.

Over the past decade, research and programmatic attention to misperceptions has increased substantially at a variety of institutions nationwide. Generalizing from this work, five basic points are applicable on most campuses. First, perceived norms exceed actual norms regardless of the type of drug. Second, misperceptions persist over time. Left unattended, they become entrenched in the campus culture and are passed from one class to the next. Third, similar misperceptions of peers exist in junior high and high school; students come to college with a misperception of the campus norm, and that misperception grows worse after arrival. Fourth, misperceptions are pervasive across gender, extracurricular, and housing subpopulations. Regardless of constituency and personal drug use, students are likely to be "carriers" of the misperception, passing it on in conversation and reinforcing it in the culture. Fifth, these misperceptions may significantly affect students' personal use independent of, and in addition to, their own attitudes and the actual campus norm. Misperceptions help reinforce the already permissive attitudes of some students, leading to more abusive behavior, whether actual campus norms are moderate or relatively permissive. These misperceptions may pressure students with more moderate attitudes to increase their own drug use. Alternatively, such students may decide not to express their attitudes in conversation, not to intervene in drug abusing circumstances, and not to socialize with peers; such actions further confirm students' exaggerated perceptions of permissiveness.

Our basic knowledge about misperceptions has come of age. So too has our theoretical understanding of the sociocultural and psychological nature of misperceptions in college life. But the creation of programs to address misperceptions is still in its adolescent phase of development. A variety of reliable survey techniques are now emerging to collect data on norms and misperceptions. Several institutions have successfully introduced strategies to publicize actual norms and to help reduce misperceptions. Others have developed workshops and orientation programs that allow students to reveal their true attitudes and to see actual norms in a group. Clearly, though, we need more techniques for correcting misperceptions, and more studies to assess effectiveness.

Other work on misperceptions is in its infancy. We need more research to identify students most likely to follow the perceived norm, those whose perceptions are most distorted, and those who respond best to attempts at

correcting their perceptions. Budget and personnel constraints may prevent some programs from spreading the word effectively to every student. We may therefore need to decide who are the most important targets for changing misperceptions. We also need to see how our efforts to combat misperceptions can be integrated with other intervention strategies already in place on many campuses.

Although confronting students' misperceptions about alcohol and other drug norms is no small task, the benefits of doing so should be well worth the effort. If we can reduce misperceptions and thereby increase the power of more moderate peer expectations, we can considerably enhance the efforts of colleges and universities to reduce alcohol and other drug problems among students.

**The author would like to thank Ronald L. Akers, Richard R. Clayton, Michael Haines, Dennis McBee, John Rusco, and Sara Jennifer Wilson for their detailed and helpful comments on an earlier version of this work.*

References

- Akers, R. L., Krohn, M. D., Lanza-Kaduce, L., & Radosevich, M. (1979). Social learning and deviant behavior: A specific test of a general theory. *American Sociological Review, 44*, 636-655.
- Andrews, K. H., & Kandel, D. B. (1979). Attitude and behavior: A specification of the contingent hypothesis. *American Sociological Review, 44*, 298-310.
- Asch, S. E. (1951). Effects of group pressure on the modification and distortion of judgements. In H. Guetzkow (Ed.). *Groups, leadership and men*. Pittsburgh: Carnegie Press.
- Asch, S. E. (1952). *Social psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Baer, J. S. & Carney, M. M. (1993). Biases in the perceptions of the consequences of alcohol use among college students. *Journal of Studies on Alcohol, 54*, 54-60.
- Baer, J. S., Stacy, A., & Larimer, M. (1991). Biases in the perception of drinking norms among college students. *Journal of Studies on Alcohol, 52*, 580-586.
- Banks, E., & Smith, M. R. (1980). Attitudes and background factors related to alcohol use among college students. *Psychological Reports, 46*, 571-577.
- Berkowitz, A. D., & Perkins, H. W. (1986a). Problem drinking among college students: A review of recent research. *Journal of American College Health, 35*, 21-28.
- Berkowitz, A. D., & Perkins, H. W. (1986b). Resident advisors as role models: A comparison of resident adviser and student peer drinking patterns. *Journal of College Student Personnel, 27*, 146-153.
- Berkowitz, A. D., & Perkins, H. W. (1987). Current issues in effective alcohol education programming. In J. S. Sherwood (Ed.), *Alcohol policies and practices on college and university campuses* (NASPA Monograph Series No. 7). National Association of Student Personnel Administrators.
- Bowker, L. H. (1974). Student drug use and the perceived peer drug environment. *International Journal of the Addictions, 9*, 851-861.
- Braucht, N. B., & Braucht, B. (1984). Prevention of problem drinking among youth: Evaluation of educational strategies. In P. M. Miller & T. D. Nerenberg (Eds.), *Prevention of Alcohol Abuse*. New York: Plenum Press.
- Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents. *Developmental Psychology, 22*, 521-530.
- Burrell, L. F. (1990). College students' recommendations to combat abusive drinking habits. *Journal of College Student Development, 31*, 562-563.
- Clayton, R. R., & Lacy, W. B. (1982). Interpersonal influences on male drug use and drug use intentions. *The International Journal of the Addictions, 17*, 655-666.
- Clayton, R. R. & Ritter, C. (1985). The epidemiology of alcohol and drug abuse among adolescents. *Advances in Alcohol and Substance Abuse, 4*, 69-97.
- Crittenden, K. S. (1983). Sociological aspects of attribution. *Annual Review of Sociology, 9*, 425-446.
- Dean, J. C. (1982). Alcohol programming: A conceptual model. In J. C. Dean & W. A. Bryan (Eds.), *Alcohol programming for higher education* (pp. 15-29). Carbondale: Southern Illinois University Press.
- DeAngelis, T. (1994, December). Perceptions influence student drinking. *Monitor* (American Psychological Association), 35.
- Donovan, J. E., & Jessor, R. (1985). Structure of problem behavior in adolescence and young adulthood. *Journal of Consulting and Clinical Psychology, 53*, 890-904.

- Engs, R. C., & Hanson, D. J. (1988). University students' drinking patterns and problems: Examining the effects of raising the purchase age. *Public Health Reports*, 103, 667-673.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Grube, J. W., & Morgan, M. (1990). Attitude-social support interactions: Contingent consistency effects in the prediction of adolescent smoking, drinking, and drug use. *Social Psychology Quarterly*, 53, 329-339.
- Grube, J. W., Morgan, M., & McGree, S. T. (1986). Attitudes and normative beliefs as predictors of smoking intentions and behaviors: A test of three models. *British Journal of Social Psychology*, 25, 81-93.
- Guimond, S., Begin, G., & Palmer, D. L. (1989). Education and causal attributions: The development of "person-blame" and "system-blame" ideology. *Social Psychology Quarterly*, 52, 126-140.
- Haines, M. P. (1993). Using media to change student norms and prevent alcohol abuse: A tested model. *Oregon Higher Education Alcohol & Drug Newsletter*, 1(2), 1-3.
- Haines, M., & Spear, A. F. (1996). Changing the perception of the norm: A strategy to decrease binge drinking among college students. *Journal of American College Health*, 45, 134-140.
- Hansen, W. B. (1993). School-based alcohol prevention programs. *Alcohol Health & Research World*, 17, 54-60.
- Hansen, W. B. & J. W. Graham. (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. *Preventive Medicine*, 20, 414-430.
- Hanson, D. J. (1982). The effectiveness of alcohol and drug education. *Journal of Alcohol and Drug Education*, 27, 1-13.
- Harvey, J. H. & Weary, G. (Eds.) (1985). *Attribution: Basic issues and applications*. New York: Academic Press.
- Hewstone, M. (Ed.). (1983). *Attribution theory: Social and functional extensions*. Oxford, England: Basil Blackwell.
- Imperi, L. L., Kleber, H. D., & Davie, J. S. (1968). Use of hallucinogenic drugs on campus. *Journal of the American Medical Association*, 204, 1021-1024.
- Jessor, R. (1981). The perceived environment in psychological theory and research. In D. Magnusson (Ed.), *Toward a psychology of situations: An interactionist perspective*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Jones, E. E., & Nisbett, R. E. (1971). *The actor and the observer: divergent perceptions of the causes of behavior*. Morristown, NJ: General Learning Press.
- Kandel, D. B. (1980). Drug and drinking behavior among youth. In A. Inkeles, N. J. Smelser, & R. Turner (Eds.), *Annual review of sociology*, (Vol. 6). Palo Alto, CA: Annual Reviews, Inc.
- Kandel, D. B. (1985). On processes of peer influences in adolescent drug use: A developmental perspective. *Adolescence, Advances in Alcohol & Substance Abuse*, 4(3/4), 139-163.
- Kelley, H. H. (1973). The processes of causal attribution. *American Psychologist*, 28, 107-128.
- Kinder, B. N., Pape, E., & Walfish, S. (1980). Drug and alcohol education programs: A review of outcome studies. *International Journal of the Addictions*, 15, 1035-1054.
- Kinney, J., & Peltier, D. (1986). A model alcohol program for the college health service. *Journal of American College Health*, 34, 229-233.
- Kraft, D. P. (1979). Strategies for reducing drinking problems among youth: College programs. In H. T. Blane & M. E. Chafetz (Eds.), *Youth, alcohol and social policy* (pp. 311-354). New York: Plenum Press.

- Kraft, D. P. (1988). The prevention and treatment of alcohol problems on a college campus. *Journal of Alcohol and Drug Education, 34*, 37-51.
- Liska, A. E. (1974). The impact of attitude on behavior: Attitude-social support interaction. *Pacific Sociological Review, 17*, 83-97.
- Marcos, A. C., Bahr, S. J., & Johnson, R. E. (1986). Test of a bonding/association theory of adolescent drug use. *Social Forces, 65*, 135-161.
- Marks, G., Graham, J. W., & Hansen, W. B. (1992). Social projection and social conformity in adolescent alcohol use: A longitudinal analysis. *Personality and Social Psychology Bulletin, 18*, 96-101.
- Merton, R. K. (1957). The self-fulfilling prophecy. In R. K. Merton, *Social theory and social structure* (pp. 421-436). New York: Free Press.
- Moskowitz, J. M. (1989). The primary prevention of alcohol problems: A critical review of the research literature. *Journal of Studies on Alcohol, 50*, 54-88.
- Needle, R., McCubbin, H., Wilson, M., Reineck, R., Lazar, A., & Mederer, H. (1986). Interpersonal influences in adolescent drug use-the role of older siblings, parents, and peers. *International Journal of the Addictions, 21*, 739-766.
- Newcomb, T. M. (1943). *Personality and social change: Attitude formation in a student community*. New York: Holt, Rinehart, and Winston.
- Newcomb, T. M., & Wilson, E. K. (1966). *College peer groups*. Chicago: Aldine Publishing Company.
- Nisbett, R. E., & Kunda, Z. (1985). Perception of social distributions. *Journal of Personality and Social Psychology, 48*, 297-311.
- Oblander, F. W. (1984, October). A practice oriented synthesis: effective alcohol education strategies. *ACU-I Bulletin, 17-23*.
- Oetting, E. R., & Beauvais, F. (1986). Peer cluster theory: Drugs and the adolescent. *Journal of Counseling and Development, 65*, 17-22.
- Orcutt, J. D. (1991). The social integration of beers and peers: Situational contingencies in drinking and intoxication. In D. J. Pittman & H. R. White (Eds.), *Society, Culture, and Drinking Patterns Reexamined* (pp. 198-215). New Brunswick, NJ: Rutgers Center of Alcohol Studies.
- Perkins, H. W. (1985). Religious traditions, parents, and peers as determinants of alcohol and drug use among college students. *Review of Religious Research, 27*, 15-31.
- Perkins, H. W. (1992). Gender patterns in consequences of collegiate alcohol abuse: A ten year study of trends in an undergraduate population. *Journal of Studies on Alcohol, 53*, 458-462.
- Perkins, H. W. (1993, October). *Resilience Among Collegiate Children of Alcoholics*. Paper presented at the meeting of the American Public Health Association, San Francisco, CA.
- Perkins, H. W. (1994). The contextual effect of secular norms on religiosity as moderator of student alcohol and other drug use. In M. Lynn and D. Moberg (Eds.), *Research in the Social Scientific Study of Religion, Vol. 6*, (pp. 187-208). JAI Press.
- Perkins, H. W., & Berkowitz, A. D. (1986a). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions, 21*, 961-976.
- Perkins, H. W., & Berkowitz, A. D. (1986b). Using student alcohol surveys: Notes on clinical and educational program applications. *Journal of Alcohol and Drug Education, 31*, 44-51.
- Perkins, H. W., & Berkowitz, A. D. (1988). *Campus involvement, role modeling, and health-related behaviors: Are they related?* Paper presented at the annual convention of the American College Personnel Association, Miami, FL.

- Perkins, H. W., & Berkowitz, A. D. (1989). Stability and contradiction in college students' drinking following a drinking-age law change. *Journal of Alcohol and Drug Education, 35*, 60-77.
- Perkins, H. W., & Wechsler, H. (1996). Variation in perceived college drinking norms and its impact on alcohol abuse: A nationwide study. *Journal of Drug Issues, 26*, 961-974.
- Pickens, K. (1985). Drug education: The effects of giving information. *Journal of Alcohol and Drug Education, 30*, 32-44.
- Prentice, D. A., & Miller, D. T. (1993). Pluralistic ignorance and alcohol use on campus: Some consequences of misperceiving the social norm. *Journal of Personality and Social Psychology, 64*, 243-256.
- Presley, C. A., Meilman, P. W., & Lyster, R. (1993). *Alcohol and drugs on American college campuses: Use, consequences, and perceptions of the campus environment*. (Vol. 1: 1989-91). Carbondale, IL: The CORE Institute.
- Rabow, J., Neuman, C. A., & Hernandez, A. C. R. (1987). Contingent consistency in attitudes, social support and the consumption of alcohol: Additive and interactive effects. *Social Psychology Quarterly, 50*, 56-63.
- Ross, M., & Fletcher, G. J. O. (1985). Attribution and social perception. In G. Lindzey & E. Aronson (Eds.). *The handbook of social psychology*. (Vol. 2). New York: Random House.
- Sherif, M. (1936). *The psychology of social norms*. New York: Harper.
- Sherif, M. (1972). Experiments on norm formation. In E. P. Hollander & R. G. Hunt (Eds.). *Classic contributions to social psychology*. New York: Oxford University Press.
- Suchman, E. A. (1968). The "hang-loose" ethic and spirit of drug use. *Journal of Health and Social Behavior, 9*, 146-155.
- Thomas, W. I., & Thomas, D. S. (1928). *The child in America*. New York: Alfred A. Knopf.
- Tobler, N. S. (1986). Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues, 16*, 537-567.
- Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994). Health and behavioral consequences of binge drinking in college: A national survey of students at 140 campuses. *Journal of the American Medical Association, 272*, 1672-1677.
- Wechsler, H., & Isaac, N. (1992). "Binge" drinkers at Massachusetts colleges: Prevalence, drinking styles, time trends, and associated problems. *Journal of the American Medical Association, 267*, 2929-2931.
- Williams, F. G., Kirkman-Liff, B. L., & Szivek, P. H. (1990). College student drinking behaviors before and after changes in state policy. *Journal of Alcohol and Drug Education, 35*, 12-25.
- Wood, M. D., Nnagoshi, C. T., & Dennis, D. A. (1992). Alcohol norms and expectations as predictors of alcohol use and problems in a college student sample. *American Journal of Drug and Alcohol Abuse, 18*, 461-476.

INSTITUTIONAL FACTORS INFLUENCING THE SUCCESS OF DRUG ABUSE EDUCATION AND PREVENTION PROGRAMS

*Philip Salem and M. Lee Williams
Southwest Texas State University*

Introduction

Since 1986, the Fund for the Improvement of Postsecondary Education has had the responsibility of funding numerous programs under provisions of the Drug-Free Schools and Communities Act. By 1990, it had sponsored over one hundred drug abuse education and prevention programs in institutions of higher education at a cost of over \$10 million annually.

Because these programs are diverse, they are difficult to evaluate without a clear model of success. Such a model for the testing and institutionalizing of drug programs must guide academic administrators in both evaluating their past efforts and developing criteria for future proposals. It should also help eliminate piecemeal measures and unnecessary redundancy. Therefore, the theory developed in this paper tries to answer the following question: *How can organizations and their communication best contribute to the success of drug abuse education and prevention programs?*

The theory outlined here is an applied theory, its primary use being for practitioners. But it can also augment organizational and communication theory. In the end, our theory outlines an organization's development, and we hope our work may lead to a more general model of how organizations process new units, invent new units, and make these new units routine.

Our presentation necessarily involves formal scientific terms. However, for the person more interested in the practical rather than the theoretical implications of our work, we suggest the "Applying Theoretical Constructs" section and the "Recommendations" section. Both sections are less formal and index the earlier more formal sections.

Theory building strategy

Because theories and theory building have been described diversely, words such as *axiom*, *proposition*, *theorem*, and *hypothesis* have taken on wide and diverse use. What one theorist labels a proposition, another labels an hypothesis. Labeling, therefore, can be neither correct nor incorrect but only consistent or inconsistent.

Our approach emerges from three types of literature: a) respected texts on theory building in the behavioral sciences, one focused on quantitative

deductive approaches (Dubin, 1978) and one detailing qualitative approaches (Strauss & Corbin, 1990), b) the only recent volume to describe the building of communication theories (Hawes, 1975), and c) an early systematic presentation of a behavioral theory related to communication (Schutz, 1966). All three sources offer logical approaches to building theories. Taken together, they provide a powerful framework for our research. Nevertheless, in their terminology minor inconsistencies arise even here. We will begin our research by resolving some of these inconsistencies.

A theory is a set of interrelated terms and statements systematically presented with the purposes of explaining and predicting a phenomenon (Kerlinger, 1986, p. 9). It may be either formal or substantive (Hawes, 1975). A formal theory relies on logic as its primary validation. A substantive theory also employs logic, but its validity is established by its potential for empirical validation. *Our report presents a substantive theory rather than a formal theory.* It includes hypotheses which may be tested.

Theoretical statements claim two forms of empirical validity (Reichenbach, 1949; Schutz, 1966): antecedent probability is claimed when hypotheses are supported by current and past data; evidential probability is claimed when hypotheses are tested and when data are generated to demonstrate the predicted relationship. *Our theory generates hypotheses claiming antecedent probability, that is, hypotheses that reflect (a) the existing body of theory, (b) empirical data demonstrating that theory, and (c) information already reported to the Fund for the Improvement of Postsecondary Education about drug programs.* Because our own qualitative data support some of our final hypotheses, the hypotheses show modest evidential probability. Furthermore, hypotheses in our theory can form the framework for further quantitative testing or research under Fund grants, but these efforts go beyond the scope of this study.

Developing our theory begins with a review of other theories related to new subsystems in an information organization. See Table 1 for major areas of thought. Our review serves two purposes: first, it selects only applicable theories (Dubin, 1978); second, it produces primary statements assumed true in light of past research (Hawes, 1975).

For simplicity, we identify primary statements as either axioms or propositions. An axiom sets boundaries or states a general principle. The Theoretical Foundations section of this report identifies those axioms which apply to our theory. We will employ many primary statements, but we will distinguish as axioms only those needed to generate secondary statements. Because theorists' taxonomies range from the complex and specific (Hawes, 1975; Gibbs, 1967) to the simple and general (Dubin, 1978), our labeling is a compromise. For us, axioms set boundaries and explain processes and propositions specify outcomes.

Two types of secondary statements emerge from primary statements: theorems and hypotheses (Hawes, 1975). Theorems are deduced, inferred, or derived from primary statements (Gibbs, 1967; Hawes, 1975). They resolve theoretical issues between primary statements and suggest theoretical con-

cepts. Theorems take the propositional form "when A, then B." Our goal was to create few theorems since they are an intermediary form between primary statements and hypotheses. We will note our own inferences as theorems, but we will make no separate presentation of them. They will be found within our explanations of axioms and propositions.

Research Area	Representative Sources
Decision-making	Cyert & March (1963), Leblebici & Salancik (1981)
Diffusion of Innovation	Katz (1988), Rogers (1983), Rogers & Agarwala-Rogers (1976)
Information	Ashby (1954), Berger & Bradac (1982), Daft & Lengel (1986), Downey, Hellreigel, & Slocum (1975), Huber & Daft (1987)
Interpersonal Communication	Fisher (1978), Pearce (1989), Searle (1969), Watzlawick, Beavin & Jackson (1967)
Leadership	Bennis & Nanus (1985), Hitt (1988), Kotter (1990), Yukl (1989)
Living Systems	Ashby (1956), von Bertalanffy (1968), Buckley (1967), Corning (1983), Miller (1978)
Organizational Climate	Falcione, Sussman & Herden (1987), Muchinsky (1977), Salancik & Pfeffer (1978)
Organizational Communication	Daniels & Spiker (1983), Goldhaber (1986), Gratz & Salem (1981), Greenbaum, Hellweg & Falcione, (1988), Penely (1982), Roberts & O'Reilly (1974), Stohl & Redding (1987)
Organizational Politics	Frost (1987)
Organizational Structure	Jablin (1987a)
Organizational Theory	Galbraith (1977), Hage (1980), Likert (1967), Meyer (1975), Weick (1979)
Persuasion	Campbell & Pritchard (1976), Roloff (1981), Smith (1982)
Resource Dependency	Emerson (1962), Pfeffer (1981)
Role Theory	Katz & Kahn (1978)
Social Networks	Rogers & Kincaid (1981)

Table 1. Primary research areas

Hypotheses are statements of conditional probability that predict how changes in one or more variables relate to changes in one or more other vari-

ables (Dubin, 1978). Hypotheses take the form "if X, then Y." They are derived directly from propositions or from theorems. That is, since propositions take the form "when A, then B," hypotheses are logically connected because the X and Y in the hypothesis are instances of A and B in the proposition. Derivation is the appropriate form of generating hypotheses because the proposed theory is an applied one. Our hypotheses appear in a later section.

Qualitative data has been used to ground our hypotheses. After reviewing relevant documents on grants and collecting final drug-program reports, we interviewed twelve grantees individually and conducted one focus group to lend some evidential probability to our claims. Five coordinators of exemplary programs and another coordinator of a discontinued program were half of our interviews. Then we coded our data using grounded theory procedures (Strauss & Corbin, 1990). The results appear in the section applying formal terms and the section with hypotheses.

