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Alcohol, transitions and the University 'Bubble' a qualitative case study

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Alcohol, Transitions and the University 'Bubble': a Qualitative Case Study

**By
Jane Wright**

***A thesis submitted in partial fulfilment of the University's
requirements for the Degree of Doctor of Philosophy***

January 2017

**Buckinghamshire New University
Coventry University**

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Abstract

Summary. Drinking behaviour in the UK population continues to be of topical interest with ongoing references to a drinking culture consistent in the British media. This is despite an overall fall in drinking patterns across the UK reported by public health sources in recent years. ‘Heavy drinking’¹ in universities has been suggested as a normative social behaviour and there are a number of studies that describe this in large scale descriptive studies of patterns of drinking and trends in morbidity and mortality. However, longitudinal, qualitative case studies which explore the interpretations of drinking in the social context of a university across different courses are limited.

Design and methodology. This is a longitudinal, instrumental case study which followed a cohort of undergraduate students through their time at university with multiple data collection points across three years from 2012 to 2015. In depth interviews with a variety of stakeholders and other methods were triangulated to explore the nature of drinking behaviour over time at one university. Participants from a range of courses were recruited and individual and focus group interviews were conducted, recorded and transcribed. QSR NVivo software was used to collect, organise and code data and thematic analysis was utilised to explore the findings

Key Findings:

- There is an enduring perception at the Case University that heavy drinking is an expected student behaviour.

¹ ‘Heavy drinking’ is defined in this Study as drinking more than the recommended daily units of alcohol several times per week (Drinkaware, 2016).

- Participants felt 'safe' at the Case University to drink heavily because it was transient and they said they would not continue with that behaviour once they started work (the 'bubble' effect).
- For younger students, (18-24-year-olds), the motivation for drinking alcohol changed over three years from 'having fun' and 'partying' in the first year to 'relieving stress' and 'relaxing' in the third year.
- The Student Union (SU) body and some academic staff appeared complicit in the normalisation of drinking at the Case University.
- Some young people 'pretended' to drink in order to achieve a sense of belonging to their peer group.
- Non-drinkers felt uncomfortable in the SU bar and avoided that social space, reporting that there was particular pressure to drink in that environment.

Key Recommendations

- There needs to be a move towards changing the cultural expectations that heavy drinking is a key feature of student life at the Case University.
- A culture of inclusivity at the Case University is needed to accommodate those who choose not to drink or drink in moderation.
- Considerations of how the Case University promotes drinking in the setting and how risk is managed is important.

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Chapter 1 Introduction: setting the scene

1.1 Introduction

This thesis reports on a case study of a modern university in the south East of England (the Case University). The chapter begins with an overview of the Case University which is the focus for this study (the Study²). This is followed by an introduction to the topics of alcohol, undergraduate drinking behaviour and the background to the Study. An overview of the chapters is then articulated. The focus of attention is a specific population; undergraduate students in a modern university in the South East of England and this places it within a cultural context.

The broad aim of the Study was developed early, at the proposal stage, to provide a sound basis for the research design and ensure the appropriate focus. The aim is to develop understanding of the drinking behaviour of undergraduate students during their transition through an English university. The specific aim was clarified following the literature review:

“To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

Of particular interest is the cultural dimension to drinking across different groups within the Case University setting. In addition, it was important to maintain a focus on the public health aspects and implications of the findings as this had driven the research from the start. Specifically, the interest in the topic arose from previous research done in the local area about young people’s drinking behaviour in secondary schools which

² The ‘Study’ refers to this research project throughout.

suggested a cultural basis for young people's drinking choices (Wright, *et al.*, 2009). This earlier study also exposed issues about the use of alcohol to support the transition into adolescence and young adulthood (Wright *et al.*, 2009). The effectiveness of health promotion activities had also been explored in the schools' study which highlighted the concept of risky health behaviour.

The culture of health and health behaviours provide the overarching theoretical framework for this Study with the underpinning theories reflecting the public health interest. These theories include issues of socialisation into university, drinking customs and rituals and transition through university into the world beyond higher education. A critical literature review was undertaken to explore what is already known about undergraduate drinking in university and college settings and this informed and underpinned the development of the theoretical framework, the aim and the research objectives³.

The Study of the Case University explores the drinking culture of a group of undergraduates over a three year period between 2012 and 2015 from multiple perspectives. The responsibility of a university for its students' health and well-being is raised and debated using the emerging evidence base to support the potential for further study and discussion. The recognition of current trends in drinking behaviour is explored and the potential to contribute to alcohol policy and the concept of healthy universities is also noted within the Study; this sets it firmly within the public health framework. The research is centred on exploring the factors that influence drinking behaviour in an undergraduate population, whether there are changes over time and how drinking is perceived by individuals, the Case University and the wider community.

³ See Chapter 3, section 3.7.

1.2 The Case University in context

This section describes the specific 'Case', providing the background to the Case University as a unique higher education institution (HEI), describing its history and current place within the HEI community. The Case is a modern English university in the South East of England. The Case University, which began its life in 1893, owes its existence, in part, to a tax that was imposed on beer and spirits towards the end of the 19th Century and started as a science and art school for use by the local community (Pilkington, 2010). Beginning as a further education college, it became a University College in 1999 and was given full university status in 2007 (Pilkington, 2010). The Case University has two faculties: the Faculty of Society and Health (SH) and the Faculty of Design, Media and Management (DMM) (The Structure, 2016). The two Faculties offer a range of courses including: nursing, social care, early years, education, law, sociology, psychology, design, drama, art, dance, business, marketing and sports related courses (The Structure, 2016). These courses are taught at Foundation Degree, Graduate, Post Graduate and Doctoral academic levels (Which University, 2014). The site of the original college is in the centre of the town and can be seen in Figure 1.1. This building is no longer part of the Case University which has expanded into a much larger campus in another part of the town (See Figures 1.2 and 1.3).

The Case University is now situated on two campuses, 16 miles apart. The main campus (see Figure 1.2) is situated in the centre of the town with a number of pubs, a cinema, a bowling alley, a theatre and a number of restaurants but no nightclub (see Figure 1.3). There is student accommodation available at the main campus and these are situated throughout the town and surrounding area. The other, smaller of the two campuses is also based in a town within the London area but there is no student

accommodation or student union bar (see Figure 1.4). The satellite campus has predominantly health-related courses, including pre- and post-qualifying nursing courses. The active Student Union (SU) has a thriving SU bar (see Figure 1.5) on the main campus and for many students, particularly in the first year, their social life centres around the SU and a number of events are held throughout the year, including comedy and music nights.

Figure 1.1. The original site of the Case University



Figure 1.2. The current main campus site

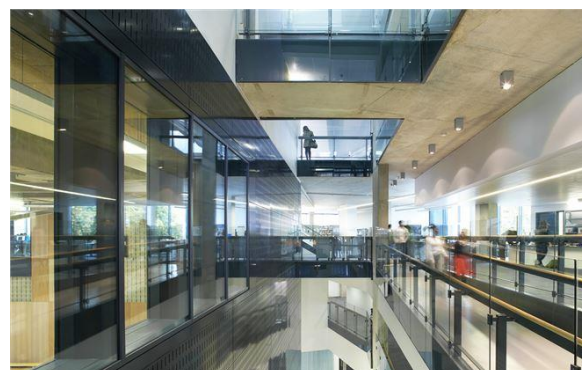


Figure 1.3. The Case University in the town setting



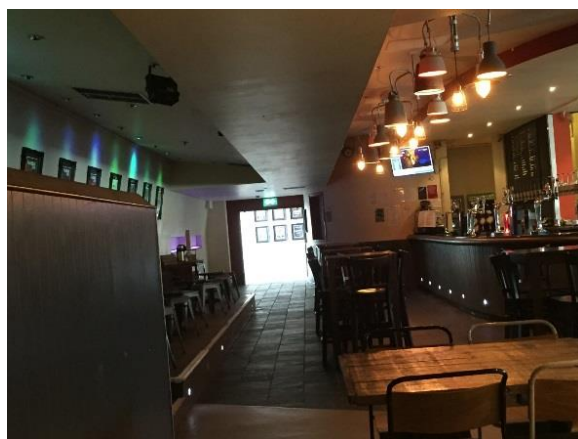
Figure 1.4. The satellite campus



Modern (or 'new') universities were originally polytechnics or technical colleges during the 1960's and 1970's (Scott, 2015). Since 1992, polytechnics have become universities in their own right and have, arguably, widened the access into higher education to "*middle England, working-class homes and ethnic minorities*" (Scott, 2015 p1). Scott (2015) argues that post 1992 universities have been successful in developing a new model of higher education which is socially engaged with local

communities and entrepreneurial in nature. The Case University is a relatively new member of the university family⁴ and its strategy reflects the new model of higher education which is to be inclusive of diverse groups, develop external partnerships and focus on future employment for all its students (Scott, 2015; The University Strategic Plan, 2016). In addition, the University Strategy also highlights the Case University's aim to be a *'professional, caring and supportive university'* (The University Strategic Plan, 2016 p2). However, in 2012, when this Study commenced, there was no clear alcohol policy at the Case University and this was a factor in highlighting a need to consider the responsibility of the Case University to be caring, supportive and responsive to the health and social needs and potential vulnerability of students attending the Case University.

Figure 1.5. The Student Union and bar at the main campus



WEEKLY DRINKS PROMOS*	
MONDAY £2 ALL DRAUGHT <small>DOUBLE UP ON SPIRITS £1</small>	THURSDAY £2 TUBORG CANS/STRONGBOW <small>RELENTLESS JAGGERBOMB £1.80 RELENTLESS VODKA RELENTLESS £1.80 DOUBLE UP ON SPIRITS £1</small>
TUESDAY £7 BOTTLES OF HOUSE WINE <small>4PT PITCHERS OF CARLSBERG & STRONGBOW £1 DOUBLE UP ON SPIRITS £1</small>	FRIDAY £1.80 <small>CARLSBERG/VK/REDBULL CORKY'S SHOTS £1.20 DOUBLE UP ON SPIRITS £1</small>
WEDNESDAY £2 ALL DRAUGHT <small>£1.50 SPIRITS AND SHOTS UNTIL 12AM DOUBLE UP ON SPIRITS £1 5% SNAKEBITE</small>	SATURDAY £1 DOUBLE UP ON SPIRITS <small>SEE EVENTS FOR SPECIAL OFFERS</small>
SUNDAY £2 ALL DRAUGHT <small>DOUBLE UP ON SPIRITS £1 BOTTLES OF HOUSE WINE £7 4PT PITCHERS OF CARLSBERG/STRONGBOW £1</small>	

⁴ See section p13 paragraph 1.

In 2013/14, 10,304, students enrolled at the Case University, (64% were aged 18-25 years), making it relatively small in comparison to other local HEI's (Student Numbers, 2016). There are a number of larger universities in the local area, including five Russell Group universities in London and one to the west of the Case University (The Russell Group, 2016). The total numbers of students at Russell group universities range from 10,500 to 27,645 (The Russell Group, 2016), making the Case University relatively small by comparison (10, 304 students in 2013-2014) (Student Numbers, 2016). The Russell Group was formed in 1994 by 17 British research universities and, in 2016, there were 24 universities in the group (The Russell Group, 2016). Universities in the Russell Group regularly rate in the top 20 of university rankings compared to the Case University which, in 2016, was rated 113 out of 127 universities across the UK for research (University Rankings, 2016). However, the Case University has been developing a good reputation for health-related courses, winning awards for teaching excellence and partnership working in 2016 (Nursing Times Awards, 2016; The Guardian University Awards, 2016). The Case University won the Education Provider of the Year (post registration) Award at the 2015 Student Nursing Times Awards (University Guide, 2016).

Other Universities, outside of the Russell Group, are also in the local area and deliver similar course opportunities to the Case University (University Rankings, 2016). This means that there is competition to provide a unique experience for students applying for university places. The competition to attract students to university is an unequivocal reality in England, particularly since the introduction of student tuition fees in 2012 (Coughlan, 2010). The uniqueness of what a university can offer students is crucial to building its reputation and this requires a balance between offering excellence in teaching, learning and research while supporting the social experiences

and social development of students during their time at university (The University Strategic Plan, 2016; The Big Deal, 2014). The Case University continues to strive to attract students in a very competitive climate and, in 2014, it introduced an initiative - 'The Big Deal' - which offered free entertainment, membership to societies and sports clubs as well as a £1000 cash package to cover books and specialist equipment (The Big Deal, 2014). This has controversial consequences as belonging to some of the societies at the Case University is associated with heavy drinking which is demonstrated in the findings of this Study.

The Case University has developed practice and work-based courses which contribute to building relationships with the local community and it continues to develop its research portfolio with regard to those potential academic areas (The University Strategic Plan, 2016). The Case University attempts to be outward facing with projects that contribute to the local community and there is good liaison between the staff at the Case University, local businesses, local sports clubs and the neighbourhood in general (The University Strategic Plan, 2016). There are regular meetings between the Director of Student Services at the Case University and the local community through a neighbourhood liaison group (this is discussed later in the Study). The Case University has connections to many external partners such as the local football club, local retailers and also local charitable organisations (University Partners, 2016). It was nominated for a Charitable Award in 2016 (The Charity Awards, 2016).

As part of the 'Big Deal', the societies are free to students and they form a key part of the Case University social life, including a wide range of sports clubs, such as hockey, American football, cheerleading, snow sports, mixed martial arts and rugby. There

are other, non-sports societies within the Case University but the sports clubs are the ones with the reputation for the heaviest drinking behaviour evidenced by the literature⁵ and reported by the participants in the Study. All the societies are represented during a Freshers'⁶ Fair at the start of each academic year which introduces students to the available activities and helps new students to develop social networks while at the Case University. Many of the societies have initiation ceremonies which involve heavy drinking behaviour and there is debate about how supportive the institution should be in condoning these initiations as well as other drinking behaviour at the Case University.

1.3 Background to the Study: the potential alcohol 'problem'

Alcohol has been identified as a potential health and social problem at various times throughout history (Nicholls, 2009) and the development of alcohol use and its emergence as a significant public health threat in contemporary times is discussed in this research⁷. The phenomenon in focus is the use of alcohol and how this impacts on the development of social relationships at the Case University. The Study explores these issues over time, raising questions about the longevity of groups, the change in individual roles and statuses, and whether individuals change their drinking behaviour according to different circumstances. It also explores ideas around experimental or transient drinking patterns. It considers whether the university experience is a unique time in an individual's life where drinking may not continue into the 'real world' beyond education; therefore, transitional theory in relation to becoming an adult is explored. Anthropological data, methods and concepts have contributed significantly to the

⁵ See Chapter 3

⁶ Freshers refers to the two weeks at the start of university and freshers refers to the new students.

⁷ See Chapter 2 - A brief history of alcohol use

understanding of human behaviour in relation to both the consumption of alcohol and the cultural drivers for that behaviour. The Study considers this in the context of a university experience for a group of young people aged 18-24 (n=24). There is also a small group of older students, aged 28-44 (n=6), in the Study and their views and attitudes to drinking are also discussed. In addition to the overarching themes, the health and social problems associated with alcohol use from a societal perspective need to be acknowledged within a context of public health, from where this research originates.

Understanding the extent of the risk of potentially hazardous⁸ or harmful⁹ drinking or dependence on alcohol in terms of mortality and morbidity is one aspect of the overall picture of the issue. These factors can be identified with descriptive statistics from an epidemiological viewpoint. The Office of National Statistics (ONS) publishes data about alcohol-related deaths annually and, in 2014, it reported an overall fall in deaths associated with alcohol use across the whole lifespan between 1994 and 2014 (ONS, 2016a). In the UK as a whole, an age standardised rate of 14.3 deaths per 100,000 population was reported in 2014 and alcohol-related deaths continued to be highest in the north of England and Scotland. The highest rate of deaths were in the 55-64 year olds and although the majority of deaths were among males, there has been a significant rise in female deaths in England and Wales since 1994 (ONS, 2016a).

⁸ Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others (Thomas, *et al.*, 2001).

⁹ Harmful use refers to alcohol consumption that results in consequences to physical and mental health (Thomas, *et al.*, 2001).

The impact of alcohol on people's lives in terms of morbidity as well as mortality is of concern and this is expressed by experts in the fields of medicine and public health (World Health Organisation [WHO] 2014). WHO reports that the richest countries demonstrate the biggest problems associated with alcohol use (WHO, 2014). In the UK, experts in the field of epidemiology claim there is a rise in young people developing serious health problems associated with drinking behaviour and that the alcohol-related diseases are manifesting earlier in life (Sheron *et al.*, 2013; Nutt and Rehm, 2014). In December 2015, the Nuffield Trust reported that the number of people admitted to hospital with alcohol poisoning had almost doubled between 2008 and 2014 in England (Curry *et al.*, 2015). The Nuffield report looked at A&E statistics for admissions related to alcohol poisoning across the age range of 15-100 and it showed that 15-24 yr. olds made up the greatest volume of attendances likely to be related to alcohol poisoning. The A&E attendance rate was slightly higher among women in the 15–24 age group (313.4 per 100,000 women compared with 272.7 per 100,000 men) (Curry *et al.*, 2015). This demonstrates the continuing rise in alcohol-related disorders compared to other health problems, despite reports from self-report surveys that consumption of alcohol is falling in the general population (ONS, 2013; ONS, 2015).

Dr Foster Intelligence (DFI) is an independent provider of health information that helps health-care organisations to improve their performance and prioritise health services (DFI, 2013). It works with relevant stakeholders to benchmark and monitor performance against the NHS quality indicators and draws on a range of datasets to provide accurate information. In 2013, DFI published data on admissions to hospital directly related to drug and alcohol problems. The evidence from 40 hospitals across

the UK demonstrates that the 'at risk' age groups are those in their early 40s, suggesting that harmful or hazardous drinking is not confined to teenagers or young adults (DFI, 2013). However, these figures reflect only hospital admissions and not necessarily the extent to which other specific, more localised groups may be drinking such as students at university (who may not be hospitalised, for example).

In 2011, WHO published data which suggested that 9% of deaths among young people worldwide between the ages of 15 and 29 in 2005 were due to alcohol-related events (WHO, 2011). WHO also provides data that the European Union is the heaviest drinking region, with more than one in four deaths among young men and one in ten among young women being related to alcohol (WHO, 2011). A Cochrane review of drinking in colleges and universities in 2014 also confirmed other research that suggests university students drink more than their non-university peers (Foxcroft *et al.*, 2015).

The question of early heavy drinking behaviour which may lead to alcohol addiction, perhaps beginning in adolescence, is raised here alongside the confirmation that the results of early drinking experiences may be producing earlier manifestations of disease (Taylor and Nestel, 2014). There is an issue around the alcohol stealth diseases¹⁰ as well as the long-term liver damage associated with harmful or hazardous drinking patterns over time. In the county where the Study is based, there has been a 22% rise in mortality due to alcohol-related liver disease between 2001 and 2011, compared to a fall in other conditions such as ischaemic heart disease,

¹⁰ 'Stealth diseases' are the hidden diseases such as hypertension, breast cancer, cardiac arrhythmias, cancer of the mouth and oesophagus which are not always directly associated with alcohol.

cancer or diabetes (National End of Life Network [NELN], 2012). The Office of Online Statistics (ONS) estimates that in 2013, just over 7,000 deaths registered in England and Wales were alcohol-related. This equates to about 1.4% of all deaths for that period (ONS, 2015). According to ONS (ONS, 2015), alcohol misuse costs the National Health Service (NHS) in England an estimated £3.5 billion every year. However, there are other 'costs' to society as a whole such as that of crime and lost productivity due to alcohol use (Snowdon, 2015).

Although some statistical evidence suggests an overall decline in drinking behaviour (ONS, 2014; ONS, 2016a), there is other evidence which suggests that those who are drinking are doing so more hazardously and in particular, groups such as those attending university:

“There’s tremendous pressure on students to drink to excess during their time in education...an astonishing 85% of students have reported that they think drinking to excess is expected at university” (McGuire [NUS Vice President - Welfare], 2014 p6).

There appears to be a degree of acceptance in society that students at university will drink, get drunk and have a good time as a rite of passage into adulthood (BBC, 2008; Berridge *et al.*, 2014). This acceptance may mean that as a society, we have ignored the problem of drinking in universities and become indifferent to the potential risks of future alcohol problems for students (Hatton *et al.*, 2009). The media 'frenzy' about a binge-drinking culture in Britain (BBC, 2008) and the reputation that undergraduates have for heavy drinking means that a university may need to question its collective social responsibility for the health of its students. However, there are ethical dilemmas

here, given that the majority of students starting university are legally adults at 18 and therefore entitled to make their own decisions about health-related behaviour. Nevertheless, risky behaviour resulting in potentially long-term consequences does cause concern for the Case University and the SU does have safety mechanisms in place to try to protect young people. For example, there is a night bus taking students (particularly girls) back to student accommodation and observable drunken behaviour in the SU bar is addressed by security staff. But the Case University is not in '*loco parentis*' and it can only advise students or exclude them from the bar if the behaviour is deemed unacceptable¹¹.

One aspect of the Study examines how drinking is promoted within the Case University setting and how alcohol forms a major part of the social events that occur in the Case University in general and the SU bar in particular. In the last decade, recognition of the problems associated with heavy drinking behaviour at universities has been growing and a UK-wide Alcohol Impact Campaign was launched in 2014 through the National Union of Students (NUS). Funded by the Home Office, the results of the pilot study were released in 2015 (NUS, 2015). The aim is to promote a 'responsible' drinking culture on campuses across the UK and award accreditation to universities that sign up (Alcohol Impact, 2014). In 2015, the Case University signed up to this initiative and the findings of this doctoral research will inform its Alcohol Impact Campaign.

The focus of attention in the Study is one particular university but there are clear opportunities to compare findings with other universities across the UK and indeed Europe, particularly in light of the widespread commitment to the Alcohol Impact

¹¹ See Chapters 6 and 8 for further discussion on the SU.

Campaign. As part of that campaign, some universities have made changes to promote healthier lifestyles, such as closing their SU bars in favour of coffee shops (NUS, 2015). The potential tension between a public health approach which aims to improve health and well-being, and an objective researcher's stance are discussed in both the literature review and the methodology chapters¹².

1.4 Background to the Study: previous research

This Study follows previous research done at the Case University. Specifically, in 2009, Weatherburn *et al.* (2009) carried out a cross-sectional study in secondary schools in a southern county in England. The first phase of the study involved a survey: a questionnaire was sent to all pupils in 24 out of 34 of the schools in the area and this was followed up with nine focus groups conducted in nine secondary schools. The questionnaire was similar to the annual survey of smoking, drug use and drinking but covered only alcohol (Health Social Care Information Centre [HSCIC], 2012). The pupils (n=14087) were aged from 10 – 19 years of age (school years 7 – 13) with a mean (SD) age of 13.6 (1.8) years. A total of 14,258 completed questionnaires were returned (54.5%) and 14,045 were analysed. The focus groups consisted of between six or seven pupils (n=54).

The purpose of this school study was to investigate the attitudes of young people to drinking and what interventions they felt could be employed to reduce the incidence of drinking at a young age. A number of important issues arose from this large study: how the phenomenon of binge-drinking is perceived by young people; the motivation for drinking and suggested gender differences; drinking as a socialisation process; influencing factors such as family attitudes to drinking, faith, culture and exposure to

¹² See Chapters 3 and 4.

drinking behaviour; and what interventions young people felt would be effective to reduce levels of drinking at a young age (Wright *et al.*, 2009). Those questioned said that they believed that many young people have a deliberate intention to get drunk, implying a planned or reasoned action (Ajzen, 1991)¹³. Crucially, the participants in the schools' study described drinking and getting drunk as being associated with belonging to a group, that it was fun, that it helped with socialisation and broke down inhibitions, that it was escapist and that it helped relieve boredom.

As with other types of health behaviour, such as smoking and taking illicit substances, drinking alcohol is a learned behaviour (Bandura, 1976; Herbert, 2006; Aldridge *et al.*, 2011). This may occur early - the average age of having a first drink in this school study was 12 years. The first taste of alcohol is not always a positive experience and yet some repeat this behaviour many times despite the negative consequences. It seems that, in some cases, the desire to fit in to a peer group overrides the negative aspect of drinking. Having a hangover may be a part of the cultural norm, a badge of honour perhaps, or a sign that you belong to the group (Aldridge *et al.*, 2011).

1.5 Summary.

The drinking behaviour of young people continues to be of newsworthy interest with ongoing references to a binge-drinking culture in the British media (Ormerod and Wiltshire, 2009). This is despite an overall fall in drinking patterns across the UK reported by public health sources (ONS, 2015). Drinking behaviour in universities is seen to be particularly problematic, with reports of students being hospitalised after extreme drinking sessions, often following initiation ceremonies (Gill, 2002). There are a number of large-scale descriptive, concrete studies that describe this behaviour

¹³ See Chapter 3 – Figure 3.4

in terms of patterns of drinking and trends in morbidity and mortality in universities and colleges (Lancaster and Melville, 2014). However, more abstract, qualitative studies which explore the interpretations of drinking in the social context of a university setting are limited, evidenced in the critical review of the literature¹⁴.

The Study explores the drinking culture in a modern university using a case study methodology. This longitudinal study followed a cohort of students through their time at the Case University with multiple data collection points across the three years. Purposive sampling ensured that a cross-section of courses was represented in the Study. In-depth individual interviews with a variety of stakeholders, student focus groups and other methods were triangulated to explore the pattern of drinking behaviour that occurs over time. QSR NVivo computer software was utilised to organise the data and thematic analysis used to code and explore the findings. The final results of the Study will be of interest to the Case University, the Student Union and to public health professionals.

1.6 An overview of the chapters

Chapter 2 A brief history of alcohol use.

This chapter explores the history of alcohol use over time and provides a context to three particular aspects of the Study: how a culture of drinking has developed in the modern world (and the UK in particular); the problems associated with attempts to change embedded cultural and social norms by banning alcohol and, finally, the relevant aspects of UK alcohol policy development which inform the public health perspective of the Study.

¹⁴ See Chapter 3

Chapter 3 The literature Review: the evidence base.