We do not claim to have developed a grounded theory, but our procedures do insure a practical application of our hypotheses. Developing a grounded theory will require more data. Indeed, the focus-group interview, our last data-gathering activity, although it generated no new ideas, did confirm our hypotheses.

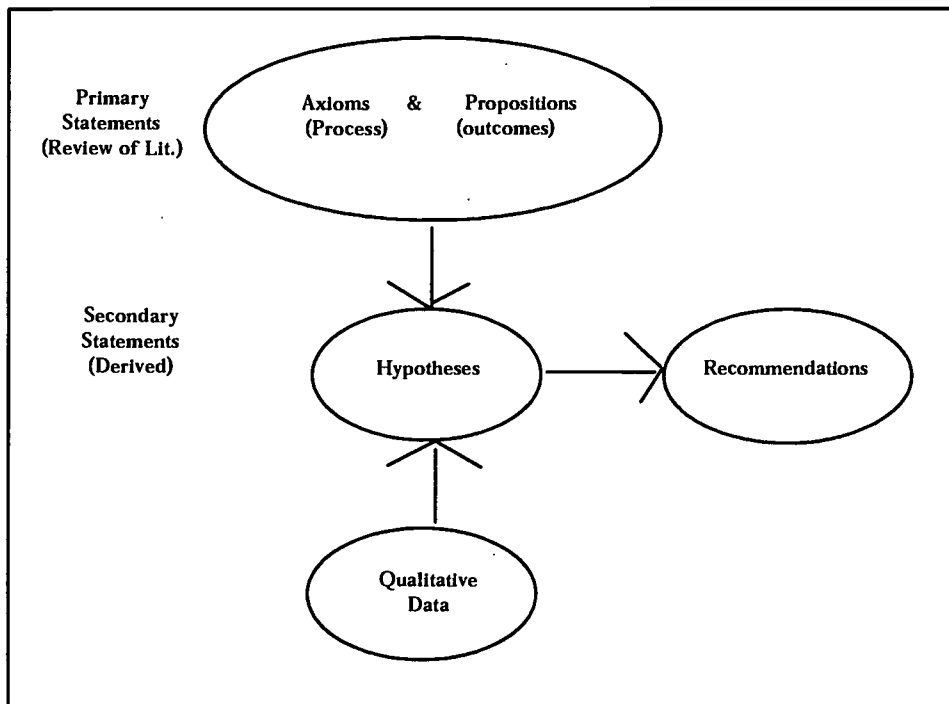


Figure 1. The process of building theory

Figure 1 represents the process we employed. To summarize, the first step in our research was a review of scholarly literature to identify relevant concepts and constructs. Second, we identified axioms and propositions from that literature. Third, we constructed an interview guide and began

data gathering. Fourth, we generated hypotheses derived from the primary statements and suggested by the interviews. Fifth, we conducted one focus group to see what had been missed and to "test" our hypotheses. Finally, we coded the limited data as one last check on our hypotheses and offered recommendations for implementing drug education programs.

Theoretical foundations: axioms

Axioms are the foundations of our theory. Some define its basic units, concepts and constructs, while others characterize the units that will be important later. Still others exclude concepts from the phenomena we seek to explain. While one type of axiom serves to limit our theory to a specific domain, a second type relates units to each other, focusing on their interactions and strengthening the theory (Dubin, 1978).

Axioms are statements we assume to be true. They already exist in the literature. In some cases, axioms are generally accepted boundaries for phenomena we explain. In other cases, we have borrowed and used as our own axioms from already established theories and their data.

We begin this section by explaining organizations as social systems, particularly institutions of higher education and their unique characteristics. Then we devote separate sections to organizational success, a central feature of our theory, and to organizational communication. This last section offers two models showing how innovations are adopted.

Organizations as Social Systems

Systems theory is not so much a theory as a way of looking at phenomena (von Bertalanffy, 1968). It is a common and popular perspective for modeling organizations and organizational communication (Krone, Jablin & Putnam, 1987) and for building theories in the behavioral sciences (Dubin, 1978). Through its perspective we have integrated diverse literatures into our theory.

Axiom 1: Organizations are living systems.

A system is a set of interacting or interrelated components (Kuhn, 1975), components being the smallest identifiable units within a system (Miller, 1978). Although anything may be identified as a component—an object, a person, a role, even an idea—a set of components can be a system only if components interact (Hall & Fagen, 1956). Furthermore, the interaction must produce a result greater than the sum of the components, a holistic product like that of a winning football team striving to produce a victory significantly greater than the sum of its members' individual feats.

Organizations are living systems, sharing traits similar to those of other organisms (Miller, 1978). They work to reach certain goals. They process mat-

ter, energy, and information. They divide their units into subunits to accomplish critical functions. But because they involve human beings, organizations differ from other living systems in that they choose their goals and methods of accomplishing them (Ackoff & Emery, 1972).

Axiom 2: Organizations convert resources into products or services.

Living systems convert input into output. Organizational inputs include social and psychological resources such as the skill and knowledge of its members, in addition to the more obvious concrete materials needed to perform tasks (Katz & Kahn, 1978). The behaviors inside the system convert these resources into goods and services. Fees and other income are the input that comes when customers purchase goods and services. Salaries, profits and expenses are outputs to the humans or other systems that contributed resources to the process.

Axiom 3: Organizations are systems of interlocking role behaviors.

A role is a selected set of recurring perceptions and behaviors intended to interlock with the activities of another (Katz & Kahn, 1978). In an organization, employees bring their perceptions to their tasks. These tasks require specific knowledge and specific attitudes and not the entire range of what employees feel and know. Nevertheless, these perceptions should be linked, each employee's behavior with the behavior of others, in the system to produce joint efforts. The interaction of these linked behaviors produces the holistic output.

Axiom 4: Individuals include themselves only partially in their roles.

When people join an organization, they select from their repertoire of perceptions and behaviors those they think appropriate to their organizational roles. No one, of course, can include all perceptions and behaviors in any one role or in any one relationship. They include only a part of themselves because they choose what to bring to one role and to exclude from another (Allport, 1924).

Newcomers must learn what veterans expect of them as they play their roles (Jablin, 1987b). Later, if they are effective in their role-performance, they will be rewarded materially or socially for meeting expectations and performing well. As they continue to perform, they may choose to include additional perceptions and behaviors that will maintain and expand their roles. Their behaviors become part of the social system.

At the same time, organizational members put their own stamp on their roles, and their roles reflect their personalities (Bakke, 1950). Of course, some roles require more than others. Some jobs ask more of the worker than others. Furthermore, becoming part of a social system means that employees

must accomplish more than the obvious formal tasks. They must also include behaviors that allow them to contribute and influence the system.

Axiom 5: Social relationships consist of roles and rules.

Role behaviors are linked by social rules. A rule indicates what behaviors are required, preferred, or prohibited in certain contexts (Shiminoff, 1980). Therefore, all relationships require rules. To what extent rules affect relationships depends on the extent to which all the participants recognize and agree to those rules. One way to see socialization is that individuals are rewarded for following the rules and that they become socialized as they learn the rules.

Rules may be explicit and formal, stated procedures or organizational policies, or they may be implicit and informal, unstated but understood organizational norms and values. Although some jobs are more formalized than others, no one can formulate all the rules for a role. Members of organizations acquire implicit rules from observations of and communications with other members.

Rules may be constitutive or regulative. Constitutive rules indicate what various behaviors mean; regulative rules indicate what behaviors should follow or not follow other behaviors (Searle, 1969). In an organization, constitutive rules are about content, regulative rules about procedures (Farace, Monge & Russell, 1977). For example, a newcomer must learn organizational jargon and symbols. But to learn the rituals and what others expect of you is to learn regulative rules.

Axiom 6: Rules increase predictability and coordination as they influence the distribution of resources inside an organization.

Rules and the expectations they reflect mean that the members of a social system can predict, to an extent, what everyone will do. Workers can rely on each other because they learn that behaviors will be repeated. This predictability insures that one member can anticipate what another member will do and, consequently, link behaviors (Katz & Kahn, 1978). Continual patterns of coordination require prediction.

Rules also distinguish separate roles that differ because their behaviors are different. Some roles may be given responsibility for the performance of other role behaviors. Some roles require that the supervisor and directors be responsible for other role behaviors. Such authority often stems from the formal structure of an organization.

Furthermore, some behaviors are preferred over others, and there are rewards for preferred behavior. The preferences are reflected in salaries, promotions, bonuses, and other material rewards. But informal rules also point the way to these as well as social rewards such as respect and consideration, rewards that may increase a member's influence and authority. The rules,

therefore, define positions in a hierarchy based on status and power.

Organizational life may be seen as a political game in which members continually engage in a struggle for resources (Frost, 1987). The struggle may be a direct and surface struggle to control resources, or it may be a deeper struggle to control the rules for increasing power. Games are easier to win if everyone must follow your rules.

Axiom 7: Ten factors characterize every organization: its goals, tasks, technology, personnel, social structure, social climate, management, leadership, development, and communication.

Organizational goals outline the state of an organization's desires (Etzioni, 1964). They also declare the organization's best intentions. They include both abstract goals as part of a mission statement and concrete goals, the objectives of particular tasks or role behaviors. Goals may be precise about outcomes related to goods and services, or they may be general about desirable social or psychological outcomes. In whatever form, goals are chosen and resources are committed to their realization.

Tasks are jobs that must be done if workers are to reach a goal. They will vary to the extent that they require diverse behaviors (Thompson, 1967). Technologies are means by which workers accomplish tasks (Perrow, 1970). They vary from the craft technologies used by performing artists, tradesmen to the routines of tellers, and clerks, to the engineering technologies used by lawyers and accountants, to the extremely nonroutine technologies of planning and research.

Various tasks are ordered in predictable patterns and structures. Structural characteristics include an organization's size, differentiation, centralization, and integration (Jablin, 1987a). The intended structure, depicted in an organizational chart reinforced by policies delineating the roles in the chart, may either contradict or compliment the actual pattern of social behavior, or it may reveal a clash between the formal structure and the informal structure.

Organizations differ in the extent to which experience and formal training are required of employees for effective performance (Daft & Macintosh, 1981). Typically, industrial organization reduce as many tasks as possible to simple routines. Minimal training prepares most workers for initial and continued employment. Experience may be unnecessary. But appointments to management normally require experience and, in contemporary organizations, training and formal credentials.

The climate of an organization is the shared social perceptions of its members about the organization (Falcione, Sussman, & Herden, 1987). These include feelings about working conditions, the work itself, their relationships with coworkers and supervisors, the autonomy they have in their work, the fairness of the reward system, and the overall warmth of the organization. The term also includes perceptions and meanings important to

organizational politics. Thus climate is a feature of an organization, not of an individual; it determines in part a worker's productivity and satisfaction.

Management refers to the decision-making in organizations. Decisions revolve around the five functions of management: planning, commanding, organizing, controlling and coordinating (Fayol, 1949). Organizations differ according to the number who participate in decision-making. At one extreme, the few make decisions that affect the many; at the other, all who will implement a decision or be affected by it are involved in the decision.

Leadership is that quality of management needed to bring about effective change in an organization. Leaders create shared visions of what organizations can become and use their power and resources to implement that vision (Hitt, 1988; Yukl, 1989). While managers coordinate and control programs, leaders are distinguished by their insight and innovativeness and by their efforts to transform the organization (Bennis & Naus, 1985; Kotter, 1990). Leaders challenge the status quo and think of possibilities instead of probabilities (Kouzes & Pozner, 1987), while managers focus on implementation. But as leaders communicate their visions, they also enable their visions' implementation.

Development refers to the life history of an organization. As organizations mature there is a change in the areas of concern. They move from creative concerns, to directed and controlling concerns, to delegation concerns, to coordination and collaboration concerns (Greiner, 1972). Naturally, all the other nine factors change as the system matures.

Finally, communication refers to the information exchange process common to all living systems. It nourishes all other organizational elements, tying them together; if it withers and dies, so does the system. Table 2 summarizes the ten organizational factors.

Axiom 8: Like other systems, organizations exist in an ecosystem of other systems.

The boundary of a system is a division that identifies the system (Kuhn, 1975). Boundaries can be physical (walls, fences), abstract (property lines), social, economic, or political (a list of members). The analyst of a system arbitrarily sets its boundary, believing that most component activity is within that boundary.

Explaining a system by examining separate components is slow and generally counter-productive. Seldom do all components interact with all other components. More often, clusters of components form subsystems which have the properties of a system (Farace, Monge, & Russell, 1977). All systems are subsystems to a larger system. Thus a suprasystem is that larger, more complex system that incorporates a system. Systems at the same hierarchical level are called parallel systems.

Factors	Definition	How They Vary
1. Goals	intended outcomes	quality, innovation, efficiency, quantity, morale, continuation of an innovation
2. Tasks	the job or behaviors needed to accomplish a goal	diverse to uniform
3. Technology	a method of doing a task	routine to nonroutine
4. Structure	ordering, configuring of tasks	simple to complex, centralized to decentralized, formal to informal
5. Personnel	employees, their experience and formal training required	experienced to inexperienced, limited training to highly trained
6. Climate	shared social perceptions of the members of the organization	highly supportive to minimally supportive, perceptions about relationships, working conditions, etc.
7. Management	decision-making in organizations	centralized to participative
8. Leadership	management's persuasive attempts to bring about change	generates vision, advocates vision, uses vision
9. Development	maturation of the system	developmental stages from initiation to maturation
10. Communication	information exchange process	see Table 3

Table 2. Organizational factors and how they vary

In organizations, components are roles, often organized into work groups that may form a subsystem called a department. On the other hand, separate work groups may form departmental subsystems. The department is then said to be the suprasystem of the work group. Similarly, a department may be a subsystem to a larger organizational unit called a division. Divisions in turn may be subsystems of the organization.

All conditions surrounding the system's boundary, including the suprasystem and any parallel systems that affect the system, are called the environment (Sommerhoff, 1969). The entire complex of systems, subsystems, and suprasystems is often called an ecosystem.

Axiom 9: Organizational environments include competing and higher-level systems that constrain social behavior.

Linked systems constrain each other (Ashby, 1956). A business that pro-

vides marketable goods and services, for example, limits its production according to demand. On the other hand, customers are limited by what the organization is willing to supply. Likewise, organizations act as customers to their suppliers, and here again, there is constraint. Competitors limit the behaviors of a rival, using up all resources the rival needs and influencing suppliers as well as customers. A corporation can limit what one of its subsidiaries can produce, or an international labor union's policies can restrict what its local chapters do.

Constraint is also part of what goes on inside a system. Marketing cannot sell products and services that production will not create. When subsystems limit their activities, they do so for the benefit of the entire system (Katz & Kahn, 1978). It follows then that systems in an ecosystem are symbiotic. Marketing needs production. An organization needs customers. The political system needs an economic system, and an economic system needs a political system.

Axiom 10: Environments and ecosystems vary in complexity.

The number of units in an environment and the tempo of their change determine complexity. Thus an organization of twenty departments is more complex than one of ten, and one that rapidly varies its product line is more complex than an organization that produces the same product year after year. Similarly, an organization that frequently changes goals is more complex than one that seldom does.

Like systems, environments also show distinguishing characteristics (Emery & Trist, 1965). For example, they may be stable or unstable. In a stable environment, variations are relatively small and constant. In an unstable environment, the number and variety of environmental entities is relatively large and often changing. Consequently, unstable environments are more complex than stable ones. Thus an organization dealing with five suppliers is in a more complex environment than an organization that deals with only one.

The stability or complexity of an environment or a system is relative to its preceding state of development. Environments and systems change and evolve. The terms "stable" and "unstable" imply movements toward stability or instability. Thus "stable" means "stabilizing," and "unstable" means "destabilizing."

Axiom 11: Organizations, in part, create their own environments.

Systems can control the environment in two ways. First, they can reduce the extent to which their boundary is open (Katz & Kahn, 1978). A system with a relatively open boundary will be more sensitive to its environment since the open boundary lets more information into the system. But a system with too open a boundary will lose its autonomy, merely reacting to environ-

mental change. Ideally, a system's boundary is open enough to maintain system sovereignty. That is, most organizations have some choice of markets and suppliers. Organizations can also choose to interact in ways that meet their own organization's requirements. These choices at the boundary are part of the mutual constraint noted earlier.

Second, a system can control the influence of its environment by being proactive. That is, instead of just adjusting to its environment, the system can seek to change it. A system naturally does this by insuring its own resources and looking for customers. In this way, systems create their own environment (Weick, 1979). Research and development, marketing, advertising, public relations, and sales are their most obvious means.

Axiom 12: For a system to control its environment, the complexity of the system must be at least as great as the complexity of its environment.

For a system to survive, it must adjust its own complexity to the complexity of the environment. If the system is too complex, it wastes resources. If it is too simple and transforms too few resources into products, it will be overwhelmed by its environment. Matching system complexity to environmental complexity is called the law of requisite variety (Ashby, 1956).

When the environment is more complex than the system, the environment can overload the system. A small, family-run grocery will have trouble in a neighborhood of diverse clients and multiple competitors. On a larger scale, the emergence of parallel systems of greater complexity may drive out simpler systems, as, for example, in the downfall of the A&P grocery chain that insisted on its traditionally single product line.

Axiom 13: Social behaviors and the factors related to them naturally move to comparable levels of complexity.

When linked systems are closed to other environmental factors, they continually adjust to each other. Eventually, these systems find a level of behavior and output that is comfortable for both. Maintaining their link, the more complex system reduces the complexity of its output and the simpler maximizes its internal complexity to match these outputs.

Social behavior works in much the same way. For example, complex social patterns are better suited to more complex problems. When human beings form groups, they tend to compete within their groups and to simplify social patterns. However, when they confront complex tasks, particularly the more complex competitive tasks, they move toward greater and greater cooperation (Axelrod, 1984). The complexity of the social behavior adjusts to the complexity of the task.

The physical capacity of a system limits its ability to adjust. Limited psychological capacities, say, in informational processing, can limit human

adjustment, and social rules can also affect it. Naturally emergent social behavior is flexible and tends to adjust to circumstances, even though it is initially limited physically, and then psychologically, and then socially as individuals establish roles and rules.

Axiom 14: Social behavior is more likely to accomplish its intended goals when the complexity of behavior matches the complexity of the factors related to that behavior.

Complex technology is unsuited to simple problems. When the goals are simple, tasks should be simple. Thus an "overqualified" applicant for a job is more complex than the task. The ten factors previously noted in Axiom 7 are effective only at comparable levels of complexity. Contingency theories support this claim (Burns & Stalker, 1961; Lawrence & Lorsch, 1967; Woodward, 1965). While these theories recognize no single, superior leadership style, some theorists suggest that leadership depends on the task, the social climate, and the leader's authority (Fiedler, 1967). The maturity of the group is also important (Hershey & Blanchard, 1977). Complex styles are more effective in complex circumstances; simpler styles work better in simpler circumstances.

The Nature of Institutions of Higher Education

Axiom 15: Colleges and universities are information processing systems.

Early theories explained organizations that processed materials, such as the auto manufacturing plant, or that performed services, such as the auto repair shop. Today, most workers process few materials, and most of those in service industries service few products. Since 1954, a majority of Americans have earned their livings from information: creating, transforming, transporting, translating, storing, retrieving, or sorting it (Porat, 1977). Indeed, the defining functions of most organizations, including universities, are derivations of information processing.

Education requires several informational activities: thinking, speaking, reading, writing, organizing, interpreting, transforming, as well as duplicating transporting, receiving, storing, and retrieving. Although education includes other features, most activities begin with information. Scholarship, governance, service in professional associations, consultation—all center on information. Colleges and universities are information processing systems.

Axiom 16: The social structure of colleges and universities is primarily a loosely coupled one.

University professionals perform most of their academic duties individually, and most rely less on others than on themselves. Interdependence, even within most academic departments, is mostly found in the administration of

policy. But this limited interdependence within departments looms large when compared to that between departments or across campus. Few administrations specify expected academic results. Nor do policies relate departments or larger units to each other in the execution of any joint functions. In this respect, universities are like most medical institutions (Salem & Williams, 1981). As hospitals refuse to tell physicians how to practice medicine, so do universities refrain from ordering teachers how to teach.

This type of structure is called a loosely coupled structure (Weick, 1979). A system tends to loosen its structure as it grows. Subsystems naturally develop and interdependence is greater within the subsystems than between them. Information processing systems begin with looser structures than organizations that process material or provide services. Therefore, integration and control become the university's greatest problems.

Axiom 17: Administrators exert direct control over the ancillary services which create the conditions for education.

Administrators control ancillary services directly. They keep accounting, maintenance, the bookstore, the computer center, and other offices under a typically tight structure. Budgets for academic departments more often determine materials and services than academic duties. By controlling the conditions directly, administrators control academic performance indirectly (Gratz & Salem, 1981).

Axiom 18: Administrators control education indirectly by managing definitions.

Administrators control academics by defining academic terms (Gratz & Salem, 1981). Moreover, they choose the terminology. Furthermore, they allow behavioral change so long as labels do not change. For example, a teacher may alter the substance of a course, but as long as it retains the approved course title, all is well. Thus, administrators attend more to pragmatic definitions than to behavioral changes themselves (Meyer, 1975).

A course exists in an "assigned" classroom, at a "scheduled" time, with an "instructor," "students," and "educational material." Administration decides which classroom is "assigned," which time is "scheduled," which person is the "instructor," which persons are "students," or which materials are "educational." Without appropriate credentials, procedure, or approval, nothing is sanctioned or authorized by the appropriate institutional term. But if all the things that meet the definitions are in the same place at the same time, "education" happens. Scholarship and service happen in much the same way.

Administrators manage some constitutive rules for the system, some of the meaning of college and university life. Some terms and definitions they manage were imposed from the society or other external sources such as trustees or regents. The distribution of resources to various institutions and

to departments depends, in large measure, on demonstrating that the activities within the institutions meet socially accepted definitions and the expectations of influential constituents, including the parents of the students and the students themselves.

The Nature of Success

Axiom 19: Organizational effectiveness means comparing performance to five types of goals: quantity, efficiency, quality, innovation and morale.

One meaning of success is an organization's effectiveness at reaching five goals (Hage, 1980). If the goal is quantity, the organization intends to produce as much goods or services as it can. If its goal is efficiency, it strives to produce what it does for the least cost. If its goal is quality, it works to produce that which will meet the highest standards of performance or reliability. Criteria for quality may be specified either by the organization or by potential customers. Customer satisfaction is often used as a measure of quality, especially when the product or service is new (Daft, 1983). If the organization's goal is morale, it will try to produce outputs to encourage and satisfy all who play a role in the organization. If its goal is innovation, it will continually change its product.

Particular goals in every organization derive from a mix of some or all of these five goals. Over time, an organization or its units may emphasize different goals, at one point quality, at another time efficiency. But its effectiveness is the extent to which it achieves its intended mix of goals.

Axiom 20: Changes that improve quantity and efficiency diminish quality, innovation, and morale; changes that improve quality, innovation, and morale diminish quantity and efficiency.

Some goals automatically exclude or limit the potential to achieve other goals (Hage, 1980). Every effort at moving toward quantity and efficiency will limit the other outcomes and vice versa. Insuring quality, for example, requires resources to check products for quality, and this means that some resources are not being spent to increase quantity. In fact some products may be rejected, some quantity reduced, because of poor quality. Quality, morale and innovation cost resources that might be spent to improve quantity and efficiency. Each organization decides its own mix.

Institutions of higher education have two distinct subsystems with two distinct mixes of goals. On the one hand are the academic and research units aiming at quality, morale and innovation. On the other hand are the ancillary and staff units (e. g., maintenance, accounting, purchasing, etc.) aiming at quantity and efficiency. There may even be units that alternately skew in one

direction and then another. Managing the paradox is the key to effectiveness (Quinn, 1988).

Axiom 21: Organizational innovation moves from initiation and adoption to implementation.

Innovations in organizations involve two distinct decisions (Rogers, 1983; Rogers & Agarwala-Rogers, 1976). First is the decision to adopt an innovation, second, the decision to make it part of the system. When an organization perceives a need to change, it will consider different alternatives to meet that need. If conditions are right, it will match its resources with its need and design an innovation. This is the initiation part of the process. Then the organization moves to make the innovation part of the system. Again, it will take distinctive steps to include the innovation as part of the older structure. This is the implementation stage. As long as implementation fulfills need, the innovation stays.

Axiom 22: An innovation succeeds when the organization decides to retain it.

When analyzing the success of an innovation, the organization's next decision becomes crucial. Deciding to continue means that the organization considers the innovation now part of its routine. Success for an innovation means that it has lost its novelty (Rogers, 1983). *For a newly adopted subsystem, continuation becomes an additional goal.*

Axiom 23: A decision to continue an innovation is likely when both initiation and implementation are effective.

The decision to continue cannot happen if the organization has rejected the novelty when it considers its needs. If initiation fails, there will be no decision to adopt. If implementation is poor, several outcomes may prevent continuance. The innovation may not solve the intended problems. Organizational members may use the innovation only in a limited manner, failing to apply it to a variety of related tasks. The organizational members may continue to regard the innovation in a special manner, believing that only select organizational members can or should use the new product, service or idea. Members may never incorporate the innovation into organizational life. Eventually, the innovation will be rejected (Rogers, 1986).

The Nature of Organizational Communication

Axiom 24: Communication is the information exchange process.

Uncertainty is doubt, an inability to describe, predict, or explain (Berger & Calabrese, 1975), and information is anything that reduces uncertainty

(Salem & Williams, 1984). When a person recognizes or builds a pattern from stimuli, the result is information (Farace, Monge, & Russell, 1977). For the sender, a memo or a speaker's turn in a conversation may be intended as information, but it is not information until a receiver has perceived and interpreted it. To one, a message may be information, to another, redundancy or noise. The challenge is to provide messages which reduce uncertainty. The goal is mutual understanding.

Communication is more than information. Messages may reflect or stimulate information, but they also have some value. Communicators do more than understand each other's messages; they like or dislike the information the messages convey. Because messages are intended to influence or change attitudes or behaviors, when two or more people meet, the information exchanged takes on additional value.

A single message exists in a stream of other messages, reflecting the messages that came before and stimulating those that come after. A message is part of an ongoing process, encouraging or discouraging the behavior in that process. A message is feedback. Communication means clarity of intent, it means persuasion, it means control of change. Communication is the information exchange process (Salem & Gratz, 1983).

Axiom 25: Effective dissemination means a) providing the amount and type of needed information, b) the amount of information that can be processed efficiently, and c) information free of distortion.

Most research in organizational communication deals with information (Greenbaum, Clampitt, & Willihnganz, 1988; Greenbaum, Hellweg & Falcione, 1988). In information adequacy studies the objective was to discover how to get organizational members the information they needed. In another series of studies, overload studies, the concern was to provide members with just enough information to meet their processing capacity.

Finally, researchers investigated the ways to provide information of the highest quality, distortion studies. These studies evaluate both hard methods of dissemination, such as memos, computers, or phone systems, and softer methods, such as interviews and group meetings, and identify means of more effective dissemination. Table 3 shows dissemination factors and their important characteristics.

Axiom 26: Effective persuasion means identifying content and delivering messages that change the attitudes, beliefs, or behaviors of a specified audience in an intended way.

Anyone who tries to discover the causes of confusion investigates an information problem. When anyone looks at this confusion and the reasons behind an employee's satisfaction, persuasion now becomes the focus. The concern has shifted from what the employee knows to what the employee's

Factors	Definition	Important Characteristics
a. Who/ the Sender	the source of a message	internal or external, formal or informal, amount of credibility, processing capacity, type of relationship with the receiver
b. Says What/ Message	the actual symbolic behavior	
1) Message Content	what the message is about	about the job, organizational matters, or personal things
2) Message Style	the organization and language of the message	key words, the pattern of ideas, the personal style of the communicator
c. To Whom/ the Receiver	those processing the sender's message	internal or external, formal or informal, amount of credibility, processing capacity, type of relationship with the sender
d. In Which Channel	how the message is packaged and delivered	
1) Diffusion Methods	context in which message was sent or received	the coordination format from improvised to documents to planned to group meetings, the richness of the channel, mass media to interpersonal channels
2) Networks	configuration of social relations	formal network, grapevine, cliques, network roles such as opinion leaders, distance between members
e. When	the chronological context	time of day, time in a planing cycle, in time to act
f. With What Effects	outcomes of information exchange process	changes or reinforcement of information/knowledge, attitudes or behavior

Table 3. Communication and dissemination factors related to success

attitudes are. Most research in persuasion deals with the results of persuasive messages, actual and intended (Smith, 1982). It looks for tactics and strategies most likely to determine effectiveness. Another approach deals with process. How do organizational members maintain power? What events alter the distribution of resources? What are the rules for the games being played? (Frost, 1987).

Axiom 27: Effective communication development means providing feedback that encourages desirable changes and discourages undesirable ones.

Communication is about change and feedback (Fisher, 1982), a part of the decision-making that produces change. It is also about management and negotiation, adaptation and innovation. These concerns are secondary to a larger concern for the development of the organization.

The Nature of the Adoption of Innovations

A comprehensive and authoritative theory of innovations that summarizes research in the twentieth century is Everett Rogers' *Diffusion of Innovations* (Rogers, 1983). Rogers holds that an innovation is anything that is perceived as new by an individual or other unit of adoption, whether it be an idea, a service, a procedure, or an object. Early research concentrated on rural sociology and the introduction of agricultural innovations such as hybrid seed, weed sprays, and fertilizers. It identified individuals as innovators, early adopters, late adopters, and laggards depending on when they accepted an innovation. More recently, however, emphasis has moved from the rate of adoption by individuals to innovations in technology, education, marketing, and public health.

Rogers defines the diffusion of an innovation as a process which occurs when channels carry messages, over time, about an innovation to members of a social system. The use and impact of mass media channels as well as interpersonal channels are both central to Rogers' theory. The theory also accounts for the influence of change agents and opinion leaders producing change in an interpersonal network.

Axiom 28: Adoption occurs in five stages: knowledge, persuasion, decision, implementation, and confirmation.

When adopting innovations, individuals or groups pass through five stages: knowledge, persuasion, decision, implementation, and confirmation (Rogers, 1983). Figure 2 presents Rogers' model of this process. At the *knowledge* stage, individuals become aware of the innovation, and their awareness of the new may cause problems. They may expose themselves more readily to information and its sources which are consistent with what they already believe or do. This selective exposure and selective perception are means by which they avoid conflicting information. If they become aware of the innovation, however, that awareness itself may create a need to change.

If people feel a need for change, their need may stimulate an interest in seeking out an innovation. Rogers identifies three factors that affect the information gathering process: socio-economic characteristics (education, age, and income), personality variables (innovativeness, self-confidence, and dogmatism), and communication behavior (exposure to mass-media channels, network size, and frequency of communication). All may influence the gathering and quality of information.

The second stage, *persuasion*, occurs when adopters form favorable or unfavorable attitudes toward the innovation. While their knowledge is focused on the cognitive level, their persuasion depends on the affective. At this stage they seek information in an effort to reduce uncertainty about the consequences of an innovation. Their attitudes become more favorable when they see the new as more effective than the old. Those who try the new will consider adoption only if the innovation offers advantages over the

more familiar.

At the third stage, *decision*, they agree to adopt or reject the innovation. If they reject the new, they may later adopt. Whenever they adopt the innovation, their intent is to implement it. But many will refuse adoption until

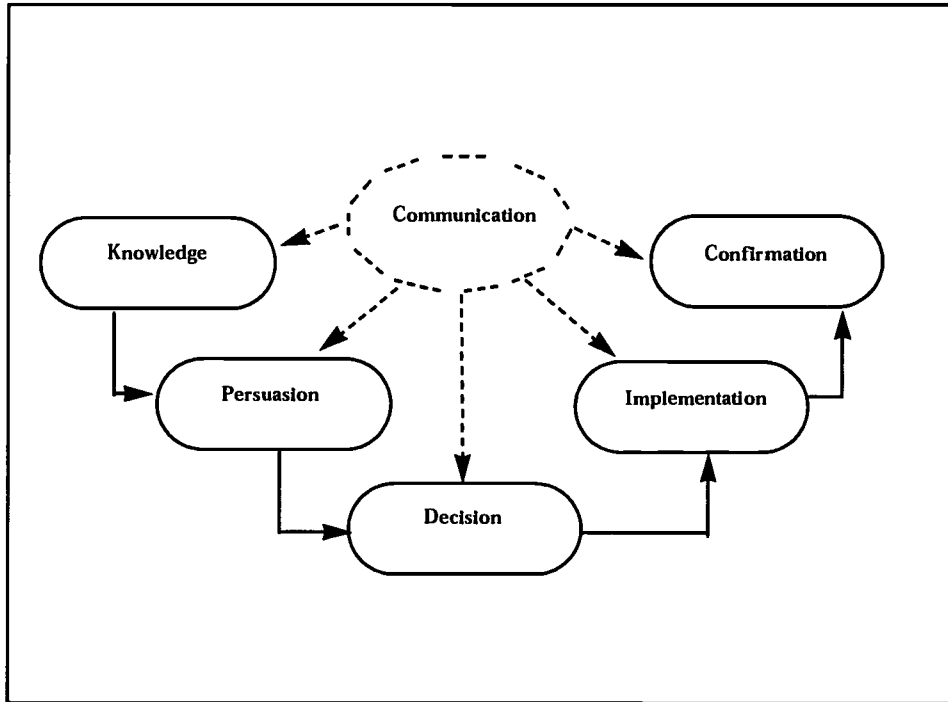


Figure 2. The innovation decision process

they have first tried the innovation. Their refusal may be overcome by pre-adoption trials that give them information and reduce their uncertainty. They may try free samples of a new product or observe others using it.

The fourth stage, *implementation*, occurs when adopters use the innovation. In most cases it directly follows the decision to adopt. Indeed, implementation requires overt behavior. Adopters actively seek more information as they try to answer questions and solve problems about the innovation in its particular setting. Additional organizational problems arise if many of the people involved in implementation were not part of the decision to adopt.

The fifth and final stage is *confirmation*, when individuals seek reinforcement for the decision to innovate. When individuals make any decision, they experience post-decisional cognitive dissonance, a state of disequilibrium. There is a motivation to reduce or eliminate their discomfort, typically by changing their knowledge, attitudes, or actions. After making a decision, there are continued efforts to gather information and reevaluate. Selective exposure and perception occur as the individuals seek confirmation by discussing the decision with agreeing groups. Cognitive dissonance affects both adopters and rejecters.

As long as information supports its continuance, the innovation is likely

to be retained, but after an innovation has been adopted, discontinuance is always possible. Types of discontinuance include replacement—the adopter rejects the original innovation for a better one, and disenchantment—the adopter, dissatisfied with performance, abandons the innovation. If, as some have argued, all innovations must mature to the point of either replacement or disenchantment, certainly every innovation will fall into disuse and the adoption cycle reverts to the knowledge stage.

Implicitly, the stages of the diffusion process follow a linear sequence from knowledge to persuasion to decision. Sometimes, however, the sequence may move otherwise: from knowledge to decision to persuasion. Thus the decision to adopt may itself encourage a favorable attitude. Perhaps a small-scale trial will influence either the decision stage or the persuasion stage or even both stages.

Researchers have also questioned whether the five stages in the process are distinguishable. Studies of different innovations provide evidence that supports strongly the knowledge and decision stages, less so the persuasion stage. Still less evidence distinguishes implementation from confirmation. To separate different stages in a "process," especially when transitions blur their distinctive classifications, is often difficult. While their order, importance, or discreteness may vary from situation to situation, they still provide a useful framework for describing and analyzing the innovation process (Rogers, 1983).

Axiom 29: Mass communication informs more often than it persuades, while interpersonal communication persuades more often than it informs.

Mass media transmit both printed and electronic information to large, often heterogeneous audiences. Their messages often contain general or common perceptions. Mass communication is most effective in reaching large audiences quickly, transmitting new knowledge, reinforcing established attitudes, or changing weak ones (Rogers, 1983), but it is less persuasive than interpersonal channels (see Lazerfeld, Berelson, & Gaudet, 1944, and Chaffee & Hochheimer, 1985, for reviews of this literature). Interpersonal communication includes two-way, face-to-face exchanges between persons, each able to offer direct feedback (Smith, 1982). Any formation or reformation of strongly held attitudes is best accomplished interpersonally. The immediate exchange of information in this setting allows an advocate to adapt a message to its recipient, to overcome selective exposure, to provide social pressure, and to reinforce or encourage compliance.

Axiom 30: An innovation's persuasive characteristics include its observability, its relative advantages, its trialability, its simplicity, and its compatibility.

During the persuasion phase of the process, prospective adopters form

favorable or unfavorable attitudes toward innovations. After they compare the newly proposed with other options, they determine the relative advantage of the new over the old. Then they consider its compatibility and consistency with their values, experience, and needs. They examine its complexity, asking whether an innovation will be difficult to understand or implement. They also ask of the innovation that it be tested on a limited basis to assess its suitability for use. Finally, they consider its observability, the degree to which people can see its results. If an innovation is advantageous, compatible, simple, and easily tested and observed, it is more likely to create a favorable attitude (Rogers, 1983).

These characteristics of an innovation do not "leap" from the innovation to the perceiver. The characteristics are part of messages and campaigns about the innovation. Rogers (1983) identifies the content most likely to persuade as well as features of an innovation. This axiom also points to the content of effective persuasive messages about an innovation.

Axiom 31: Two important members of interpersonal networks are change agents and opinion leaders.

Change agents represent external agencies that would influence adopters of innovations. Held accountable for the success of their agencies' programs, they plan and coordinate diffusion campaigns. These professionals' socio-economic characteristics differ from those of their clients, and there can be problems because of those differences (Rogers, 1983).

Opinion leaders are individuals in the client population, and their leadership is usually more informally based and not a function of formal positions or status. Opinion leaders earn and maintain their influence by being competent, accessible, and conforming to system norms, but they are better informed than their followers, they have greater exposure to mass media, are more cosmopolitan, and have greater contact with change agents. They are at the center of interpersonal communication networks and sought by other members of the social system. As a rule, they are more innovative than their followers, but their innovativeness falls within the system norms of acceptance.

Axiom 32: Change agents influence the process by managing informative and persuasive messages, and opinion leaders facilitate and stimulate the innovation process.

The change agent seeks to manage the diffusion process by initiating and orchestrating persuasive activities. Primary activities include developing a need for change, establishing relationships and rapport with clients, diagnosing problems, creating intent to change in the clients, translating intent into action, stabilizing adoption, and preventing discontinuance. The change agent analyzes the system and generates informative as well as persuasive mes-

sages throughout the process. The change agent also maintains contact with the opinion leaders.

The influence of opinion leaders is more indirect but no less dramatic. Since opinion leaders are similar to the other members of the system, clients trust them, and the trust increases credibility. Others ask them for information and evaluations, and the rate of adoption escalates dramatically when opinion leaders accept the innovation (Rogers, 1983).

Axiom 33: Certain factors important at one stage of an innovation will be much less important at other stages.

Throughout the five stages of the innovation process different factors assume greater or lesser importance. Initially, for example, change agents analyze their clients' needs and create a need for change. Then during stages of persuasion and decision, they identify and work through opinion leaders. Later during implementation and confirmation, change agents coordinate and support innovations. Opinion leaders also change their roles at different stages of innovation. They influence adoption during persuasion and decision, but later their encouragement reinforces decisions to innovate.

In addition, the part communication plays changes as the process moves from stage to stage. Channels of mass media are crucial sources of knowledge and information about innovations and the need for change; however, face-to-face interaction is more important at the persuasion stage. Those who adopt innovations early depend mostly on mass media. Those who adopt at a later point rely mostly on the interpersonal (Rogers, 1983).

Axiom 34: Factors which influence decisions to innovate also influence adopters to confirm and continue.

Most research on diffusion has centered on adoption; little has been devoted to continuance (Rogers, 1983). At the confirmation stage, individuals seek reinforcement, but they may reverse decisions if they receive conflicting messages. Discontinuance may occur if better innovations are adopted or if individuals become dissatisfied or disenchanting with them.

Communication channels and networks, change agents, and opinion leaders greatly influence decisions, and each plays a critical role in an innovation's continuance. While mass media can reinforce an innovation, interpersonal networks are the primary means for constructing the reality of the innovation. Change agents have a special role to play. Many change agents focus primarily on gaining adoption and overlook the need to provide supporting messages after adoption. If they too readily assume adoptions are secure, then rejections of innovations are more likely to occur.

Likewise, opinion leaders will influence continuance if they support those who innovate. If they send positive messages about these innovations, then the probability of continuance increases. But if groups fragment, if they

do not meet, or if opinion leaders send negative messages, discontinuance is more likely.

A large portion of Rogers' Diffusion of Innovations Theory focuses on individuals and the adoption process they follow (Rogers, 1983). Rogers and Agarwala-Rogers (1976) have created a model of the innovation process in organizations. They provide some important refinements to the theory as it is applied in an organizational setting where there is a formal and informal structure as well as prescribed roles, rules, and regulations. Table 4 summarizes the model.

Elements	Innovation Stages	Descriptions
A. Environment		Boundary spanners scan the environment for information about accountability, innovations, and resource constraints.
B. Initiation	1. Agenda Setting	The organization becomes aware of a performance gap and considers how to close the gap.
	2. Matching	The organization compares its felt need to its knowledge of innovations and its slack resources. If the match is good, it decides to innovate and moves to the next stage.
C. Implementation	3. Testing or Redefining	The innovation is tested and modified. Re-invention occurs. Organizational structure may be modified to accommodate the innovation.
	4. Installing	The innovation is put into full and regular use.
	5. Institutionalization or Routinization	The innovation loses its separate identity and becomes part of normal functioning.

Table 4. The innovation process in organization

There are three key elements in the model: 1) the environment, 2) the initiation stage, and 3) the implementation stage. The environment consists of all external factors outside the boundaries of the organization, and the environment provides a variety of different input, including energy, materials and information. Environmental information of considerable importance to an organization includes knowledge about various innovations, knowledge about markets, customer needs and interests, economic conditions, technological advances, and governmental regulations. In the initiation stage an organization must first detect a problem and gather information from the

external environment about various innovations. That information must then be disseminated to individuals inside the organization, and the organization must facilitate interaction about innovations and make a decision of adoption or rejection. In the implementation stage the innovation is put into practice and eventually becomes routinized into daily organizational activity.

Axiom 35: Organizational adoption begins with the awareness of a performance gap.

Innovations are more likely to be adopted if individuals perceive organizational problems and, finding them, search the environment for innovative solutions. A performance gap is created when there is an awareness of a discrepancy between an organization's expectations and its actual performance. The discovery of any gap between expectations and performance can be a strong impetus to discover and adopt an innovation (Rogers & Agarwala-Rogers, 1976). Without this reality, an organization will lack motivation to go outside itself for new ideas.

An organization competing in a rapidly changing environment and measuring its performance against that of its best competitors is more likely to search for innovations. Nevertheless, some highly formal, centralized organizations may expose themselves only to changes that are compatible with their own limited interests and attitudes. Such selectivity allows an organization to avoid certain realities and to create an artificially comfortable psychological climate. Change agents change these perceptions. They present information about problems, or they acknowledge innovations and their positive characteristics. In either case, they point out performance gaps (Rogers, 1983).

Axiom 36: External accountability, knowledge of innovations, and slack resources uncover performance gaps and encourage innovation.

Interaction between an organization and the external environment is crucial if an organization hopes to survive. An organization with external accountability is more dependent on, and responsive to, the environment since it requires innovations, funds, personnel, or clients to operate effectively. The greater the number of boundary spanners, involvement in interorganizational relationships, and responsiveness to external groups, the greater is the external accountability. It is not surprising to discover that an organization with a high degree of external accountability is more likely to discover and initiate innovations (Rogers & Agarwala-Rogers, 1976).