This chapter explores the relevant literature using a PICO question to focus the review of the literature, with emphasis on the population (undergraduates at a new university), the issue (alcohol), the context of the Study (a university setting) and the public health literature which is a key theoretical thread to the Study. This chapter informs the evidence base for the Study, underpins the aim and objectives and introduces the overarching theoretical framework.

Chapter 4 The methodological journey: a reflexive approach.

This chapter adopts a reflexive approach that explores the rationale for the chosen methodology and clarifies the aim and objectives of the Study. It explores the design and methods adopted and explains how the data were analysed through the identification of themes and patterns. This chapter also introduces the use of QSR NVivo computer software which was essential to the storage, coding and identification of core themes, sub-themes and sub-categories. Three core themes were identified in the data: 'a sense of belonging: socialisation'; 'learning the rules: drinking customs and rituals' and 'moving on: rites of passage'. In addition, a further theme was identified that addressed the public health perspective of the Study.

Chapter 5 A sense of belonging: socialisation.

This chapter discusses the first core theme - 'A sense of belonging: socialisation', with the sub-themes: the freedom to drink, forming relationships, the pressure to drink (conforming to norms), drinking intentions and drunkenness. Within this chapter, the

concepts of socialisation are explored in relation to students starting at university and how alcohol fuels this process.

Chapter 6 Learning the rules: drinking customs and rituals.

This chapter discusses the second core theme - 'Learning the rules; drinking customs and rituals' with the sub-themes: communities and culture; learning to drink, pre-drinking, drinking games and initiations. Within this chapter, there is emphasis on how individuals learn to drink and what influences the decisions to drink or not to drink. There is key exploration of the initiation ceremonies that occur at the Case University in this chapter and discussion around gender differences in drinking behaviour.

Chapter 7 Moving on: rites of passage

This chapter explores the findings of the third core theme - 'Moving on: rites of passage' with the sub-themes: the life course; change of role and status; responsibility and changing attitudes to alcohol, and beyond university; the transition to 'reality'. There is emphasis in this chapter on the specific narratives of the Study participants to build a rich picture of drinking behaviour at the Case University in context. In particular, the influences on attitudes to drinking alcohol which occur throughout the life course.

Chapter 8 Discussion: public health and health promotion

This chapter discusses and explores the findings of the Study in relation to the public health and health promotion perspectives with respect to the three core themes and the relevant literature.

Chapter 9 Final conclusions: the way forward

This final chapter draws together the findings of the Study and contains the recommendations for future practice, policy and further research.

Chapter 2 A brief history of alcohol use

2.1 Introduction

In the interests of setting some context for the Study, this chapter provides a brief discussion of drinking behaviour through the centuries. This is not intended as an in-depth historical account, rather it contextualises the historical perspective of alcohol use with particular reference to the development of public health practice and policy. Culturally related behaviour such as drinking in university or in a population develops over time and understanding how such patterns emerge as a normalised activity is important, particularly when considering ways in which change can be influenced from a public health perspective (Berridge *et al.*, 2014).

Reviled in some cultures and revered in others, the relationship with alcohol is deeply rooted in human history (Dietler, 2006). It has been claimed by historians that intoxication is neither unnatural nor deviant and that alcohol forms a key part of many cultural practices (Davenport-Hines, 2004). For many, drinking is a pleasurable experience which helps to fuel social interactions but there have been social ‘panics’ throughout history when the excesses of drinking have been seen to cause social harm in society and calls for banning the substance have been made (Hanson, 1995; Gately, 2009). This has created debate concerning the legislation on drugs and alcohol as well as the moral responsibilities of contemporary society (Nicholls, 2009). A report in 2010 said that alcohol has more impact on today’s society than any other drug (Nutt, 2010). Nutt (2012) suggests that if alcohol were discovered today as a new substance, with its known chemical properties, its effects on the body and the perceived social harm, it would be regulated by law rather than freely available in society.

It is only as we have begun to understand the fundamental composition of alcohol (ethanol), which is present in all forms of alcohol in various percentages per volume, and the harmful effects of drinking to excess, that we have begun to demonise all forms of it (Escohotado, 1999). These perceptions and attitudes to drinking, and the distinction between acceptable and non-acceptable drinking, is discussed within the literature review of this Study¹⁵ as well as in the analysis of the data.

This chapter highlights some of the cultural and religious practices relating to alcohol and touches on the increasing understanding of its potential as a health hazard, a factor which is influencing attitudes in contemporary, modern society. Modern society in this context refers to a post-industrial world that presents new challenges for public health and health promotion activities related to lifestyle choices and environmental factors (Sines *et al*, 2013). The chapter begins with the discussion of the earliest recorded findings of alcohol use by humans and concludes with an introduction to how alcohol policy has developed in the UK and how this is relevant to the Study.

2.2 A brief history

2.2.1 Alcohol in ancient history

Alcohol occurs naturally through the process of fermentation (the conversion of sugar by yeasts). The fermentation of berries and fruits create a form of wine and fermenting starches (grains) makes beer (Levey, 2004). It has psychoactive properties and is the most widely used depressant which, in small doses, promotes sociability and reduces

¹⁵ See Chapter 3.

anxiety (Nutt, 2012)¹⁶. It is also a legal drug used by many individuals for recreational use as well as in cultural and religious customs and rituals.

Archaeologists have been able to date human drinking behaviour from around 8,000 BC (Gately, 2009). The chemical analysis of residue found in ancient earthenware, coupled with evidence of the cultivation of fruit such as grapes, indicate that alcohol was being made and drunk as early as the Neolithic period¹⁷ (Gately, 2009). It seems likely that, as with other foodstuffs, the earliest humans will have tried it first as a form of sustenance (and enjoyed the immediate, if not the after effects) (Escohortado, 1999). It has been suggested that alcohol may have preceded bread as a staple diet for early Stone Age humans (Brown, 2004); the transition from drinking alcohol for its nutritional value into a social activity is reflected in early writings and artwork (Hanson, 1995). Brown (2004) suggests that Stone Age communities spent more time in leisure than was first thought. Archaeologists and anthropologists have estimated that they worked a five-hour day with the rest of the day spent 'chilling out' and probably drinking a form of alcohol from fermented fruits (wine) and later, grains and cereals (beer) (Escohortado, 1999).

Historians agree that the earliest pictorial evidence of alcohol use comes from the Middle East around the middle of the 3rd millennium BC (early to middle Bronze Age) (Brown, 2003; Gately, 2009; Hanson, 1995). What appears to be a banquet scene was found engraved on a tomb in Sumeria (now Iraq), dated around 2,500BC. The figures are depicted apparently drinking alcohol and drinking apparatus were found buried in the tomb, including gold and silver straws, cups and jugs (Gately, 2009). An

¹⁶ See Chapter 3 section 3.4

¹⁷ 10,200 BC – 2,000 BC (The Stone Age)

early Sumerian¹⁸ poem, perhaps the oldest literary work in existence, reflects the cultural and social aspects of drinking alcohol at that time:

*“.....Enkidu knew nothing about eating bread for food,
And of drinking beer he had not been taught
The harlot spoke to Enkidu, saying:
‘Eat the food, Enkidu, it is the way one lives.
Drink the beer, as is the custom of the land’
Enkidu ate the food until he was sated,
He drank the beer- seven jugs! And became expansive and sang with
joy.....!”*

(Ancient Texts, 2010: tablet II)

Wine played a central role in Ancient Greece, perhaps the first civilisation to account its use in everyday life (Murray and Tecusan, 1995). Alcohol was evident in many aspects of social and cultural life; used to seal bargains, celebrate great occasions, or to honour the gods. Wine is mentioned several times in the Iliad by Homer (Pope, 1899) and it is described in a poem by Panyasis (a 5th Century Greek poet) who describes wine as being of great benefit:

*“...Wine is like fire, an aid and sweet relief
Wards off all ills and comforts every grief
Wine can of every feast the joys enhance,
It kindles soft desire, it leads the dance...”*

(Cited in Gately, 2009 p47).

Wine played a role in Roman culture as well, used as part of their diet and also in the worship of the Roman gods (Murray and Tecusan, 1995). Winemaking in particular

¹⁸ Sumer is thought to be the first known civilisation in Mesopotamia - now modern day Iraq.

became a business during this period¹⁹ with vineyards created across much of Western Europe. However, with the increase of wine production, drunkenness and alcoholism began to emerge as problematic in Roman society and wine laws were introduced to reduce the number of vineyards across the provinces (Murray and Tecusan, 1995). This is an early example of the changing social norms in civilisations with the recognition that excessive drinking may cause a number of social problems within society.

Later additions to the alcohol family are spirits such as vodka, gin, brandy and whisky (Dillon, 2002). Alchemists, seeking the elixir of life by attempting to transform natural substances, discovered a new liquid by distilling wine to create an early form of vodka (Dillon, 2002). The word vodka was recorded in 1405 in court documents from Poland and at that time it was used for medicinal purposes. This liquid was hailed as the answer to eternal life, 'curing' diseases such as scurvy, palsy and even the plague:

"....this water [vodka] must be kept as your life and above all earthly treasure... all the plague time trust to this; for there was never man, woman or child that failed of their expectation in taking it...."

(Cited in Dillon, 2002 p53)

The name gin is thought to originate from the French and Dutch words for juniper (with which the distilled liquid is flavoured): 'genievre' and 'Jenever'. The first written record of gin is from a 13th Century Dutch encyclopaedia and the earliest printed recipe for gin is from the 16th Century (Dillon, 2002).

¹⁹ The Roman Empire 31BC-476AD

Dillon (2002) describes the social impact on society of these 'newcomers' as being more dangerous than wine and beer that had been around for centuries and were known, traditional, acceptable and endorsed by the gods. The spirits were stronger by volume of alcohol and therefore, people became intoxicated more quickly which began to cause more social problems (Gately, 2009). Drinking during this period of history was common across all social classes but drinking spirits became more common in the poorest communities during the 1700s. It was affordable and easily made in many different places, not just in inns or taverns (Clark, 1987). This also made it more accessible to women as they were barred from the inns and gin became a common drink for women (gin was commonly known as 'mother's ruin' or Madame Geneva) (Dillon, 2002). This began a shift in drinking patterns and behaviours which compounded the divisions within societies, creating fear and suspicion between the social classes (Dillon, 2002). This was, in part, due to the association of spirits with alchemy, which was often perceived to include the 'dark arts' which aroused fear and superstition (Dillon, 2002).

The development of drinking spirits in Britain started in earnest with the accession of William of Orange to the throne in 1689. This began a period in drinking history in Britain that became known as the 'gin craze' (Gately, 2009; BBC, 2016b).

2.2.2 Britain, the 'gin craze' and beyond

In Britain, beer has been drunk by the general population for centuries and the introduction of alehouses, inns and taverns dates back to Medieval times (Brown, 2004; Jennings, 2007). Mason (2001) suggests that the cultivation of hops into beer since the 16th Century helped to define the British national identity (perhaps continuing into present day). Beer was safer to drink than water which was often contaminated

by cholera in the 16th Century and it was also seen as a major source of nutrition for the poor during this time (Mason, 2001; BBC, 2016b). This continued on into the 19th Century when public health activities addressed the problems associated with the social and environmental conditions of urban areas in Britain (Halliday, 2011).

During the 17th and 18th Centuries in Britain, beer and wine continued to be viewed as 'respectable' drinks, even referred to as "*created by God for man's comfort*" (Dillon, 2002 p67), but the new more intoxicating spirits began to further divide society. William of Orange, the new king, introduced an Act in 1690: 'An Act for encouraging the distilling of brandy and spirits from corn'. He had declared war on France and banned the importation of brandy and was keen to produce spirits at home (BBC, 2016b). This was to encourage a new market for English grain and boost the farming industry upon which he relied for funding, through their land rents (Gately, 2009). One suggestion is that the 'drinks industry' was born at this point in British history (Dillon, 2002; Nicholls, 2009). In particular, gin became a cheap and popular drink among the poor but in its consumption the effects began to become more visible on the streets of London in the early 1700s (Clark, 1987). As concern grew for the more noticeable social harm from drinking alcohol, an early example of a public health dilemma is reflected by Daniel Defoe's²⁰ defence of the distilleries when he argued that any responsibility for drunkenness lay with the consumer and not the producer (Nicholls, 2009). In 1751, Hogarth depicts the social divide in his paintings of 'Beer Street' as a place for the respectable and wealthy, in stark contrast to his portrayal of 'Gin Lane' as a place of poverty, misery and degradation (Hogarth, 1751). Hogarth's paintings and other social commentaries of that time contributed to the political and social

²⁰ Daniel Defoe (1660 -1731) was an English trader, writer and journalist famous for his novel Robinson Crusoe

debate about the consumption of alcohol which continued throughout the 18th and 19th Centuries and continues today.

Calls for prohibition were made during the 1720s and because gin was a new drink, not supported by the centuries of tradition associated with beer and wine, this was accepted to be a reasonable course of action (Nicholls, 2009). The first signs however, of the conflict between the drinks industry, concerns for public health and the 'State' manifests itself during this period of history²¹. The production of gin generated employment and income for the government²² and for those who drank modestly, it was thought to provide relief from the social difficulties of the time (Gately, 2009; Nicholls, 2009).

The Victorian era saw the rise of many social and public health reformers whose views were reflected in literature and art. George Cruikshank's cartoons and paintings depict drinking alcohol across all social classes. 'The bottle', a series of 8 plates were published in 1847 and shows a drinker's decline into poverty, violence and insanity (Cruikshank, 1847). His painting, 'The worship of Bacchus' shows how alcohol is used at different social occasions (weddings, funerals etc.) but also it depicts how destructive it can be, with both open and hidden drinking behaviour clearly demonstrated in the painting (Cruikshank, 1860).

Over the centuries however, Kumin (2014) found that although there were no recorded linear increases or decreases in alcohol consumption, there have been societal reactions to perceived excess drinking (maybe when it becomes more visible rather

²¹ See Chapter 8 section 8.3.2 for discussion on the drinks industry and the SU

²² These issues are familiar today. In the March 2016 budget, George Osborne (the Chancellor of the Exchequer) cited economic reasons to freeze the tax on beer. Public health was not mentioned in relation to this.

than behind closed doors). The potential conflict between the production of alcohol creating employment, the risk to health and loss of productivity has created political, economic and social tension over the centuries (Gately, 2009; Nicholls, 2009). There have been peaks of 'panic' identifiable through history with different specific demographic groups targeted for pillory: the poor, women, young people, students, the homeless or those who cannot control their drinking (Gately, 2009). These tensions remain high profile in today's society and this is discussed and highlighted in the Study. Despite this, alcohol, in its many forms has become ingrained in many cultures and societies as symbols of celebration in religious and secular rituals as well for its recreational use (Kumin, 2014).

2.3 Alcohol and culture

The discussion in the last section demonstrates that there are complex social, economic and political implications of the developing relationship between humans and drinking alcohol over time. Cultural and social development has impacted on how that relationship has been established and this has varied across the world; some cultures use alcohol positively while others have prohibited its use (Gately, 2009, Prohibition, 2010). This section looks briefly at this in the context of some of the customs and rituals that have developed in relation to alcohol over time.

Dietler (2006) discusses the relatively recent 'demonisation' of drinking alcohol compared to its popular use in ancient civilisations where it was viewed more positively; contributing to the religious rituals, economics and politics of many societies. Dietler (2006) suggests that alcohol cannot simply be reduced to its constituent chemical substances that has mind-altering effects. He suggests that alcohol use can be:

“A highly charged symbolic medium and social tool that is operative in the playing out of rituals²³” (p232)

Mandelbaum (1965) discusses changes to cultural beliefs arguing that, as a culture changes, so do the drinking practices of the people. He cites the example of India where changes in alcohol use reflected changes in the social structure. In India’s early history, alcohol was available to all men but as social stratification evolved, drinking began to define social differences: some castes were allowed to drink while others were not. Similarly, in the Islamic Middle East, although alcohol prohibitions are currently in place there, this was not always the case (Dietler, 2006). Indeed, some of the earliest recorded examples of alcohol use were discovered in Mesopotamia (now Iraq) (Mandelbaum, 1965).

The customs and rituals which have developed over time in relation to alcohol may be associated with both religious and secular practices; for example, those which are explored in the Study in relation to students and their initiations²⁴. Van Gennep (1960) discussed the findings of ethnographers exploring different societies around the world who identified rituals that had ‘magico-religious’ associations with rites of passage²⁵. The move from one ‘state’ or ‘phase’ to another is often marked by the use of alcohol and this has been consistently developed across the world in different cultures (Mandelbaum, 1965; Dietler, 2006; Gately, 2009). Early discovery of the psychoactive properties of alcohol may have contributed to the idea of a ‘change of state’ and led to its use to mark specific times in people’s lives (being born, coming of age, getting

²³ See Chapter 6 – Learning the rules: drinking customs and rituals

²⁴ See Chapter 6 section 6.5

²⁵ See Chapter 7

married etc.) (Dietler, 2006). However, while its use features in some religions, it has been forbidden in others and this is discussed in the next section.

2.4 Alcohol and religion

Closely associated with the development of cultural practices, are religious ones. Alcohol has been associated with some religious beliefs in one form or another for many centuries. The Greeks and the Romans worshipped gods of the grape and used wine in many religious ceremonies (Gately, 2009). Dionysus, the Greek god of the grape harvest, winemaking and wine, is associated with 'joyful worship' and ecstasy. Bacchus is the equivalent Roman god and there are many paintings of this god of leisure, enjoyment and festival using bunches of grapes to symbolise wine (The British Museum, 2016).

Wine is mentioned in the Old and New Testaments and in the Christian religion, Christ broke bread and drank wine at the last supper. Since then, wine has played a symbolic part in the Christian church service at Holy Communion. Wine forms a part of Jewish celebrations too: cups of wine are used in blessings, for example at weddings, Passover or at a circumcision. The Scriptures describe wine as 'bringing joy to God and man' and it is considered to be the king of beverages:

'And the vine said unto them, Should I leave my wine, which cheers God and man, and go to be promoted over the trees'? (Judges, 9:13)

Other religions have taken a different stance, claiming the 'evil' of drink. In the Buddhist and Islamic religions, for example, total abstinence is a requirement of faith. Drinking is considered a sin that will be addressed on the Day of Judgement. The Holy Quran states that 'intoxications and games of chance' are 'abominations of Satan's handiwork' (Islam awakened, 2016) and Buddhists follow five precepts, the

last of which is to abstain from intoxication (BBC, 2016a). In some Islamic countries such as Saudi Arabia and Iran, alcohol is prohibited by law. Other Islamic countries are more flexible in selling alcohol to non-Muslims but this varies around the world.

Room *et al.* (2005) attests that many major religions in the world have strands that have, at one time or another recommended abstinence from alcohol with varying degrees of success. Societal bans have been attempted such as prohibition in the USA as discussed in the next section.

2.5 The temperance movement and prohibition

Over centuries a culture of drinking alcohol has developed in the West, particularly in parts of Europe and in the UK, such that attempts to ban alcohol worldwide have had limited success in the past (Prohibition, 2010; Vander Ven, 2011). This is relevant to the Study, as there is an embedded culture of drinking or a perception of heavy drinking inherent in universities in the UK supported by historical and current literature (Gately, 2009; Lancaster and Melville, 2014). History tells us that attempting to change embedded normative beliefs about drinking behaviour is problematic, relating to cultural expectations and the issues of the freedom to choose a particular lifestyle (Nuffield Council of Bioethics, 2007; Foxcroft *et al.*, 2015)

The temperance movement²⁶ and prohibition²⁷ have been explored in many countries across the world over the centuries (Gately, 2009). The earliest recorded example of prohibition is from China (circa 2,070 BC – 1,600 BC) (Gately, 2009). Temperance and prohibition movements during the 18th and 19th centuries at first sought individual pledges to abstain from alcohol but this proved ineffective and in some

²⁶ The temperance movement is a social movement against the consumption of alcohol.

²⁷ Prohibition is the act of prohibiting the manufacture, storage, transportation, sale, possession or consumption of alcohol.

countries, prohibition was introduced by law. The early 20th Century saw a number of attempts at prohibition in Russia, Iceland, Finland and Norway, in the Faroe Islands, prohibition lasted from 1907 to 1992 and in the USA, from 1920-1931 (Stickley *et al.*, 2009; Prohibition, 2010). Prohibition in the USA was an unmitigated disaster, leading to violence, corruption and the rise of organised crime (Prohibition, 2010). Vander Ven (2011) provides a history of prohibition in relation to college drinking in the USA where, during the period of prohibition (1917-1934), heavy drinking on American campuses briefly declined and there appeared to be some success in changing the culture of heavy drinking during this time. However, this was short-lived according to Vander Ven (2011) and during the 1940's and 1950's, a subculture of hard drinking amongst the student population at prestigious universities remained.

The existence of Temperance Boards in Sweden during the 1980s allowed Cloninger *et al.* (1981) to explore the genetic nature of alcoholism (Kendler *et al.*, 1997). A cohort of adopted children was researched in relation to the environmental and heredity factors that impact on alcohol dependence. The Temperance Boards stored information about alcohol abusers that had been reported through the criminal justice system or through health departments (the reporting was required by law) (Kendler *et al.*, 1997). This enabled Cloninger *et al.*, (1981) to gain important information about the birth parents of adoptees through the Boards if those parents had been reported as having a problem with alcohol.

In the UK, whilst the problems associated with alcohol were recognised as early as the middle Ages, actions taken to address them have been largely ineffective (Room, 2006). There have been temperance movements as described above in relation to

the 'gin craze' of the 1700s (and others) but these have failed to develop into full prohibition in the UK (Yeomans, 2011).

The problematisation of alcohol during the 19th Century considered two approaches to temperance – one which attempted to appeal to an individual's personal moral and social responsibility to avoid drinking and the other which sought a more coercive approach (Yeomans, 2011). Both these approaches can be linked to the concepts of 'moral regulation' in society, where dominant political, economic or social groups attempt to impose a set of shared beliefs and value systems on society to maintain governance and a social order (Yeomans, 2011; Nuffield Council of Bioethics, 2007). These approaches have been tried at different points in history and applied to other areas of health behaviour choices such as smoking for example and these issues are discussed later in relation to the motivation for public health intervention²⁸

The temperance movements in the UK peaked in the late 19th Century, a time of other social change during the Victorian era (Yeomans, 2011). Alcohol policy has since then been aligned to licensing laws and to public health movements but they have not always been comfortable partners in addressing the health and social problems associated with drinking alcohol²⁹ (Nicholls, 2015). The next section discusses the developments in alcohol policy from these two perspectives.

2.6 The development of alcohol policy in the UK

There are some key moments in history that have impacted on the discourse and development of alcohol policy today (Nicholls, 2009; Nicholls, 2015). The 'gin craze'

²⁸ See Chapter 8.

²⁹ See Chapter 8 section 8.3.2

of the mid-18th Century is one, where the 'State' was driven to act in response to growing concerns about the perceived social harms of gin (particularly) (Dillon, 2002; BBC, 2016b). There was drinking across all social classes at this time but the effects of drinking gin spilled out into the streets of London which was considered unacceptable. Five Acts of parliament were passed between 1729 and 1751³⁰ in an attempt to curb the 'mania' for gin among the poor of London in particular (Nicholls, 2014; BBC, 2016b). The main aim of the Acts was to tax gin sales and place a levy on establishments selling gin. This was in part due to the impact of gin on the workforce, who were less fit to work through drink related problems which had a clear impact on the economy (Nicholls, 2014). However, the gin laws were largely ignored by the populous who bought and sold gin privately and it remained freely available (Dillon, 2002). This period of history was important because, socio-politically, there was a questioning of the liberal view that enabled individual freedom of choice which was balanced with the role of the State in the interference of people's lives and the economic effects of drinking (Gately 2009; Nicholls 2009).

During the 'gin craze', the health effects of drinking spirits were regularly cited as reasons for strengthening the licensing laws: the health impacts ranged from premature mortality to foetal damage (Dillon, 2002). However, health was never considered when Parliament produced licensing laws at this time, with concerns related more explicitly to drunkenness in the streets, the decline of morality and a failing workforce (Nicholls, 2009).

The 19th Century brought a further attempt to reduce the amount of drinking through temperance movements (see discussion above). Licensing laws during this period

³⁰ Parliament passed five major Acts, in 1729, 1736, 1743, 1747 and 1751

(between 1828 and 1839) restricted the opening times of premises such as beer houses, on Sundays and other 'holy' days such as Christmas day and Good Friday (Jennings, 2007). Premises were required to close while church services were in progress but were open on Sunday afternoons (Jennings, 2007). The 1854 'Wilson-Pattern Act' introduced the closure of pubs on Sundays in the afternoons as well but this proved very unpopular and was repealed within a year, retaining a 'pause' in selling alcohol between 3-5pm on a Sunday (Jennings, 2007). The consumption of alcohol peaked again in the 19th Century and a temperance group called the Band of Hope was set up in 1847 by a Baptist minister Jabez Tunncliffe (Nicholls, 2015). This group provided regular calculations of the cost of alcohol to society (Nicholls, 2015).

Although the collection of data to demonstrate need had been noted throughout history, the Victorian era further developed mathematical approaches to epidemiology to demonstrate cause and effect (Jones and Douglas, 2012). Public health reforms during the Victorian era were driven by a number of political and social reformers such as Edwin Chadwick (Halliday, 2007). It was a time of rising social conscience and a recognition of a collective social and political responsibility to protect the health and well-being of the population (Lloyd *et al.*, 2007).

John Snow was considered a pioneer in advancing the science of epidemiology: the study of patterns, effects and causes of disease (Halliday, 2007; Hempel, 2007). In 1854, a cholera outbreak occurred in Soho. After plotting the recorded cases on a map of the area, Snow was able to identify a water pump in Broad Street as the source of the disease. He had the handle of the pump removed, and cases of cholera immediately began to diminish (Hempel, 2007).

Florence Nightingale also advanced the methods used to collect data to demonstrate health need. Known for being the founder of modern nursing, Florence Nightingale developed systems for recording the causes of mortality in the British Army using polar area diagrams (Macdonald, 2013). She demonstrated the preventable causes of death and famously advocated for cleaner conditions in hospitals, reducing the death rates of soldiers from infection (Macdonald, 2013).