In addition, an organization which seeks out information about innovations and which possesses slack resources is more likely to initiate change. Slack resources may include financial reserves, personnel slack (such as workload availability, number of part- or full-time employees), and physical slack (such as unoccupied office space, accumulated office supplies or equipment). These slack resources not only make the availability of innovations

more likely but they may even create a need for innovation (Rogers & Agarwala-Rogers, 1976).

Axiom 37: When organizations deal with performance gaps, they compare proposed innovations to other alternatives.

Once organizations detect performance gaps and look for remedies, they may decide to innovate. However, their decision to innovate may only be one of several options. Frequently, they consider different available innovations, anticipating new problems that each innovation might create. If decision-makers see a mismatch between an innovation and a problem, they may reject one innovation and consider another. After further analysis, the organization may decide to make no changes or to make minor revisions. Instead of innovating, some existing organizational activities may be expanded, reduced, or rearranged (Rogers & Agarwala-Rogers, 1976).

Axiom 38: Implementation proceeds in three stages: testing, installation, and institutionalization.

Following the decision to innovate, implementation begins by testing the innovation during limited use. If a mismatch between problem and innovation is discovered, the innovation can be modified and redesigned before its full-scale implementation. Often components of the organization are altered to accommodate the innovation and special units created to manage it (Rogers, 1983).

At the installation phase, the organization continues to connect the new to the old as it gives the innovation wider recognition. Its members understand the innovation better. Misunderstandings can be identified and corrections made as the innovation begins to find a home in the structure (Rogers, 1983).

The final phase of implementation is institutionalization. At this point the innovation loses its newness, its suspect identity, and is incorporated into the daily life of the organization as an integral part of the system (Rogers, 1983). This movement is stabilizing. Almost any innovation begins as a process more complex and unstable than the organization. As an innovation is integrated into the system, it becomes as stable as the organization itself and moves to the same level of complexity and stability as the system's.

It is difficult to determine when implementation ends. Depending on the innovation, implementation may continue for a long time. Eventually, however, when the new becomes routine, institutionalization is completed.

Discontinuance sometimes follows, as other innovations find advocates or as the organization becomes disenchanting with the change. If continuance is to occur, decision-makers must confirm and reinforce the innovation, supplying supporting documents to counteract any uncertainty and doubt.

Axiom 39: Innovations are subject to re-invention.

As indicated in Axiom 38, innovations may be introduced with modifications. When organizations test innovations during implementation, they may alter innovations further. Re-invention is a transitory period when adaptations and fine tuning occur (Rogers, 1983). It is also endemic, no longer requiring the hand of the change agent to provide some copy or imitation of some innovation discovered in a different reality.

These circumstances suggest that managers who decide to adopt an innovation may find that its implementation demands many modifications and adaptations before it can be usable. Some see re-invention as undesirable since it is a distortion of the original model and represents a loss of control. Others, however, see it as inevitable and necessary if an innovation is to find acceptance. Flexibility in implementation encourages customization of the innovation to local conditions.

Axiom 40: Within organizations, structural factors which positively influence initiation may negatively influence implementation.

There are three major aspects of organizational structure affecting innovation. Centralization is the degree to which power and control in a system are concentrated in the hands of relatively few individuals. Complexity is the degree to which organizational members possess a relatively high level of specialized knowledge and expertise, usually measured by the number of occupational specialties and professionalism. Formalization is the degree to which an organization emphasizes following rules and procedures in the role performance of its members. Research in these structural factors has produced puzzling results and low correlations with innovativeness (Rogers, 1983). Analysts once believed "organizational innovativeness" to be a composite of many different innovations, thus obscuring the process. But now, as investigators divide innovation into initiation and implementation, this confusion has been eliminated (Rogers, 1983).

Research now indicates that while decentralization, increasing complexity, and less formalization propels initiation, high centralization, low complexity, and high formalization enhance implementation (Sapolsky, 1967; Zaltman, Duncan, & Holbek, 1973). Paradoxically, any organization easily able to adopt an innovation may find itself less able to implement it. Accordingly, the most innovative organizations have either two structures or a single flexible structure capable of transforming itself.

Axiom 41: During implementation, factors which positively influence re-invention and testing of an innovation may negatively influence its institutionalization.

Different organizational factors lead to different results during re-

invention and installation. Some factors appropriate to unstable environments are useful during initiation; others appropriate to initiation may be even more useful during re-invention. Organizational re-invention of an innovation is enhanced by a set of general goals, plus a diversity of tasks and a decentralized structure. These goals allow more flexibility, freer experimentation. During re-invention, goals include innovation, organizational morale, and customer satisfaction. Time to adapt innovations to the needs of the organization and to create cooperative organizational units must be allowed. However, during installation, general goals are replaced by more specific ones that target ineffectiveness and gaps in performance. When an organization's overriding goals are quantity and efficiency, its centralized decision-making, specific job descriptions, and formalized procedures will expedite installation. When what works best is understood, the organization can streamline its procedures for specific results.

Improving the chances for success: propositions

Theories provide explanations of phenomena, but they also predict. Thus far we have offered some axioms that explain the process by which concepts interact. But a theory must also predict outcomes, given a set of conditions. The propositions that follow appropriately predict these outcomes. Propositions contain only those concepts that can be measured. They take the conditional form "when X, then Y." They show how changes in one factor produce changes in another. Because propositions are primary statements, they can never take the form "if X, then Y." Based on past research and theory, they specify outcomes from known relationships. They are no more abstract than axioms. Nor do they derive from axioms, which describe boundaries and processes. Propositions are precise statements of outcomes (Dubin, 1978). Here we discuss propositions as they relate to effectiveness, regardless of environmental conditions or specific goals. Most address leadership, climate, and communication.

Organizational Factors Related to Effectiveness

Proposition 1: When a subsystem's objectives are more integrated into the organization's mission statement, then a subsystem's effectiveness is more likely.

Mission statements broadly express organizational goals. When an organization links its subsystems' objectives to its mission statement, the success of that subsystem becomes a goal of the organization. If managers or program directors of subsystems can frame their objectives in the language of the mis-

sion, then their objectives can be more fully integrated as organizational goals. Thus any university that links a subsystem's objectives to the mission statement defines the subsystem in powerful language.

When top management can create missions from which managers can operationalize their own program objectives, the entire system will be more effective. Linking the university mission to its subsystems' objectives integrates those subsystems. The mission statement serves additionally as a reminder of higher goals, linking directors of subsystems to those higher goals and encouraging teamwork (Larson & LaFasto, 1989).

Proposition 2: When a subsystem's advocate is situated higher in the organization's hierarchy, the subsystem is more likely to be successful.

In a hierarchy, either the organization's formal structure of responsibility and authority or its informal social structure and status, those in positions closer to the top are more likely to accumulate influence, rewards, and resources than are those in lower positions (Hage, 1980). A subsystem's advocate may be either its director or another administrator. But whoever speaks for the subsystem must be higher in the hierarchy. In social networks of any sort, the greater the social distance from the top, the less the power (Farace, Monge & Russell, 1977).

Proposition 3: When a subsystem uses a variety of resources and has multiple sources for those resources, then it is more likely to succeed.

When one system depends on a second system exclusively controlling a valued resource, the second system assumes power over the first (Emerson, 1962; Pfeffer, 1981). Resource dependency may be reduced in two ways: the first system may either devalue the resource, thereby reducing the second system's power, or find other systems with the resource.

When a department within an organization can call on a variety of resources from multiple suppliers, it can perform its tasks more freely than can the department that is limited. Costs that increase with multiple resources or suppliers may be offset by an increase in influence and the promise of success.

Proposition 4: When an organizational unit can be labeled with more powerful language, it is more likely to be effective.

Some units in an organization may tower above others, and language can influence this power and status (Frost, 1987). If a new unit's label is associated with a lower status unit, that unit will find little status. But if its label associates it with other high-status units, it will share their status. In the university, where administrators control through symbols, the language used to label

a subsystem may decrease or increase its power.

Proposition 5: When information meets the needs of organizational units, the organization is more likely to be effective.

A common complaint is that managers fail to grasp employee needs, a problem that surfaces often in the university (Gratz & Salem, 1981). What information is needed to complete a task, to coordinate one task with others, to satisfy expectations, and to encourage others in their tasks? How do needs for information about new programs change for new members? By comparing its goals with its performance reaching those goals, an organization can evaluate its effectiveness. So too can it judge the quality of its communication by comparing the information received by its workers to their needs.

Proposition 6: When dissemination activities are adapted to the capacities of the organizational units, the organization is more likely to succeed.

Before an organization can make communication plans, it must first learn the capacities of its departments and employees. It must know the jobs of others and the information that they generally process. It must also know the best times for processing this information and the easiest methods of spreading and learning it. Particularly in the university, not knowing what others know and can do is a common problem (Gratz & Salem, 1981).

Proposition 7: When communicators use a variety of communication methods, they are more likely to be effective.

Richness is the term used to describe the capacity of a communication method to provide information effectively (Daft & Lengel, 1986). Some methods are richer than others. For example, face-to-face methods are richer than documents. Combining methods generally increases overall richness. Using several different methods limits distortion. For example, after a meeting, a follow-up memo reminds everyone what was done. There is redundancy of content. Using several different methods also enhances the interest of the message. Hearing the same topics presented in the same way is boring. Variety helps.

Proposition 8: When a subsystem's messages are expressed in language appropriate to the workers within the system, the subsystem is more likely to be effective.

Communicators will be more effective if they use the same language. But the politics of a system will mean that different levels of an organization will communicate differently. The deep structure is the set of rules that explains

how to acquire resources and what counts as resources or rewards (Frost, 1987).

We can illustrate the importance of the deep structure by considering newcomers in an organization (Jablin, 1987b). Almost everyone new to an organization will have been informed about job procedures and indoctrinated into the system during orientation programs. This information reflects the surface structure of the system. But the deeper structure is revealed by a newcomer's co-workers (Salancik & Pfeffer, 1978). When events occur which pertain neither to the surface structure nor to the formal rules, the conversation between new and veteran workers provides meaning for the events. This dialogue enables newcomers to interpret messages inherent in the behavior of others. This deeper structure of rules allows newcomers to find their own identity and path to success in the organization. When communication is conducted in language already heard in the deep structure, messages are more readily understood and immediately influential.

Organizational systems and subsystems have been the topics of the first eight propositions presented above. Propositions 9-17 delineate those systems in stable environments, namely, those systems with fewer, less varied, and more predictable factors to consider than systems in unstable environments.. These propositions describe organizations, but they also apply to departments or lesser units within organizations. In universities, for example, the environment of an established department is more stable than a new department or a newly reorganized department; in another setting, support and service units are more stable than academic units. Because of their complementary relationship, some propositions are assembled together and discussed as groups.

Proposition 9: When an organization in a stable environment employs specific objectives, it is more likely to be successful.

In stable environments, variables are few and these factors seldom change. The emphasis here is on quantity and efficiency (Daft, 1983). That is, an organization under stable conditions produces as much as it may, and at less cost. To achieve its goals, the organization must monitor its service and its resources. To do so, it must specify its objectives in measurable terms so that its performance can be compared precisely to its goals.

Proposition 10: When an organization in a stable environment quantitatively evaluates itself, it is more likely to be successful.

Objectives can be described numerically in a stable environment, and quantitative evaluations are highly appropriate (Daft, 1983; Perrow, 1970). Production can be compared precisely to quantitative goals. Effort and expense can be compared to product to judge efficiency.

Proposition 11: When a system in a stable environment reduces the diversity of its tasks, it is more likely to be successful.

Proposition 12: When an organization specializes and routinizes tasks, it is more likely to be successful in a stable environment.

Proposition 13: When an organization formalizes and centralizes its structure, it is more likely to be successful in a stable environment.

Until about 1940, scholars who developed these propositions believed them true regardless of contingencies (see Etzioni, 1964). Their ideas fit the Industrial Revolution, its assembly line mentality, and even the growth of government bureaucracy after the Great Depression. *Today, we understand that these notions, although still valid, apply to specific circumstances.*

Earlier in the century, the idea was to simplify. Observers could analyze a complex task such as making a pair of shoes and discover the shoemaker's simple motions and movements. There was a division of labor and specialization. Instead of ten people each making one pair of shoes, each employee could make only a single, simple part, while one or two others assembled the parts. It may seem impossible to write instructions for making shoes, but writing procedures for individual parts is much simpler. By formalizing the process, each task and the whole product could be duplicated; workers needed merely to follow their own specific procedures. The entire process could become routine. In time, centralized decision-making added to the efficiency of manufacture. Each employee needed to please only one boss. There was unity of command.

Proposition 14: When an organization in a stable environment employs workers with minimal qualifications, it is more likely to be successful.

Simplification and specialization mean that anyone can perform the task as long as they follow procedures. There is no need for an extensive background or credentials (Daft, 1983). Labor costs would be low, and efficiency would increase.

Proposition 15: When an organization in a stable environment a) disseminates minimal amounts of information and b) disseminates information in documented and planned formats, it is more likely to succeed.

The information that is important in a stable environment is task information (Farace, et al., 1977). Information about personal matters or organizational policies are of secondary importance because these matters ought to

be straight forward and direct. Organizational members generally express a need for greater amounts of information about personal matters (e.g., topics such as opportunities for advancement, how they are being evaluated, etc.) and organizational matters (e.g., how organizational decisions are made that affect their job, how the pay and benefits of one job compares with other jobs, etc.), but the need is less in stable environments because there is less complexity.

Information should be communicated through documents or planned formats (Johnson, 1977). Forms, memos, policies and procedures allow for storage and retrieval. Formats such as interviews, staff meetings and presentations require planning. The focus should be on clarity, responsiveness, and minimizing overload by reducing the flow of information.

Although we may be able to identify the appropriate dissemination methods, this does not mean they are always executed well. Most organizational members do not have the rudimentary skills needed to conduct an interview, deliver a presentation, conduct a staff meeting or compose a coherent memo. There is an increasing emphasis on communication skills as an area of emphasis in contemporary management training.

Proposition 16: When messages emphasize the size, cost, and effectiveness of programs, they are more likely to be persuasive in a stable environment.

This proposition derives from earlier statements about persuasion and adapting to an audience. In a stable environment, goals are more likely to emphasize quantity and efficiency (Daft, 1983). When messages are about these goals, they are likely to be persuasive.

Proposition 17: When systems adapt to their environments and implement decisions efficiently, they are more likely to be successful in a stable environment.

This proposition emphasizes the passivity of the system to environmental change. In a stable environment actions which disrupt the regular flow of behavior are counterproductive. An organization must alter its behavior only to maintain efficiency and stability.

Theorists disagree over the direction of change in organizations (Buckley, 1968). One side analyzes systems with respect to their adaptability, while the other side contends that a systems ability to revitalize and to alter its environment are more important. Our resolution of this controversy is to employ requisite variety as part of our explanation. In a stable environment, innovation may be carried to excess and disrupt the symbiosis in the ecosystem, but in unstable environments, a system must be part of change and not just react to it.

Systems in unstable environments show more variety and less pre-

dictability than do systems in stable environments. *The following nine propositions are about organizations, their departments, and smaller units loosely coupled in unstable environments.* In the university, academic units are less stable than those of units providing ancillary services. A new unit begins operation in an environment less stable than already established units.

Proposition 18: When organizations employ general and flexible objectives, they are more likely to be successful in an unstable environment.

In an unstable environment, conditions change frequently. Changes in production, supply, and the market minimize efficient operations. Organizations must try new approaches when environments are unstable. If their emphasis is on quality, innovation, and morale, and if they wish to encourage individual invention, they must keep objectives general (Daft, 1983).

Proposition 19: When organizations employ qualitative evaluation methods, they are more likely to be successful in an unstable environment.

Even in an unstable environment, organizations should still evaluate themselves systematically, but the emphasis should shift to interviews and focus groups and away from structured cost-accounting (Daft, 1983). Because objectives are not easily quantified, organizations should adopt qualitative evaluation. Instead of comparing data to fixed objectives, they should compare data taken at one point in a process or from one subsystem, to data taken at another point in the same process or from another subsystem. Reliable evaluation must be sensitive to an unstable environment.

Proposition 20: When a system increases the diversity of its tasks, it is more likely to be successful in an unstable environment.

Proposition 21: When organizations reduce their specialization/routinization, they are more likely to be successful in unstable environments.

Proposition 22: When organizations reduce formalization and centralization, they are more likely to be successful in unstable environments.

Between the 1930s and the 1960s, scholars who developed these propositions believed them to be true regardless of contingencies (see Etzioni, 1964). Their understanding had grown out of a concern for informal social structures and the problems of integrating workers into a post-war work force.

Although these propositions are still valid, they depend on specific circumstances.

The idea was to make things interesting and challenging. If individuals could vary their tasks and experience the system at different points, the system was more likely to earn the commitment of individuals. The system took on the characteristics of a "skunk works" or craft shop. There was an attitude that the satisfaction of workers was ethically correct, but there was also the belief that a satisfied and motivated worker improved productivity.

In this context, specialization referred to the continual division of labor into smaller and simpler tasks. In a stable environment, this type of division enabled any employee to quickly master any task, and efficiency can be improved. In an unstable environment, this type of specialization was boring and unproductive.

Decentralized decision-making increased involvement and improved intrinsic motivation. Designs could include complex matrix structures with multiple reporting lines. The system demanded more of workers than just consistent performance. In order to get work beyond the minimum, in order to get creative involvement, the formal system must change to provide work which, by its very nature, is rewarding.

Proposition 23: When organizations employ workers with maximal qualifications, they are more likely to be successful in unstable environments.

Because instability produces complexities, organizations in unstable environments need highly qualified personnel (Daft, 1983). In some cases, they may need workers with experience, in other cases workers with advanced training. In the most complex situations, they need workers with experience and advanced training. As systems grow even more complex, their workers will be asked to invent and decide, not merely to implement the innovations of others.

Proposition 24: When an organization a) disseminates large amounts of information b) disseminates it in improvised formats or through group decision-making formats, it is more likely to be successful in an unstable environment.

All information is important in an unstable environment (Farace, Monge, & Russell, 1977). It grows more important when workers, as well as policies, change with each new task. The need for greater amounts of information increases in the greater complexity of the unstable environment.

Here information can best be communicated improvisationally (Johnson, 1977). In a craft, standards and rules of communication are borrowed from craft members. Research engineers, for example, operate on the expectations they bring from their communication with other engineers (Katz, 1988). A mix of professionals will reveal a variety of expectations. In

any event, the members improvise around each others' expectations until a set of rules emerges, rules that reflect their uniqueness. In the unstable environment, group decision-making demands a greater sharing of information and its sources. When conflicts arise—the normal course in unstable environments—they must be managed if the system is to survive. The system will not survive if its members cannot deal with differences.

Proposition 25: When messages emphasize program quality, innovation, or morale, they are more likely to be persuasive in an unstable environment.

In an unstable environment, quality, innovation, and morale are likely to be the goals. When messages reflect these goals, communication is likely to be persuasive. Formal messages about quantity and efficiency can be effective only if they are tied to quality, innovation, or morale.

Proposition 26: When a system successfully manipulates its environment and revitalizes itself, it is more likely to be successful in an unstable environment.

This proposition emphasizes the proactive nature of social systems. In an unstable environment, an organization can alter its environment to prepare it for innovations. Although excessive innovation will disrupt any system in a stable environment, in the unstable one systems must encourage change, not just react to it. For a generation, American organizations have focused on revitalization and innovation (Bennis, 1976). Their leadership seems aimed at creating a social climate conducive to change. More recently, investigators of successful teams have found that some multiple structures can be effective depending on the objectives of each team (Larson & LaFasto, 1989).

In summation, in the most unstable environments, when organizations are organic and leaders stimulate creative teams, they are more likely to be successful. In the most stable environments, when organizations are more mechanical and leaders direct tactical teams, they are more likely to be successful. Table 5 matches organizational factors with environmental extremes and summarizes earlier representations of success in organizations (Burns & Stalker, 1961; Lawrence & Lorsch, 1967; Woodward, 1967; Hershey & Blanchard, 1977).

Organizational Factors Related to Innovativeness

In this section, two sets of propositions are presented. Propositions 27-48 focus on the initiation and eventual adoption of an innovation. These are followed by propositions concerning the implementation and continuance of innovations. Key factors included in these propositions are the willingness of organizations to perceive problems, the nature of the innovation, the roles of

the change agent and opinion leaders, channels of communication, and social networks.

Organizational Factors	Environment	
	Unstable	Stable
1. Goals	innovation, quality & morale	efficiency, quantity
2. Task	diverse	uniform
3. Technology	craft, nonroutine	engineering, routine
4. Personnel	experience, credentials needed	few qualifications needed
5. Structure	complex, decentralized, low formality	simple, centralized, formalized
6. Social Climate	maximally supportive	minimally supportive
7. Management	participative decisions	centralized decisions
8. Leadership	generate and advocate a vision	use vision to stimulate implementation
9. Development concerns	coordination, collaboration, creativity	delegation & control
10. Communication	much information, emphasizing goals, diffused in improvised or group problem solving formats	little information, emphasizing goals, diffused in documented or pre-planned formats

Table 5. Matching organizational factors with the environment

Proposition 27: When organizations perceive significant gaps between their expectations and their performance, they are more likely to be innovative.

Proposition 28: When organizations employ large numbers of boundary spanners, they are more likely to be innovative.

Proposition 29: When organizations have been innovative in the past, have high confidence and are low in dogmatism, they more are likely to remain innovative.

Change begins with the perception of a performance gap. When we acknowledge inadequate performance, we try alternative procedures. When we scan our environment and discover successful innovations there, we are motivated to change. Those who maintain direct contact with the external

environment—boundary spanners—link the organization with information about these innovations.

In an unstable, competitive environment, organizations which ignore problems and avoid innovative solutions are less likely to survive. Only an organization which measures its performance against that of its best competitors, opening itself to discomfiting information, and willingly innovates can successfully and continually adapt to its ever-changing environment.

An organization's present attitude about its past is an important factor in its willingness to innovate in the future. If progressive and experimental, it detects problems and introduces innovations early. It values and rewards those who introduce new ideas, encourages different solutions to problems, allows freedom in decision-making, and fosters self-confidence in employees. It allows trial and error without judging harshly, and it promotes openness, exploration, and change.

Proposition 30: When their accountability is high, organizations are more likely to discover innovations and be innovative.

Proposition 31: When an organization has large amounts of slack resources, it is more likely to be innovative.

Proposition 32: When their accountability is low and resources limited, organizations are likely to change only in minor ways without major innovation.

Stringent external accountability forces an organization to depend on and respond to its environment and to be more innovative. Its departments, if also held accountable, are also likely to be innovative. When a department is held accountable, its performance improves, or it takes corrective action or makes changes.

To be innovative, an organization must be aware not only of its weaknesses, but also of its expendable resources. New funds are often required for innovations or workers to implement them. Office space, supplies, and equipment are also needed. The availability of unexpended or unallocated resources allows an organization to experiment, to try different solutions before a crisis develops.

Little accountability or limited resources motivate few innovations. Limited accountability limits an organization's goals and usually guarantees mediocrity. Such egocentrism precludes any need for innovations which will improve the system, just as limited resources reduce exploration, while the status quo conceals itself behind a screen of minor structural revisions.

Proposition 33: When an organization selects from many different innovations, it will then adopt either the innovation that best fits the problems or the ones favored by top decision makers.

Once an organization needs to change, it then explores the possible changes that will satisfy that need. It will study different innovations or combinations to match its problem with the best solution. Following this rational model, managers offer their advice, study different models, and reach consensus. Often, however, reflective thought and logic do not guide the selection process (Cyert & March, 1963). Top management has more power in that it controls financial and psychological rewards. This power, as well as management's expertise, also exerts an influence. If top management favors one innovation, others feel considerable pressure to follow their lead.

Proposition 34: When structures are decentralized, complex, and informal, organizations are more likely to initiate and adopt innovations.

Organizational structure influences the adoption of an innovation. When there is little centralization, power and control rest in more hands. This dispersal of authority encourages many workers to offer solutions to problems. As a result, they think about problem solving and they produce more innovations and more adoptions.

Likewise, a highly complex organization comes with many specialists and their specialized knowledge. The complexity encourages adoption because many seek improvement in their specializations. Moreover, the informal organization changes more easily because of its fewer rules. The absence of formal procedures allows more flexibility in innovation.

Proposition 35: When an innovation is viewed as having high relative advantage, then an organization is more likely to adopt the innovation.

Proposition 36: When an innovation is viewed as compatible with the values and past experiences of the organization, then an organization is more likely to adopt the innovation.

Proposition 37: When an innovation is viewed as low in complexity, then an organization is more likely to adopt the innovation.

How individuals perceive innovations influences the adoption decision. Arguments in favor of change are more persuasive if they emphasize the advantages of the new over the old. For example, an innovation may be more convenient, more economical, or more prestigious. In addition, innovations are more desirable if they are compatible with the values, beliefs, and history of the organization. Radical innovations will be less acceptable to an organization steeped in a tradition of stability based on the assumption that what has worked well will always work well. Finally, innovations are more accept-

able if they are easy to understand and use. Low complexity allows others to conceptualize the innovation without requiring new cognitive skills.

Proposition 38: When an innovation is viewed as allowing trialability, then an organization is more likely to adopt the innovation.

Proposition 39: When an innovation is viewed as highly observable, then an organization is more likely to adopt the innovation.

Innovations are more palatable if they can be tested before they are adopted. A period of trial allows experimentation without a full commitment to innovate. The new threatens less, and uncertainty is reduced if a "free sample" is provided. Observations of others' innovations can also speed up adoption. "Trial by others" makes decisions easier, and an innovation is likely to be adopted if its visible results validate its claims and confirm it objectively.

Proposition 40: When change agents are client-oriented rather than agency-oriented, innovations are more likely to be adopted.

Proposition 41: When change agents have empathy with organizational members and understand their needs, innovations are more likely to be adopted.

Proposition 42: When change agents adapt their messages to organizational needs, organizations are more likely to accept the messages and be innovative.

Change agents understand that the first principle of effective communication is audience analysis. Speakers who know their audiences design persuasive messages. Likewise, change agents who develop empathy with organizational members find ready acceptance of proposed innovations. Although as representatives of change they may find more comfort at some distance from their clients, change agents should become client-oriented to improve their effectiveness.

Proposition 43: When change agents plan and coordinate diffusion campaigns, their innovations are more likely to be adopted.

Proposition 44: When change agents are perceived as highly competent, trustworthy, and credible, their programs are more likely to be adopted.

Proposition 45: When change agents disseminate information about

innovations via mass-media channels and seek to make interpersonal contact with opinion leaders, the likelihood of adopting an innovation increases.

Proposition 46: When change agents dissimilar to organizational members work indirectly through opinion leaders and their aides, innovations are more likely to be adopted.

A campaign of diffusion requires planning and coordination, the change agent's specialties. Change agents are also leaders with long-range vision who can coordinate all stages of a campaign. They analyze organizations and diagnose problems, set goals and objectives, compose and disseminate messages, revise strategies and activities, and evaluate their campaigns. The more competent the change agents in these areas, the greater the likelihood of their innovations' adoption. During campaigns, mass-media and interpersonal channels are change agents' means to communicate with their clients. Radio, television, brochures, notices, newsletters, posters, memos, and magazines are effective, not only early in campaigns when new information must be disseminated rapidly to large audiences, but also later when success needs publicity and reinforcement. Successful change agents also maintain interpersonal contact with leaders and decision-makers because they know that members of organizations often view them as outsiders who threaten equilibrium. Change agents who directly influence opinion leaders interpersonally influence other organizational members indirectly. Diffusion campaigns are likely to be successful when change agents communicate directly with opinion leaders and support efforts to persuade other organizational members.

Proposition 47: When opinion leaders communicate their decisions endorsing innovations interpersonally, followers are more likely to accept the innovation, and the rate of adoption accelerates.

Proposition 48: When opinion leaders endorse innovations that transcend the social values of their organizations, they will then be replaced by other leaders attuned to organizational norms, and rates of innovation will then decrease.

Within organizational groups, whether formal departments or informal clusters, opinion leaders emerge who influence the attitudes, opinions, and behaviors of group members. They are the ones who maintain interpersonal contacts and are viewed as knowledgeable and competent. Because opinion leaders may be more cosmopolitan and more exposed to mass media and change agents, they are more likely than other group members to learn about innovations and adopt them. When opinion leaders adopt innovations, they greatly influence members of their group, and the rate of adoption esca-

lates dramatically. Therefore, these leaders become the first objects of persuasion.

Campaigns for change sometimes fail even though opinion leaders may endorse innovations. Because they are more knowledgeable and innovative than other organizational members, they may also be influenced more readily by change agents to accept innovations which exceed group or social norms. If these opinion leaders approve of innovations outside the group's latitude of acceptance, they may lose credibility and trust and even be replaced by a new leader who more closely conforms to expectations. When innovative opinion leaders are replaced, campaigns falter because new opinion leaders reinforce traditions.

Proposition 49: When change agents coordinate the re-invention of innovations early in their implementation, the likelihood of implementation is then increased.

Adopting an innovation is a cognitive act, but continued implementation involves overt behavior and action. Adopters are never passive receivers of innovation; they are active modifiers and adapters of new ideas (Roger, 1983). Indeed, their ownership of an innovation depends on their actions during this period of transition as they adapt it to the organization's and their own needs. Change agents can encourage staff personnel to adjust innovations to meet these needs. By exhibiting flexibility and encouraging adaptation early in implementation, change agents increase the likelihood of their continued implementation.

Proposition 50: When change agents work indirectly through opinion leaders and their aides during implementation, implementation and continuance will be more effective.

Proposition 51: When change agents use mass-media and interpersonal channels to reinforce successful implementation, the likelihood of continuance then increases.

Proposition 52: When change agents maintain contact with decision makers and provide them with follow-up information, the likelihood of continuation then increases.

During implementation, change agents monitor progress and adapt innovations as required. They coordinate opinion leaders and staff, who may be scattered throughout the organization, and communicate with decision-makers. Successful change agents work directly with opinion leaders, but they rarely are seen by workers. Since opinion leaders and aides are more familiar with and similar to other organizational members, they are more trusted, persuasive, and less threatening than change agents who work best initially

behind the scenes. Over time, as implementation proceeds and change agents are accepted for their competence into the organization, change agents can assume a more direct role.

During implementation, change agents also use mass-media and interpersonal channels of communication to reinforce successful campaigns and increase the likelihood of continuance. Mass media are effective in conveying messages to a wide audience. An in-house newsletter or local newspaper article giving information about a successful implementation can reassure an organization that its leaders are right. But interpersonal contact with decision-makers can rapidly update progress reports. Communicating with decision-makers is critical because their attitudes and beliefs will determine the continuance of innovations.

Proposition 53: When change agents communicate the principles underlying innovations, the likelihood of continuing the innovation increases.

Proposition 54: When change agents encourage the self-reliance, competence, and internal motivation of organizational members, the likelihood of continuing or improving innovations increases.

Once organizational members discover a problem and the means to correct it, they next ask, "How does the innovation work?" Most change agents try to answer this question early in the process of innovation, their purpose being to convince clients of the need for change. Unless clients understand the principles underlying an innovation, they are more likely to discontinue it (Rogers, 1983). Introducing these principles is crucial to the long term success of the campaign, for they provide a logical understanding of the innovation. Change agents interested only in short term gains associated with rapid innovation may orchestrate change that produces environments in which clients are dependent on them for every action. Others, however, will try to develop competence and self-reliance in their clients. If they give them a new technical competence and ability, they help their clients become their own self-motivated change agents, able to assess problems and introduce or adapt innovations on their own. In effect, the best change agents try to eliminate themselves from the process by teaching their clients skills that make them independent. Clients advised by such change agents will probably continue innovations that are effective and modify or discontinue only those that are not.

Proposition 55: When the organizational structure is high in centralization, low in complexity, and high in formalization, then an adopted innovation is more efficiently and successfully implemented.

As set forth earlier in Proposition 34, an innovation is likely to be adopted if an organization's structure is informal, simple, and less centralized. However, the opposite structure encourages quicker implementation. If every unit cannot be reorganized for implementation, subsystems, either reorganized or newly created, can speed the process, particularly if these subsystems are developed by the change agent and organizational staff in charge of innovation. To maximize efficient implementation, this structure must be simple, formal, and highly centralized. Centralization puts power and control in the hands of the few.

Decision-making becomes easier, as does implementation, because resources support the plan. Less complexity also makes implementation easier. When occupational areas are few and areas of specialized knowledge limited, consensus is much easier and innovations readily implemented. Formal structures also support implementation. When rules and procedures are formally stated, standards of operation are more easily understood and followed.

Proposition 56: When cohesive, tightly coupled groups are formed during implementation, the likelihood of continuance increases.

Proposition 57: When social networks in the organization create an acceptable account for the implemented innovation, a decision to continue is more likely.

As workers interact, their thoughts and beliefs undergo change as leaders and others respond. Some beliefs become acceptable; others are rejected. Often issues are exaggerated and amplified so that in-group beliefs are viewed as very positive and out-group beliefs are viewed as very negative. This social construction of reality results in a set of group beliefs and norms, and individuals who digress significantly from these beliefs and norms are viewed as deviants, are reprimanded, or even excluded from the group. Communication among co-workers is part of the socialization of new employees (Jablin, 1987b), and this communication determines how individuals come to view organizational life (Salancik & Pfeffer, 1978).

When organizational units adopt and implement innovations, they exert pressure on their members to continue the innovations. In tightly coupled, cohesive groups, workers most significantly interact to reinforce innovations. When they accept innovations, when they create an acceptable account of the innovation, the implemented innovation is likely to continue. But when members of units communicate new information about limitations or weaknesses in innovations, the continuation of these innovations will be challenged. When opinion leaders within these units have reason to question their validity, those innovations may be discontinued.

Applying theoretical constructs to describe drug abuse education and prevention programs

Up to this point we have presented the ideas of others; now we apply those ideas to the success of drug abuse education and prevention programs in institutions of higher education. Here we summarize programs and our findings supported by qualitative data. We also summarize the recent history of programs, and in theoretical terms from previous sections, we describe current conditions that our qualitative data demonstrates. Tables 6 and 7 show applications of such terms.

Terms	Definitions	Applications to Programs
1. Goals	intended outcomes	quality services, innovative program, efficient program, continued program support
2. Tasks	behaviors needed to accomplish a goal	informing, persuading, disseminating, counseling
3. Technology	method of doing a task	newsletters, peer counseling, policies, social events, networking
4. Structure	ordering, configuring of tasks	institutional organization, chain of command, the drug program structure
5. Personnel	employees, the experience and formal training required	coordinators, assistants, office staff, student workers, interns
6. Climate	shared social perceptions of the organization	perceptions of working conditions, formal and informal relationships, the autonomy of work, the fairness of the reward system, the overall warmth of the organization
7. Management	decision-making in organizations	how decisions are made in institutions, programs, the community, etc.
8. Leadership	top or middle management persuasive attempts to bring about change	the communication behaviors of administrators
9. Development	maturation of the system	the number of years the program has been operating & the changes over time
10. Communication	see Table 7	see Table 7

Table 6. Organizational terms applied to drug abuse education and prevention programs

Getting a Program: Knowledge, Persuasion, Decision

Since 1986, when the Fund for the Improvement of Postsecondary Education first encouraged the development of drug abuse education and prevention programs, institutions have increasingly made such programs a significant part of their commitment to students. Decades of study in the theory of systems formation and innovation now suggest that colleges and universities contemplating programs of their own can find a base of support for their efforts. Three areas of concern face the institution in its first efforts.

Terms	Definitions	Applications to Programs
a. Who/ the Sender	the source of a message	Directors, coordinators, staff
b. Says What/ Message	the actual symbolic behavior	
1) Message Content	what the message is about	the job, organizational matters, personal things
2) Message Style	the organization and language of the message	key words include counseling, prevention, health, mission
c. To Whom/ the Receiver	those processing the sender's message	audiences including students, the community, key decision-makers, other units
d. In Which Channel	how the message is packaged and delivered	
1) Diffusion Methods	context in which message was sent or received	documents, interviews, memos, staff meetings, problem solving meetings
2) Networks	configuration of social relationships	formal network, grapevine, opinion leaders, cliques
e. When	the chronological context	first year vs. second year of funding
f. With What Effects	outcomes of information exchange process	changes or reinforcement of knowledge, attitudes or behavior about drug abuse and about the program

Table 7. Communication and dissemination terms applied to drug abuse education and prevention programs

First, a variety of questions could be asked about the population from which the institution draws its students. Is it heterogeneous or homogeneous? Do traditional or non-traditional students come to the institution? Do large numbers of students commute? What beliefs about drugs and what social norms do students subscribe to? What are the socio-economic levels of students? Is the population conservative or liberal in its attitudes toward traditional moral values?

A second issue is the extent to which external systems hold colleges accountable. Students and parents, administrative and scholarly associations,

the community at large, boards of regents or trustees may influence the establishment of new programs. Government may likewise encourage programs through the Drug-Free Schools Act, a federal mandate and a catalyst for change.

A final factor is an external agency's support of drug abuse programs. As one source, the Fund for the Improvement of Postsecondary Education can play a major role as a change agent with information and financial resources. At any rate, interactions with external populations and sources of innovations must occur continuously throughout the innovation process.

Our data suggest that a combination of these factors do indeed influence the knowledge stage. A university becomes aware of drug abuse problems when its counseling center or office of student affairs provides evidence of campus drug problems. The Drug-Free Schools Act has focused the attention of academic administrators on their drug-education efforts, directing them to look outside their own organization for innovative programs and funding. Since educational institutions, in spite of their complexity, typically are neither highly centralized nor formalized, they naturally look to agencies of change such as the Fund for the Improvement of Post Secondary Education. When a director of grants or counseling center links with other institutions, it connects the institution to other sources of information crucial during the knowledge stage of innovation. Then, during the persuasion stage, administrators seek additional information from the Fund and other sources in an effort to produce favorable attitudes toward innovation. At this stage the college requests grant application forms from the Fund while it pursues other information by which to assess relative advantages of different innovations. While some institutions look at different programs for other possibilities, most pursue the Fund grants. Most attempt to design programs compatible with their own social structure and values, programs suitable for specific campus needs.

One of the more persuasive features of a grant from the Fund for the Improvement of Post Secondary Education is that it requires a two-year period of trial before institutionalization. Typically, a college contacts a comparable institution which has already received a grant. Their dialogue can reveal how a drug abuse program can be developed and can contribute to the institution's efforts to assess the innovation and form an attitude.

A unique finding from our data identified organizational members who had already dealt personally with drug abuse. Many were administrators who acted as advocates for any drug abuse program. They used their status and rank more as change agents rather than opinion leaders. Some were directly involved in a drug program, but more often they entered the knowledge stage as administrators pressing for a program's adoption and implementation. For example, a trustee of one university and the executive vice president of another both had children with histories of drug abuse. No source of knowledge and influence is more valuable than this one in the grant-seeking process. A grant application and its subsequent endorsement by such administrators is a de

facto decision to adopt and implement the innovation of a program.

For this innovation, the decision stage ends when the college decides to implement, assuming approval of funds. Fund grants allow no pre-adoption trial. Even though a campus drug abuse program may already be in place, universities must receive the grant before they implement a program. Applying institutions are, however, free to observe in advance programs already funded on other campuses.

Writing the grant proposal is demanding work. Grant writers must interact, not only with institutional representatives, but also with Fund officers. Writing the grant involves team members: grant writer, program director, and program coordinator. One member may fill more than one position. Indeed, the writer and director are often the same person with a different figure as coordinator. In universities containing routine grant procedures, the writer must integrate various segments of the campus into the process. Methods may include retreats for administrators at every level. As the program director designs the drug abuse program, administrators convene to hear proposals and discuss progress reports. Later, the grant writer, along with the institutional director of grants, usually discusses with Fund officials any uncertainties about strategies, style, and key words that will meet their requirements. The structural elements of the program can also be decided. Fitting the program into an administrative structure, managing financial resources, and assigning responsibilities are also considered.

Following institutional endorsement, the Fund for the Improvement of Post Secondary Education evaluates the grant proposal. Frequently, grants are rejected on their first submission. If so, the evaluation may lead to a reinterpretation of agency requirements and a revised proposal, a crucial phase of the process. When major defects have been repaired, minor shortcomings may be negotiated. But the Fund's expectations must be met before its approval.

The Fund for the Improvement for Postsecondary Education also requires that universities demonstrate their commitment to their proposals. They must show that financing a program will be shifted from grant moneys to those of the university. However, the Fund does not suggest how this change will be made, nor does it specify activities the institution must perform during the funding period or after the two-year trial. When it approves a grant, the decision stage of the innovation process is concluded. But adoption of an innovation is not the end of the process; it is only the beginning.

Program Implementation

The implementation stage begins when a university receives funding authorization for a program's operation, but usually several months pass before funds arrive. During the interim, the college plans the implementation and formalizes the roles of program director, program coordinator, and other members of its staff. Prior to funding, a university staff member acts as coordinator, but after approval an outside professional is hired for this position.

In most cases program personnel have counseling credentials and experience. In a typically small staff, the full-time program coordinator directs one or two part-time employees acquired from counseling or secretarial units. Additionally, students may serve as interns. Staffs remain small regardless of student numbers.

Program personnel accomplish their mission in various ways. They speak at forums, before clubs, and to other organizations. They assess drug abuse on campus and in the immediate community. Here knowledgeable students teach others about the extent and dangers of drugs. The program coordinator often influences change in policies, publicizing drug abuse information and organizing popular programs in peer education. The coordinator may sponsor special social events such as drug-free dances or festivals, assemble a drug abuse library, and make referrals to other departments or programs. When students need information, the program is their source, offering them printed flyers and announcements. "Preventive" counseling may be another activity, a natural one for a coordinator with a background in counseling. But prevention on one campus may be intervention on another. Personnel also organize their program's maintenance, writing its procedures and policies. They establish schedules and meet deadlines. Additionally, they report annually to the funding agency, more frequently to administrators.

Coordinators link their programs to others in various ways. Some serve on campus committees and there actively create cooperative programs. Many are reluctant to involve themselves in other activities or the politics of the campus. Consequently, systematic efforts to keep decision-makers informed are rare. Although coordinators report to their program directors, many, perhaps most, isolate themselves from other decision-makers. They know little of what information is important to administrators. If they are to be successful, they must know the leaders among various constituencies: students, upper-level administrators and other decision-makers, faculty and staff, the local community, and funding agencies.

Some coordinators must necessarily make their case before donors to their program. They are fund raisers, and they try to relate their activities to those of other institutions. Cooperation with other drug abuse programs at other institutions is important. Activities coordinated with other programs may be problematic: some coordinators tie their programs to those on other campuses, while others remain tied down at home.

Programs are often directed by a dean or other administrator in charge of student support services. This administrator often becomes the account manager of the grant. Other programs may fall under a university health center or become part of a counseling center, their directors reporting to the director of that center. As educational clearing houses on drug abuse, *most program activities are communication and management*, not counseling. Although under their funding proposals programs may have been intended to include faculty and staff, services are mostly directed at students. Occasionally, a college may even resist a program's efforts to influence its faculty or staff, pre-

ferring that the program be student-centered.

Although funds for programs derive from different sources, the college provides all supplies, personnel, and ancillary services. Four common sources are the university budget, student service fees, public or private grants, and private donations; all are processed through the institution. Some institutions already administer drug abuse efforts with grant supplements in place. New programs can rely on grant funding for their first year, but most continuing programs need allocations from institutional budgets and student fees.

Since there is no systematic method of evaluating these programs, characterizing the results of drug abuse programs has been difficult. Annual reports are still required, but the grant agency specifies no content. Even when programs employ a drug abuse survey, the absence of an evaluation specialist may compromise claims based on it. We are not sure a program of any size could demonstrate significant changes in campus-wide drug abuse over only a two-year period.

Results are ordinarily measured by the number and range of activities: the different programs, the clients served, the publicity and its frequency. In other words, the most common measure of effectiveness is quantity. Quality measures would include changes in beliefs, attitudes and behaviors. Although coordinators try to measure such things at the initiation of a program, further assessment falls off during implementation. A program keeping records of recidivism from its second year is exceptional. Likewise, few coordinators routinely measure cost-effectiveness, nor do they compare their activities with those of other programs. Reports of a program's successes seldom include the program's efficiency or relative advantages.