These examples from the Victorian era demonstrate two things, firstly, the advancement of the foundations of public health practice to promote and protect the health of individuals, groups and populations (Jones *et al.*, 2003; Sines *et al.*, 2013). Secondly, the examples show that health need can be demonstrated through the collection of hard data (Hempel, 2007; Macdonald, 2013).

However, despite the information collected and given to the Royal Commission on Licensing in 1899 (the Peel Commission), little reference to the public health impact of drinking was acknowledged (Nicholls, 2015). Instead, the commission, as at the time of the 18th Century Acts, focused on drunkenness, moral decline and social disorder (Nicholls, 2015).

During the late Victorian period, from 1848-1899, debate about addiction to alcohol began to emerge, a trend which was to shift the emphasis away from the idea of individuals choosing their own path and having the right to that choice, to a notion of them being unable to do so due to uncontrollable drinking behaviour (Mason, 2001). This changed the sense of responsibility of governance and alcoholism became a 'medicalised condition' (Nicholls, 2009). A discussion in the House of Commons in 1870 centred on 'Habitual drunkards - the resolution' (Hansard, 1870). The proposal was to establish 'Reformatories' to which individuals could be sent to receive treatment

for their 'disease' (the proposal was rejected by Parliament). There was clear distinction made in this Hansard extract of the difference between the pleasurable, social enjoyment of drinking alcohol and the habitual drinking which was described as a 'madness':

“He did not seek to interfere with the convivial proclivities or social enjoyments of anyone. It was with the abuse and not the use of stimulants that he proposed to grapple [but]... A man or woman who had become mad from excessive drinking might now be placed in an asylum and could be kept there as long as that insanity continued; but the moment the person became sane he or she was released”

(Hansard, 1870 p1).

This came at a time of emerging public health practice during the 19th Century with associated concerns around the social determinants of health (Sines, *et al.*, 2013). The effects of alcohol are similar to other addictive substances and the behaviour associated with substance misuse are now widely recognised as being responsible for many societal problems including domestic abuse, social disorder, homelessness, accidents and both long and short-term health issues (Elliot and Ainsworth, 2012). However, modern alcohol policy relates to the laws on licensing, sales and distribution and there is still the argument that the health of the nation does not feature prominently enough in the considerations of national policy (Nicholls, 2014). It seems that alcohol policy does not always effectively map across to public health policy and this does not seem to have changed over time (Nicholls, 2015).

2.7 Summary

This chapter has provided a very brief overview of how and why humans have developed a relationship with alcohol through the centuries. Some cultural and religious aspects have been explored and some key moments in UK drinking history have been highlighted with particular reference to public health. It has introduced some concepts relating to alcohol policy in the UK and how these relate to historical influences. The topics raised in this chapter are developed further throughout the Study and the next chapter explores the relevant academic literature on alcohol, undergraduates and public health.

Chapter 3 The literature review: the evidence base.

3.1 Introduction

The overarching research aim of this thesis is to explore the drinking behaviour of undergraduates at an English university over time with particular attention to the cultural characteristics and the public health perspective. Specifically, the aim is:

“ To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

It is important to develop an understanding of the cultural meaning of alcohol use within a public health context because this has driven the research from the start. The understanding of the university as a setting for transitions at different stages of the life course is also key to the Study and this is examined in this review.

A critical discussion on how the question that frames this literature review was established and how the literature was retrieved is explored in section 3.2. The review continues by expanding the four key areas identified by the review question and the chapter then provides an overview of the theoretical framework that is informed by the literature review in section 3.7. A summary of what is known and what this Study may add to the body of knowledge concludes this chapter in section 3.8.

3.2 Searching the literature

A literature review is an essential part of any research project; to provide evidence that it is appropriate and necessary to support a study's recommendations (Aveyard, 2014; Parahoo, 2014). A review of the literature identifies how the new research will contribute to the body of knowledge and an initial scoping exercise in 2012 revealed

limited qualitative data on drinking behaviour in universities in the UK and in particular, even fewer, longitudinal case studies.

To focus the literature review, a key question was identified that was based on the PICO (Patient, Intervention, Comparison, and Outcome) framework that is used in evidence based clinical practice (Davies, 2011). This concept originated within clinical healthcare research to enable a more focussed discussion of a topic area (Aveyard, 2014). It was designed to enable researchers to locate the relevant information that answers the question in a systematic way; for example, identifying specific key words in the literature searching process (Davies, 2011; Aveyard, 2014). There have been a number of adaptations to this framework; it is used in contexts other than clinical research and applied in a number of different ways (Davies, 2011). It remains a practical way to structure a literature review, and, subsequently develop clear research objectives. In the context of this thesis, the PICO question has been adapted to the: Population, Issue, Context and Outcome (see table 3.1).

Table 3.1 The PICO question.

Population	Issue	Context	Outcome
Undergraduates at university or college.	Drinking alcohol – the physiological, sociological and psychological effects of alcohol on individuals and society as a whole.	The university/ college setting Time factors.	Public health outcomes: Health behaviour, behaviour change and implications for public health and policy.
Question: In an undergraduate population,	what factors may impact on alcohol usage by students over time	at university; are there changes to behaviour, and,	are there implications for public health?
<i>Key search terms</i> Undergraduates University/college Young people Adolescents Mature students Developmental trends. Adolescent development Lifespan/life course development Transitions: adolescence and young adulthood	<i>Key search terms</i> Alcohol Alcohol use Impact of alcohol on the body. Physiological effects of alcohol Sociology of alcohol use Psychological impact of alcohol. Cultural aspects of drinking alcohol Historical perspectives of alcohol use Drinking behaviour Harmful effects of alcohol.	<i>Key search terms</i> Higher education institutions Colleges/university in other countries The culture of drinking at university/college Customs and rituals at university Initiations Social norms (at university) The Student Union. Responsibility for health of students Social responsibility	<i>Key search terms</i> Epidemiology of alcohol Health and health behaviour Culture of health and illness Historical perspectives of alcohol policy development Social norm/ theory Behaviour change theories Harm reduction Medical and social models of health promotion

The PICO question enabled the search terms to be clearly identified (see table 3.1) and Boolean logic was then used to link terms and statements together using AND, OR and NOT. A Boolean search allows researchers to combine key words to produce more relevant results, for example: students AND drinking, university students NOT further education students, undergraduate drinking OR student drinking (Parahoo, 2014).

Evidence can be obtained from a wide variety of sources in contemporary society; the options for finding data are almost endless in today's world of open and accessible information flow through the use of modern technology. The topic of alcohol is discussed in many professional arenas and is rarely out of the news, featuring throughout social media (Nicholls, 2014) as well as mainstream news channels. Therefore, a broad range of online databases³¹ were used in this data review as well as peer-reviewed journals, books, national media, such as the British Broadcasting Corporation (BBC), and evidence through historical art and literature.

The perceived destructive behaviour of our 'drunken society' are regularly reported in the news and on social media sites (Craigs, *et al.*, 2011; Johnson, *et al.*, 2011). Camera phones and instant messaging services ensure that there is the potential for contemporaneous records of a range of drinking behaviour. These behaviours are often posted on video channels such as 'You Tube' and 'Vimeo' for public attention, scrutiny and judgement, potentially fueling negative (or positive) perceptions and attitudes towards drunkenness (see Snow Society [Snow Soc] initiations, 2016). At the same time, they provide a wealth of information that is important to a review of

³¹ Data bases searched: Google, Google Scholar, ABI/inform complete, British Library catalogue, BNI, British periodicals, Care Knowledge, Cochrane collection, EBM reviews, HCPP, Learning on screen, Medline, Psycarticles, Psycinfo, Sage Journals, Soc Index.

undergraduate drinking behaviour in all its different contexts. This includes the broader societal picture and also provides an insight into public attitudes towards drinking and drunken behaviour.

Crucially, when undertaking a longitudinal study such as this one, there is a need to maintain an ongoing literature search given that the topic of alcohol remains high profile in many spheres of health, education and social care policy and practice (Nutt and Rehm, 2014; Nicholls, 2015).

The quality of data reviewed can be judged against a hierarchy of evidence and there are specific tools that can be used to measure the relevance of the information (Aveyard, 2014). There is some acceptance that the top of a hierarchy includes randomised control trials and systematic reviews, and the bottom includes opinion papers and other qualitative research (Aveyard, 2014). This hierarchy can be challenged, however, in terms of the worth assigned to particular pieces of research as qualitative research becomes more accepted within the research community (Ritchie and Lewis, 2003). Hierarchies can be arbitrarily assigned depending on the topic of the research; the issue of alcohol can be viewed from such different perspectives that it is unreasonable to only include quantitative data within a literature review of this nature (Cresswell, 2007). A methodology based on a case study approach allows for flexibility in terms of searching the literature as it values all relevant data that helps to explore the research question fully (Stake, 1995; Baxter and Jack, 2008). As experts in different areas of the Study emerged, further expansion of the literature developed and informed the literature review.

A set of inclusion and exclusion criteria was applied and divided into two sections: firstly, a broad date inclusion and exclusion criteria was needed to allow for the

historical aspects of the study³². The second section of the literature review focused, in the main, on contemporary data and therefore research from the last fifteen years conducted in the UK was included together with research from other countries according to relevance. For example, research from the USA, Canada and Australia provided important information about the nature and similarities of college and university drinking behaviour in different countries. Specifically, although drinking laws and the higher education system in the USA are different, similarities have been revealed in studies on the drinking patterns in American colleges (Vander Van, 2011: Dowdall, 2013) and work on 'hazing' has also been significant from researchers in Canada (Johnson, 2011). Therefore, relevant literature from these sources are also included in this review and discussed later.

Although alcohol laws and attitudes to drinking may vary in different countries, there are also some commonalities in the transition from adolescence to adulthood that needed exploration. In addition, some seminal works have been included in relation to theories of health and illness and the impact of culture on health behaviour as they were considered relevant to the Study. The Study has a specific focus on a new modern English university but comparisons to other countries are useful because further research may be recommended about the drinking cultures in diverse, modern societies.

The literature was then sorted according to relevance to each section of the PICO question: the Population under exploration (undergraduate students at the Case University); the Issue being discussed (alcohol and drinking behaviour); the Context in which the Study is grounded (university) and the Outcome (public health factors)³³.

³² See Chapter 2 - A brief history of alcohol use

³³ See Table 3.1

The context is also considered in relation to the policies which drive a young person's alcohol agenda and this links to the analysis of the data collected for the Study³⁴.

3.3 The Population: undergraduate students, transitions and developmental trends

The population under investigation in the Study is undergraduates at a new modern university in the south East of England. The age of an undergraduate population can range from 17 to 70+ across the many different courses at a university. This wide age span reflects the shift in higher education towards lifelong learning principles and widening participation (Scott, 2015). There is a small group of older undergraduates in the Study who are discussed later, however, the main focus of this section is young people aged 18-24 years, an age range of interest for a number of reasons. Firstly, this research follows on from a previous study of school-aged children and their attitudes to alcohol, and the intention is to explore the next stage of adolescence and young adult development (Weatherburn *et al.*, 2009). In particular, this is the next transitional stage in life where young adults may be seeking a role identity and where alcohol may play a part in the formation of social relationships (Arnett, 2000; Herbert, 2006; Lawler, 2014). This could offer an explanation for the apparent reputation that students have for heavy drinking and why they have been stereotyped by some as "*alcoholic layabouts*" (Dempster, 2011, p3; Vander Ven, 2011). Furthermore, there is a public health interest in this age group as it is argued that they are more likely to take risks with their health, which may place them 'at risk' of long-term harm (Giedd *et al.*, 2004; Herbert, 2006; Donaldson, 2009). Accordingly, there is potential to build an evidence base that will contribute to a healthier university agenda.

³⁴ See discussion chapters: 5,6,7,8.

Young people entering university between the ages of 18 and 24 may be considered to have delayed the adoption of adult roles and independence (the stage of late adolescence) (Herbert, 2006; Petit, *et al.*, 2011). There continues to be debate about this phase in life and, while there are universal biological changes across all cultures, adolescence as a named interim stage between child and adult, is not common across all groups or societies: supporting the argument that it is a socially constructed phenomenon (Herbert, 2006). Individual journeys into adulthood are many and varied and the path to maturity can be situated within many theoretical frameworks (Berk, 2014). Both psychological and sociological concepts contribute to the understanding of adolescence and it is useful to revisit some seminal works on adolescent development here to explore this myriad of ideas about the development of self from different perspectives. This has resonance when considering teenagers or young adults at university and how this period of life may affect future adulthood, a shift in status and the development of role identities.

Piaget (cited in Herbert, 2003) viewed adolescence in terms of cognitive development, describing it as a formal operational stage where the ability for abstract thought becomes more refined compared to the concrete thinking of childhood (less black or white thinking, more grey areas for example). More pertinently, Piaget also discusses the egocentrism of adolescents, suggesting they become more self-centred as they begin to discover their sense of self, identity and self-esteem (cited in Newman and Newman, 2009).

This links to ideas of hedonistic behaviour sometimes associated with young, single adults (Roche, *et al.*, 2010). Erikson (1968) discusses a series of psychosocial crises that occur throughout life, describing in the teenage years an 'identity versus identity

diffusion' (Erikson, 1968). Young people at university may therefore, be experiencing a range of social and emotional changes and dilemmas outlined in these psychosocial theories which will shape their identity for the future (Newman and Newman, 2009; Berk, 2014).

Van Gennep (1973), in discussing rites of passage, talks about the differences between physical and social puberty. He suggests that the rite of passage into adulthood is dependent on culture and sets of rituals that are not always related to physical changes. WHO defines adolescence as the period in human growth and development that occurs after childhood and before adulthood between the ages of 10 and 19 (WHO, 2015). The term generally used for development in early adolescence is puberty, which describes a set of physical changes that occur universally but which are affected by the environment in which young people live (Herbert, 2003). In terms of this physical development, improved imaging techniques since the 1990's have revealed the physiological changes that occur in the brain of adolescents (Giedd *et al.*, 2004). The frontal cortex, responsible for emotions, judgement and decision-making, has been shown to be among the last areas of the brain to become 'hard wired' and this can occur up to the age of 25 (Giedd *et al.*, 2004). This has brought into question our understanding of the age at which young people 'mature' into adulthood or indeed what our definition of adulthood may be.

One view is that adulthood is only reached when the brain has fully developed or become 'hard wired' (Herbert, 2003). The 'hard wiring' relates to a process known as myelination which speeds up the communication between brain cells along axonal pathways; this is known as the sculpting phase of brain development (Giedd *et al.*, 2004). Areas of the brain that are not stimulated do not appear to develop these

axonal pathways and a process known as 'pruning' occurs (Petit *et al.*, 2013). The pruning effect refers to the diminishing of the neural connections that are not used and a growth of the ones that are stimulated most often (Giedd, *et al.*, 2004). There is continued debate as to whether this is a temporary effect or whether these areas remain closed off throughout life (Giedd *et al.*, 2004). Although there has been debate about adolescence as a socially constructed phenomenon, this physical evidence suggests that it has a fundamental basis in biology (Herbert, 2003; Berk, 2014).

The health risks, particularly of excessive drinking behaviour, during this phase of life is discussed in Petit *et al.*'s (2013) systematic review of the research on the adolescent brain and the impact of alcohol on brain development. They conclude that adolescent alcohol use has a negative impact on brain maturation evidenced through brain scans which highlight damaged areas of the brain including cognitive functioning, memory and visuospatial functioning (Giedd *et al.*, 2004; Donaldson, 2009; Petit *et al.*, 2013). Petit *et al.*, (2013) also suggest that the evidence indicates that adolescents are more likely to take risks as a normative biological process than at any other stage of life, but that the interplay of many other factors such as peer influences, positive (or negative) first experiences of alcohol and parental control will determine the ongoing drinking behaviour and any potential long-term risk (Herbert, 2003; Newman and Newman, 2009).

Many health and social policies on young people (and young adults) have recognised the evidence about the development of the brain as well as the research that suggests that adolescents tend to drink more than the rest of the population (Donaldson, 2009). This has influenced the focus on the 16-24 age range in reports and comments on health behaviour, and the support that they may need from public services (Young

Minds, 2016; Drinkaware, 2016). Public Health England's (PHE 2015) strategy for improving the health and well-being of young people discusses a wider age range of 10-24 years. This recognises the health needs of this population in terms of the risks they may take with their health during a time when the brain is still 'under construction' and the associated requirement for health promotion consideration (Giedd, 2004; Petit *et al.*, 2013).

The social, emotional and cognitive development of individuals will depend upon their particular circumstances, including: family background, culture, environment, education, health and social inequalities (Herbert, 2006). Those entering universities already have a level of education that has enabled them to access higher education; this does not mean however, that they are necessarily socially or emotionally literate or skilled in socialising effectively, or making healthy lifestyle choices (Berk, 2014). Many young people are away from home for the first time when they go to university, living in student accommodation. There may be a sense that they need to 'fit in' to the cultural norms of the new setting which may involve drinking heavily (Dempster, 2011; Dowdall, 2013). The life course for young people at university differs from those that do not attend and there is an argument to suggest that university offers both a physical and emotional space for boundary pushing, experimentation and developing independence (Herbert, 2006; Berk, 2014). It is a period of time before young adults fully enter the workplace, have their own families or make other life choices, and could be described as broadly liminal in anthropological terms; the move from the role status of being a child to that of a teenager or young adult, during which there may be a state of 'flux' (Herbert, 2003; Banister *et al.*, 2008; Johnson, 2011). Family customs, traditions or rituals are left behind when young people enter university, perhaps temporarily, and adult or work traditions and rituals have not yet been shaped.

Aldridge *et al.*, (2011) argue that drinking behaviour has become normalised as a rite of passage into adulthood, particularly in the university setting.

The work of the American psychologist Arnett, inspired by the original ideas from Levinson (1986) discusses the idea of ‘emergent adulthood’, which is the phase between adolescence and adulthood (Arnett, 2000). Arnett argues that in industrialised countries, this period in life is one of profound change where decisions about the future are made and important events during this time are ones that are remembered most often in the future (Arnett, 2000). While this can be contested, Arnett argues that this state only exists in cultures where there is a prolonged period of dependence during the late teenage years into the twenties, for example, the time at university. This is interesting when linked to the idea that the human brain is still developing up to the age of 25 – where decision-making skills may lack maturity and taking risks is common (Herbert, 2006; Giedd, 2009; Berk, 2014). If young people are also regularly drinking heavily during this critical time of brain development, the impact on their ability to make rational choices may be further impaired (De bellis *et al.*, 2005). The known physical effects of excessive alcohol on the liver and brain have raised particular concerns to policy makers given the overall cost to the NHS throughout the life course (The NHS confederation briefing, 2010; PHE, 2015)³⁵.

Seaman and Ikegwuonu’s (2011) study of young adult’s trajectory into adulthood explored the relationship between two forms of transition; the transition to adulthood and the decisions to drink alcohol during this transition. Seaman and Ikegwuonu’s study is a qualitative study in which 35 individuals aged 18-25 years living in the

³⁵ See section 3.4 – Figures 3.1 and 3.2

Glasgow area were interviewed. The participants were from a range of backgrounds, not all at university, but the research findings add to the body of knowledge about the 'space' between adolescence and becoming an adult and also about the influence of peer activity. The Seaman and Ikegwuonu (2011) study found a close relationship between the '*consumption of alcohol and the incremental attainment of adult status*' (p750). Participants in the study reported excessive alcohol consumption as regular peer activity and that drunkenness was a normal part of this drinking trajectory. They drank excessively with their peers but not with their families, claiming that with parents, drinking was 'more civilised'. Those participants who were at university claimed that excessive alcohol use helped them to establish new friendships: "*it's how I made all my friends at University*" (Seaman and Ikegwuonu, 2011 p2). It is not clear in the study how many of the participants were at university but liminality is discussed with participants using phrases such as; 'growing out of drinking excessively' or 'maturing', or 'I have to get up in the mornings'. The other finding in the study considered the issue of role status attainments and changes to these as social networks change and self-identity develops as they progress through to adulthood.

Not all young people choose to drink to excess and although in many studies the normative transition into adulthood is associated with heavy drinking, there are exceptions (Herring *et al.*, 2012). According to the NHS information Centre for Health and Social Care, around one fifth of young people aged 16-24years do not drink alcohol and 11% drink under one unit a week (NHSIC, 2012). A study for the Joseph Rowntree Foundation (JRF) in 2012 considered young people who drink little or no alcohol (Herring *et al.*, 2012). The JRF study examined the choices of young people aged 16-25yrs, 52 in depth interviews were carried out; 22 people did not drink at all and 30 drank small amounts infrequently. The majority of the participants (46) were

in full time education either in 6th form college, further education or university. Participants in the study confirmed a view that heavy drinking was the more normative behaviour within their peer group. For some, they felt that they had to hide their abstinence or light drinking from their friends to continue to feel they were part of the group. For others, they began to spend less time with the friends who drank as they felt increasingly isolated; there was a general migration of young people to others who did not drink. However, other young people in the study continued with their friendship groups, taking on the role of 'mum', 'carer' or 'parent' – the one who looked after the group when they were drunk.

The factors that enabled young people to resist peer pressure to drink in the JRF (Herring *et al.*, 2012) study included: good positive parental role models; seeing the negative or harmful effects of alcohol, usually early on in their life course; not liking the taste of alcohol; the financial cost; or wanting to achieve in academia or sporting activities. Early experiences shape the move from child to adult (Herbert, 2003; Newman and Newman, 2009). Transitional theory explores the idea of 'turning points' in people's lives, sometimes described as psychosocial crises where there are multiple pathways that individuals may take towards maturity (Erikson, 1968). Turning points are often referred to as 'rites of passage' and these have been explored by anthropologists over time. The early French anthropologist, Arnold Van Gennep, conceived the idea that there were three phases to these rites of passage: separation (divestiture), transition (liminality) and incorporation (investiture) (Van Gennep, 1960). The move through the liminal or transition stage has been explored by many scholars who consider issues of human development and life course theories (Erikson, 1968; Elder, 1985). This transitional stage may be affected by major events in people's lives: going to university may be one of these events. The use of alcohol by young people

to help them navigate through this transition is the topic of this thesis and the issue of alcohol use and drinking behaviour is discussed in the next section.

3.4 The Issue: alcohol use and drinking behaviour

This section begins with a brief overview of the physiological effect of alcohol on the body and continues to consider the concepts of binge drinking and perceptions of drunkenness which are pertinent to the Study. This highlights two different approaches to the study of alcohol. One that examines the 'objective' physical evidence of the impact on the body which may be viewed as a medicalised or clinical approach (Nutt, 2010; Sheron *et al.*, 2011; Amsterdam *et al.*, 2015) and one that is more aligned to a sociological paradigm; considering the attitudes and perceptions of drinking alcohol within a cultural or social dimension (Banister *et al.*, 2008; Dowdall, 2013). This creates the dilemma of defining the 'problem' of alcohol use: is using alcohol 'wrong' given the physical evidence and therefore needs to be 'fixed' by society or is it more complex; recognising the rights of individuals to make their own choices (Illich, 1976; Nuffield Council of Bioethics, 2007; Dowdall, 2013). It could be argued that public health practitioners need to consider evidence from a range of sources in order to understand human behaviour if they are to consider effective interventions, if indeed intervention is needed (Sines *et al.*, 2013). While the physiological effect of alcohol may be indisputable (Nutt, 2010; Sheron *et al.*, 2011; Amsterdam *et al.*, 2015) given modern scanning techniques, the way humans behave in different situations or react to health messages is complex (Moss *et al.*, 2012).

The effects of alcohol on the liver and the brain are considered important in this review of the literature because they are related to the issues highlighted in the Study. The heavy drinking reputation that young people have in universities in the UK and in other

countries such as the USA, has the potential for short and long term health problems including alcohol poisoning, liver and brain damage (Hatton *et al.*, 2009; Sheron, *et al.*, 2011). As young people are transitioning through university into the workplace, they are experiencing the later stages of adolescent development³⁶ (Erikson, 1968; Arnett, 2000; Newman and Newman, 2009). Specifically, the physiological effect of alcohol relates to the impact of alcohol on the teenage and young adult brain and how that may affect risk taking behaviour and long term damage to the liver and brain (Giedd, 2004; Donaldson, 2009; Hatton *et al.*, 2009). This raises the issues about the responsibilities of a university to act responsibly towards the student body and the ongoing debate about condoning drinking on university premises.

3.4.1 The impact of alcohol on the human body

In summary, consumed alcohol (ethanol) travels to all areas of the body through the bloodstream, it is broken down in the liver and eliminated through the kidneys and the lungs. The liver breaks down alcohol at approximately 1 unit³⁷ per hour (see Figures 3.1 and 3.2) (Hatton *et al.* 2009; Sheron *et al.* 2011).

³⁶ See section 3.3

³⁷ One alcohol unit is measured as 10ml or 8g of pure alcohol. This equals one 25ml single measure of whisky (ABV 40%), or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV12%).

Figure 3.1 The breakdown of alcohol in the liver

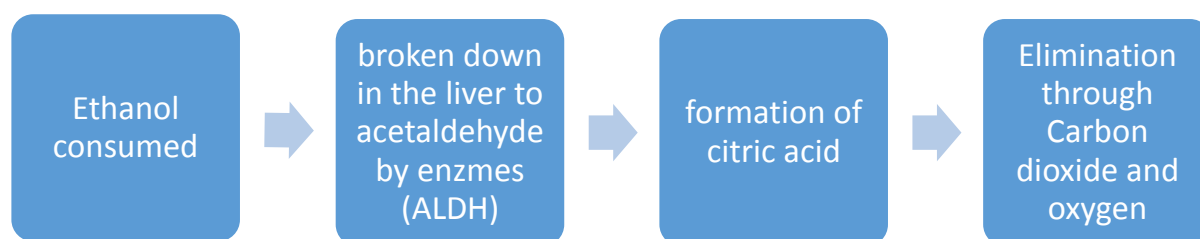
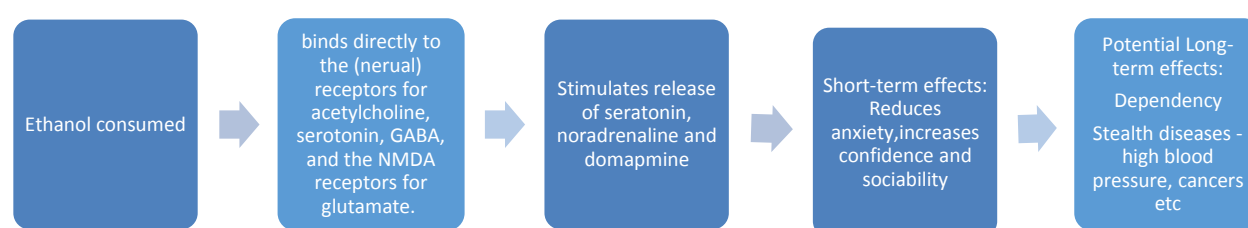


Figure 3.2 The effect of alcohol on the brain



Alcohol is recognised as a depressant due to its chemical effects on the body and in particular the brain³⁸ (Nutt, 2012). It stimulates the production of GABA (gamma-aminobutyric acid), which is the chief inhibitory neurotransmitter in humans (Nutt, 2012). GABA has a calming effect throughout the nervous system by reducing (or depressing) neuronal excitability, which reduces anxiety and can induce drowsiness or sleep. However, alcohol also stimulates the nervous system to produce serotonin and noradrenaline, which serves to prepare the body for a 'fight or flight' response. Nutt (2012) describes the impact of these two chemicals on the body as disinhibition, which may help to explain behaviour related to taking risks and potentially disregarding social codes or norms of behaviour. It may also explain the different types of drunk: happy, sad or aggressive, for example (Winograd *et al.*, 2015).

³⁸ See Figure 3.2

The debate about the harmful effects of alcohol continues within the literature. Amsterdam *et al.* (2015) attempted to rate the harmful effects of alcohol in relation to other drugs, both legal and illicit. Forty drugs experts throughout the European Union (EU) were asked to rate the range of drugs according to the harm to the users of the drug and also the harm to others. This was measured through criteria of mortality, morbidity, loss of relationships and crime. A range of drugs including, heroin, cocaine, cannabis and ecstasy were assessed and alcohol was viewed as responsible for the most harm within society amongst the drugs experts in the study (Amsterdam *et al.*, 2015). This is, in part, due to the social impacts of drinking on others: domestic violence and abuse, crime and disorder, sexual assault and family breakdown (WHO, 2014; Amsterdam *et al.*, 2015).

In 2014, the amount relating to 'heavy drinking' was more than eight units for men and six units for women in a single drinking session and a unit of alcohol in the UK is defined as 8mgs (10mls) of pure alcohol (ethanol) (NHSIC, 2011). If over 6 units of alcohol are consumed in 6 hours, then the resulting physical state seems to be logically associated with the ability of the body to metabolise approximately 85% per unit of alcohol, per hour (Hatton *et al.* 2009) (See Figures 3.1 and 3.2). However, the metabolism of ethanol is dependent upon many factors: age, body weight, gender, frequency of drinking, and the amount of food in the stomach (IAS, 2010b)³⁹.

3.4.2 Binge drinking

Having acknowledged the medicalised or clinical view of drinking alcohol and its impact on morbidity and mortality in the previous section, the concept of binge drinking needs exploration. Binge drinking has become a well-used phrase in modern society

³⁹ See the next section.

(McCoy and Nieland, 2011). According to Berridge *et al.* (2014) the term is a relatively new one, growing in popularity from the mid to late 1990's: The National Institute for Alcohol Abuse and Alcoholism (NIAAA, 2014) database has no records for the term between 1960 and 1990 (Berridge *et al.*, 2014). Although there is no clear international definition of binge drinking (IAS, 2010a), the Department of Health (DH) defines it as drinking heavily on a single occasion over a short period of time (about 6 hours) (PHE, 2014).

'Binge drinking' can invoke negative connotations in the minds of the general population which is fueled by media reports and selective CCTV footage of young people drunk in town centres (Burki, 2010). Binge drinking seems to have become synonymous with 'out of control' young people and anti-social behaviour, suggesting that binge drinking is viewed not as a private activity but one that is deviant from what is considered acceptable behaviour, and played out very publicly. However, the definition of drinking heavily over a short period of time is not confined to young people and there are growing concerns about older adults drinking heavily (ONS, 2014).

Binge drinking has also been viewed from a more subjective stance, defined as drinking until feeling drunk or intoxicated and this will vary according to different factors such as age or weight or amount of food in the stomach (Nutt and Rhem, 2014; Helman, 2007). The intention to get drunk is also described within definitions of binge drinking behaviour (PHE, 2014). An intention to get drunk is described by NHSIC (2012) as an aspect of binge drinking that is distinguishable from hazardous or harmful drinking. This may be because it is a single heavy episodic episode and may not be a regular occurrence.

The term binge drinking has also been defined in the literature as Heavy Episodic Drinking (HED)⁴⁰. It might be easy to become complacent about the problems associated with drinking alcohol given the reported overall drop in heavy drinking habits, and the proportion of young adults reporting that they do not drink at all increasing by 40% between 2005 and 2013 (ONS, 2013). HED is also reported to have fallen between 2005 and 2013 (ONS, 2013). ONS (2013) suggests that one possible reason for these changes in recent years is the targeting of underage drinking to make it more difficult for young people to buy alcohol. The Challenge 21 and Challenge 25 schemes were introduced in 2009 to encourage retailers to challenge anyone looking under 21 or 25 to produce ID to prove their age. Whether this has been a factor in reducing the levels of reported drinking behaviour is difficult to prove and it must also be acknowledged that household surveys are self-reported and as with other surveys of this kind, it is difficult to claim complete accuracy of the data.

The Challenge 21 and Challenge 25 scheme were part of the Responsibility Deal (RD) that was set up by the coalition government as part of its alcohol strategy that was launched in 2012 (HM Government, 2012). The aim was to bring together public sector, academic, commercial and voluntary organisations to help meet public health goals. The RD covers food, physical activity and health as well as alcohol at work and the Responsibility Deal Alcohol Network (RDAN) was set up as a part of this overall strategy. There has been criticism of this initiative in relation to alcohol from a number of sources suggesting that the inclusion of the alcohol industry in the group has

⁴⁰ HED is defined as consumption of 60 or more grams of pure alcohol (6+ standard drinks in most countries) on at least one single occasion at least monthly. The volume of alcohol consumed on a single occasion is important for many acute consequences of drinking such as alcohol poisoning, injury and violence, and is also important wherever intoxication is socially disapproved of. HED is associated with detrimental consequences even if the average level of alcohol consumption of the person concerned is relatively low (WHO, 2016).

impacted on the capacity to tackle the real public health issues (Bonner and Gilmore, 2012; Gornall, 2014; Institute of Alcohol Studies [IAS], 2015). The RDAN set out a number of pledges which were, in the main, signed by members of the alcohol industry, to tackle issues such as under-age sales of alcohol and alcohol labelling on products in the supermarkets.

The Institute of Alcohol Studies (IAS) in 2015 outlined the key criticisms of the RDAN namely that there is a lack of evidence supporting the 'pledges' made by the alcohol industry and that the RDAN has obstructed more meaningful initiatives that have a stronger evidence base (IAS, 2015). These include introducing minimum pricing that was recommended by Donaldson, the Chief Medical Officer, in 2008 (Donaldson, 2008) and Brennan *et al.* (2014) from the Sheffield University alcohol research team. Gornall (2014) goes further to suggest that evidence from Sheffield University's alcohol research unit which explored the effectiveness of minimum pricing was disregarded by government due to pressure from the alcohol industry. From 2014, the government introduced a ban on selling alcohol for less than the cost of the payable duty and VAT rather than the recommendation of minimum unit pricing (MUP) made by many alcohol and health experts.

Brennan *et al.* (2014) describe the evidence base for MUP compared to selling below cost prices. Their research involved a mathematical modelling technique using data from household surveys and from living costs and food surveys. The model predicts the benefits of different interventions and the conclusions drawn from this was that they estimate that an introduction of MUP would have a 40-50% greater effect on drinking behaviour than that of the ban on selling below cost price. This short discussion is relevant to the Study because there are issues about cheap alcohol

served in the SU bar and also bought in local retail outlets. The public health responsibility of the Case University is raised here and debated later (see chapter 8).

An examination of a range of data sources is important and it is still estimated that around 70% of adults in the UK drink alcohol and in some reports, 33% of British men and 17% of British women are hazardous drinkers (Jones *et al.*, 2014). These figures also look at hospital admissions for drink related conditions as well as those for accidents where alcohol has been involved. A study by Heather *et al.* (2011) surveyed seven universities (a total of 770 undergraduates) across the UK using the AUDIT⁴¹ tool between the years 2008-2009. This cross-sectional survey found that 40% of the students surveyed were hazardous drinkers, 11% were harmful drinkers and 10% had probable dependence. The AUDIT screening tool was introduced by WHO to identify 'hazardous', 'harmful' or 'dependent' drinkers and has been used in the UK by health professionals as well as being available online for individuals to analyse their own drinking habits⁴².

A report in 2010 suggested that alcohol has more impact on society than any other drug and yet remains both cheap and freely available (Nutt, 2010). The effects of alcohol are similar to other addictive substances and the behaviours associated with substance misuse have allegedly become responsible in modern society for many health and social problems: domestic abuse, social disorder, homelessness, accidents and both long and short-term health problems (Wright *et al.*, 2009; Elliot and Ainsworth, 2012; Nutt, 2012). WHO provides information from across the world in

⁴¹ AUDIT – Alcohol Use Disorders Identification Test.

⁴² AUDIT definitions: Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others. Harmful use refers to alcohol consumption that results in consequences to physical and mental health. Alcohol dependence is a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use (Thomas *et al.* 2001).

relation to the burden of disease and these are analysed in individual countries in relation to their own particular public health issues (Newton *et al.*, 2016). Although alcohol is not featured on its own, the top four causes of disease in Europe are conditions that have a relationship to alcohol use: cancer, coronary heart disease, injuries and mental health problems (WHO, 2014).

Drinking alcohol remains a part of social interaction throughout life particularly in Western societies, where it can be used to celebrate special occasions or to commiserate in times of trauma or sadness (Social Issues Research Centre [SIRC], 1998). A report in 1998 by the Social Issues Research Centre (SIRC, 1998) discussed the social and cultural aspects of drinking alcohol. Some key themes were highlighted in this extensive literature review of the customs and rituals associated with drinking in different drinking cultures across the world. The findings indicated some common themes in the rules, regulations and symbolic functions associated with drinking. The similarities or 'constants' in the unwritten rules governing alcohol use included the negative attitude towards solitary drinking and the perceived sociability of drinking in a group (SIRC, 1998). Importantly, from a public health perspective, this review also identified that unofficial rules and self-imposed protocols of drinking rituals often have more impact on drinking behaviour than any external or legal controls (SIRC, 1998). This cross-cultural research also claimed to show that alcoholic drinks are used as powerful symbolic tools which define the nature of social situations or events; indicate social status; are used as statements of affiliation, and are gender differentiators (SIRC, 1998). Although attitudes towards drinking may have fluctuated since 1998, recent studies continue to support the underlying cultural findings in this review with regards to student drinking behaviour (Temple and Burns, 2012; McGuire, 2014; NUS, 2015). This is also supported by studies in the USA where similar findings related to

student drinking in American colleges' mirror that reported in UK HEI's (Dowdall, 2013; Vander Ven, 2011). Vander Ven (2011) discusses the cultural nature of drinking behaviour in colleges where intoxication may be seen as a collective activity, a '*collaborative effort*' (p8), suggesting a cultural dimension to drinking and intoxication within this population.

Dietler (2006) discusses the relatively recent medicalisation of drinking alcohol compared to its popular use in ancient civilisations where it contributed to the rituals, economics and politics of many societies. Singer (2012) supports these claims that the use of alcohol (and drugs) has not always been labelled as problematic. There is often a fine line between what is accepted and non-accepted drinking behaviour: in the UK, alcohol is sold legally to adults and drinking is condoned by society in many social situations (Nutt, 2010). Helman (2007) discusses acceptable compared to non-acceptable drinking behaviour in terms of cultural influences. He explores the idea that heavy drinking may be expected in particular situations and indeed individuals may be pressured to drink by their social group. One aspect of this is the idea that students may be 'expected' to drink heavily while they are at university and this is confirmed by studies that conclude that there is a normative developmental trajectory to take risks (Arnett, 2000; Dempster, 2006).

Moral or social panics are not new phenomenon (Cohen, 1980; Cohen, 2002) and young people have for some time been labelled as binge drinkers (Wright *et al.*, 2009; Petit *et al.*, 2013), but, more specifically, students at university have a reputation for drinking heavily (McAlaney and McAhon, 2007; Craigs *et al.*, 2011; Dempster, 2011). How new the phenomenon is, in relation to historical, cultural and public health perspectives is explored in a systematic review by Berridge *et al.* (2014). All relevant

research pertaining to historical and anthropological perspectives were investigated. The aim of this systematic review was to contribute to the formation of health and social policy in relation to alcohol and the 'binge drinking' phenomenon. It concluded that binge drinking is not new and that it has not always attracted disapproval historically⁴³. It raised issues around developing public health policy where there is a cultural dimension to some drinking behaviour that is hard to address. Many social anthropologists argue that it is not the substance itself that creates different behaviour patterns but the context in which it is consumed related to group customs and rituals (Bragg and Kehilly, 2013; Crawford and Novak, 2006). In other words, people act in a way that they expect to when drinking alcohol: become aggressive, gain confidence, make friends, have fun and so on (Winograd *et al.*, 2015).

Winograd *et al.* (2015) explored the concept of changing personality types when drinking heavily, looking for any changes in action from when sober and any negative consequences that may result from personality change. The study recruited 374 participants consisting of 187 'drinking buddy' pairs with a mean average age of 18.4. The two groups were differentiated into targets and informants and the targets were recruited from a pre-test done prior to starting a psychology course in a Midwestern University in the US. The targets and their drinking buddies (informants) completed a survey about their behaviour when both sober and drunk. The measures taken were: alcohol consumption (frequency); alcohol-related consequences using the Young Adult Alcohol Problems Screening Test (YAAPST)⁴⁴ and the five-factor model (measurement) (FFM), using the International Personality Item Pool (IPIP, 2016). They assessed themselves when they were sober and how they saw themselves when

⁴³ See Chapter 2 - A brief history of alcohol use

⁴⁴ YAAPST is similar to the AUDIT used in the UK

drunk. All the personal information from both targets and informants were used in the data analysis and subsequent results. Following statistical analysis of the data, four ‘clusters⁴⁵’ of personality types were identified and named in relation to the FFM when drunk: *Hemingway* (moderately decreased conscientiousness and impaired intellect); *Mary Poppins* (decreased less than average in agreeableness, conscientiousness or impaired intellect, in other words, they remained responsible drinkers); *Mr. Hyde* (larger than average decreases in conscientiousness, intellect and agreeableness) and *The Nutty Professor* (who were particularly introverted when sober but became more extrovert when drunk).

The majority of participants (n=153) were in the *Hemingway* cluster. The group most likely to have a negative experience when drinking was *Mr. Hyde* (n=84) and the least likely *Mary Poppins* (n=54). Evidence from other alcohol studies suggest that the decrease in conscientiousness (attention) and an impaired intellect (cognition) (less able to carry out a task or solve a problem) are common consequences of drinking alcohol (Gerald and Higley, 2001; Nutt, 2012). While this is a very interesting study, there are some limitations and some areas that are unclear in the reporting. The sample size is small, and 87% of the participants were white (American). The clusters have been created from the self-reported information from both the targets and the informants, and the informant information is not clearly articulated. The authors accept that the informant data does not yield the same cluster groups as those from the self-reported ones (but this information is not presented in the paper). This suggests some differences between self-perception of personality and the view of others. In presenting the data, the cluster identified as *Mr. Hyde* (n=84) suggests that 33% of

⁴⁵ A group of similar objects or people positioned or occurring closely together

this group were male and 67% were female and this group were more likely to have harmful consequences of drinking excessively. Some discussion around the difference between male and female drinking would have been interesting in the study in view of this finding, given the debate that males consistently report drink more than females across cultures and are more likely to experience problems while drinking alcohol (Wilsnack *et al.*, 2000)⁴⁶.

Although there appears to be a general decline in drinking across the age ranges in recent times according to household surveys, in the UK, it seems that those who are drinking are drinking heavily (ONS, 2014). A survey of students at Leeds Metropolitan University (LMU) in 2011 found that students who were drinking, regularly drank over the recommended daily and weekly amounts although most students abstained from alcohol on at least two consecutive days (Craigs *et al.*, 2011). The study was an online survey completed by 119 students and therefore, a small sample of the larger university population. Mirroring general household surveys, participants were asked to declare their drinking pattern over the previous week. The aim of the study was to compare the national recommendations for the number of units of alcohol per week that individuals 'should' be drinking with the undergraduate population at LMU⁴⁷. The result showed that there were four subgroups of drinkers: light or non-drinkers (n=29); less frequent drinkers who binge drink (n=50); habitual drinkers who binged infrequently (n=13) and habitual drinkers who binge drink frequently (n=21). Although a small study, this research concluded that there were a sizeable number of students in the sample who were drinking heavily at least once per week (58%).

⁴⁶ See further discussion on male and female drinking on p89 and p242

⁴⁷ 21 units per week for men and 14 units per week for women (NHS choices 2016). Please note this recommendation from the DH changed in 2016 to 14 units per week for both men and women.

If we make an assumption that by most definitions, there are a number of students at university that are 'binge drinking', Szmigin *et al.* (2008) discusses this in terms of calculated hedonism. The Szmigin *et al.* (2008) study consisted of ten semi-structured interviews and four in-depth individual interviews. Three different locations in the UK were used: a seaside town, a market town and a larger metropolitan town, and the participants were from local colleges. There was a mix of participants in terms of gender, socio-economic backgrounds and ethnic groups. A translation of text approach was used to analyse the data and an interpretive account developed to explore the key phrases used by young people and the way in which their drinking behaviour was explained. The study explored the reasons for drinking to excess and found that the motivations for the participants to drink centred on having fun, conforming to peer pressure, helping self-confidence and aiding social interactions. Szmigin *et al.* (2008) postulate that the narratives within their study suggest that drinking alcohol is a "*calculated hedonism allowing a type of pleasure which is contained by time, space and social situation*" (p7). They also concluded, as with other studies, that many young people balance the risks of drinking to excess and losing control with the desire to have fun and a good time.

There are other reasons given in the literature for why people drink alcohol apart from having fun or socialising. There are some studies that suggest that alcohol may be used as a self-medication in order to cope with stress. For example, in Mobach and Macaskill's (2011) study, 137 (53 male and 84 female) students were surveyed at Sheffield Hallam University at two lectures towards the end of their first year. Four measures were used to assess the motivations for drinking alcohol: a Drinking Motives Questionnaire (DMQ); Frequency of alcohol use; Perceived Stress Scale

(PSS) and the State Trait Anxiety Inventory (STAI). The study does not specify the courses that the students were undertaking and it concluded that in this particular group of students, females tended to report higher stress levels, but this did not necessarily lead to high levels of drinking. However, a key finding in the study supports the notion of social enhancement behaviour; that students report the reasons for drinking to be related to “*having fun*” “*fitting in*” and “*belonging*”. The conclusion was that the more students are motivated to drink to make friends and feel affiliated to a group, the more frequently they drink (Mobach and Macaskill, 2011 p13).

People drink for a variety of reasons but one of the most reported in studies and surveys is that of ‘having fun’ and this pursuit of pleasure has been associated with drinking behaviour throughout history (Gately, 2009; Wright, *et al.*, 2009)⁴⁸. Hedonism is a school of thought that argues that pleasure is the only intrinsic ‘good’: It is the idea that people have the ‘right’ to do everything in their power to achieve the greatest amount of pleasure possible to them (Szmigin *et al.*, 2008). This links to theory that suggests that young adults are egocentric (Herbert, 2006) and that seeking of pleasure might involve risky behaviour such as taking drugs or drinking alcohol (Giedd, *et al.*, 2004). It also relates to the choices that people make about their health behaviour and how much society needs or should interfere in the lives of members of that society. The impact of excessive drinking on the individual and society in general is perhaps generally acknowledged, but public health approaches and policy is often controversial (Sines *et al.*, 2013). From a public health perspective, the cost to individuals in terms of their personal health and the overall cost to society needs to be considered and balanced between a sociological perspective and an epidemiological one.

⁴⁸ See Chapter 2: A brief history of alcohol use

A report in 2007 by the Nuffield Council on Bioethics (NCOB) presented an ethical framework about when or how the State should 'act' to address perceived unhealthy behaviour:

“Two typical, and contradictory responses are “We don’t want the nanny state interfering with our lives” and “The Government should do more to curb drunkenness amongst young people” (NCOB, 2007 p iii).

This report considered a ladder of public health interventions ranging from the perspective of 'do nothing' to 'eliminating choice' (as in the smoking ban). The report discussed the concept of coercion and the effectiveness of policy that attempts to force people to comply with perceived healthier behaviour. Public health measures are often viewed as infringing the human right to personal choice and autonomy; seen as 'blaming' individuals for their own poor health through their poor health choices (Sines *et al.*, 2013).

Lifestyle choices are made for a wide variety of reasons, not always from a hedonistic one and young people may be making choices that they feel they have to make in order to belong, develop or survive. How young people report their drinking behaviour may reflect this: they may be exaggerating the extent of their drinking to support their sense of belonging and a common language can develop to explain the effects of drinking which is understood by particular groups in different situations. Tutenges and Sanberg (2013) explored the stories that young people tell about their drinking behaviour. They claim that there is a close relationship between drinking behaviour, the stories around drinking and the development of common group identities. The study involved a mix of individual interviews (n=7) and 38 group interviews (n=108). All the participants were young Danish people at a Bulgarian beach resort and were

interviewed over a three-month period. Young people in the study seemed to place a high value on their personal stories of heavy drinking and a number of expressions are commonly used to highlight this, such as 'wasted', 'hammered' and 'blathered'. This type of language has become universal, through broader social communications mediums such as Facebook, Twitter, WhatsApp and You Tube. These networks have enabled young people to broadcast their 'stories' to a much wider audience, creating much larger 'cultural identity' groups than before these technologies were available. 'Neknomination', for example, became an online drinking craze in 2014 where individuals filmed themselves drinking an alcoholic beverage (usually a pint of alcohol) and then challenging others to do the same in more extreme circumstances (Neknomination, 2014).

Alongside the discussions on alcohol being an integral part of social events and activities within the university setting, there is a parallel discussion that considers issues of addiction arising from excessive alcohol consumption (Hatton *et al.*, 2009). Students may spend an intense three years at university drinking heavily but the number of people who go on to become dependent on alcohol will depend upon a number of neuropharmacological, heredity and environmental factors (Petit *et al.*, 2013). While the Study is not exploring alcohol dependence⁴⁹ *per se*, there are some interesting issues around types of alcoholism that may relate to young people making the transition into adulthood.

There is general agreement within the literature that alcoholism is a complex interplay between heredity, personality, neurobiology and the environment (Heath and Phil, 1995; Gerald and Higley, 2001; Ehlers *et al.*, 2010). Cloninger (1996) in a seminal

⁴⁹ Alcohol-dependence is interchangeable with the term alcoholism

work describes two types of alcohol dependence: Type 1 he suggested was related to anxiety where there are characteristics of an exaggerated avoidance of harm and excessive dependence on rewards (Gerald and Higley, 2001). This can be linked to theories of attachment where the strength of the maternal-infant bond influences the ability to form relationships and is also thought to influence personality formation⁵⁰. Cortisol levels have been seen to be raised in infants who have poor attachments which helps to explain anxious personalities (Gerhardt, 2004). Equally, however, it is argued that overprotective parenting can also create anxiety which may impact on the ability to find independence through childhood and adolescence (Gerhardt, 2004; Herbert, 2006).

It is thought that Type I alcohol dependence is more likely to manifest in adulthood or late adolescence, generally after the age of 25 (at Erikson's, [1968] intimacy versus isolation stage of development). Alcohol is known to help reduce anxiety and raise sociability which may explain why this trait may be a risk factor in developing a dependence on alcohol (Nutt, 2012).

The second type of alcohol dependence described by Cloninger *et al.* (1996) (Type II) is associated with impulsivity which, it is suggested, is related to low natural serotonin and noradrenaline levels in the central nervous system (CNS). This type of alcohol dependence is thought to be more associated with anti-social behaviour and aggression which are evidenced early in life: problems with alcohol use in Type II alcoholism is considered to be more likely before the age of 25. The use of alcohol may help to relieve the symptoms of impulsivity as alcohol stimulates the production of these neurotransmitters (Sheron *et al.*, 2011; Nutt, 2012).

⁵⁰ See Chapter 5 section 5.3.4

Type I alcoholism is associated with a high harm avoidance, a low novelty seeking and a high reward dependence whereas Type II is the opposite of this: low harm avoidance, high novelty seeking and low reward dependency (Cloninger *et al.*, 1996). These characteristics were discussed as personality traits and Cloninger *et al.*, (1981) proposed that the differences between the two types of alcohol dependence were explained by these specific personality traits that could be seen in childhood (Cloninger *et al.*, 1996). Cloninger *et al.* (1996) explored the nature of human personality characteristics and temperaments from a biopsychosocial perspective. Cloninger and colleagues (1981) studied a prospective cohort of male adoptees in Stockholm, Sweden (n=862) and a companion study of female adoptees (n=913) exploring the data on birth parents, alcohol-related problems and crime statistics which were available to them in Sweden (Cloninger *et al.*, 1996)⁵¹. They found a correlation between those who had an alcohol problem whose biological parent also had a problem but not the adoptive parents. There were similar alcohol inheritance patterns in males and females in Type I alcoholism, but Type II was mainly associated with males in the original study.