The Two-Year Cycle

Systems develop and change. For this program the most crucial changes occur during the first two years of funding. Grants require the promise of greater institutional support for programs during the second year. This shifting of support means a natural change in activities and in the way they are conceived and reported.

During the first year, the coordinator is a change agent introducing the college to an innovation. In effect, the grant has legitimized the coordinator who introduces the approved innovation. Prior to the grant, the administration has been persuaded to adopt an innovative program. After the grant, the college community at large becomes the object of efforts to implement it.

This early phase of the implementation process is the testing phase. The college examines the innovation to assess the match between problem and solution. From the results, it modifies its program to fit its specific needs. Director and coordinator now adjust the activities specified in the grant. As unforeseen opportunities and difficulties arise, the institution assumes ownership of the innovation in an effort to solve its operational problems.

Installation usually emerges during the second year of the grant, and the term to describe this phase is "transition." Now the community at large

begins to recognize the innovation as it becomes integrated. As errors are corrected during this second year, the college begins to assume greater financial and psychological responsibility for the program. In addition, the coordinator undergoes a transition from change agent representing the funding agency to opinion leader within the administrative structure. Viewed less as an outsider, the coordinator is integrated into the institution.

The final phase of implementation is institutionalization. It occurs at the end of the two-year grant when the university assumes full responsibility for funding. Even now institutions may reject innovations, but most choose to continue their programs. At this point the newness has disappeared, and programs are no longer viewed as separate entities.

Thus far we have shown one of the directions an institution may take in widening its service to the college community, particularly as the institution recognizes its obligations to protect the health and well-being of its constituents. What follows is a comparison of institutional factors as a college decides whether to continue the program. During its first year, a program is necessarily focused on its initiation in an unstable environment; at its end, as coordinators begin to stabilize their environment, implementation and institutionalization occur. Here we outline those features emphasized by our data.

In a program's first year, everything seems new. Tasks must be not only invented but also undertaken, and the means may well be novel. In the second year, although they assume new tasks, coordinators devote more effort to making the novelty routine. They anticipate other campus activities, as they plan their own. They may sponsor a drug-free week that in time becomes part of the college calendar. They revise first-year policies and procedures after their evaluation.

Since the first-year structure is normally decentralized and informal, its natural movement is toward increased formalization and centralization. As procedures are codified and the coordinator becomes the chief decision-maker, the counsel of others is seldom required. By the end of the first year, important questions about qualifications of personnel have been answered. Indeed, as activities become routine and formalized, more tasks can be performed by the less experienced under less supervision. If a program has employed graduate students its first year, undergraduates may suffice the second.

An important first year concern is building a healthy climate inside the program. Personnel are often overloaded, and the only primary motivators may be the supportiveness of coworkers and the coordinator. In the second year, there is a shift to reinforcing the rapport. Giving constructive feedback is important.

The first and second year distinction on this matter is not a clear distinction. There may be considerable turnover during the first year or the second year. The concerns of integrating and supporting new personnel may be an ongoing process, in addition to giving constructive feedback aimed at

reinforcing rapport and improving efficiency.

Along with the challenge of any first year are the additional responsibilities of a second. Whereas the principle management problems had been those of task creation and coordination, they now become ones of directing and delegating.

While such transitions are common, significant changes in the behaviors of coordinators are not. Many coordinators resist their own growth from educator to manager, for many will have no managerial experience. If first-year objectives are to make a program part of the system and to gain access to power, their second-year goals should be to change the system. But most coordinators want to run their programs independently, and they may regard the institution as an obstacle. Although initially the institution does not directly manage a program, it does employ professionals to do so in a relationship similar to that between the college and its academic units. However, the drug abuse program, as part of ancillary services, undergoes more scrutiny than an academic department. As the novelty of the program diminishes, the relationship between institution and program becomes even closer.

While success may mean many things, here the term relates organizational effectiveness to the successful initiation and implementation of an innovation. But what constitutes success changes as an environment changes and as organizations move through the process of adoption. In the first year of its grant, a college must emphasize the setting up of its drug program. The director must employ a coordinator. Then the coordinator must assemble a staff that can sustain a program's activities and forge social links across the campus. Because the environment is unstable, personnel must invent and adapt its tasks, technology, structure, climate, and management. In an environment in which the goals are high morale, quality, and innovation, effectiveness is measured by comparing these goals to the supportive climate achieved and the value of new services. The successful coordinator is the one who can hire, retain, and direct a creative staff that generates a variety of worthwhile activities.

During the first year, even though innovation has been adopted by the institution, the coordinator must convince the community at large of the new program's value. For the administration, the program is in its implementation stage. But for the community, the program remains an innovation seeking adoption. Its goals are continuance from one audience and acceptance from another, a division deriving from the unstable environment.

As the coordinator attempts various approaches, the program becomes visible to others. As the coordinator tests and re-invents, others in the institution may sample the program before deciding on its adoption. During the first year, a successful coordinator encourages the administration to continue the program and persuades the larger community to adopt its services, the success of which are measured by the program's acceptance.

During its second year, predictability increases and variety decreases. As the program repeats its activity and as its staff develops a routine and a sched-

ule, program and institutional personnel clarify both the formal and the informal social links between them, and the environment begins to stabilize. In such an environment, quantity and efficiency become new goals. The number of activities and students in the program, as well as efficiency and cost become important in the second year. Success now means doing more and doing it more economically. For some programs this transition begins late in the first year, for others in the middle of the next. From innovation, the program has now moved to installation. The coordinator moves from the role of change agent and newcomer to that of opinion leader and accepted member of the system. If the goal of the program has been its continuance, then success now depends on consistent support from the institution.

Table 8 summarizes the applicability of institutional factors during the first and second years of a grant. If its success is to be judged by the extent to which a program reaches its goals, institutions must realize that goals change as circumstances change, particularly during the transitional stage between the first and the second year of the grant. *In the first year of the grant, the program is in an unstable environment as it tests and re-invents the innovation.* The first

Factors	First Year	Second Year
1. Goals	innovation, quality, morale	efficiency, quantity
2. Task	diverse	uniform
3. Technology	craft, non-routine	engineering, routine
4. Structure	complex, decentralized, low formality	simple, centralized, formalized
5. Personnel	experience, credentials needed	fewer qualifications needed
6. Social Climate	maximally supportive	minimally supportive
7. Management	participative decisions	centralized decisions
8. Leadership	generate and advocate a vision	use vision to stimulate implementation
9. Development concerns	coordination, collaboration & creativity	delegation & control
10. Communication	much information, emphasizing goals, diffused in improvised or group problem solving formats	less information, emphasizing goals, diffused in documented or pre-planned formats

Table 8. The effective use of organizational factors

year goals include 1) high quality services, 2) innovative services, 3) high morale of the staff, 4) adoption of the program by the college and university community at large and 5) continued support of the institution's administration. Novelty and flexibility are at a premium. *In the second year of the grant, the environment stabilizes as the program is installed as part of the routine functioning of the institution.* The goals for this stage are 1) greater numbers of quality programs, 2) reaching a larger audience in the institution, 3) at reduced costs, 4) while maintaining a supportive climate, and 5) the continued support of the institution. Although the transition to the second phase emphasizes routinization and efficiency, a program needs some allowances to alter and invent within the program to meet the changing needs of the college and university community.

Hypotheses that predict success

In this section we derive hypotheses that help us predict how institutional factors may influence the success of a drug program. If this report were data-driven, this section would be part of a "Results" section. Statistics would directly support or reject hypotheses. In our research, support has come from theory, the data of others, logic, and our own qualitative data from analyzing documents, reports, interviews, and a focus group of program personnel.

Hypotheses are similar to propositions in two ways: first, they involve concepts which may be operationalized. Hypotheses can be tested. Secondly, they take the conditional form "if A, then B" and not the conditional form "when X, then Y." No data exists to support hypotheses since they are predictions. Thus if propositions are about the past, hypotheses are about the future. Propositions are about what is known; hypotheses are about the unknown. Nevertheless, in deductive theory building hypotheses are derived from propositions (Hawes, 1975). This process isolates specific instances from general statements and restates general conclusions about those specifics. If, for example, when working from the proposition, "when X, then Y," a theorist comes to believe that A and B are instances of X and Y, then the theorist concludes "if A, then B." When hypotheses are derived, they are said to have antecedent probability; that is, they have been linked logically to past research. When researchers employ their own data to substantiate hypotheses, the claim is said to have evidential probability. In deductive theory building, after several empirical demonstrations of its validity, the theoretical relationship in the hypothesis may be generalized as a proposition. More often, however, a series of hypotheses that test relationships between several similar variables produces a proposition inferred from separate studies (Dubin, 1978; Hawes, 1975).

In our next section hypotheses or groups of hypotheses are followed by brief explanations. Each explanation contains two important features: a first reference to one or more propositions as sources of the derivation that sup-

ports antecedent probability, and a second reference to our qualitative data that supports preliminary evidential probability.

Predictions of First-Year Success

Some hypotheses predict the first-year success of a drug program. Most have been derived from propositions about successful organizations in unstable environments during initiation and early implementation. *Several are derived from applicable propositions regardless of circumstances. These hypotheses are presented here because they are more important during a program's first year.*

Hypothesis 1: If at the earliest stage of a grant proposal the writer gains broad participation at different institutional levels, then a program will be more likely to succeed.

This hypothesis is derived from Proposition 24. A college or university is a complex organization in which no program can be successful without information and support from a diversity of professionals. Input from these professionals offers comprehensive knowledge of problems, needs, and strategies. Group discussions can lead to solutions, decisions, and further commitments. In addition to correcting misunderstandings and reaching consensus, participants can inform others.

From our interviews we have found that few drug programs develop only from the writing of a grant. Most proposals evolved from those subsystems of the institution already engaged in alcohol and drug abuse issues, offices such as counseling or student justice. Faculties and most ancillary services have usually played minimal roles in the early stages of preparing grants. Several successful programs emphasized that widespread institutional support and involvement are crucial.

Hypothesis 2: If a program lacks sufficient trialability, then the likelihood of its long term success will decrease.

This hypothesis derives from Proposition 38. The first year of the grant is the time to try a program and its strategies on different audiences. Finding what works most effectively during this testing period requires that the coordinator explore different methods. For this first year, dramatic results are secondary. Rather, the coordinator uses this time as an opportunity to test and adapt activities used elsewhere. During the second year, successful activities can be implemented after ineffective features have been eliminated.

Even though coordinators copy programs and activities used at other institutions, we found very few consciously focusing on the first year as a specific time to experiment with and develop programs. Experimentation and re-invention happened in a capricious and arbitrary manner.

Hypothesis 3: If institutional norms fail to support innovativeness and if the coordinator focuses exclusively on influencing administrators, then a program will not experience long term success.

A derivation of Propositions 29 and 46, this hypothesis applies to a program's second year as well as its first. It is difficult to influence an institution unreceptive to innovation and protective of the status quo. The absence of any culture of change poses unique problems. Obviously, the coordinator must work with administrators to gain their endorsement. However, the coordinator must make an even greater effort to identify and enlist the aid of faculty and ancillary services when the institutional climate discourages change. Coordinators need to consult opinion leaders, as well as their aides, who may be closer to other employees. Successful diffusion campaigns, conducted in an environment unfriendly to change, require the support of opinion-leaders and their subordinates rather than exclusively that of the institutional leadership.

In our interviews, coordinators believed their institutions favored innovativeness. Without investigating institutional history regarding change, coordinators made little effort to discover either those units open to change or those pockets of resistance. Determining an institution's desire for or reluctance toward innovation could prove vital in deciding on implementation strategies.

Hypothesis 4: If a program uses a variety of resources and suppliers, then it is more likely to succeed.

Derived from Proposition 3 and its relationship to social climate, this hypothesis applies regardless of circumstance. One system is dependent on another to the extent that the latter system controls a necessary resource. This dependency results from the second system's power to control the first (Emerson, 1962; Pfeffer, 1981). If a program can perform its tasks using a variety of resources and suppliers, it will be less dependent on any one resource or supplier, and as it develops multiple sources, it approaches independence and autonomy.

Looking for a variety of resources or suppliers may be costly. First of all, the search expends time that should be used for the program itself. Furthermore, if the program does find alternatives, it may cease to be regarded as part of the institution. Therefore, development must be undertaken within the constraints of institutional rules, both formal and informal, that influence the program's image. Without this integration of purpose, meeting the different demands and expectations of different funding sources will be problematic.

At the time of our analysis, most coordinators interviewed had limited experience in development. They regarded most funds received from other

sources as the institution's funds, but grant moneys they regarded as the exception. Nevertheless, most still recognized some danger in being supported exclusively by grant money or other external funds. Clearly then, coordinators must distinguish between campus and off-campus funds. For example, student-fee money is usually controlled by students, either exclusively or cooperatively. Distributing these funds is different from distributing funds within the general institutional budget. As a consequence, any appeals to student leaders must necessarily differ from those aimed at administrators.

Hypothesis 5: If a program's objectives are integrated into the institution's mission statement, then a program is more likely to be effective.

Derived from Proposition 1, this hypothesis addresses institutional goals, the social and political climate, and leadership. If a drug program's objectives can be directly linked to a mission statement, the mission statement reminds the institution of its obligations to the program, the success of which now becomes a goal of the institution. Because institutional management of definitions is important, linking drug-program objectives to the mission statement defines the program in strong political language. The program itself then finds itself under constitutive rules. As it becomes part of a recognizable environment, the subsystem contributes to the organizational sense of the environment. Coordinators can use the mission statement to integrate their own programs with others across the campus. When a mission statement serves as a reminder of an elevating goal, it can link separate managers to such a goal in a spirit of teamwork (Larson & LaFasto, 1989).

Although we recognize that individual coordinators must take the lead, only a few of our interviewees bothered to mention their institution's mission statement. Most were too involved in mounting their programs during the first year. This hypothesis reminds future coordinators that mission statements can stimulate and reinforce cooperation and coordination.

Hypothesis 6: If a coordinator keeps objectives general during the first year, then a program is more likely to succeed.

Derived from Proposition 18 on success in an unstable environment, this hypothesis suggests that the first year of the grant is a more unstable time than the second. Objectives expressed generally are more appropriate because they allow for more flexibility. Most coordinators interviewed did, indeed, set general objectives during a program's first year because they wanted to try a variety of approaches.

Hypothesis 7: If a coordinator evaluates qualitatively during the first year, then a program is more likely to succeed.

Proposition 19, from which this hypothesis is derived, says that general objectives will be better evaluated qualitatively, particularly when the environment is unstable and so long as that evaluation is systematic. But few coordinators evaluate their programs systematically. Few are trained evaluators; fewer still employ evaluative consultants. Although coordinators may follow funding procedures and submit federally mandated annual reports, their effort is often haphazard. Furthermore, they may be insensitive to changes in evaluation that occur between the first and second year. Because the Fund for the Improvement of Postsecondary Education includes no specifics in its annual evaluations, comparisons with other institutions become difficult.

There were reports of strained relationships between program coordinators and evaluation consultants. The Fund had cut expenditures for evaluation consultants from some grants it had approved. For whatever reasons, there appeared to be some resistance to systematic assessment of the programs across institutions.

Hypothesis 8: If a program increases the diversity of its services during the first year, then it is more likely to succeed.

Hypothesis 9: If a coordinator reduces specialization and routinization of tasks during the first year, then a program is more likely to succeed.

Hypothesis 10: If a coordinator and the administration reduce formalization and develop a decentralized structure during the first year, then the program is more likely to succeed.

These hypotheses derive from Propositions 20 through 22. They outline the tasks, technology, and organizational structures in unstable environments. All three propositions suggest that when its tasks are organized and structured to allow for creativity, a program increases its chances for success in an unstable environment.

Most coordinators acted in a manner consistent with these hypotheses. They generally avoided formality or routine for the first year. Most were busy creating and testing their programs. Indeed, these first-year challenges are what attract coordinators to programs.

Hypothesis 11: During the first year, if a coordinator and the institution employ highly qualified staff members, then their program is more likely to succeed.

A derivative of Proposition 23, this hypothesis argues that the more qualified the staff, the fewer the risks in an uncertain environment. Our data suggest that most coordinators were experienced counselors of drug abusers, that their credentials and advanced degrees were in counseling or the study

of addiction, and that a similar pattern existed in their staffs. Many drug programs often emerged from institutional counseling offices.

As noted earlier, most of the coordinator's work is that of management and communication, and the programs are primarily to educate. In only a few instances was a coordinator's training or experience in management, communication, or education found to be a criterion for employment. Most institutions failed to assist in workshops for coordinators charged with training staff members drawn from other academic departments. Some coordinators interviewed did express a need for such expertise.

Hypothesis 12: If a coordinator trains and manages staff members, then a program will be more likely to succeed.

This hypothesis is derived from Propositions 43 and 54. Along with planning and coordinating the diffusion campaign, the coordinator must also organize and manage a staff. These duties include setting objectives and establishing qualitative or quantitative methods of evaluation. The coordinator also monitors staff assignments, suggests solutions to difficult problems, and formally evaluates progress. The coordinator encourages self-reliance and initiative, including staff members in decision-making and challenging projects, supporting them and recognizing them for significant achievement.

Our interviews revealed that the climate in which most staffs work was positive and open but that coordinators fell short in developing staff members. Coordinators dedicated a great deal of time working through their own agenda, but little to personnel management. Most staff members felt overburdened working toward objectives and at jobs too often over-generalized. Timetables and deadlines, they said, seldom related to goals, and few coordinators followed specific criteria in formally evaluating personnel.

Hypothesis 13: If a program's advocates are situated in the higher levels of institutional administration, then a program is more likely to succeed.

Related to Proposition 2 on organizational structure and the social climate, this hypothesis speaks to the authority and status of a program's supporters in the institution's hierarchy, those who are more likely to accumulate rewards and resources than those in lower positions. Furthermore, the officers in these positions are more likely to influence other decision-makers. Our interviewees all recognized this fact of institutional life, and many reported that the position of their director was an important contributor to the program's success. In most cases, coordinators reported directly to a dean or a vice president.

Coordinators can also find several informal advocates. Our data show that at least one person of authority has had experience with drug abuse, whether as an administrator or as part of the environment (perhaps an

influential alumnus or a member of a board of regents). These opinion leaders in the already existing social network can become advocates if they are included in decisions as members of boards created to advise coordinators of drug abuse programs.

Hypothesis 14: If a coordinator establishes a relationship with administrators and other decision-makers at implementation, then a program will be more likely to experience long term success.

Derived from Proposition 2, this hypothesis refers to the greater access to rewards and resources held by institutional officers who finally determine a program's continuation. Coordinators must make themselves known to those in authority and maintain their profile for the life of the program. These relationships create not only identity but also direct channels of distortion-free information to administrators. From interviews with coordinators, we discovered that few ever established real contact with administrators and that their written reports and memos were the bulk of their communication. As a result, most failed to understand who decides a program's institutionalization. Moreover, coordinators said they were unaware of the decision-making process. Thus they viewed themselves as detached from it, perhaps because many fear involvement in campus politics, preferring independence in their activities instead.

Hypothesis 15: If a coordinator develops a comprehensive plan for a diffusion campaign, then a program will be more likely to succeed.

According to Propositions 42 and 43 on the change agent role in diffusion campaigns, coordinators must take the initiative in conceiving and implementing activities. They must first analyze their audiences' needs before planning a program to meet those needs. Then a strategy may be developed around messages for each audience and a schedule for their dissemination.

Our interviews revealed that few coordinators ever identified all the different audiences on campus or designed specific messages for any of them. This absence of strategic thinking strongly suggests that few coordinators see themselves as managers of comprehensive programs.

Hypothesis 16: If the dissemination of program information meets the needs of organizational members and audiences, then a program is more likely to be effective.

Proposition 5 was the first of several about internal dissemination. The hypothesis derived from it suggests that there are several audiences, each one needing to hear a different message.

The first and most obvious is the audience of customers, namely, students and staff. Most dissemination is directed toward this audience. However, our data suggested most written or printed messages were merely announcements or reports of activities. Even this news varied in the extent to which it met the needs of a specific campus. Most coordinators tried a program and then saw if it was received favorably, or they adopted a program successfully employed at another institution. However, without a systematic assessment of what their own primary audience needs to know, coordinators could never accurately judge their program's effectiveness.

The second important audience is that of institutional authorities who will decide a program's fate. Most coordinators interviewed appear unaware of who decides, when to apply for funds, and who decides to continue a program. Beyond their director or other supervisor, they knew little about the information likely to persuade this audience of decision-makers.

A third audience is made up of organizational units related to the program, including those that compete yet cooperate with it. Interviews revealed no systematic effort to assess their needs for information or to plan its dissemination. This problem may arise in part from a failure in definition. Although Fund policy insisted that college students be the most significant target of a program's efforts, it said little about what efforts constitute "education." Grant instructions provided examples of mentor programs and training, but these examples may have been confusing to inexperienced applicants. If the Fund surveyed earlier applicants, it could then clarify its expectations for future applicants.

Hypothesis 17: If a coordinator's dissemination activities are adapted to the capacities of organizational units, then a program is more likely to succeed.

Proposition 6, about load and overload, suggested that organizational units have a limited capacity to process information. When a program adjusts its dissemination of information to the capacity of another unit to absorb it, the message will more likely be heard. The hypothesis also points to the coordinator's knowledge of other institutional units. What information do they routinely discard? What information do they store or communicate? What is the easiest form for processing their information? When is the best time to inform other units?

Our interviews suggested that coordinators made little effort to understand other information environments. Coordinators created programs and publicized them only for and to their clients. They neither knew nor cared how to plan for internal dissemination or overload. They may have been so overloaded themselves that they had no time to plan.

Hypothesis 18: If a program can be labeled with more powerful language, then it is more likely to be effective.

Hypotheses 19: If a coordinator encodes messages in the language of the system's deep structure, then a program is more likely to be effective.

Propositions 4 and 8, on constitutive rules, deep structure, and organizational politics, apply regardless of environmental conditions and are the bases of these hypotheses. Effective coordination requires language that will appropriately interpret the program and its activities, language that is familiar yet powerful. If institutional authority controls through definitions, then a coordinator's language can either constrain or empower a program, for some labels are more powerful than others.