There have been other twin, family and genetic studies that support the idea that there is a complex genetic dimension to alcoholism and, although generally agreed among scholars, the degree to which heredity is significant is still debated within the literature (Heath *et al.*, 1997; Kimura and Higuchi, 2011). What is clear is that environmental factors contribute significantly to social behaviour and there is increasing understanding of how the environment impacts on the function of genes and in

⁵¹ See Chapter 2 section 2.5

particular, how disease processes are influenced by them (Davey-Smith, 2016; Kimura and Higuchi, 2011).

There have been a number of attempts to categorise and measure personality traits and characteristics that help to explain human behaviour. Cloninger (1999) developed two psychometric personality tests called the Tridimensional Personality Test (TPT) and the Temperament Character Inventory (TCI). The TPT consists of three traits: novelty seeking (low dopamine activity in the CNS), harm avoidance (high serotonin activity in the CNS) and reward dependence (low noradrenaline activity in the CNS). A fourth characteristic was identified later (persevering: ambitious vs easily discouraged) as being separate from the reward dependency trait.

Other examples of psychometric testing of personality traits include the 'big five' personalities known as the five-factor model (measurement) (FFM) which extended the work of Cloninger (1999). The big five traits lie on a continuum of: openness (closed), conscientious (non-conscientious), extrovert (introvert), agreeable (disagreeable) and neurotic (stable) (OCEAN). This model has become a commonly used test of personality as it is thought to include most known personality traits⁵². However, the 'big five' personality traits have been challenged with subsequent studies of characteristics which, it is suggested, fall outside the original big five. Lee *et al.* (2005) explored two other personality models to investigate whether they provided different traits from the big five or whether they were included within the FFM. The six-dimensional model known as HEXACO: honesty/humility; emotionality; eXtrovert, agreeableness; conscientiousness and openness largely maps to the big five with the exception of honesty/humility which is considered to be the sixth trait.

⁵² See Chapter 5 section 5.3.4

Honesty/humility describes the characteristics of being sincere, fair or unassuming against being sly, greedy or pretentious. The Supernumerary Personality Inventory (SPI) also measures those traits considered not to be within the big five. It measures 10 characteristics: conventionality, seductiveness, manipulativeness, thriftiness, humorousness, integrity, femininity, religiosity, risk taking and egotism. Lee *et al.* (2005) measured the SPI against the original big five and the HEXACO model and concluded that there were some unique characteristics which could not be mapped to the big five but were more aligned to the HEXACO model. This suggests that the 'big five', has become the 'big six' (Lee, 2005).

Through history, where alcohol plays a key part in the culture of societies, the association of drinking with any problem, be it physical or psychological, is quite rare in past anthropological studies (Singer, 2012)⁵³. Singer (2012) also argues that as a culturally constructed practice, drinking within a specific context can evoke emotionally charged cultural meanings associated with such concepts as: social solidarity, identity, new social statuses, celebrations and 'fun'. Anthropological approaches focus on the cultural aspects of a phenomenon and culture can be defined in many ways. In broad terms, culture describes a group which has a common set of values, customs and traditions that bind the group together (Helman, 2007; Peoples and Bailey, 2009; Winkelman, 2009). This may include a set of rituals that are understood by the group but not necessarily the rest of society (Clayton, 2012; Dowdall, 2013). Studies that explore the consequences of drinking behaviour have considered the ambivalence of participants; on the one hand describing drinking behaviour as deeply embedded in their social life and social relationships, and on the other, creating a barrier to fulfilling

⁵³ See Chapter Two – A brief history of alcohol use

key social obligations (Singer, 2012). Helman (2007) acknowledged that the term culture refers to the way in which human communities engage with the world through a shared set of understandings, meanings and values. Students who belong to groups that drink alcohol have a particular set of customs and rituals which are often unspoken but understood by all of them: for example, the custom of pre-drinking or pre-gaming before going out (James and Hockey, 2007; Lancaster and Melville, 2014). Equally there are overt, visually expressed behaviour such as initiation ceremonies or neknominations (Neknomination, 2014).

Dietler (2006) reviewed the trends in studies of anthropological engagement with alcohol over the last two decades. In this systematic document review he explored the cultural understanding of drinking practices and patterns. He argues that the consumption of alcohol:

“.....is usually enveloped by a set of cultural rules and beliefs that is more emotionally charged than with other foods or drinks”

(Dietler, 2006, p230).

This set of cultural rules and beliefs will depend upon the specific context, time and place for drinking behaviour and for the purposes of this doctoral thesis, this is the Case University setting and relates to undergraduates aged 18-24 (n=24) and a small group of older students (n=6). The next section explores the relevant literature relating to university settings.

3.5 The Context: the university setting.

This section explores the setting of the Study and discusses the issues of alcohol in this context. According to the Higher Education Statistics Agency (HESA), in 2013-2014 there were a total of 1,759,915 undergraduates in the UK and 162 Higher Education Institutions (HESA, 2015). In 2002, drinking behaviour in higher education was highlighted as negatively affecting the ability to study of students on a range of courses (Gill, 2002). Although the heavy adult drinking patterns of the UK population seen during the 1980s and 1990s appears to be falling according to self-report household health surveys (ONS, 2013), the drinking behaviour of students at university has continued to cause concern within the public health arena (Coghill *et al.*, 2009; Heather *et al.*, 2011; El Ansari *et al.*, 2013a). As discussed earlier, in 2014, the National Union of Students (NUS) worked with the Government to tackle the perceived binge drinking culture at universities and consider a healthier university agenda (Coghill *et al.*, 2009). This followed studies undertaken at universities in the UK which suggested that intervention was needed to address the responsibility of universities to consider the general health and well-being of their student population (Coghill *et al.*, 2009).

A study by El Ansari *et al.* (2013b) considered socio-demographic factors in alcohol consumption across seven universities in the UK. This cross sectional study of 3,706 students enrolled at the seven universities⁵⁴ explored six alcohol consumption indicators: length of time of last drinking session; amount consumed during that session; frequency of alcohol consumption; heavy episodic drinking (more than five drinks in a row); problem drinking and possible alcohol dependency using the CAGE

⁵⁴ University of Gloucestershire, Bath Spa University, Oxford Brookes University, University of Chester, Plymouth University, Swansea University and the Case University of Ulster.

tool⁵⁵(National institute of alcohol abuse and addiction [NIAAA], 2016a) The findings of the study indicated that there were differences in drinking behaviour across the seven universities which suggest different cultural norms and varying alcohol policies within these settings. There was a general conclusion that the study supported other studies that suggest a negative association between alcohol consumption and academic performance: students who felt that it was important for them to achieve good grades were less likely to report high frequency of drinking. The authors recommend caution in generalising the findings but a key conclusion centres on calling for more regular assessments of students' health and well-being and identifying 'at risk' groups. The vulnerable groups in the study were those living in student halls, those in their first year of study and males aged 18-20.

These findings and recommendations are also supported by a NUS alcohol survey at the university of Nottingham in 2014 (Lancaster and Melville, 2014). The study reported that between 38-44% of students drank twice a week or more. The biggest drinkers tended to be male, aged 18-20, and in their first or second year at university. Some 983 students responded to an online Alcohol Use Survey and 124 (12.6%) of the respondents were identified as the biggest drinkers (drinking two or three or more times per week). Their characteristics support other studies and include the propensity to pre-drink (99.17%), a regular intention to get drunk (88.62%) and the contention that drinking was part of university culture (95.07%). A second group were identified within the study who drank at least once a week to get drunk (n=129 [13.12%]). This group also agreed that drinking was part of university culture (68.22%) and 98.41%

⁵⁵ CAGE – Have you ever felt the need to Cut down on your drinking? Have people Annoyed you by criticising your drinking? Have you felt Guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

pre-drunk. It must be acknowledged that the study indicates that less than half of this student population reported drinking more than twice a week (Lancaster and Melville, 2014).

Differences in the patterns of drinking between different individuals and groups is also an important consideration in the university setting and, in particular, gender differences. The concepts of masculinity and femininity are raised in the literature on drinking behaviour and there is some support for the notion that males generally report drinking more than females (Gerald and Higley, 2001; HSCIC, 2012-2013; HSCIC, 2016). In particular, heavy drinking related to sports initiations are reported. Clayton's (2012) work on constructing a 'tale' of sports initiation opens the discourse further about the concept of masculinity and questions the idea that sports initiations are about hegemony, deviance or personal humiliation for its own sake. Clayton (2012) agrees there are elements of masculinity often inherent in initiations but considers that interpretation of action needs exploration from the insider perspective. In writing in this way, Clayton (2012) tries to distance himself from the story told and the interpretations of it in terms of any theory around masculinity that may have emerged. Therefore, Clayton (2012) describes the lived experience of a fictitious sports team initiation from the viewpoint of Gary, the protagonist in the 'tale'. Gary describes his feelings during an initiation towards the task he has to do, a girl he sees and likes, the camaraderie and the sense of belonging at the end of the initiation. The reader is invited to consider the theoretical significance or implications of Gary's experience of initiation. There is acknowledgement in this piece of work of the difficulties in doing

qualitative research that can effectively eliminate the values of the researcher in the interpretation of the data (and the accounts or stories)⁵⁶.

Other studies also explore the issues of male and female differences, including an evolutionary approach to the subject. Gerald and Higley's (2001) study exploring the evolutionary advantages of excessive drinking behaviour in macaque monkeys for example, concluded that, like humans, male non-human primates will drink more than females when given the opportunity to do so. Macaque monkeys are closely related to humans in their genetic makeup and also in their social behaviour, including their drinking behaviour. There are some interesting outcomes from the study that attempt to explain excessive drinking by males, in particular, from an evolutionary perspective. The male macaques who drank excessively, in some cases attracted the females more than those who didn't: this may suggest that the behaviour when 'drunk' helps to attract a mate.

"Newlin (1999) postulates that an individual may seek acute benefits of alcohol, which act to boost a 'self-perceived survival ability and reproductive fitness', as alcohol falsely offers individuals feelings related to enhanced survivorship and reproductive success".

(Nesse and Berridge, 1997 Cited in Gerald and Higley, 2001 p421).

In contrast to some of the findings of the studies, which report that male students are most likely to drink heavily, other studies have shown that while females may be reporting drinking less than males at university, they are potentially more 'at risk', particularly short-term risk (Coghill *et al.*, 2009). The sexual assault risks to females

⁵⁶ See Chapter 4 section 4.3

while they are under the influence of alcohol is well reported and issues of consent are of concern (Goldhill and Bingham, 2015).

A systematic review of birth cohort trends in the global epidemiology of alcohol use in men and woman was published in 2016 (Slade *et al.*, 2016). This global research considered the narrowing of difference in drinking trends between males and females across North America, Europe, Asia and Oceania and found similarities across all regions. Sixty-eight studies were identified that met the inclusion of birth cohorts (from 1891-2001) and three categories of alcohol- use and harm were calculated: any alcohol use, problematic alcohol use and alcohol-related harm. The findings confirmed that the male-female gap in indicators of alcohol use, and related harm, is closing according to the identified cohort studies. The study also explored research on cohorts of high school and college students and of particular interest is that the male/female gap is closing most significantly in young people and young adults across the world. The findings also recommend a focus on tracking male and female cohorts as they age into adulthood (Slade *et al.*, 2016).

Australia also provides research on drinking at university, a study in 2004 highlighted problematic female drinking at an Australian university (Johnston and White *et al.*, 2004). Johnston and White (2004) explored binge drinking behaviour in the female population suggesting that, as with the meta-analysis described above, the gap between male and female drinking behaviour is narrowing. In 2012, a further Australian study explored the relationship between excessive drinking behaviour (binge drinking) and the sexual assault of females on campus (Gilchrist *et al.*, 2012)

It found, as with other similar studies across the world, that women are at risk of rape and sexual violence when/if they drink to excess (Gilchrist *et al.*, 2012).

The attitudes towards women drinking have varied across generations and in many cultures the perception of women drinking to excess is viewed negatively, often in contrast to views of men drinking (Dempster, 2011; Berridge *et al.*, 2014). Berridge *et al.* (2014) suggest that wider social change has contributed to a shift from drinking behaviour being viewed as: “*a manly activity*” to one associated with “*out of control women*” (p6). This questionable statement is suggestive of the debate on masculinity and femininity and the development of gender identity in particular in relation to drinking and is discussed later in the Study. During the 1980s the term ‘ladette’⁵⁷ was coined in the UK to describe the behaviour of girls and women that are normally associated with men, such as drinking and being loud, violent or aggressive. Male sports courses and teams have developed a reputation for heavy drinking in universities but there is some evidence to suggest that female sports clubs are also developing a similar reputation and that this is a growing concern (Ormerod, 2009; Dempster, 2011; Heather *et al.*, 2011). Heather *et al.* (2011) report a trend of student female drinkers in their cross-sectional survey of seven universities suggesting that reported drinking habits in the female student population may be under-reported. A study by Watson *et al.* (2006) explored the drinking behaviour of student nurses and midwives, the majority of who were female (93%). Some 186 students completed a questionnaire on their smoking and drinking using the International Health and Behaviour Survey questionnaire (IHBS) (Watson *et al.*, 2006). Of those who reported

⁵⁷ Ladette is defined in the Oxford Dictionary as ‘a young woman who behaves in a boisterously assertive or crude manner and engages in heavy drinking sessions’.

drinking on three or four days per week, 63% were in the 17-24 age range and this age group also fell into the hazardous or harmful drinking categories. Overall, 74% of respondents had exceeded the daily benchmark for low-risk drinking on at least one occasion over the previous week. Given that the majority of students in this survey were female, this may suggest that there is some concern about female student drinking behaviour (and particularly nursing students).

In 2012, a report from the NUS reported on women's experiences of campus culture. 'That's what she said' was a qualitative study undertaken by the Centre for Gender studies at Sussex University, commissioned by the NUS (Temple and Burns, 2012). Interviews and focus groups were undertaken with 40 female students across the UK. The aim of this small study was to explore female perceptions of campus culture and more specifically their experience of 'lad culture' within that broader context. A thematic analysis was undertaken and the findings revealed that definitions of campus culture centred on the social side of university life which was largely led by undergraduates and significantly shaped by alcohol. The study also found that this campus culture was connected to a laddish culture, which was often sexist, misogynist and homophobic. However, a quarter of the participants did not relate their behaviour to gender and also highlighted that women can be complicit in 'laddish' behaviour in a university setting (Temple and Burns, 2012).

These studies suggest that a university needs to consider how risk is managed in the setting and, in particular, what responsibility it has to introduce policy that contributes to the positive health and well-being of the student population.

3.5.1 Alcohol policy at university

Coghill *et al.* (2009) considered the drinking behaviour of students at 12 Higher Education Institutions (HEIs) in the West of England. This project was a cross sectional survey of the HEI's in the region to explore the promotion of sensible drinking and also to identify areas of concern. The survey asked for information from the HEIs on the alcohol and related policies of individual institutions, SU promotions about alcohol, support given to students and reported incidents involving alcohol. Most of the HEIs surveyed reported that excessive drinking by students had caused some problems either on campus or in the local community at some point in the previous year. Although there was variance across the HEIs, generally, alcohol and related policies were often 'hidden' within other documents and the study found that the promotion of 'sensible drinking' within the university setting also varied across the region. There were, however, some examples of good practice, which involved national campaigns such as 'Best Bar None'. This national award scheme, supported by the Home Office is aimed at promoting responsible management of licensed premises to reduce alcohol-related crime and help reduce the harmful effects of binge drinking (Best Bar None, 2015). Part of this award is to demonstrate that there is training for staff to be aware of individuals who may be 'at risk' from drinking alcohol or who may be putting others 'at risk'.

Bentata (2013) reports in the Times Educational Supplement that a strong SU is significant to student satisfaction. She argues that the social life of the university as well as the creation of a 'community spirit'⁵⁸ is crucial to the student experience. This paper argues that students no longer want an SU to be just a good bar and nightclub

⁵⁸ See Chapter 6 section 6.2

but also a place for support and advice. Returning to Seaman and Ikegwuonu's (2011) exploration of the transition into adulthood of young people aged 18-24 years, the study examined the relationship between the transition to adulthood and the transition to drinking alcohol and how one can influence the other. In particular, they looked at the social situations/contexts in which drinking occurs including the university setting for some participants. The approach was a mixed method design including individual interviews, focus groups and drink diaries. Eighteen males and 17 females were interviewed in the Glasgow region. There is acknowledgement in the study that Glasgow may have its own particular cultural difference in drinking behaviour to other parts of the UK. Those in the study who moved on to university settings reported that excessive use of alcohol often assisted with the process of establishing new friendships. *"It's [alcohol] how I made all my friends when I came to university..."* (Seaman and Ikegwuonu, 2011, p751). The study also considered the fact that young people reported that if they could not drink, then they were not having fun and also that they would not drink alone. The issue of liminality is raised in the study, an anthropological expression to describe a transitional stage from one social status to another⁵⁹. This is relevant to all young people who consider that this 'drinking' phase of their lives may be transient and that when they get 'old' they will not be drinking in the same way: *"I don't think old people should go to clubs"* (Seaman and Ikegwuonu, 2011 p745).

Banister and Piacenitini (2008) discuss liminality in their study on the role of alcohol in supporting the transition of undergraduate students at a northern UK university. The study held five focus groups of 2nd year undergraduates which were facilitated by

⁵⁹ See Chapter 7 section 7.3

student volunteers. The focus groups were made up of the volunteer facilitator's friends and the researchers acknowledge a weakness in the study here, suggesting that more experienced facilitators may have explored issues more fully. However, the inductive analysis was carried out by experienced qualitative researchers after reading transcripts of the focus groups. The study revealed themes associated with the concept of delayed adulthood for those attending university and how alcohol is used to test personal boundaries, self-control and limitations.

In addition to work done in the UK, it is useful to note that research undertaken in colleges and universities in other countries provide similar evidence to that done in the UK; that, for some students, there is a culture of heavy drinking inherent within those establishments (Vander Ven, 2011; Dowdall, 2013). This may suggest that the drinking culture is related to other factors not necessarily associated just with the UK culture but one that may relate to a transitional stage of life.

The next section explores the last PICO question; the Outcome, exploring the public health and health promotion aspects of the Study.

3.6 The Outcome: Public health and health promotion

Public health practice is founded on a fusion of the concepts of culture (anthropology), health psychology and epidemiology (Jones *et al.*, 2003; Earle *et al.*, 2007; Lloyd *et al.*, 2007; Sines *et al.*, 2013) and it is important to understand the cultural meaning of health and health behaviour before making any contribution to the body of knowledge (Helman, 2007; Campbell, 2011).

This section considers the concepts of public health and health promotion and issues related to the lifestyle choices that individuals make and how these relate to health and illness trajectories. Public health practitioners focus on understanding the causes

and patterns of disease in populations in order to identify potential preventative and treatment interventions (Potter and Wright, 2013). However, gaining a deeper understanding of why people take risks with their health from an emic perspective is also important to develop effective public health programmes. The ethical aspects of managing public health and the debate around ‘interfering’ in people’s lives also needs to be considered, using multiple theoretical orientations (Nuffield Council of Bioethics, 2007; Potter and Wright, 2013)

The Public Health Outcomes Framework, published in 2012, re-emphasised the need to focus on achieving positive health outcomes for the population and reducing health inequalities (DH, 2012). Specifically, it re-iterated previous aims to: “*increase healthy life expectancy, and reduce differences in life expectancy and healthy life expectancy between communities*” (DH, 2012 p8). These objectives are not new and the fundamental causes of ill health have remained the same throughout history: infection, the environment, lifestyle choices, genetics and biology (Potter and Wright, 2013). However, as societies have developed, illnesses arising out of environmental conditions and poorly understood disease processes have, arguably, been replaced with those problems associated with modernity. Post-industrialisation has changed the way we live, work and communicate with each other and this has had a profound effect on the population’s physical and mental health and well-being (Sines *et al.*, 2013). Although the fundamental causes of disease remain the same, public health practitioners are tackling different health problems today from those experienced in the 19th and 20th Centuries. The ‘new’ public health problems described during the 1980’s have continued to be aligned to lifestyle choices and the environment in which people live (Lloyd *et al.*, 2007; Reeves, 2010). These include the choices associated

with drinking alcohol and the factors that impact those choices are important to understand in context.

Evolutionary and social development in society has had an impact on the causation of disease; it has created an environment where individuals seek pleasurable experiences and, in the case of drinking alcohol, can lead to diseases such as cancers or liver disorders, (Earle *et al.*, 2007; Sines, *et al.*, 2013). The pursuit of pleasurable experiences has also created associated social problems such as addiction, violence and crime (Amsterdam *et al.*, 2015). Consequently, public health attempts to consider the social determinants of health as well as the concepts of social justice, health inequalities and the power of medicine (Illich, 1976; Potter and Wright, 2013). Sociological exploration considers issues related to what is 'the best way to live' and what is considered 'normal' (Nuffield Council of Bioethics, 2007). There is also the question of the power of the State and Medicine (Illich, 1976; Jones and Douglas 2012) in informing the decisions that people make: the perception of the so-called 'nanny state' (Jochelson, 2005) for example, is discussed further later.

Nevertheless, there is continuing evidence from a number of sources suggesting an ongoing problem with alcohol use in the UK and this cannot be ignored by public health practitioners (Hatton, 2009; Heather *et al.*, 2011; HSCIC, 2015). The long-term physical effects of alcohol on the liver are discussed by Hatton *et al.* (2009), who suggest that liver disease is increasing and the manifestation of the 'stealth' diseases associated with drinking is becoming more common in a younger age group. The Health and Social Care Information Centre (HSCIC) collects and provides information on alcohol statistics and the treatment of alcohol problems (HSCIC, 2016). As part of the data collection, the National Drug Treatment Monitoring System (NDTMS) reports

the number of people receiving specialist alcohol-related treatments across England (HSCIC, 2012; HSCIC, 2013). In 2012-2013, it reported that 71% of people in alcohol treatment were concentrated in the 30-54 age range, with a continuing trend of more males than females seeking treatment (HSCIC, 2012; HSCIC, 2013). The HSCIC does suggest, though, that patterns of dependent drinking behaviour change throughout people's lives and those who drink heavily when they are young reduce their drinking when they take on responsibility for a family, home or career (HSCIC, 2016).

Public health research is closely linked to both anthropology and epidemiology which use wide ranging theoretical positioning to explore specific health phenomena in society (Campbell, 2011). Epidemiology considers the incidence and spread of disease across populations and contemplates solutions to health issues (Somerville *et al.*, 2012); anthropology explores the nature of human society and culture (Monaghan and Just, 2000; Peoples and Bailey, 2009). Both disciplines use a variety of methods to research the human condition and seek to provide interpretations of phenomena in different contexts (Peoples and Bailey, 2009; Somerville *et al.*, 2012). Exploring health and illness from many different perspectives is necessary in order to fully appreciate the complexities of human health behaviour in order to promote better health (Helman, 2007).

A structuralist approach to epidemiology explores the trajectory of health and illness in the context of social factors (the structures of society: social class, ethnicity or employment status for example) (James and Hockey, 2007). The influence of the environment continues to be significant in terms of risk or protective factors related to the likelihood of developing ill health (Davey-Smith, 2016).

One key function of public health is to consider interventions that benefit individuals, groups and/or whole populations using principles of health protection, health education and health promotion (Earle *et al.*, 2007; DH, 2012; Sines *et al.*, 2013). Successful health promotion interventions require in depth assessment of the specific needs of individuals, groups and populations (Sines *et al.*, 2013). Assessing need accurately involves a range of research methods, for example gathering survey information in a large population as in the Census or in household lifestyle questionnaires. It also involves going out into the field to gain qualitative data with regard to how people feel about their circumstances and how they interpret their own health needs (Twelvetrees, 2001; DH, 2009a; Somerville, 2012). These basic principles form the underlying concepts and strategies of social marketing, building community capacity, community development or enabling community development (DH, 2009a; DH, 2009b; Somerville, 2011; The National Social Marketing Centre [NSMC] (2016).

Understanding a community enables the development of effective intervention work (Twelvetrees, 2001; Somerville, 2011). Early intervention work has been a focus of political attention for some time involving practitioners in working with families, children and young people from 0-19 to enable individuals to choose healthier lifestyles early in life (DH, 2009a; DH, 2009b). School age children are an important target for health promotion work as they start to develop independence away from their parents and make their own health choices (Herbert, 2006). Intervention work in schools using whole school approaches, working in multi-disciplinary ways and using healthy schools' principles help young people make sensible choices early in their lives, for example, not starting smoking or drinking (Donaldson, 2009; Sharma and Romas, 2012). Lifestyle surveys involving children and young people suggest that there are

some successful health education and health promotion initiatives being done because the rate of drinking in young people appears to be falling (HSCIC, 2014). In 2014, 38% of 11-15 year olds had tried alcohol at least once, the lowest proportion since the survey began (HSCIC, 2014).

The latest survey suggests that family influences were the most significant in young people choosing not to drink (HSCIC, 2014). There are individual examples of successful school health promotion interventions but the results vary across the country and the reasons for this are not always clear but as discussed above, good assessment of individual need and sensible collaboration across agencies have proved to be crucial (Christian *et al.*, 2015; Sines *et al.*, 2013). It is important to measure the outcomes of any work using proven methods of evaluation and this is essential in the health arena as commissioning of services relies on this information to guarantee future funding (NHS, 2016). The Case University in the Study has signed up to the NUS campaign to improve the health of students using an Alcohol Impact Strategy. The strategy involves universities acquiring accreditation by demonstrating intervention work that helps to tackle heavy drinking at university (NUS, 2014). This includes ensuring that there are evaluation methods in place to demonstrate effectiveness.

Health communication is part of the overall public health agenda to ensure that the population is well informed and there are a wide range of information exchange opportunities. To explore the effectiveness of health messages, Moss *et al.* (2012) measured the drinking behaviour of a group of students in two settings: a simulated bar and a laboratory (lab) at a London university. Volunteers were asked to be involved in an experiment to taste a range of beers and wine, asking them to rate them

according to a preference scale (the taste preference test [TPT]). The true objective of the experiment was to determine the volume of alcohol consumed in two different settings. Participants were split between the lab environment and a purpose built simulated bar environment. The aim of the study was to measure the effect of health promotion messages from Drinkaware (Drinkaware, 2013) on the amount drunk by the participants. There were four study conditions: the simulated bar with Drinkaware posters, the bar without posters, the lab with posters and lab without posters. The groups were also divided into a second study group which had: posters and online advice, posters and no advice, no posters and online advice or no posters or no advice.

The findings in the study suggest that participants drank significantly more in the simulated bar environment than in the lab environment. Secondly, the presence of Drinkaware posters increased the alcohol consumption in both the lab and simulated bar. The group who had brief online alcohol information and were exposed to posters did show a decrease in alcohol consumption compared to others. Those that drank the least were the group in the lab who had viewed neither poster nor online information. The study suggests that health information alone does not appear to be enough to change behaviour.

Other health promotion interventions may be more targeted and a range of ideas about how you might help people to change and sustain the changed behaviour are available. An example of this is demonstrated in a study by Conroy *et al.* (2015) which considered the use of mental simulation methods to reduce student alcohol consumption. The experimental study aimed to explore the effectiveness of encouraging students to imagine the positive outcomes of not drinking alcohol, as well as thinking about how they might avoid drinking. Students from 23 departments in 45

universities across England responded to an online survey. The average age of the participants was 20. The participants were randomly allocated to four groups: group 1 were given an online mental simulation exercise to do which asked them to consider what the benefits to not drinking would be in a social situation (outcome). Group 2 were asked to imagine what strategies they might use to help them not drink in a social situation (process). Group 3 were given both the group 1 and 2 exercises to do (combined) and group 4 were asked to keep an alcohol diary (control). The participants were followed up three times (T1, T2 and T3) over a four-week period and only those who completed all three questionnaires were included in the final analysis (n=211).

The results showed that the two single mental simulation exercises were the most effective in reducing the Heavy Episodic Drinking (HED) behaviour in this small group of students. Those that did the combined mental simulations and the control group showed the least decrease in HED. The researchers concluded that mental simulations focussing on non-drinking, successfully promoted behaviour change in this group and that further exploration of this method of health promotion was needed. Shifting the emphasis away from looking at the negative aspects of drinking towards a more positive approach which encourages people to think about the benefits of not drinking, links to the seminal works on health belief models (HBM) and The Theory of Planned Behaviour (TPB). The HBM is one of the first theories created to explore health-related behaviour (Sharma and Romas, 2012). It emerged in the 1950s, created by social psychologists Rosenstock, Hochbaum, Kegeles and Leventhal to explore the reasons why there was a failure in health screening programmes for tuberculosis in the USA (Sharma and Romas, 2012). The model has been refined and

added to since then but the fundamental concept is a consideration of how an individual weighs the risks and benefits of their behaviour (see Figure 3.3).

Figure 3.3. The Health Belief Model (HBM) (adapted from Becker, 1974)

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The HBM is relevant to the findings in the Study as it is particularly pertinent to considering the drinking behaviour of young people and the beliefs that they have about drinking⁶⁰ The Theory of Planned Behaviour (TPB) replaced the theory of reasoned action (TRA) (Ajzen, 1991) and is another classic psychological model used in communication discourse related to health promotion persuasive messages (see figure 3.4). It seeks to explain how previous attitudes influence current and future

⁶⁰ See the adapted HBM in chapter 8, figure 8.2

behaviour (Ajzen, 2006). It relates to the expectations that people have about the outcome of a particular behaviour and how that will influence choices⁶¹.

Figure 3.4. The Theory of Planned Behaviour (TPB) (Ajzen 2006)

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The HBM and the TPB models can be seen in the development of public health/health promotion initiatives over the years. In social marketing strategies and building community capacity, the principles are evident in terms of working with individuals and groups to identify need and understand health behaviour (Somerville, 2011; NSMC, 2016).

The normative beliefs (the perceptions of drinking behaviour in university) and the subjective norms (the individual pressure to conform) highlighted in the TPB depend upon the context in which the behaviour is set (Ajzen, 1991). At university, social norm

⁶¹ See chapter 8, Figure 8.3.

approaches consider that there is a misconception by individuals about the amount that their peers are actually drinking and, that, if health promotion initiatives focus on giving normative feedback, this may change attitudes (Foxcroft *et al.*, 2015)

A Cochrane review in 2015 analysed social norm interventions for alcohol misuse in universities and colleges in different countries (Foxcroft *et al.*, 2015). This meta-analysis explored the available research on interventions based on the idea that students drink heavily because of a perceived notion that their peers are drinking heavily, but that this belief may be inaccurate. Meta-analyses and systematic reviews sit high on the hierarchy of evidence as they explore the full range of research available about a particular topic (Aveyard, 2014; Parahoo, 2014). There were 66 studies that fitted the inclusion criteria in the Cochrane review (Foxcroft *et al.*, 2015, from six countries: USA, Australia, Brazil, New Zealand, Sweden and the UK. The inclusion criteria included randomised controlled trials, or cluster-randomised controlled trials that compared a social normative intervention versus no intervention. In particular, the meta-analysis looked at studies that gave 'non-normative feedback' ('persuasion' that heavy drinking is not the norm in university or college) through leaflets, e-mails, or other web-based information. Studies that measured alcohol-related problems, binge drinking, and quantity of alcohol consumed among students, or frequency of drinking were included in this Cochrane review (Foxcroft *et al.*, 2015).

The interventions in the above studies ranged from giving information through: individual face-to-face, group face-to-face, web based/e-mailed or through social marketing strategies across the campuses. The targets for the information also varied. Thirty-nine interventions were aimed at high risk students (those that had been

identified as 'at risk' through their behaviour for example). One intervention was only aimed at low risk students and 26 were blanket messages across all students. The results and discussion of this review suggested that few interventions had an impact on the drinking behaviour of the participants in the various studies. Foxtrot *et al.* (2015) conclude that this meta-analysis supports the rising evidence (as in the Moss *et al.*, 2012, study discussed above), that health messages or information-based only approaches are largely ineffective in the alcohol field of public health. They support the notion that a mixed approach to alcohol-related problems may be more effective in changing behaviour or altering perceptions of cultural norms. This discussion however, must be measured against the context of public health data that is suggesting that overall drinking patterns in the UK are falling (ONS, 2015). New approaches to public health that include the principles of measuring need accurately, using social marketing ideas and building social capital may be impacting on drinking behaviour in the population (Potter and Wright, 2013). This section has explored the public health context of drinking behaviour at university and in the next section, the development of the theoretical framework is described.

3.7 The Theoretical Framework

This section makes explicit how the theoretical framework arose from the aim of the research, the background to the Study and the literature review. There is debate about how frameworks are defined in qualitative research and how they are used to explain the design of the research and their impact on the data analysis (Green, 2013). Parahoo (2014) suggests that, while the use of terminology in research such as conceptual or theoretical frameworks can be confusing, the key is to ensure that how they have been interpreted and used by the researcher is made clear. Frameworks have been described as the 'map' for a study: a way of structuring and guiding the

research which helps to provide the rationale for the design of the study and the consequent data analysis (Parahoo, 2014).

3.7.1 The use of a conceptual framework

The use of conceptual frameworks is common in case study research as they allow for an inductive, flexible approach (Baxter and Jack, 2008; Green, 2014). In the context of this Study, the conceptual 'framework' is used in the first instance as a modelling or mapping exercise to determine the focus of inquiry (Miles et al., 2012). It was done early in the Study to highlight the key relevant concepts and ideas that are related to the aim of the research and to illustrate the relationships between them (Gray, 2014). The aim of the Study is:

“To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

As well as using a broad conceptual framework (mapping) in the first instance, a secondary use of conceptual models was used, in this Study, as the data were analysed, to depict the emerging themes. Models are defined as a way of highlighting themes and demonstrating the relationships between concepts (constructs) as the data is analysed (Bernard and Ryan, 2010). A number of conceptual models were created using QSR NVivo throughout the research process which evolved and changed as the themes were identified, defined and analysed. This helped to maintain a focus on the theoretical framework as the layers of data built over the three years⁶². The finalised models depicting the key themes are situated in the next chapter, in

⁶² See Figure 3.7

section 4.8 (Figures 4.11, 4.12 and 4.13). In addition, a mapping of how the data collection methods relate to the core themes and the theoretical framework is illustrated in Figure 4.14.

A conceptual framework may be described as a way of exploring general 'ideas' or 'notions' that can be clearly specified (Silverman, 2013) and these ideas are presented in the first iteration of the conceptual framework (mapping) (see Figure 3.5). Ravitch and Riggan (2017) discuss conceptual frameworks as comprising three key elements: personal interest, topical research and the theoretical framework and these can be seen in Figure 3.5.

Figure 3.5. The conceptual framework (2012) (based on Ravitch and Riggan, 2017)

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3.7.2 The development of the theoretical framework

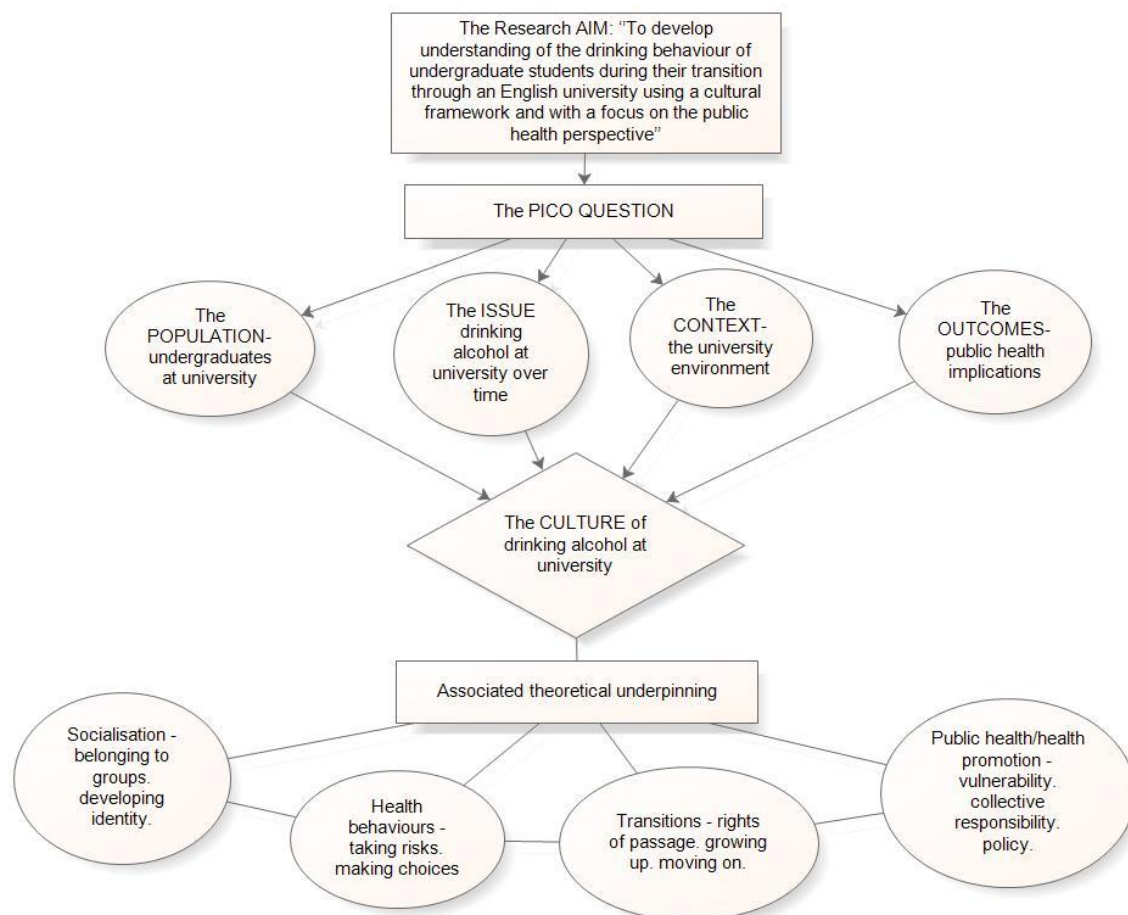
Theoretical frameworks can be used in different ways in qualitative research (Green, 2014). The development of the methodology is discussed in the next chapter but the debate about two approaches to case study research helps to clarify how the theoretical framework is defined and used in this Study. Baxter and Jack (2008) discuss the case study approach as a valuable method for health science researchers to develop theory, evaluate programmes or develop interventions. This suggests that there are a number of ways in which case studies can be designed and analysed depending on the aim of the study. Case study designs can either ‘test’ theory by using propositions in a positivist approach (Yin, 2014) or they can be inductive, allowing theory to emerge from the data (Stake, 1995). They can also be a combination of the two; by using the two approaches, a deeper level of understanding of the ‘case’ may be presented (Cresswell, 2007; Swanborn, 2012).

The use of one specific theory that is explored, tested or built upon is one approach to qualitative research (Green, 2014). Popper (2002) asserted that a high level of corroboration will enable a ‘theory’ to stand as the best available one until it is either falsified or is superseded by another. This corroboration is achieved through the exploration of what is already known about a topic (the literature review) and the research that follows explains the new data in relation to what is already known (Popper, 2002; Baxter and Jack, 2008). This would lend itself to a positivist, explanatory approach, which, for example, ‘tests’ the idea that drinking in a university setting is cultural in nature (Bergan and While, 2000; Yin, 2014).

There are alternatives to testing one specific theory, however, where there is an overarching concept or theory providing a broad focus with associated theories that

are explored within the research data (Green, 2014). The notion or concept of ‘culture’, which has different meanings in different contexts, can be underpinned by a number of different theories that may be explored through the data (see Figure 3.5). This may be described as a more exploratory or flexible approach, allowing for unforeseen theory to emerge from the data (Bergen and While, 2000; Baxter and Jack, 2008). From the aim of the Study, the exploration of the literature using the PICO question, and the initial conceptual framework, the core theoretical framework emerged. This process is illustrated in Figure 3.6.

Figure 3.6 The development of the theoretical framework

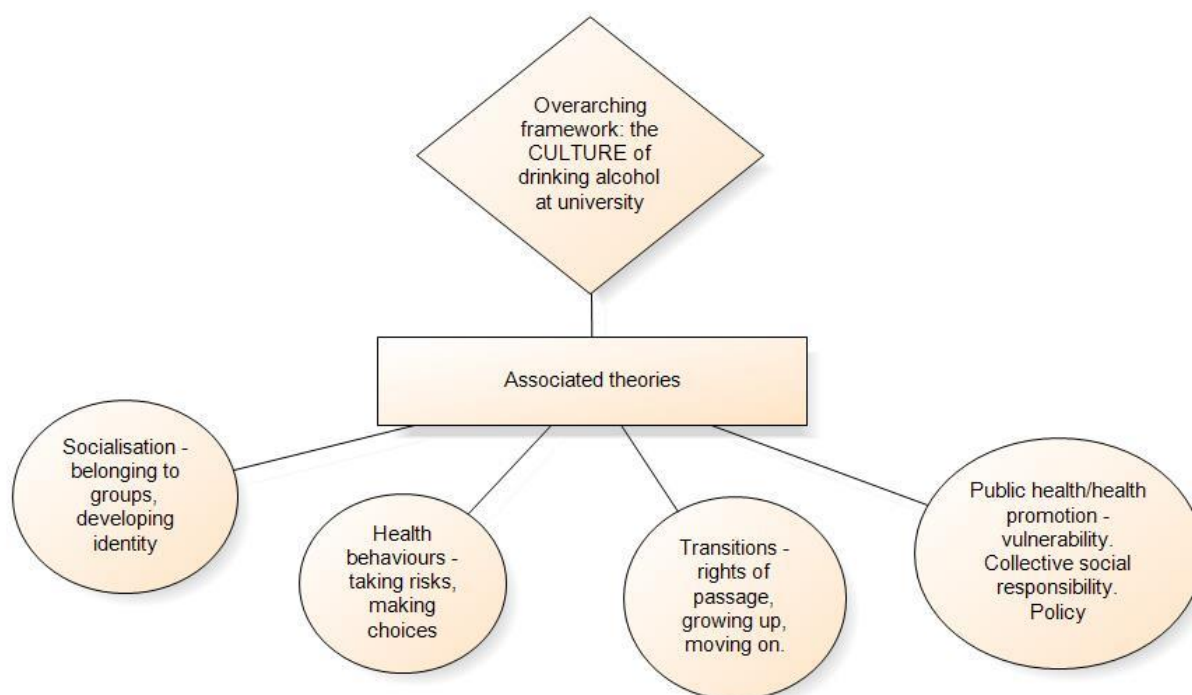


The cultural perspective was identified through the earlier schools’ study which had identified concepts that related to cultural aspects of health behaviour and also public

health concerns in relation to the drinking choices of young people (Weatherburn *et al.*, 2009; Wright *et al.*, 2009). The aim of this new research is embedded within the exploration and interpretation of the behaviour of a group of people with particular characteristics that place them within a cultural domain with cultural meanings to their behaviour (belonging to groups, conforming to group norms, exploring identity and complying with the 'rules' of socialising) (Van Gennep, 1960; Geertz, 1976; Helman, 2007; Lawler, 2014). Studying groups or populations and their behaviour in natural settings supports both the cultural framework and the case study methodology, placing the Study in an interpretive paradigm (Hammersley and Atkinson, 1995; Cresswell, 2007; Silverman, 2013).

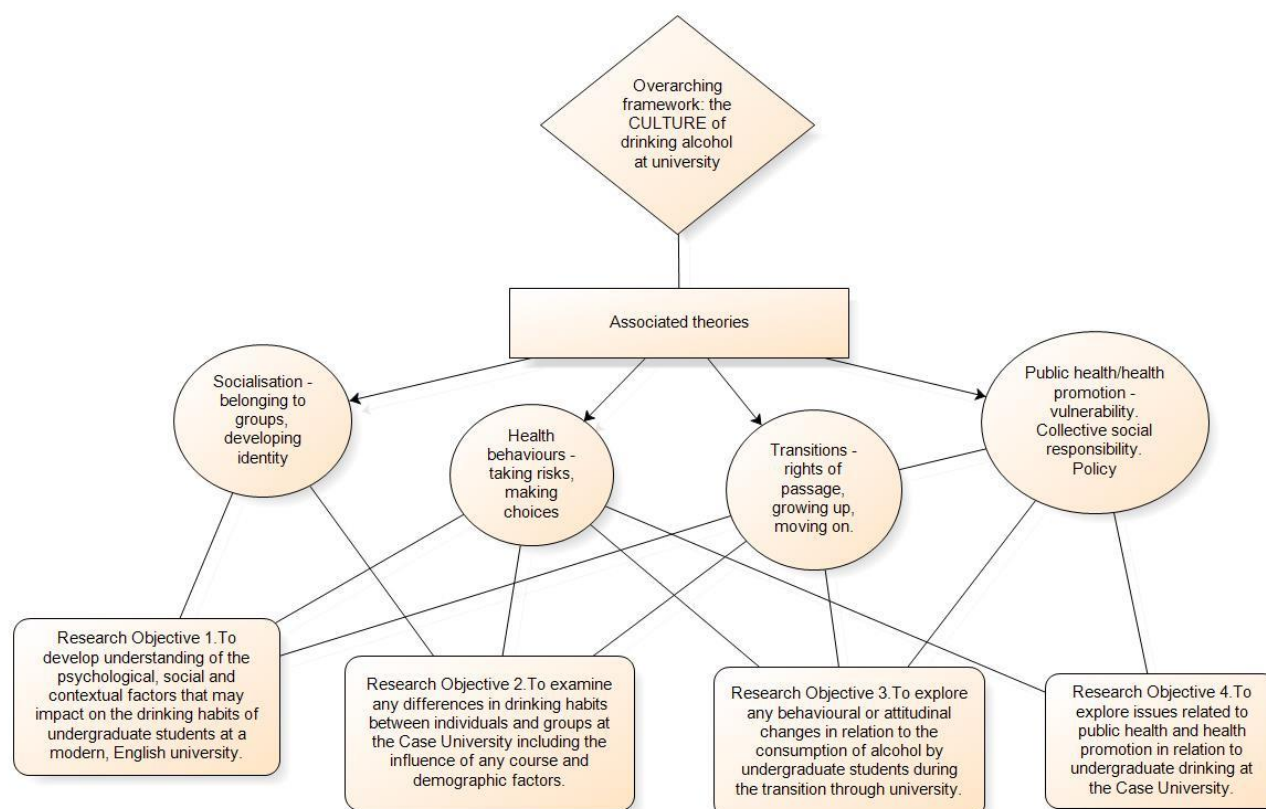
A cultural approach in the case of undergraduate drinking behaviour allows more emphasis on how and why social relationships form, as well as on the exploration of some of the customs and rituals associated with drinking behaviour (Banister and Piacenitini, 2008). As an example, common throughout studies on student drinking behaviour is the ritual of pre-drinking, reported in many research studies (Cook *et al.*, 2010; Zamboanga *et al.*, 2010). As previously mentioned in relation to the schools' study (Wright *et al.*, 2009) in common with other types of health behaviour such as smoking and taking illicit substances, drinking alcohol is a learned behaviour. The first taste of alcohol is not always a positive experience and yet some repeat this behaviour many times despite the negative consequences (Room *et al.*, 2005). This suggests that health messages may be ignored in favour of other motives for drinking, for example, a sense of belonging to a group, and understanding of these behaviours in context may help to identify ways in which to intervene when there are health risks to individuals at university. The final core theoretical framework is depicted in Figure 3.7.

Figure 3.7 The final core theoretical framework.



It is important, following clarification of the use of frameworks and the finalising of the core theoretical framework that clear objectives are developed to further guide the ongoing research process and these are highlighted in Figure 3.8.

Figure 3.8 The development of the research objectives



In summary, this section has explored the development of the theoretical framework and defined the way that frameworks have been used in this Study. The cultural aspects of health and health behaviour provide the overarching theoretical framework with specific reference to theories of socialisation, health behaviours, transition, and public health (Van Gennep, 1960; Ajzen, 1971; Geertz, 1976; Helman, 2007; Lawler, 2014; Jones and Douglas, 2012) (see Figure 3.7). The objectives for the Study have been developed from the aim, the literature review and the theoretical framework and are explored in chapter 4.

3.8 Summary: what is known and what the Study may add

This chapter has explored the literature in relation to the PICO question: “In an undergraduate population, what impact does alcohol have on students over time at

university; are there changes to drinking behaviour and are there implications for public health?” It has highlighted the relevant studies that form the background to the undertaking of the Study and also raised the potential for ongoing research. It has explored what is already known about alcohol consumption in the general population as well as those attending university. There are a number of lifestyle surveys which track the self-report use of alcohol and there has been qualitative research exploring attitudes to drinking at university from different perspectives and these have been explored in this literature review.

This critical literature review demonstrates that there are a number of studies that explore the use of alcohol in university and colleges both in the UK and in other countries and that they reach similar conclusions with regard to the drinking behaviour in higher educational settings. Specifically, that there is a perceived ‘expectation’ that students will drink heavily at university (Banister and Piacenitini, 2008; Vander Ven, 2011; NUS, 2015) and that it may be considered as a ‘rite of passage’ through life transitions (Crawford and Novak, 2006). There is also research that explores the cultural nature of drinking behaviour, linking it to customs and rituals with sets of unique rules of behaviour with specific meanings (Gately, 2009). Much of the research comprises cross-sectional studies and there are fewer specific, longitudinal case studies exploring the transition of students over their time at university. Where they do exist, they are unique in time, space and context and this is the nature of case study approaches to research (Stake, 1995; Bergen and While, 2000; Swanborn, 2012). Individual case studies are important because they help to develop deeper understanding of a specific group, organisation or institution which has its own cultural traditions, customs, rituals and behaviours that may have similarities to other organisations but are unique unto themselves (Bergen and While, 2000; Swanborn,

2012; Cresswell, 2007). Deeper understanding of the drinking culture at the Case University will contribute to the development of policies relating to alcohol use at the setting.

The literature review has confirmed the viability of the overall aim of the Study and the overarching theoretical framework and it has enabled the formation of the specific objectives which are depicted in Figure 3.8 and articulated further in the next chapter.

Chapter 4

The methodological journey: a reflexive approach

4.1 Introduction

This chapter discusses the design of the Study, the methodology and the methods used to collect the data and interrogate the findings. The aim of the Study is centred on exploring and understanding the factors that influence drinking behaviour in an undergraduate population; whether there are changes over time, and how drinking is perceived by individuals, the Case University and the wider community. Specifically, the aim is:

“To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

The research objectives were informed by the literature review and are articulated in section 4.2. A personal context is established in section 4.3 and the Chapter continues to provide a critical rationale for the choice of methodology which is followed by exploration of the methods of data collection, the sampling techniques and the data analysis. The research aim and the theoretical framework⁶³ determined the design which is rooted in an interpretive methodology; drawing on a variety of theoretical orientations which best achieve the objectives⁶⁴ of the Study and explain the findings most appropriately.

⁶³ See Chapter 3 – Figure 3.7

⁶⁴ See section 4.2.1

The interpretive approach to this Study draws on naturalistic methods which emphasise the relationship that is built between the researcher and those being studied (Silverman, 2013; Ritchie and Lewis, 2011). Naturalistic approaches consider behaviour as it occurs in everyday life or settings (Ritchie and Lewis, 2011), mapping well to exploring drinking behaviour at university.

The transparency of the researcher's values and motives are crucial to good interpretive, naturalistic research and these can be demonstrated using a reflexive approach (Gray, 2014). Acknowledging the personal aspects of the Study means adopting a reflective writing style in this chapter to enable the reader to better understand the journey through the process and the associated decision-making. The acknowledgement of my personal beliefs and values about drinking is important and a personal context is articulated in section 4.3.

The Study is embedded within a public health perspective which potentially creates a critical tension between two important aspects of research: the need for objectivity, balanced with making recommendations for future public health policy and practice (Gibbs, 2007; Jones *et al.*, 2012). This tension is further highlighted by the cultural nature of the Study, where undergraduate drinking behaviour may be entrenched in a set of traditions, rituals and customs which could have become normalised and accepted by society. One reason for this normalisation is that 'risky' health behaviour such as heavy drinking at university has not always resulted in problematic outcomes. However, while the majority of students may survive their university experience, there are short term risks associated with drinking alcohol, including the toxic effects and physical or sexual assault (Gilchrist *et al.*, 2012; Goldhill and Bingham, 2015). There are also longer term health risks if hazardous drinking habits are established such as

increasing the risk of liver disease and other stealth diseases later in life (Hatton *et al.*, 2009; Donaldson, 2009; Heather *et al.*, 2011)⁶⁵.