Coordinators interviewed were sensitive to this issue. They repeatedly identified their association with "counseling" as an obstacle to success. Because many grant applications were initiated from counseling programs and because many coordinators come from counseling backgrounds, this labeling seems a natural result. Sometimes, establishing a preventive program within a counseling center reinforces the counseling label. Furthermore, coordinators saw the label as an obstacle because their programs became indistinguishable from the general counseling effort and administrators saw no need for separate entities. Drug abuse programs became dependent on the overall counseling programs. If counseling had status, the preventive program had status. Programs were also seen as student services. Usually this labeling followed when a dean or vice president supervised an office of student affairs. Our interviewees reported that such supervision reduced their own credibility when they dealt with institutional faculty or staff. Although one goal may be to influence a large number of students, a program may find itself unduly restricted by such labeling, for the program can influence large numbers only if large numbers of faculty and staff support it. Diminishing resources mean that institutions must reduce their costs, and student services may become a convenient target.

Although some programs may be recognizable units in strong counseling programs, most can benefit from cutting their association with counseling. While most coordinators suggested institutional health centers as appropriate associations, we remain unconvinced. What is clear is that programs should not be labeled as "student counseling."

Hypothesis 20: If the program a) disseminates high amounts of information and b) disseminates information in improvised formats or through group decision-making formats in the first year, then the program is more likely to be successful.

This hypothesis derives from Proposition 24, which suggests that when uncertainty is greatest in unstable environments, more information must be disseminated. Furthermore, the richest channels must be employed since

they have the highest capacity to carry it.

No clear pattern from our data emerged regarding problem solving meetings, but improvisation within groups was common. Coordinators often relied on accepted norms as the basis for their basic communication, improvising around these norms. A common complaint was that some meetings were poorly organized. As we have noted earlier, most coordinators lacked the skills, training, or experience required of those who would conduct well-run meetings.

Hypothesis 21: If during the first year a program's messages to decision makers emphasize quality, innovativeness, or morale, then these messages are more likely to be persuasive.

Derived from Proposition 25, this hypothesis speaks to the content of messages in unstable environments. While the proposition assumes that messages consistent with organizational goals will be more persuasive, and since unstable environments are less hostile to new, improved, or promising elements of a program, messages about these goals will be more effective.

As already noted, coordinators did not construct internal dissemination plans. Although some emphasized content, as suggested by the hypothesis, their communication was seldom strategic. That is, coordinators' messages were reactions to random and unpredictable events.

Hypothesis 22: If a coordinator's messages to the institution reveal a performance gap, then a program is more likely to succeed.

A derivation of Proposition 27, this hypothesis implies that change begins with the perception of a problem. Coordinators who provide evidence of drug and alcohol problems on campus and demonstrate how those problems undercut institutional expectations can awaken a drowsing administration. As organizational members learn more, their motivation to change increases.

This hypothesis also emphasizes messages to the community, not merely those to administrators. Because coordinators address different audiences and because administrators must perceive performance gaps before applying for a grant, the community at large may still need to be persuaded that a program is needed.

From our interviews, we discovered that coordinators tried to document alcohol and drug problems with general information not specifically related to their campus. Often they cited national statistics but neglected any local data. Clearly they must do more at the community level to demonstrate institutional performance gaps.

Hypothesis 23: If a coordinator communicates in a variety of ways, then a program is more likely to be effective.

Derived from Proposition 7, arguing that redundancy improves clarity and lessens distortion, this hypothesis suggests that many methods sustain interest and improve persuasion. Although we found ample evidence that coordinators did communicate in various ways, their choices were seldom strategic. They showed little appreciation for different methods and made little or no attempt to design any internal dissemination plan.

Hypothesis 24: If a coordinator develops a strategy emphasizing both interpersonal and mass-media channels, then a program is more likely to succeed.

This hypothesis is derived from Propositions 7 and 45. While interpersonal channels deliver rich information, they cost more time and effort to maintain. Conversely, mass-media channels provide a large audience with rapid but often general information. Newsletters, newspaper articles, brochures, memos, and posters disseminate initial information about a program effectively, while one-on-one discussions better influence key decision-makers and opinion leaders on campus. The successful coordinator judiciously employs both channels.

Our interviews revealed that even though coordinators often used both channels, they did so without efficiency or purpose. They should try to develop specific strategies for reaching specific audiences before resorting to either method.

Hypothesis 25: If a coordinator can identify opinion leaders early in the implementation stage, make contact with them, and work through them, then a program will be more likely to achieve long term success.

This hypothesis is derived from Propositions 45 through 47 and Proposition 50. These propositions emphasize how crucial it is for coordinators to establish and maintain interpersonal contact with opinion leaders. Some opinion leaders are highly visible since they hold formal positions and titles. Most, however, are emergent leaders within informal, social networks; therefore, they are much more difficult to identify. They are respected by members of their reference groups, are highly trustworthy, and have demonstrated good judgment and understanding of important issues.

Opinion leaders are similar to their followers. They can persuade easily because they pose little threat to their groups. But as outsiders pushing change, coordinators may invite suspicion. At first, members may find it difficult to relate to a coordinator who at the same time must contact opinion leaders directly and convince them of the value of the a drug abuse program. Once opinion leaders have been persuaded, their support will directly impact others in their social network, triggering a successful diffusion campaign. Once they have been convinced, the rate of adoption will accelerate rapidly.

Our interviews indicated that most coordinators failed to develop strategies for identifying and working through opinion leaders. Few saw their institutions as comprising groups guided by opinion leaders; as a result, they saw no need to develop any framework of influence.

Hypothesis 26: If the program coordinator becomes highly visible by becoming involved in campus activities and serving on committees, key decision-makers as well as other organizational members will view the coordinator and the program with greater credibility, and then, the program will experience more long term success.

Derived from Proposition 44, this hypothesis suggests that invisible coordinators seldom establish campus networks necessary for success. What decision-makers think of a program's coordinator determines the worth of the program. Coordinators will in turn influence perceptions of their programs. Every time a coordinator accepts a speaking engagement or serves on a committee, the network expands, dialogue about the program begins, and knowledge of it spreads.

As indicated above, our interviews revealed that few coordinators developed extensive networks on their campuses. They communicated mostly with those like themselves who were associated with problems of abuse and counseling. They avoided politics and isolated themselves from key decision-makers and others. If they hope for success, they must broaden their social networks.

Hypothesis 27: If a coordinator's goals include a successful manipulation of the environment and revitalizing the institution, then a program is more likely to succeed.

As derived from Proposition 26 that deals with unstable environments, this hypothesis suggests that a coordinator must prepare for change and that if the environment is unstable the coordinator must attempt to influence and direct that change. Because drug-awareness programs are about change, institutions develop them in response to change and as agencies of change. Programs serve the institution best in the first year if they awaken the community to problems of drug abuse. Indeed, most coordinators interviewed did direct their programs as instruments of change during their first year.

Predictions of Success in the Second Year

This section presents only those hypotheses that apply to the second year. *However, hypotheses 3, 4, 5, 12, 13, 16, 17, 18, 19, and 23 still apply to the second year because they address continuing concerns regardless of circumstances.* In the second year, however, additional issues arise,

When an innovation is implemented, the coordinator must continue to confirm and reinforce the program. Now as a campus opinion leader, the coordinator must remain visible and involved in institutional networks, for a program's credibility and acceptance depend on the perceived involvement and competence of its coordinator. Speaking to campus organizations and serving on institutional committees are two ways a program coordinator can publicize the program. Later during confirmation, a coordinator must keep in touch with programs and activities sponsored by the Fund for the Improvement of Post Secondary Education, joining state or regional consortia and attending conventions and workshops. Without these external contacts, a coordinator will soon lack new information and ideas necessary for continuation and improvement.

Hypothesis 28: If the institution does not have slack resources, then a program will be more likely to be discontinued.

Derived from Proposition 31 and 32, this hypothesis looks at the necessary slack resources required to initiate and continue a program. With adequate funding for personnel, equipment, and supplies, a program can be sustained; without it, maintaining effectiveness is doubtful. If the institution must retrench financially, some of its programs must be cut or trimmed. Any program's protection rests on its effectiveness and its source of funding. Unexpected cutbacks and shortages have severely crippled some programs and seriously limited their delivery of services.

Hypothesis 29: If a coordinator develops specific objectives during the second year, then a program is more likely to succeed.

Derived from Proposition 9 on setting goals in a stable environment, this hypothesis assumes that when events are predictable, the coordinator who specifies the goals of a program can more easily reach those goals. We found little evidence that coordinators specified their objectives in either the first or the second year. They typically attempted to create programs with visibility. Although some may have defined specific intermediate objectives, most did not.

Hypothesis 30: If a coordinator evaluates quantitatively during the second year, then a program is more likely to succeed.

Hypothesis 31: If a coordinator produces observable results, then a program will probably be continued.

Both hypotheses derive from Propositions 10 and 39. Quantitative evaluation is possible when objectives are specified, and such evaluation methods can develop a history of events and criteria for further evaluation. Tangible

results validate a program and justify its expense. Competing for funds, coordinators can point to these results, crucial evidence for institutionalization during the second year of the cycle.

Our interviews revealed that few coordinators systematically measured their success; their annual reports simply described activities rather than results. As anecdotal evidence became the norm, what quantitative results they did offer came from studies poorly designed and replete with unjustified claims. Finally, some coordinators even failed to submit a report to the Fund. Coordinators of new programs, unable to identify variables, often find evaluation particularly difficult. Theory-based evaluation may be the best alternative (Chen, 1990). This report is an example of a theory identifying variables subject to quantification.

Hypothesis 32: If a program decreases the diversity of its services during the second year, then it will be more likely to succeed.

Hypothesis 33: If a coordinator specializes and routinizes tasks during the second year, then a program will be more likely to succeed.

Hypothesis 34: If the program coordinator and the administration increase the formalization of the program and if the program uses a centralized structure during the second year, then the program is more likely to succeed.

Hypothesis 35: If a coordinator develops formal job descriptions and procedures during the second year, then a program is more likely to succeed.

Hypothesis 36: If a program's structure is altered during the second year so that it becomes less complex, more formal, and more centralized, then the long term success of a program is more likely.

Derived from Propositions 11 through 13 and Proposition 55, these hypotheses recognize that during the first year a program operates in an unstable environment where criteria for success are unclear. A coordinator must consider all institutional interests at a time of experimentation and testing of different activities. During the second year, however, a coordinator must create a more stable environment by selecting those activities which are working well, eliminating the least effective ones, and reducing the diversity of tasks. During the second year, a coordinator must strive for a streamlined, efficient operation focused on specific staff responsibilities written and clearly defined. In addition to individual job descriptions and procedures, a coordinator must set specific, measurable, and attainable work goals.

Our interviews revealed that few coordinators distinguished between first

and second year actions. We found little evidence to indicate they reviewed or revised their programs, or reorganized their staffs or their tasks for more efficiency in the second year. Indeed, coordinators often seemed unaware of change.

Hypothesis 37: If during the second year, a coordinator and institution employ a staff with minimal qualifications, then a program will be more likely to be successful.

Derived from Proposition 14, this hypothesis suggests that costs can be reduced by using less qualified individuals since innovation has slowed and tasks have been simplified. We found no trend suggesting that program employment practices did, in fact, change from one year to the next. Most programs were still in need of qualified personnel for critical services. Since coordinators appeared to make little effort to routinize and formalize, many tasks still required highly qualified staff. Although our data lend little support for our hypothesis, the hypothesis has strong logical support. This hypothesis, along with the four preceding it, suggest that coordinators are missing opportunities to make their programs more cost effective.

Hypothesis 38: If coordinators develop their staffs by increasing staff members' self-reliance, competence, and internal motivation, then they will continue to modify and improve their programs and thus increase the likelihood of continuation.

Derived from Proposition 54, this hypothesis suggests that coordinators who continue to manage and develop their staffs during the second year increase competence and self-reliance. Coordinators who take a long term approach to change realize that staff members need the skills to detect new problems as they arise, discover new approaches, and adapt operational procedures. Staff members working for a coordinator interested in their development are more likely to continue those elements of the program that are effective and to modify those that are not. This willingness to change increases the likelihood of a program's long term success.

While our interviews provided little information on this issue, staff employees, overall, said their morale was high, even though they felt overworked. However, it is impossible to draw specific conclusions from our limited data on staff development.

Hypothesis 39: If the program a) disseminates low amounts of information and b) disseminates information in documents or through pre-planned formats in the second year, then the program is more likely to be successful.

Derived from Proposition 15, on stable environments, this hypothesis suggests that because uncertainty diminishes in stable environments, less information is needed there. Furthermore, mass media, documents, and live presentations may be successful because their capacities are lower.

Our data indicated no clear pattern of dissemination. Coordinators ordinarily relied on institutional practices as a basis for their own communication, and they improvised appropriately around those norms during the first year, but with little movement toward documented or planned formats. Evidence supporting this hypothesis is sparse since coordinators showed little variance in their communication. However, as in our earlier hypotheses regarding organizational tasks, technology, and structure, there is strong logical proof. Again, the hypothesis suggests coordinators do have opportunities to improve their communication even when they must reduce it.

Hypothesis 40: If a program produces positive results but those results are not visible to key decision-makers, then it is more likely to be discontinued.

Hypothesis 41: If a coordinator provides administrators, other key decision makers, and the larger community with positive messages of accomplishment, then a program is more likely to achieve long term success.

Derived from Propositions 2, 39, and 52, these hypotheses state that while good results are vital, their visibility is crucial. Coordinators need a formal plan of dissemination that will get this information to various audiences, especially administrators and other decision-makers who will determine a program's future.

Our interviews indicated most coordinators neglected plans for informing others about their successes. Even though they occasionally reported anecdotal evidence, they provided limited quantitative results. While many felt visibility is essential, they found it difficult to measure results or to determine what had worked well.

Hypothesis 42: If during the second year, messages about a program emphasize the quantity and cost effectiveness of service, then the messages are more likely to be persuasive.

This hypothesis derives from Proposition 16 which suggests that messages are more effective if they are consistent with objectives. In a stable environment, goals should be those of quantity and efficiency. Messages that discuss these issues are likely to be successful.

In our interviews we found that coordinators often focused their persuasive messages on such issues, usually reporting the number of students receiving services. However, their reports of efficiency were less common.

Furthermore, their persuasive content varied little as they disseminated similar messages during the first and second years.

Hypothesis 43: If a coordinator informs administrators and key decision makers about the principles underlying a program, then it can expect long term success.

Derived from Proposition 53, this hypothesis suggests that early in the diffusion campaign coordinators make the institution aware of drug and alcohol-abuse problems and offer solutions to correct them. Later in their campaigns, however, they need to lay out the principles of their program. These principles deepen administrators' understanding and make discontinuance less likely. When the underlying structure, its logical roots, and its research bases are clarified, the program's long term prospects increase.

Our interviews revealed that most coordinators' messages focused on awareness or practical knowledge but that few communicated the principles of their programs. Coordinators' limited access to decision-makers made it difficult to express their concern. However, more knowledge of these principles will inspire administrators to a better understanding of a program's purpose.

Hypothesis 44: If a program loses its relative advantage, then it will be more likely to be discontinued.

Hypothesis 45: If a program is perceived as incompatible with existing values, history, and institutional needs, then it will be more likely to be discontinued.

Hypothesis 46: If a program is perceived as too complex or too difficult to understand, then it will be more likely to be discontinued.

Hypotheses 44 through 46 are derivations of Propositions 35 through 37, respectively, each of which identifies one major factor which might emerge during the second year and thus jeopardize the institutionalization and continuance of the program. All three are rooted in the perceptions of administrators or other institutional members who may be influenced to some degree by a coordinator.

A program maintains its relative advantage to the degree that its reputation is better than those of other prevention programs which might be proposed or discovered. When a program expresses values and calls for action consistent with the institution's values and expectations, it is viewed as fitting the needs of the institution. In addition, a program is more acceptable if it is easy to understand. Each factor makes the program more attractive, and its presence increases the likelihood of continuance.

Our interviews revealed mixed findings among coordinators on these

factors. Some indicated problems with relative advantage, observing that their programs were indistinguishable from others on campus. For example, distinctions between drug prevention and drug rehabilitation were unclear. Some institutions seemed to value rehabilitation over prevention; therefore, some prevention programs were less favored. Finally, some coordinators believed that the complexity perceived in their programs and activities may have been misunderstood. Indeed, some programs projected a complex, even incomprehensible image.

Hypothesis 47: If a coordinator encourages positive and acceptable accounts of a program among different audiences across campus, then it is more likely to be continued.

This hypothesis derives from Propositions 8, 56, and 57. If reality is created during discussions among work groups, and if coordinators offer positive information that furthers acceptance, then the likelihood of continuance is increased. Presentations to campus groups encourage debate and promote student discussions on alcohol- and drug-related issues. This awareness, in turn, creates an ongoing dialogue. A clear sign of program success occurs when groups talk about the program using the vernacular and "deep structure" language of the group.

Our interviews revealed some coordinators recognized the importance of student involvement in the dialogue on drug problems, but they showed less engagement with other institutional groups. As catalysts for change, coordinators must take a greater role in widening the discussion.

Hypothesis 48: If a coordinator uses mass media to reinforce the success of a program, then it is more likely to be continued.

This hypothesis is derived from Proposition 51. Mass media can quickly reinforce beliefs. When a program becomes a positive force on campus, newsletters and news releases reporting program successes can strengthen an institution's commitment. Our interviews suggested that coordinators used mass media occasionally to reinforce their success. When they did, it was more to expose the institution to the need for a prevention program than to demonstrate practical results.

Hypothesis 49: If a coordinator moves from the role of change agent to opinion leader during implementation, then a program will be more likely to achieve long term success.

Derived from Propositions 40 through 42 and Proposition 44, this hypothesis suggests that so long as coordinators are viewed as outsiders, their programs will seem foreign to institutional members. Coordinators who empathize with and adapt to the institution will gradually establish credibili-

ty. Over time, their threat will diminish and their opinions and programs will be respected. As coordinators are seen as opinion leaders themselves, they will gain influence over others.

Our interviews revealed that few coordinators ever deeply involved themselves in the social networks of their colleges. Failing to affiliate with a broad cross-section of the campus, they limited the effect of their leadership.

Hypothesis 50: If a coordinator becomes a member of a consortium or Fund network, then a program will be more likely to achieve long term success.

Derived from Propositions 30, 32, and 57, this hypothesis addresses the problem of coordinators working individually on individual campuses. Because they are accountable to the Fund throughout the two-year period of the grant, many coordinators continue their relationship with the agency even after the institutionalization of their programs. The Fund also maintains continuing support for coordinators, support that may weaken after a program's institutionalization. Regional consortia and conventions, for instance, can maintain networks between agency and coordinator and among other coordinators with similar problems.

In our interviews coordinators revealed that they recognize the importance of a consortium. From these support groups they learned they were not alone, that others have the same frustrations over similar problems, and that they can share with others new ideas and solutions. Coordinators saw these gatherings as providing opportunities for catharsis as well as insight.

Hypothesis 51: If during the second year, a coordinator's goals are aimed at adapting to the environment and implementing decisions efficiently, then a program is more likely to be successful.

This hypothesis derives from Proposition 17 and the condition of environments. It suggests that instead of disrupting its environment, an organization should take advantage of the predictability inherent in stability. What coordinators must do is to change, not just initiate the need for change.

Our interviews showed this concept to be the most difficult to grasp. Most coordinators accepted the challenges of setting up a program, but maintaining that program was another matter.

Recommendations

In previous sections, we described our approach to theory building, set boundaries, and explained organizational change and innovation. We identified outcomes of the process, described drug abuse education and preven-

tion programs, and predicted the influence of institutional factors on them. The recommendations we make for those working in such programs are extensions of our hypotheses.

Our recommendations are about dealing with institutional factors related to the success of drug abuse education programs as an organizational unit. Coordinators and others interested in improving their own efforts should consider how these recommendations apply to their own situation. We present our recommendations here with little additional explanation. We have included the hypothetical basis for each in parentheses, and in some instances we do report examples from our qualitative data.

Recommendations to Coordinators Preparing Proposals

Recommendation 1: Involve as many institutional departments in the grant-writing phase as possible (Hypothesis 1).

Recommendation 2: Write an internal dissemination plan as a part of the grant proposal (Hypotheses 15-17).

Develop a plan of communication for every audience you want to influence. In your plan include monthly timetables, objectives for each communication, different channels of communication to be used, messages or activities employed, methods to evaluate the success of communication, and follow-up procedures. Table 9 displays first and second year priorities.

Recommendations to Coordinators during the First Year of the Grant

Recommendation 3: Direct every activity to produce change and visibility (Hypotheses 2, 27).

Offer yourself to make public presentations about your program to as many campus and community groups as you can. Be known to and get to know others in the system. Make your program (and yourself) known to the institution and the larger community. Attend college social and academic events. Cross as many boundaries of higher education as possible, both horizontal and vertical. Look for appropriate committees and volunteer to serve on them.

Recommendation 4: Assess your institution's climate to determine the degree of innovation possible (Hypothesis 3).

Recommendation 5: When you try a new service or activity, give it enough time to assess its benefits (Hypothesis 2).

Factors	First Year	Second Year
a. Who/ the Sender	emphasize credibility of coordinator as change agent, develop staff	emphasize credibility of coordinator as as opinion leader
b. Says What/ Message		
1) Message Content	focus on performance gap, the quality and innovativeness of services	publicize program's success, demonstrate continued need
2) Message Style	develop plan, use powerful language	revise plan, use powerful language
c. To Whom/ the Receiver	identify audiences, conduct information needs analysis	revise analysis
d. In Which Channels		
1) Diffusion Methods	use mass and interpersonal, use richer methods	use fewer, less rich methods
2) Networks	use formal, informal, initiate external links	rely more on formal, maintain external links
e. When	creativity, re-invention	installing, institutionalizing
f. With What Effects	create and change perceptions, behaviors	reinforce perceptions, behaviors

Table 9. Priorities for effective internal dissemination

Recommendation 6: Identify a variety of sources for resources, both public and private funding, and create a plan of development based on all possible funds; then, begin implementing your plan (Hypothesis 4).