Human rights are an important consideration and the potential challenge of balancing the need to respect autonomous decision-making with a paternalistic approach that aims to identify and protect the vulnerable (Nuffield Council of Bioethics, 2007). A public health stance may take the view that risky behaviour is acceptable as long as it does not affect others (Earle *et al.*, 2007). However, the potential vulnerability of young people as they progress through university needs consideration in terms of a collective social and moral responsibility and this is a focus for data collection and discussion.

4.2 The research aim

Following the identification of a broad aim at the start of the Study, the subsequent review of the literature using the PICO question and the establishment of the theoretical framework, the aim of the Study was clarified:

“To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

Of particular interest is the cultural dimension to drinking behaviour across individuals and different groups within the Case University over time and this creates the overarching theoretical framework⁶⁶. In addition, it was important to maintain a focus on the public health aspects and implications of the findings as this has driven the

⁶⁵ See Chapter 3 – section 3.4.

⁶⁶ See Chapter 3 – section 3.7

research from the start and originates from a personal and professional interest⁶⁷. The contribution to the policy regarding alcohol at the Case University is a particular feature of this Study. Once the aim was clearly established along with the theoretical framework, the research objectives were formed to focus the research process⁶⁸.

4.2.1 The research objectives

The following research objectives (RO) were formulated to ensure that there was a clear focus for the design of the Study, and that the research aim was achieved:

1. To develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university.
2. To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors.
3. To explore any behavioural or attitudinal changes in relation to the consumption of alcohol by undergraduate students during the transition through university.
4. To explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University.

4.3 Setting the personal context

I come to this research as a university lecturer in Specialist Community Public Health Nursing with a particular interest in the health and well-being of children, young people and young adults. I previously worked with teenagers in schools as a Community

⁶⁷ See Chapter 3 – Figure 3.4 and this Chapter section 4.3.

⁶⁸ See Chapter 3 – Figure 3.8

School Nurse, during which time I was involved in research exploring young people's attitudes to alcohol with a view to considering health promotion initiatives that promote the health and well-being of children and young people (Wright *et al.*, 2009). This work led me to consider the next stage in young people's lives and this was the foundation for this new research Study. The Case University offers a known, convenient and boundaried unit in which to consider further the issue raised in the schools study and to explore attitudes to alcohol from different perspectives as young people develop into adulthood and move into the workplace. Given my working background, there was a clear interest from a public health perspective to consider if, or how, a university takes any responsibility for safeguarding student's health in relation to alcohol, and if/how risk is managed individually and collectively⁶⁹.

I trained as a nurse 40 years ago and although drinking was part of the culture within the Schools of Nursing then, nursing was not a university degree course at that time. I did not live in the nurses' home, which was strict in terms of alcohol consumption, and there was no student union bar; but there was a pub and club culture where I did my training in North Yorkshire. My later Degrees were undertaken as a mature student⁷⁰, when I had a family and other responsibilities, which aligned me more to the experiences of older students at the Case University. I have never experienced the drinking culture at university as an 18-24-year-old. However, I do drink, have been drunk in the past, socialise with others who drink and have a tolerant attitude to young people (and others) drinking.

⁶⁹ See Chapter 3 – section 3.7 – Figure 3.4.

⁷⁰ Mature students are anyone over the age of 21 who didn't go to university after school or college. Some might have taken gap years to volunteer and travel the world, while 40% of mature students are over 30 and have had work, mortgage or family responsibilities' (UCAS, 2016)

My experience as a school nurse and specialist public health nurse lecturer has helped to form my values and beliefs about health-related behaviour choices. This has informed my interest in the topic from a public health perspective and also developed my values, beliefs and tolerances towards drinking and young people. I do have concerns about young people making choices that may impact on their short term or long term health but recognise that I have made similar choices when I was younger. One key concern for me is the vulnerability of some students who may feel pressured to drink or who have an experience when drunk where they have come to physical or emotional harm.

There is an ethical tension here given that students are legally adults and therefore, entitled to make their own decisions about their individual behaviour. The impact of a researcher asking questions about potentially hazardous or harmful drinking behaviour is a particular consideration. I recognise that as a researcher, I aim to be an objective observer, but there is also a safeguarding responsibility that is entrenched in me, both as a nurse and as a human being, with a duty of care to others. This means that if I have concerns about an individual, I have a moral, ethical and professional responsibility to act. The difficulty here is how, and when to act, if there are concerns given the boundaries of research ethics. I understand, for example, that if there are disclosures of criminal activity by participants, this requires action (Wiles, 2013). These are issues of consent and confidentiality and I am bound by a professional Code of conduct within my profession as a nurse (Nursing and Midwifery Council [NMC], 2015). Breaches of confidentiality where there may be a risk of harm to individuals or the public are accepted and supported by the four principles of biomedical ethics (Beauchamp and Childress, 1994). These ethical issues are discussed further in section 4.7.

Although initially, the Study was to consider young people aged 18-24, moving towards adulthood at university, six older students volunteered for the Study and I was unsure whether this would be relevant to the overall research aim. However, they proved to be particularly interesting in developing a picture of university life from an older student perspective and they provided new insight into drinking behaviour throughout the life course. Their narratives were also closer to my own experiences of university late in life as a mature student.

My experience of research in schools stimulated the interest in this new research and in particular, the concept of culture and alcohol which was highlighted project in the local schools project (Wright *et al.*, 2009): young people had talked about a culture of drinking which was related to joining groups and growing up. This core concept of culture is common in colloquial language as well as in academic literature when referring to alcohol, young people and universities, and developing understanding of its meaning was of particular interest for me. A case study approach which developed over time enabled me to highlight issues from a range of perspectives to create a rich, layered picture of the topic within a contemporary setting (the Case University). The development of this approach and its relevance to qualitative, interpretive methodology is discussed in this chapter.

4.4 Choosing the methodology

This section critically evaluates how a case study approach evolved as the most appropriate strategy for this Study and how other methodologies were considered and rejected. Case study is described in the literature in different ways, it is labelled a research design (Bassey, 1999; Gray, 2014), a research strategy (Cresswell, 2007) or a methodology (Stake, 1995; Baxter and Jack, 2008 Yin, 2014).

To truly understand a phenomenon, it is important to use the most appropriate means of gathering relevant information which address the aim and research objectives (Silverman, 2013). The formation of the theoretical framework and the clarification of the research objectives informed the choice of methodology for the Study⁷¹. The discussion on the development of the theoretical framework in section 3.7 explored the concepts of using both exploratory and explanatory research methodology. Explanatory research seeks out the theory from the data while exploratory research acknowledges unforeseen emergent themes (Silverman, 2013; Yin, 2014). Case study strategies allow for the use of both these approaches, enabling a flexible approach which is commonly used in health care or science research (Bergen and While, 2000; Saks and Allsop, 2010).

Case study designs enable researchers to use a wide range of information streams that best illuminate the phenomenon in focus which can be an individual, a group, an organisation or a particular setting (Stake, 1995; Bergen and While, 2000; Cresswell, 2007; Gray, 2014). Baxter and Jack (2008) explain qualitative case study methodology as a tool that allows researchers to study complex phenomena within contexts.

The longitudinal nature of the project allowed me some freedom to peel back the layers of information in a considered way. Denzin and Lincoln (2013) describe this in terms of 'bricolage', a quilt making term, i.e building a picture using small fragments of information to create the whole. It can also be described in terms of a form of 'snowballing', a strategy where participants nominate other participants to take part in the research (Gray, 2014). This was a useful strategy which began with the focus

⁷¹ See chapter 3 section 3.7

groups in the early stages of the research where individuals 'nominated' others to take part⁷². This helped to penetrate the cohort more effectively by using those who belonged to that group to recruit others.

Lecturers approached in the early stages expressed concerns about some students drinking behaviour, in particular how they were missing lectures and sometimes attending with obvious injuries caused by falling over while drunk (see table 4.1). I had personal experience of this with one student who often came to lectures late, claimed to be very hungover, and sometimes presented with injuries which he confessed had occurred when drunk. Other interesting information came from the SU, including student surveys and bar sales which showed what type of alcohol was being consumed and the pattern of sales over the year. This added a dimension about students' financial situations and how this may impact on drinking behaviour. This and other information provided a basis for further enquiry and helped to form the questions for the focus groups and the individual interviews. The grey data collected in these early stages is mapped to the research objectives and the theoretical framework; the theoretical framework (TF) and the research objectives (RO) are reiterated in Figure 4.1.

⁷² See section 4.6.2 - Data collection – The Focus Groups.

Figure 4.1 The theoretical framework (TF) and the research objectives (RO)

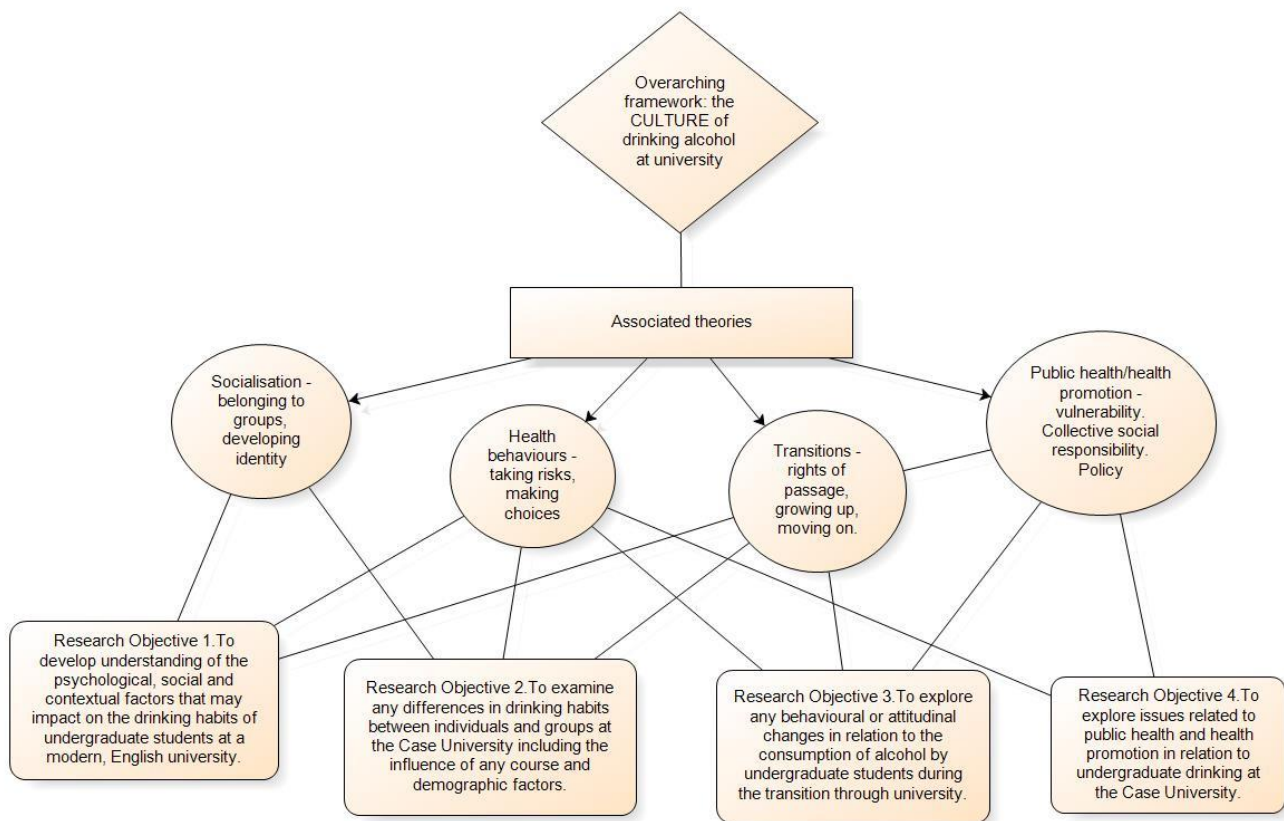


Table 4.1 Early 'grey' data taken from research notes in 2012.

Source of information	Relevant information	Key emergent themes	Mapping to theoretical framework (TF) and research objectives (RO.)
SU data on alcohol sales prior to start of project (Sept, 2012).	Provided background to the study.	<p>Sales of alcohol fluctuate according to the time of year.</p> <p>Amount and different drinks are sold on different themed nights: comedy nights depend on the performer. Beer and cider on heavy metal nights. More shots on 'dance music' nights.</p> <p>Music genres are aligned to different drinks.</p>	<p>Pre-drinking may be a factor – students may be pre-drinking to save money for example. This may offer another explanation to pre-drinking other than a cultural perspective.</p> <p>There may be a cultural link to types of entertainment. Particular drinks are associated with comedy nights or types of music (TF).</p>
Interview with SU representative (Sept, 2012).	<p>Insight into the role of the SU. There is no Case University alcohol policy. But there are safety mechanisms in place. For example, there is a night bus to take students home and 'the wall'⁷³ is used to take drunk students to, outside of the Bar to recover.</p> <p>Some events in the bar encourage drinking and some are more tolerant. For example, heavy metal music is less likely to produce heavy drinking whereas 'dance' music is more associated with drunkenness.</p>	<p>The SU is balancing profit with the safety of the students and allowing students to socialise and enjoy their time at university.</p> <p>Perception that drinking is part of the culture at the Case University.</p>	<p>Raises issues about a collective social/public health responsibility (RO.4).</p> <p>'The wall' - cultural expectation that students will drink and get drunk (TF).</p>
Oct, 2012 – Discussion with a Lecturer about health concerns – i.e. students missing lectures and falling over when drunk.	Highlighted the concerns of some staff about drinking behaviour at the Case University.	Links to the public health aspects of drinking and the responsibility of the Case University as a whole.	<p>Public health considerations (RO.4)</p> <p>'Risk taking behaviour' (RO.1, TF).</p> <p>Links to consideration of social norms and perceptions of drinking to fit in to university life. (RO.1; TF)</p>
August, 2012 - Interview with a lecturer who has been at the Case University for 30 years.	Provided an historical account of the Case University and his view is that drinking behaviour is similar now to 30 years ago. But that the types of drinks are different. He also had a view that girls are now drinking more than previously.	<p>Embedded cultural norms at the Case University with the perception that drinking has not changed over 30 years.</p> <p>Gender differences in drinking habits.</p>	<p>Links to the constraints on 'shifting cultural expectation' and questioning whether this is needed: how many students go on to have a 'drink problem' for example? (TF, RO. 1,3,4)</p> <p>Gender difference - Links to RO1, 2</p>

⁷³ See Figure 8.1 – Outside the SU bar – 'The Wall'

With all this information, it began to feel that the emphasis of the Study should be more about the Case University itself in relation to drinking and the cultural aspects of drinking behaviour, and this led to considering a case study approach as the appropriate research methodology. Specifically, this is because a case study approach uses the best available evidence which can include survey information as well as narratives from participant interviews (Cresswell, 2007). This allows the exploration of as many different information streams as needed to build the best picture (Cresswell, 2007).

Qualitative research methods are often seen as using an inductive relationship between theory and research (the research is used to generate or identify theories, rather than theory-testing) (Denzin and Lincoln, 2013). It may also be seen as rejecting the positivist view of research (Bryman, 2008) and uses an interpretive stance, which considers the way people interact socially and which can therefore bring subjective views into the analysis process. However, these definitive ideas about the differences between qualitative and quantitative research methodologies are becoming blurred over time (Bergen and While, 2000; Ravitch and Riggan, 2017). This may be as a result of more rigorous qualitative methods or a softening of the hard line thinking of positivists (Creswell, 2007; Gray, 2014). This creates a dilemma as there are purists who argue that a research project needs to be very definite about the direction of study and that not being specific about the ontological and epistemological stance is sitting too firmly on the fence (Gray, 2014).

However, when choosing a methodology, it is crucial to ensure that you are comfortable with the ontological and epistemological stances that are embedded within that methodology (Silverman, 2013). Ontology reflects an understanding of

what can be known; what is the nature of reality: epistemology describes how knowledge is acquired (Gray, 2014). Research also demands a creativity and a freshness that should not conform to any definitive ideology (Hammersley, 1992).

Hammersley (1992) argues that qualitative researchers tend to be both realist and naturalistic and this would broadly describe my own particular philosophies. Viewing the world from a pragmatic, realist and rational approach makes sense to me but researchers also need to move out of their comfort zones and challenge themselves in a deeper reflexive way, this enables them to look beyond any assumptions made prior to any study (Ravitch and Riggan, 2017). This was important given the nature of the Study and the assumptions about students and their drinking behaviour. Undoubtedly I did make some assumptions before the start of the Study which may be justifiable given the previous schools study (Wright *et al.*, 2009), my public health nursing background and my experience of young people and their drinking behaviour. For example, I believed that some young people start drinking as a rite of passage into adulthood; that they use alcohol in order to belong to a group and that the effect of alcohol is perceived to be one where young people can feel more confident to talk to others. While I thought this was likely to be the case in the Study, I was prepared to suspend some of these beliefs in order to interpret the data more effectively and look for other information within the data sets.

Some of my pre-conceived ideas about student drinking behaviour also came from informal conversations with people of different ages and backgrounds about the Study before it began which produced some interesting responses (see Table 4.2). These statements are mapped to the theoretical framework and the research objectives (see Figure 4.1).

Table 4.2 Conversations with individuals prior to the start of the Study - taken from research notes 2012.

Quotes from conversations prior to the start of the Study	Mapping to TF and RO's.
"...Oh yes, I remember my student days, I spend most of my time in the student bar getting pissed..." (White male, age 57).	Acceptance that drinking is a 'social norm' at university and perhaps has historical significance (TF)
"I am not sure I remember much about my first year at university as I was hammered for most of it..." (White male, age 40)	Considerations here about changes to drinking over time at university and beyond 'the first year' (RO.3). Potential health issues (RO.4). Cultural acceptance (TF). Also the idea that people 'survive' university: the university as a 'bubble' where people feel safe (RO.3,4).
"...It is expected that students will get very drunk at university, it is a rite of passage, part of growing up.. " (Black female, age 47).	Link to TF – 'rites of passage' and cultural theories. Link to RO.1,2,3:- understanding attitudes and factors influencing drinking behaviour.
'...I was away from home for the first time and spent the first year just enjoying the freedom to drink.... my parents never knew that I was drunk for much of that first year..." (Black male, age 21)	Link to RO.1 understanding factors that influence drinking. Links to TF and RO 3 – 'growing up' – 'life transitions' 'first year' and change of behaviour.
I was very shy when I started university and drank in order to be able to talk to people I did not know... " (White female, age 28)	Link to TF – socialisation - sense of belonging – joining in/sense of self/identity/. LO.1,2.

These comments were made by colleagues, friends and family prior to the start of the Study. These conversations began with my revealing that I was about to undertake a study on student drinking behaviour at university. The above comments were made as a response to this statement and were therefore, unprompted by me. Casual conversations with individuals where information is used within a project raises the issues of consent and confidentiality (Wiles, 2013). Consent was sought and obtained

from the individuals above to include their comments in the Study and their anonymity was protected. The Data Protection Act (DPA) 1998 aims to protect individuals against misuse or abuse of information about them (The Stationary Office [TSO], 1998). However, the DPA does not apply to anonymised personal data, which do not identify the individual (Economic and Social Research Council [ESRC] (2016). This is clarified to ensure that although names are changed, any re-identification of individuals should be considered and protected (ESRC, 2016)⁷⁴.

It is interesting to note from the statements above how acceptable and normalised drinking behaviour appears to be among a wide range of individuals of different ages, ethnicity, gender and background. These comments led to further thinking about how this normalisation has occurred over time. There seems to be, on the face of it, an expectation that students at university drink heavily and that this is accepted behaviour (NSU, 2015). This led to considering the cultural aspects of drinking and how this fits with philosophical considerations. For example, if drinking alcohol is a social activity done in groups and is associated with pleasure, fun and forming relationships (both sexual and otherwise), does exploration help in developing understanding of human behaviour and social interactions.

The academic world offers a huge variety of ways to explore a topic and narrowing the focus can be difficult when embarking on a project (Gray, 2014; Ravitch and Riggan, 2017). Initially, I was looking at the transition of young people into the university setting having already done some work with young people in the school setting and identified

⁷⁴ Further discussions on ethical issues are explored in section 4.7.

cultural themes within that research (Wright *et al.*, 2009). I wanted to consider the next phase of the lifespan (from 18 years) and explore issues around the formation of identity including rites of passage, risk-taking behaviour and socialisation. These ideas can be explored within psychological, sociological, anthropological and public health domains as the research aim and objectives demonstrate. It would be difficult to study the use of alcohol without considering the internal mechanisms that drive people to drink and equally hard to research this in isolation from the broader social factors; interpretive research recognises the social aspect of understanding phenomena in a particular context (Gray, 2014). In addition, there is a historical perspective to consider, for example, what cultural and societal changes in attitudes to alcohol have occurred over time that have led to a cultural normalisation of drinking for example⁷⁵.

The two key approaches to case study research have been highlighted in the discussion on the theoretical framework⁷⁶. Firstly, Yin (2009) discusses case study methodology in relation to having a theoretical proposition that can be ‘tested’ within the analysis of the data. The theoretical framework focussed the attention of the Study on the culture of drinking behaviour and the related theories of socialisation, transition, health behaviour and public health, this meant that there were opportunities to seek these theories within the data.

Stake (1995), alternatively, takes a more naturalistic view about case study methodology; a more inductive approach, which is more aligned to grounded theory or phenomenological strategies. This meant that as well as looking for links to

⁷⁵ See Chapter 2 - A brief history of alcohol use.

⁷⁶ See Chapter 3 section 3.7

established theories within the data (Yin, 2009), there were opportunities to maintain an open mind as themes emerged (Stake, 1995).

Case study design lends itself to a flexible approach as it allows you to collect data from many different sources as the study progresses (Swanborn, 2012). The longevity of the Study also aided this approach as it allowed me to continue to explore previously unpredicted areas of interest in relation to drinking behaviour. For example, the first set of interviews revealed information about the custom of pre-drinking which all students talked about throughout the three years, and I was able to explore this behaviour further. Understanding this behaviour was an important aspect of the Study.

The previous schools study had identified concepts of drinking alcohol which linked to cultural aspects of behaviour such as developing a sense of belonging to groups and conforming to social norms of behaviour (Wright *et al.*, 2009; Helman, 2007). My original intention was to use ethnography as a research method for this piece of work, based on the previous work that I had done (Wright *et al.*, 2009) as this is a legitimate research method for studying groups in the context of their everyday lives (Hammersley and Atkinson, 1995). This was also interesting in that the 'everyday lives' of students at university is a temporary or transitional state.

Ethnographies are a particular feature of cultural research (Hammersley and Atkinson, 1995) and the issues that arose from the earlier schools' study (Wright *et al.*, 2009) centred on the drive for young people to have a sense of belonging to a group and how alcohol can be a feature of that socialisation process. What part alcohol plays in how students in a university setting are socialised into their environment became an interesting further investigation, as well as an examination of whether this is transient or whether alcohol remains a central theme throughout a student's university life.

However, although the emphasis on the cultural aspects suggested that ethnography would be an appropriate methodology, two key features of ethnography presented a problem: participant observation and immersion (Hammersley, 2006; Agar, 2008). Despite emerging cultural questions, I became increasingly uncomfortable about claiming that the research was a pure ethnography given the problem of participant observation. Even though I had the potential access to CCTV footage in the SU bar to enable covert observation as well as You Tube footage of initiation ceremonies and the emerging cultural themes, it began to feel that I could not defend the integrity of an ethnography. There are also ethical implications to using covert information in research which are discussed later⁷⁷.

However, ethnography does offer the ability to study in depth a particular culture in context and for that reason, I did not want to dismiss the idea of including an ethnographic dimension. I was interested in a defined group of people: the undergraduate population, and a particular behaviour: drinking alcohol. Specifically, I was looking at a group of students over time to explore whether their experience of alcohol is transient; whether it is used as a socialisation mechanism in order to 'fit in' to university life and whether that drinking behaviour changes over time, once groups are formed and relationships forged. Or, alternatively, does drinking continue to be consistently central to the social life of students throughout their course. This lends itself to ethnography because all ethnographies include cultural interpretations (Reimer, 2008; Agar, 2008). I also wanted to question and observe how 'normalised' drinking behaviour is within the student population and how it is accepted by others within the Case University setting. This distinguished the Study from a

⁷⁷ See section 4.7.

phenomenological approach, because it took me beyond the lived experiences of individuals into a much broader scoping of the setting. Case study approaches allow ethnographic principles to be applied as well as several methods of data collection and analysis and has the potential to utilise quantitative and qualitative methods to create a rich picture of reality (Stake, 1995; Cresswell, 2007; Swanborn, 2012). The next section further explores the rationale for using a case study methodology.

4.5.2 Getting off the fence: the case study approach

The differences between research traditions seem so subtle in nature that really understanding those differences was one of the most challenging parts of the Study, as well as one of the most enjoyable. For example, it seems that research, whether it is positivist or naturalistic, is exploring some form of phenomena (Cresswell, 2007). At one end of the spectrum, in the physical sciences, this may be trying to explain dark matter in the universe and at the other, in the social sciences, it may be exploring why people drink too much. The approaches to explaining these phenomena perhaps need to be very different, but there are also similarities (Gray, 2014). Data need to be collected that will address a clear research aim with specific research objectives, ethical implications need to be considered and analysis needs to be systematic, robust and informative leading to a valid study (Borden and Abbott, 2005; Ritchie and Lewis, 2011). The differences lie in the methods used. Traditionally, positivist research is viewed as objective in approach (Denzin and Lincoln, 2013). The 'hard' nature of the data collection allows the researcher to be distanced from the study, uninvolved with the participants and large numbers in a research project allows for generalisation to a broader population (Ritchie and Lewis, 2011). Naturalistic research is that which is done in real life settings and is viewed as more subjective, with the values and beliefs

of the researcher being acknowledged as a part of the process (Silverman, 2013). These beliefs and values which shape the foundation of the research approach are designed to answer some fundamental philosophical questions: what is the nature of reality (ontology); what is the relationship between the researcher and the reality; how is knowledge acquired, and how should the inquirer find out about the reality (Borden and Abbott, 2005; Silverman, 2013, Gray, 2014).