Recommendation 7: Review your institution's mission statement to insure drug abuse prevention and education are included; if not, begin the process that would include these concerns in the mission statement (Hypothesis 5).

Recommendation 8: Specifically link the goals and objectives of the drug abuse education program to the institution's mission statement (Hypothesis 5).

Develop your own program's mission statement. Use it as a rationale for your program when you present it in documents to the administration, faculty, students, and others in the institutional community.

Recommendation 9: Check and correct formal documents to insure that

your program's objectives can be clearly linked to the institution's mission. Look at formal reports to supervisors and any documents containing joint objectives with other programs (Hypothesis 5).

Recommendation 10: Develop general first-year objectives that encourage creativity (Hypothesis 6).

Adapt general principles and objectives of your program to specific audiences and campus structures so that re-invention and modification will accommodate as many as possible.

Recommendation 11: Establish your program's short term (first-year) as well as long-term (beyond first-year) written objectives; review and revise them annually (Hypotheses 6, 29).

Recommendation 12: Evaluate the effectiveness of your services for the first year, measuring qualitatively; include "customer" interviews as part of your systematic plan of evaluation (Hypothesis 7).

Table 10 shows how the elements in your plan might change during the two years of funding.

Recommendation 13: Undertake a variety of tasks informally and as decentralized as possible; use every means to encourage creativity (Hypotheses 8-10).

Recommendation 14: Employ a staff with experience and qualifications in education, communication, and management (Hypothesis 11).

Recommendation 15: Design a staff development plan to insure and enhance staff skills. Workshops and other forms of instruction are methods of improving education, communication and management skills (Hypothesis 12).

Recommendation 16: Establish a direct reporting line to a vice president or a dean (Hypothesis 13).

Recommendation 17: Identify potential opinion leaders in the informal network and include them in your program (Hypotheses 14, 25).

Factors	First Year	Second Year
1. Goals of Evaluation	more formative evaluation	more summative evaluation
2. Program Objectives		
a. Outcomes	change perceptions of clients and audiences	reinforce perceptions, change behavior
b. Specificity	lower	higher
3. Samples	purposive	random
4. Designs	descriptive, correlational, ex post facto	ex post facto, experimental
5. Data Gathering Methods	qualitative, interviews, focus groups, surveys	quantitative, surveys, records of behavior
6. Results Display	narratives, anecdotes, descriptive statistics, some inferential statistics	descriptive statistics, inferential statistics
7. Generalizability	low	high

Table 10. Priorities for effective evaluation

Become familiar with the organizational structure, lines of authority, and responsible personnel. Locate both the formal chain of command and the informal sources of power, those with greater credibility and those with influence within groups. Identify particularly those key decision-makers who will decide your program's adoption and institutionalization.

Recommendation 18: Develop a special line of communication with opinion leaders which can be used to send information and gain feedback (Hypotheses 14, 25).

One method of implementing these recommendations is to organize an advisory board made up of opinion leaders who can encourage the involvement of others and a flow of information.

Recommendation 19: Develop a procedure, telephone or mail, by which to survey the adequacy of information received about your program and the attitudes about the program (Hypotheses 15-17).

When you have identified your audiences, whether administration, faculty, or students, and their understanding of and disposition toward your program, use the results to develop specific goals and strategies for reaching those audiences. After your program is operational, repeat your survey in a

post-test, this time observing strengths and weaknesses discovered.

Recommendation 20: Construct an internal dissemination plan if one was not included in your original proposal; otherwise, review the original and revise it for the processing capacities of your audiences (Hypotheses 15-17).

Recommendation 21: Assess the information needs and capacities of students, staff, key decision-makers, and other organizational units interacting with your program (Hypotheses 16-17).

Recommendation 22: In your publications and presentations, avoid expressions that associate your program with "student counseling" (Hypotheses 18-19).

Recommendation 23: During the first year select a name for the program and program activities that does not imply "student counseling" (Hypotheses 18-19).

Relating your program to the student health center or to a campus "wellness" program is a better strategy.

Recommendation 24: From the beginning of your first year, report your program's activities and services, using language appropriate to your institution (Hypotheses 18-19).

Particularly important are the terms "prevention and awareness" and the degree of emphasis to be placed on "alcohol" and "drugs." How is your program different from others on your campus? Where does "prevention" end and "rehabilitation" begin? How does "counseling" in a "prevention and awareness" program differ from "counseling" in a "rehabilitation" program? You must be able to answer such questions appropriately.

Recommendation 25: Disseminate a large quantity of information about your services using improvised and group formats (Hypothesis 20).

This is true for program staff as well as key personnel around the institution. It does not apply to the methods for disseminating information about drug abuse as part of a program service.

Recommendation 26: Emphasize the quality and innovativeness of your services in messages to the campus community at large (Hypothesis 21).

Recommendation 27: Emphasize the need for your program when your institution first hears about it (Hypothesis 22).

Recommendation 28: Use a variety of communication channels to disseminate information, being sure to include mass communication and interpersonal channels (Hypotheses 23, 24).

Recommendation 29: Use your expertise and competence to establish your credibility as a change agent (Hypothesis 49).

Recommendations to Coordinators During the Second Year of the Grant

Recommendation 30: During the second year, continue your development plan created during the first year (Hypotheses 3-4).

Now is the time to evaluate and revise as well as to solicit support and resources outside the institution. Within the institution, look to student services rather than the general budget for full or partial support.

Recommendation 31: Review and revise general written objectives, developing specific ones which you can measure and more easily evaluate (Hypothesis 29).

Recommendation 32: Use a quantitative evaluation system for the second year (Hypotheses 30-31).

Recommendation 33: Formalize and simplify your services, delivery system, and organizational structure by developing specific policies and procedures that will reduce costs of routine features of your program (Hypotheses 32-36).

Recommendation 34: Continue developing those professionals retained on your staff, using less skilled employees to accomplish simpler tasks (Hypotheses 37-38).

Recommendation 35: Disseminate less information about your program but do so in documented or planned formats (Hypothesis 39).

Reports, staff meetings, formal presentations, and mass media should be your major methods of dissemination. For example, if you publish a quarterly newsletter that presents and advocates your program, you can reach administrators, faculty, and other influential bodies such as student-government or student-fees committees.

Recommendation 36: Design new messages to reinforce positive impressions created during your first year (Hypotheses 40-41).

For example, if you can publicize both positive and negative results associated with drug and alcohol issues, you can show changes in and support for your program, thereby justifying your additional efforts.

Recommendation 37: Emphasize in your messages all of your services, the audiences for them, and your efficiency in delivering them (Hypothesis 42).

Recommendation 38: Although costs and quantity should be detailed, use additional messages now to inform key decision makers and opinion leaders about the general principles underlying your services (Hypothesis 43).

Recommendation 39: Continue to emphasize in your messages the advantages of your services, their compatibility with the institutional goals, and their ease of delivery (Hypotheses 44-46).

Recommendation 40: Create opportunities for opinion leaders and key decision-makers to share and reinforce their positive impressions of your program; let them represent your work to other audiences (Hypothesis 47).

Recommendation 41: Reinforce face-to-face communication and your services by means of mass media (Hypothesis 48).

Recommendation 42: Transform your role from that of a change agent to that of an opinion leader as you rely more on trust than on expertise to build your credibility (Hypothesis 49).

Recommendation 43: Link your program to other drug programs by joining a consortium (Hypothesis 50).

External affiliations keep you in touch with new knowledge about other

programs and additional support available to all coordinators.

Recommendation 44: During the second year focus more on adjusting to change and channeling change rather than creating it (Hypothesis 51).

Recommendations to the Fund for the Improvement of Postsecondary Education

Recommendation 45: Encourage the participation of several organizational units in writing the grant proposal; give preferential reviews to institutions that demonstrate the program will be supported by more than one department (Hypothesis 1).

Recommendation 46: Include in the original proposal a section that describes the first-year qualitative evaluation system as well as specific quantitative methods for the second year (Hypothesis 7).

Recommendation 47: Require that all proposals designate funds either for a consultant to design and supervise evaluation or for expertise in evaluation to be developed from within the program staff (Hypotheses 7, 12, 30-31).

Recommendation 48: Sponsor Fund educational administration workshops in evaluation, management, and communication (Hypotheses 7, 11-12, 30-31).

Recommendation 49: Favor new grant proposals for programs from institutions already staffed with experts in education, communication, and management (Hypotheses 1,12).

Recommendation 50: Require that coordinators complete an internal dissemination plan as part of their first-year report, that an evaluation or update of their plan be a part of their second-year report, and that audiences, a chronological schedule of communications, and methods of dissemination (whether mass media or interpersonal channels) be specified (Hypothesis 15).

Recommendation 51: Require that institutions in their initial proposals demonstrate their financial support for their coordinator participating in external consortia and work-

shops (Hypothesis 50).

Recommendation 52: Provide specific feedback to those programs making annual reports (Hypotheses 31, 40, 47).

Grantees consistently complained about the lack of feedback from grantors. Feedback could go a long way in helping coordinators correct and improve their programs. The Fund should also standardize and limit the content and length of grantees' annual reports so that a more timely but still detailed evaluation could be provided. Favorable responses would also confirm successes.

Recommendation 53: Encourage coordinators to attend and make presentations at Fund meetings (Hypothesis 50).

Recommendation 54: Initiate follow-up grants for programs that have been institutionalized (Hypotheses 28, 38, 51).

Specific criteria outlined in such grants can highlight model programs and foster their continuance, as well as raise successful and worthy programs to the highest level of institutional maintenance.

References

- Ackoff, R. L., & Emery, F. E. (1972). *On purposeful systems*. Chicago: Aldine.
- Allport, F. (1924). *Social psychology*. Boston: Houghton Mifflin.
- Ashby, W. R. (1954). *Design for a brain*. New York: Chapman & Hall.
- Ashby, W. R. (1956). *An introduction to cybernetics*. London: Chapman & Hall.
- Axelrod, R. (1984). *The evolution of cooperation*. New York: Basic Books.
- Bakke, E. W. (1950). *Bonds of organization*. New York: Harper & Row.
- Bennis, W. G. (1976). Organizations of the future. In J. L. Owen, P. A. Page, & G. I. Zimmerman (Eds.), *Communication in organizations* (pp. 84-101). St. Paul, MN: West.
- Bennis, W. G., & Nanus, B. (1985). *Leaders: The strategies for taking charge*. New York: Harper & Row.
- Berger, C. R., & Bradac, J. J. (1982). *Language and social knowledge: Uncertainty in interpersonal relationships*. London: Edward Arnold.
- Berger, C. R., & Calabrese, R. J. (1975). Some explorations in initial interaction and beyond: Toward a developmental theory of interpersonal communication; *Human Communication Research, 1*, 99-112.
- Bertalanffy, L. von (1968). *General systems theory: Foundations, development, applications*. New York: George Braziller.
- Buckley, W. (1967). *Sociology and modern systems theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Buckley, W. (1968). *Modern systems research for the behavioral scientist*. Chicago: Aldine.
- Burns, T., & Stalker, G. M. (1961). *The management of innovation*. London: Tavistock.
- Campbell, J. P., & Pritchard, R. D. (1976). Motivation theory in industrial and organizational psychology. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 63-119). Chicago: Rand McNally.
- Chaffee, S. H., & Hochheimer, J. L. (1985). The beginnings of political communication research in the United States: Origins of the "limited effects" model. In E. M. Rogers & F. Balle (Eds.), *The media revolution in America and in Western Europe*. Norwood, NJ: Ablex.
- Chen, H. (1990). *Theory-driven evaluations*. Newbury Park, CA: Sage.
- Corning, P. (1983). *The synergism hypothesis: A theory of progressive evolution*. New York: McGraw-Hill.
- Cusella, L. (1987). Feedback, motivation, and performance. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 624-678). Beverly Hills, CA: Sage.
- Cyert, R. M., & March, J. G. (1963). *A behavioral theory of the firm*. Englewood Cliffs, NJ: Prentice-Hall.
- Daft, R. L. (1983). *Organization theory and design*. St. Paul, MN: West.
- Daft, R. L., & Lengel, R. H. (1986). Organizational information requirements, media richness, and structural design. *Management Science, 32*, 554-571.
- Daft, R. L., & Mcintosh, N. B. (1981). A tentative exploration into amount and equivocality of information processing in organizational work units. *Administrative Science Quarterly, 26*, 207-224.
- Daniels, T. D., & Spiker, B. K. (1983). Social exchange and the relationship between information adequacy and relational satisfaction. *Western Journal of Speech Communication, 47*, 118-137.

- Downey, H. K., Hellreigel, D. H., & Slocum, J. W. (1975). Environmental uncertainty: The construct and its operationalization. *Administrative Science Quarterly*, 20, 613-629.
- Dubin, R. (1978). *Theory building* (2nd ed.). New York: Free Press.
- Emerson, R. M. (1962). Power-dependence relations. *American Sociological Review*, 27, 31-41.
- Emery, F., & Trist, E. L. (1965). The causal texture of organizational environments. *Human Relations*, 18, 21-32.
- Etzioni, A. (1964). *Modern organizations*. Englewood Cliffs, NJ: Prentice-Hall.
- Falcione, R. L., Sussman, L., & Herden, R. P. (1987). Communication climate in organizations. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 195-227). Beverly Hills, CA: Sage.
- Farace, R. V., Monge, P. R., & Russell, H. M. (1977). *Communicating and organizing*. Reading, MA: Addison-Wesley.
- Fayol, H. (1949). *General and industrial management* (C. Storrs, trans.). London: Pitman. (Original work published 1916)
- Fielder, F. E. (1967). *A theory of leadership effectiveness*. New York: McGraw-Hill.
- Fisher, B. A. (1978). *Perspectives on human communication*. New York: Macmillan.
- Fisher, B. A. (1982). The pragmatic perspective of human communication: A view from systems theory. In F. E. X. Dance (Ed.), *Human communication theory: Comparative essays* (pp. 192-219). New York: Harper & Row.
- Frost, P. J. (1987). Power, politics, and influence. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 503-548). Beverly Hills, CA: Sage.
- Galbraith, J. R. (1977). *Organization design*. Reading, MA: Addison-Wesley.
- Gibbs, J. P. (1967). Identification of statements of theory construction. *Sociology and Social Research*, 52, 72-87.
- Goldhaber, G. M. (1986). *Organizational communication* (4th ed.). Dubuque, IA: Wm. C. Brown.
- Gratz, R. D., & Salem, P. J. (1981). *Organizational communication and higher education*. AAHE-ERIC/Higher Education Research Report No. 10. Washington, DC: American Association for Higher Education.
- Greenbaum, H. H., Clampitt, P., & Willihnganz, S. (1988). Organizational communication: An examination of four instruments. *Management Communication Quarterly*, 2(2), 245-282.
- Greenbaum, H. H., Hellweg, S. A., & Falcione, R. L. (1988). Organizational communication evaluation: An overview 1950-81. In G. M. Goldhaber & G. A. Barnett (Eds.), *Handbook of organizational communication* (pp. 275-317). Norwood, NJ: Ablex.
- Greiner, L. E. (1972). Patterns of organization change. *Harvard Business Review*, 45(4), 119-130.
- Hage, G. (1980). *Theories of organizations: Form, process, and transformation*. New York: Wiley.
- Hall, A. D., & Fagen, R. E. (1956). Definition of system. *General Systems Yearbook*, 1, 18-28.
- Hawes, L. (1975). *Pragmatics of analoguing: Theory and model construction in communication*. Reading, MA: Addison-Wesley.
- Hersey, P., & Blanchard, K. H. (1977). *Management of organizational behavior: Utilizing human resources* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Hitt, W. D. (1988). *The leader-manager*. Champaign, IL: Sagamore.
- Huber, G. P., & Daft, R. L. (1987). The information environments of organizations. In

- F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 130-164). Beverly Hills, CA: Sage.
- Jablin, F. (1987a). Formal organization structure. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 389-419). Beverly Hills, CA: Sage.
- Jablin, F. (1987b). Organizational entry, assimilation, and exit. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 679-740). Beverly Hills, CA: Sage.
- Johnson, B. M. (1977). *Communication: The process of organizing*. Boston: Allyn & Bacon.
- Katz, D., & Kahn, R. (1978). *The social psychology of organizations* (2nd Ed.). New York: Wiley.
- Katz, R. (Ed.). (1988). *Managing professionals in innovative organizations: A collection of readings*. New York: Harper Business.
- Kerlinger, F. N. (1986). *Foundations of behavioral research* (3rd ed.). New York: Holt, Rinehart & Winston.
- Kotter, J. (1990). *A force for change: How leadership differs from management*. New York: Free Press.
- Koozes, J. M., & Posner, B. Z. (1987). *The leadership challenge: How to get extraordinary things done in organizations*. San Francisco: Jossey-Bass.
- Krone, K. J., Jablin, F., & Putnam, L. (1987). Communication theory and organizational theory: Multiple perspectives. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 18-40). Beverly Hills, CA: Sage.
- Kuhn, A. (1975). *Unified social science*. Homewood, IL: Dorsey.
- Larson, C. E., & LaFasto, F. M. J. (1989). *Teamwork: What can go right/What can go wrong*. Newbury Park, CA: Sage.
- Lawrence, P. R., & Lorsch, J. W. (1967). *Organization and environment*. Boston: Harvard Business School.
- Lazerfeld, P. F., Berelson, B., & Gaudet, H. (1944). *The people's choice*. New York: Duell, Sloan and Pearce.
- Leblebici, H., & Salancik, G. (1981). Effect of environmental uncertainty on information and decision processes in banks. *Administrative Science Quarterly*, 26, 578-596.
- Likert, R. (1967). *The human organization*. New York: McGraw-Hill.
- Meyer, J. W. (1975). *Notes on the structure of educational organizations* (Occasional Paper No. 3). Palo Alto, CA: Stanford University Center for Research and Development in Teaching. (ERIC Document Reproduction Service No. ED 109 768)
- Miller, J. G. (1978). *Living systems*. New York: McGraw-Hill.
- Muchinsky, P. M. (1977). Organizational communication: Relationships to organizational climate and job satisfaction. *Academy of Management Journal*, 20, 592-607.
- Pearce, W. B. (1989). *Communication and the human condition*. Carbondale, IL: Southern Illinois University Press.
- Penley, L. E. (1982). An investigation of the information processing framework of organizational communication. *Human Communication Research*, 8, 348-365.
- Perrow, C. (1970). *Organizational analysis: A sociological approach*. Belmont, CA: Wadsworth.
- Pfeffer, J. (1981). *Management as symbolic action: The creation and maintenance of organi-*

- zational paradigms*. In L. L. Cummings & B. M. Shaw (Eds.), *Research in organizational behavior* (Vol. 3, pp. 1-52). Greenwich, CT: JAI Press.
- Porat, M. (1977). *The information society: Definition and measurement*. Washington, DC: U. S. Government Printing Office.
- Quinn, R. E. (1988). *Beyond rational management: Mastering the paradoxes and competing demands of high performance*. San Francisco: Jossey-Bass.
- Reichenbach, H. (1949). *The theory of probability*. Berkeley, CA: University of California Press.
- Roberts, K. H., & O'Reilly, C. A., III (1974). Measuring organizational communication. *Journal of Applied Psychology*, 59, 321-326.
- Rogers, E. M. (1983). *Diffusion of innovations* (3rd ed.). New York: Free Press.
- Rogers, E. M. (1986). *Communication technology: The new media in society*. New York: Free Press.
- Rogers, E. M., & Agarwala-Rogers, R. (1976). *Communication in organizations*. New York: Free Press.
- Rogers, E. M., & Kincaid, D. L. (1981). *Communication networks: Toward a new paradigm for research*. New York: Free Press.
- Roloff, M. E. (1981). *Interpersonal communication: The social exchange approach*. Beverly Hills, CA: Sage.
- Salancik, G. R., & Pfeffer, J. (1978). A social information processing approach to job attitudes and task design. *Administrative Science Quarterly*, 23, 224-253.
- Salem, P. J., & Gratz, R. D. (1983). High technology and social devolution. In N. Callaos (Ed.), *Proceedings of the 1983 World Conference on Systems*. Caracas, Venezuela: The Foundation for the Investigation and Integration of Systems.
- Salem, P. J., & Williams, M. L. (1981). *Research questions and some tentative answers about hospitals: Modeling the sociology of communication*. Paper presented at the annual meeting of the Speech Communication Association, Anaheim, CA.
- Salem, P. J., & Williams, M. L. (1984). Uncertainty and satisfaction: The importance of information in hospital communication. *Journal of Applied Communication*, 12, 75-89.
- Sapolsky, H. M. (1967). Organizational structure and innovation. *Journal of Business*, 40, 497-510.
- Schutz, W. C. (1966). *The interpersonal underworld*. Palo Alto, CA: Science & Behavior Books.
- Searle, J. (1969). *Speech acts: An essay in the philosophy of language*. Cambridge: Cambridge University Press.
- Shimanoff, S. B. (1980). *Communication rules: Theory and research*. Beverly Hills, CA: Sage.
- Smith, M. J. (1982). *Persuasion and human action*. Belmont, CA: Wadsworth.
- Sommerhoff, G. (1969). The abstract characteristics of living systems. In F. E. Emery (Ed.), *Systems thinking* (pp. 147-202). Baltimore, MD: Penguin.
- Steers, R. (1975). Problems in the measurement of organizational effectiveness. *Administration Science Quarterly*, 20, 546-58.
- Stohl, C., & Redding, W. C. (1987). Messages and message exchange processes. In F. M. Jablin, L. L. Putnam, K. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary perspective* (pp. 451-502). Beverly Hills, CA: Sage.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

- Thompson, J. D. (1967). *Organizations in action*. New York, NY: McGraw-Hill.
- Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication*. New York: Norton.
- Weick, K. (1979). *The social psychology of organizing* (2nd ed.). Reading, MA: Addison-Wesley.
- Woodward, J. (1965). *Industrial organization: Theory and practice*. London: Oxford Press.
- Yukl, G. A. (1989). *Leadership in organizations* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Zaltman, G., R. Duncan, & J. Holbek. (1973). *Innovations and organizations*. New York: Wiley.



U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)



NOTICE

REPRODUCTION BASIS



This document is covered by a signed “Reproduction Release (Blanket) form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a “Specific Document” Release form.



This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either “Specific Document” or “Blanket”).