A number of appropriate research methodologies or approaches could have been applied to the Study including ethnography, phenomenology, narrative, case study and grounded theory. All these may be appropriate to a study of students in a university setting and particularly, those students who are drinking alcohol, as they all examine the underlying structure of behaviour and the meanings that people place on specific behavioural acts (Ritchie and Lewis, 2003). These approaches use different theoretical paradigms which focus on different aspects of the human condition (Ritchie and Lewis, 2003). Given the nature of the fundamental research aim, objectives and the theoretical framework, ethnography and case study were considered to be the most appropriate. However, trying to unpick the differences and similarities between these two approaches proved difficult. To help construct a rationale for using either ethnography or case study, a comparative table of these two approaches was compiled (see table 4.3).

Table 4.3 A comparison between ethnography and case study approaches.

	Ethnography	Case Study
Broad definition	"Ethnography is a systematic study of a particular cultural group or phenomenon, based upon extensive fieldwork in one or more selected locales" (Reimer 2008 p1)	"A strategy for doing research that involves an empirical investigation of a contemporary phenomenon within it's real life context using multiple sources of evidence" (Robson 1993, p146)
Research approach	Qualitative - Is largely inductive: generates knowledge from the data.	Qualitative or Quantitative or Mixed methods. Can be inductive or deductive depending on the subject matter. Can be used to test hypotheses.
Origin/ field of study/tradition	Anthropology Social and cultural anthropology Also adopted by sociology and social psychology.	Case study research has evolved from a variety of origins from both the quantitative and qualitative research traditions. Common in health research. Often described as a research strategy rather than a methodology.
Design	Flexible, evolving, adaptive, responsive over time.	Flexible, evolving, responsive.
Research paradigm	Interpretive Naturalistic/(realist)	Naturalistic/Can be interpretive or positivist. Can be aligned to survey and experimental designs.
Location	Context focused/in situ. Looks at microcosms of society in depth.	Generally contextualised in situ. But - can also be positivist approach – distanced from the place of study. E.g an examination of medical cases.
Methods of data collection.	Field work/ Participant observation/Interviews/ Covert or overt observations Immersion in the site. Emphasis on n=>20.	Interviews/ focus groups/field work Structured data such as survey's and document analysis may be used Observations: Participant observation Non participant observation Focus on triangulation Can be on a single case or multiple cases.
Analysis	Unstructured data: open coding/thematic analysis The researcher interprets meanings – non-coded data analysis Produces descriptions/evaluations/explanations The focus is on the emic view – from the participants perspective. Reveals a description from the etic view. (Structured data such as survey may be used)	Unstructured and structured data Produces descriptions/evaluations/ explanations Focus on checking of data through triangulation. Data can be checked and rechecked with participants. Use of categorical aggregation to establish themes or patterns direct interpretation, establishing patterns, and developing naturalistic generalisations.
Main authorities	Traditional - (Malinowski, 1922) Margaret Mead - More recently - Martyn Hammersley and Paul Atkinson (1995)	Yin (2009, 2014) Stake (1995)

Although these two approaches have similarities and ethnography would have provided a deeper, 'insider' understanding of student drinking behaviour (Agar, 2008), the barriers to me becoming an integral part of the group were too great. A case study approach mapped well to the aim, objectives and theoretical framework of the Study and allowed emphasis on the Case University as a whole (a holistic approach) (Baxter and Jack, 2008; Bergen and While, 2000). This was a useful in order to achieve the fourth objective of the Study:

4 'to explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University'.

This Study is grounded in a public health perspective within the overarching cultural framework. In particular, the Study considers the issues of the health risks that drinking alcohol poses for university students and possible solutions to the problem, placing it within an instrumental case study design (Stake, 1995).

Stake (1995) describes three types of case study design: 'intrinsic', 'instrumental', and 'collective (multiple) case study'. Intrinsic case studies centre upon a single case, when it is the object of interest. Instrumental case studies, in comparison, are useful when a particular case is of interest to illuminate an issue (drinking behaviour for example). Instrumental case studies are identified by Stake (1995) as those which have the potential to influence policy and make recommendations for practice. They may also provide information that could contribute to refining a theory or theories (Stake, 1995; Baxter and Jack, 2008). The aim and objectives of this Study align it to an instrumental case study that will contribute to the formation of alcohol policy at the Case University (Stake, 1995). Complex or multiple case studies are instrumental

case studies extended to include more than one site. This may be useful for future research that could compare the Case University with other universities or colleges.

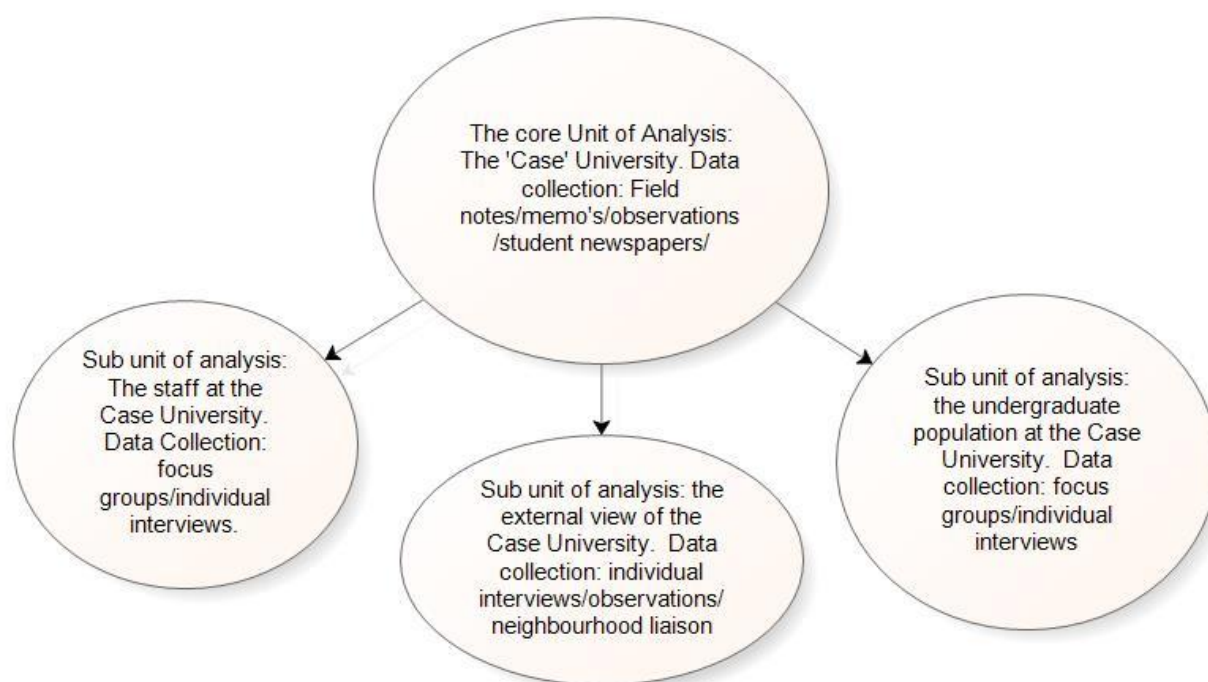
Stake (1995) also claims that the value of case study research however, lies not in its generalisability (or lack thereof), but in its ability to explain the particular. In other words, case studies aim to explain, describe and clarify a specific situation (drinking behaviour) in context (the Case University) utilising a wide range of data collection. The contextualisation of the topic also maps well to using thematic analysis as proposed by Braun and Clarke (2006). The topic of alcohol cannot be isolated from the issue of drinking in the broader context of society⁷⁸ as a whole however, and this is also acknowledged in this Study.

Proponents of case study research suggest that it can be best described as a study of a bounded entity (Yin, 2009) which can be either a physical or social boundary and the key position is that the research is undertaken in a specific context. Yin (2009) also suggests that a case study is a practical way of investigating a contemporary phenomenon. It is a method by which particular characteristics of a case (a person, group, setting or a community) can be explored in depth (Cresswell, 2007). To undertake this in-depth analysis, it is necessary to use a variety of methods in order to develop a full picture of what is happening (Cresswell, 2007). The flexibility of a case study design enabled the use of many different data collection methods including interviews, focus groups, observations, video footage, photographs and casual conversations. The data collection is discussed in section 4.6.

⁷⁸ See Chapters 2 and 3.

The main entity (Case) under study is the Case University but within that, there are subunits that create the layers of analysis essential to understanding the 'whole' picture (Bergen and While, 2000) (see Figure 4.2).

Figure 4.2 The units of analysis



The units of analysis are broken down into data collection points that best address the research objectives⁷⁹. The next section provides an outline of the sampling and recruitment process and the participant overview.

4.5 The design overview: sampling and recruitment process

This is a longitudinal study and information about the Study was distributed to new students during Fresher's Fortnight in 2012 and a poster was displayed on noticeboards across the Case University (see Appendix 1). This was followed by a short presentation to students on a range of courses once the semester started,

⁷⁹ See Figure 4.13 – The mapping of the data collection methods to the core themes.

explaining the Study and asking for volunteers to join a focus group and/or individual interviews.

The sampling process began with exploratory focus groups, from which the majority of the volunteers emerged for the Study⁸⁰. The early focus groups were facilitated by myself and a research assistant who made notes and the interviews were recorded and then transcribed⁸¹. Discussions between myself and the research assistant following the focus groups helped in the early identification of meaningful questions for the individual interviews (see Appendix 3).

Some 30 students in their first year volunteered for the Study, 20 were recruited from the focus groups and a further 10 students volunteered individually⁸². Eleven students were 18 years of age, 13 were aged between 19 and 24 and six were older students aged between 28 and 44. All of the 18-year-old participants drank alcohol, two of the 18-24 year olds did not drink at all and one of the older participants also did not drink. The older students provided valuable insights into the differences between those who come to university at 18 compared with those who start later in life, and their accounts are developed in chapter 7. Of the 24 students aged 19-24 years, eight were male and 16 females. A range of courses were represented: nursing, social work, psychology, criminology, sports management, business, design, marketing and event management.

The participants were interviewed two, three or four times over their three years at the Case University. In addition, three staff focus groups were conducted (see table 4.7). Lecturers were recruited by general e-mail to lecturers in the two Faculties at the Case

⁸⁰ See section 4.6.2 – Data collection: The Focus Groups.

⁸¹ See Appendix 2 for the focus group questions.

⁸² See section 4.6.3 - Data collection: Individual interviews.

University: Society and Health (SH) and Design, Media and Management (DMM). A cross section of courses were represented in the staff focus groups: social work, police, psychology, sociology, dance, and sports management, health, nursing, business and marketing. Themes from the staff focus groups were identified through thematic analysis and are explored within the discussion chapters⁸³.

Volunteers were given participant information sheets and written consent was obtained (see Appendices 4 and 5). With their permission, demographic information was collected for each participant through the student Management Information System (MIS). Data was stored in a locked filing cabinet and in a password protected computer.

There was a demographic mix of volunteers including black and minority ethnic (BME) students but the majority of participants were white female, and this must be recognised as a potential limitation in the study. However, there was a small representation from different cultures (See Table 4.8). It was also important to ensure that students who did not drink were included for comparison and so purposeful sampling was employed to recruit two students who do not drink alcohol, one for religious reasons (Roi), and one for medical reasons (Cara)⁸⁴. The longitudinal nature of the Study also allowed for opportunistic recruitment. For example, a 19-year-old Asian Muslim female who did drink heavily was recruited towards the end of the first year. This enabled the questioning of the Muslim, teetotal stereotype which had been highlighted in the pilot focus group in August 2012 (see table 4.6). Two participants left the Case University before the end of their course and one of them was interviewed

⁸³ See Chapters 5, 6, 7 and 8.

⁸⁴ See Table 4.8

after they left, this provided information about whether drinking behaviour changes when individuals move on to the world beyond university⁸⁵.

There were few male volunteers at the start of the Study but it was important to understand a male perspective in order to balance the Study more effectively and so purposeful recruitment was again applied. This was done by approaching gatekeepers, such as course leaders on programmes that attracted male students. Eight males were subsequently recruited to the Study from different courses: event management, marketing, and business studies and sports management. In addition, an all-male focus group of students who were either doing sports courses or were involved in sports clubs, was undertaken because these types of students have a particular reputation for heavy drinking⁸⁶.

Data were protected as confidential from the start and the participants were assured of this (see Appendix 4). The ethical implications of this are discussed in section 4.8. Interviews were recorded digitally in a private room and participants identified by a number in the first instance to provide anonymity. Participants were later given a pseudonym to allow their accounts to come alive within the analysis. The information was downloaded to a password-protected computer file and QSR NVivo, and access to the information was restricted to the research team comprising myself, as the main researcher, one research assistant and two project supervisors. The next section explores the methods of data collection.

⁸⁵ See page 332 (Sandi)

⁸⁶ See table 4.6.

4.6 The design: data collection

This section critically explores how the data was collected for analysis. An important feature of case study research is the use of triangulation (Bergen and While, 2000) which is described by Stake (1995) as being derived from the calculations used by early navigators at sea who used the stars to identify their location:

“.... He would take six stars, if the clouds would let him and then finalise his inference with a dot in the middle of the intersections. His ‘Tables’ called this process ‘triangulation’”

(Stake, 1995 p110).

A case study method is particularly well suited to benefit from this idea, as it prefers the use of multiple sources and types of data, in order to generate findings and so there are good opportunities to triangulate the data (Cresswell, 2011; Gray, 2014). It was particularly pertinent to this three-year data collection design as there was time to check and recheck data sources and investigate other information streams. For example, in interviews, students discussed the various halls of residence (Halls) and the difference in drinking behaviour at these locations. This gave opportunities to visit the Halls, make comparisons, and take photographs and interview accommodation staff. These observations can be recorded in field notes (Memo’s) that help to create the rich layers of information important in case study strategies (Cresswell, 2011)⁸⁷.

⁸⁷ See section 4.6.1.

This 'snowballing' of data requires the researcher to be flexible and remain committed to maintaining a systematic and rigorous approach to the process – it is a way of further illuminating the focus of the research (Parahoo, 2014). It can be problematic, however, as there may be a propensity to become overloaded with data and lose that focus (Bernard and Ryan, 2010).

Triangulation improves the validity and credibility of the research; in interpretive research, the credibility of a study is often referred to as authenticity (Silverman, 2013; Gray, 2014). This authenticity can also be described as a genuineness which has to be generated for the reader in order that they believe and trust the data. This relies on the creation of thick descriptions of situations and narratives which are interpreted but the values and beliefs of the researcher are acknowledged throughout so that there is transparency for the reader (Silverman, 2013). This layering is endorsed by both Yin (2009) and Swanborn (2012) who suggest that the data collection and analysis should occur concurrently – with the latter beginning shortly after joining the field. This means that there is ongoing description and interpretation throughout the period of the Study. These descriptions are evidenced in the memos as well as the tables that map the data with the theoretical framework and the research objectives throughout the Study.

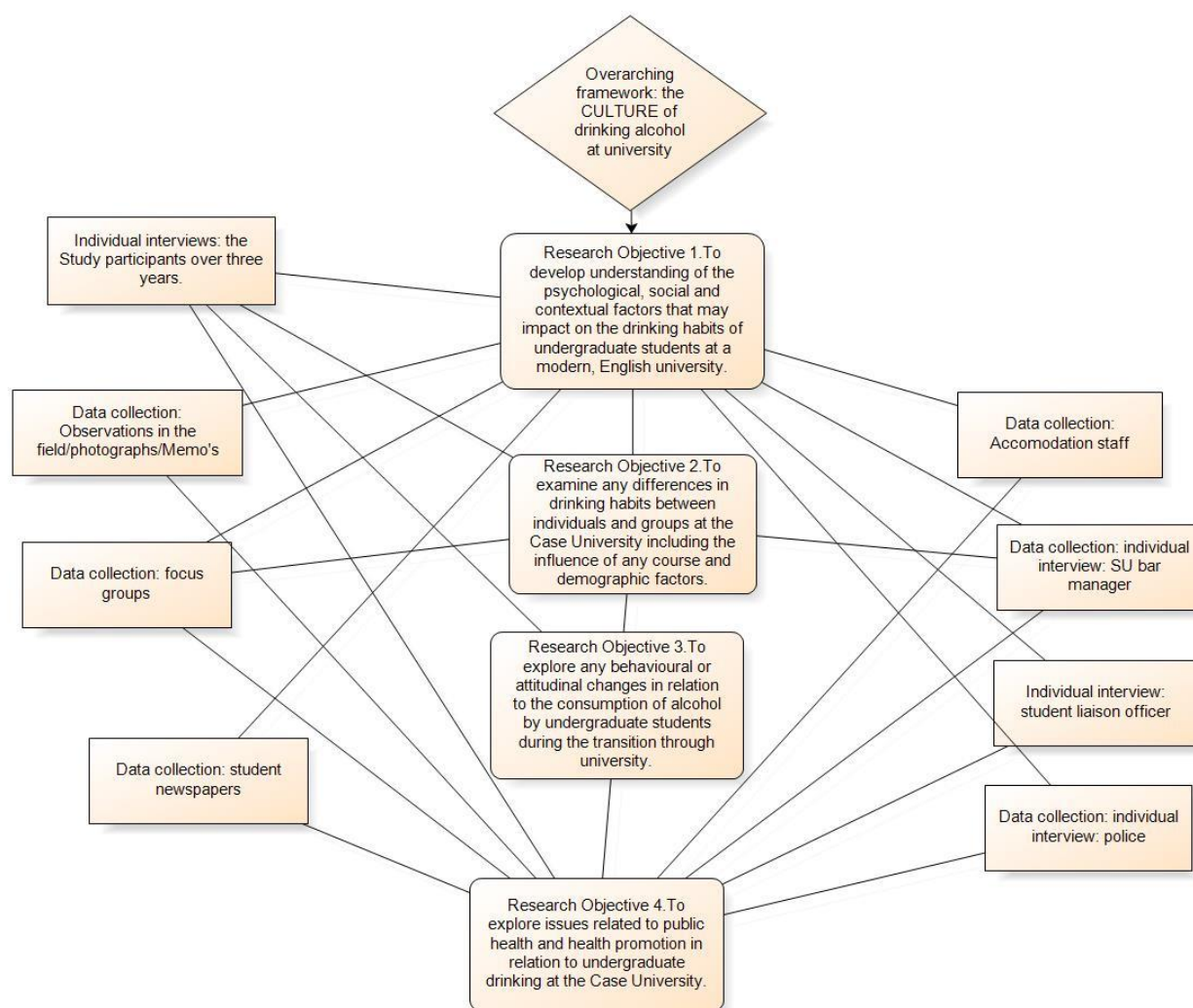
Qualitative researchers believe that people's interpretation of realities has a tendency to be social, cultural, situational and contextual (Ritchie & Lewis, 2011). In the data collection stage, researchers in a qualitative case study tend to spend more time at research locations, have personal interest and contact with the case or participants (Stake, 1995; Ravitch and Riggan, 2017). This enables one to develop a deeper understanding of the social phenomenon under investigation (Reimer, 2008). In the

Study, the initial stages of data collection were important in building a relationship with the group of students who volunteered to be interviewed during their course. The length of the Study helped with authenticity as it allowed the continued checking and rechecking the understanding of the data over time, including with the participants themselves when they returned for further interview. In reporting a case, researchers try to write descriptions which attempt to explain the phenomenon in context, allowing the reader to gain a true sense of the situation (Silverman, 2011).

The acknowledgement of subjectivity is important here; the recognition that my values and beliefs will have some impact on the interpretations is essential to understanding the Study (Silverman, 2011)⁸⁸. This requires direct interaction with participants in order to create a mutual understanding or construction of reality (Ritchie and Lewis, 2003). Pragmatism may also be considered here as a relevant philosophical paradigm; pragmatists believe that reality can be considered in terms of what is practical or 'what works' and that reality is known through the use of many tools of research that can reflect both deductive and inductive processes (Cresswell, 2007). This fits well with an instrumental case study as it suggests that a practical approach provides answers that can contribute in a useful way to policy (Stake, 1995). The research objectives help to focus the data collection points and this is illustrated in Figure 4.3.

⁸⁸ See section 4.3

Figure 4.3: The data collection points mapped to the Research Objectives.



4.6.1 Data collection: field notes and memo's

Bernard (2010) discusses how a researcher needs to ensure that they do not simply seek out within the data what they were expecting to find. This was crucial within the Study and I made great efforts to ensure that I was looking at what was 'real' and not getting distracted by my own preconceptions about students' drinking habits while maintaining the integrity of the theoretical framework. Recording my thinking throughout the research helped me not only to maintain a consistent approach but

also, importantly, to describe my journey in an accurate and credible way for the reader. Stake (1995) phrases this rather poetically:

“...a researcher’s knowledge of the case faces hazardous passage from writing to reading, a researcher must seek ways of safeguarding the trip” (p442).

My record began as a reflective notebook but as I became more familiar with using QSR NVivo software, the use of memos were helpful to record my thoughts throughout the Study. Memo’s can also be described as field notes which are observations arising from the field of study (Silverman, (2014). Using NVivo, memo’s are helpful in creating the rich descriptions of the process that add to the trustworthiness and believability of the Study (Silverman, 2014). Two examples of these can be see in tables 4.4 and 4.5.

Table 4.4. Memo 1: Dean's accounts across the three years (2012-2015)

Memo 1 (Dean's accounts)	Notes; mapping to Theoretical Framework (TF) and Research Objectives (RO.)
<p>First interview – (2012) I think Dean is reluctant to talk too honestly about his drinking.....says he does not drink much but does contradict himself occasionally, particularly in later interviews. He seems to have a low self-esteem (1), he talks about being very quiet and shy and that drinking makes him talk. Says he becomes his 'true self' (2) when he drinks (is this counter to what other thinking is about what alcohol does to people) (3).</p> <p>The second interview (2013) - he talks about learning to control his anger, he talks about fighting and although he doesn't specify this, it sounds like he used to get into some trouble at college (4) and that a mentor there suggested that he move away. He talks about how sport has helped him as well not to get into fights. In the first interview, he talks about getting cross because a girl liked his friend and not him.... (think about different types of drunks)</p> <p>He also discusses being drunk more openly in the second interview than in the first. He says he sometimes pretends to drink to fit in or makes himself sick if he has been drinking. Or he pours drink down the toilet (5).</p> <p>In the third interview, now in a house (he has moved out of Halls). Initially talked about the people in the flat as being like a family - by the third interview the 8 had divided up – 4 of the boys together and very close (? all black – I didn't ask this question). While alcohol seems to be the initial lubricant it does not bind people in that sense - other interests have to keep a group together (6).</p> <p>Talked about drinking spirits such as brandy rather than beer and that this is common with sports students (7). Also? A cultural difference as this was confirmed by three other black, male participants, not all sports students. (8)</p>	<p>(1) Based on my experience of one to one work as a school nurse, not a formal, psychometric mental health assessment.</p> <p>(2) Relates to theory of identity/ aspects of personality. (TF)</p> <p>(3) Link to the physiological/psychological effect of alcohol on the body/brain. RO.4</p> <p>(4) Dean did not expand on this – he did not want to talk about it specifically other than he got into fights. It was not appropriate to push this at this time. Ethical implications. RO.4.</p> <p>(5) Aspects of socialisation – 'a sense of belonging'. TF, RO.1</p> <p>(6) Family; cultural aspects of forming kinship bonds – a group with similar values, beliefs and interests. (TF) RO.3– transitions/change</p> <p>(7) Sense of solidarity with other sports students – cultural aspects of common behaviours. (TF)</p> <p>(8) – Think about types of drinks - culturally developed? (TF) RO.2 –different groups.</p>

Table 4.5 Memo 2: a walk around the Halls of residence (Halls) in the town and discussion with accommodation staff.

Oct 2012	Notes/mapping TF and RO's (see Figure 4.1)
<p>A walk around the local area, visiting the accommodation sites which are spread around the town (1). The halls vary in the degree of 'tidiness' with, at some halls, there are abandoned shopping trolleys, general rubbish and poorly kept grass areas. In particular, students in the focus groups had identified a 'party hall' and this was a particularly 'stark', concrete block which seemed rather bleak as student accommodation (2). I took photographs of bottles in the windows of the student flats (3). I discussed these pictures later with the individual participants. There are cultural aspects of this relating to rituals and customs and also about competition.</p> <p>There is, however, newer accommodation which looks much smarter and welcoming, but it is more expensive for students. (Later in the Study, one participant said that they moved out of the 'party hall' because she found it very difficult to get on with her studies due to alcohol and noise).</p> <p>Interviewed the accommodation staff. Discussion centred on the perceptions of drinking behaviour by staff in the Halls and also any issues relating to alcohol that had been problematic. Staff said that their view was that there was a 'drinking culture' (4) at the Case University that would be difficult to change and that, on occasions, drinking had led to complaints from the local neighbourhood (5).</p> <p>They also suggested that there had been a recent suicide attempt in one of the Halls which they felt had been related to a drink problem (6). They did say however, that they understood that the individual had come to university with an alcohol issue rather than developing it at the Case University.</p> <p>The staff also mentioned that parents are often complicit in condoning drinking by buying the alcohol for the students when they moved into the Halls (7).</p>	<p>(1) Halls were mentioned in the first focus groups and how different they were from each other. Social spaces/areas for socialisation (TF, RO.2)</p> <p>(2) The 'Party hall' in particular has the reputation for the heaviest drinking. Living in this accommodation seems to require a particular set of behaviours centred on drinking. (TF – RO.1,2)</p> <p>(3) Bottles in the windows – demonstrating features of competition and ritual. Cultural aspects (TF - RO.1)</p> <p>(4) Reference to drinking having a cultural dimension. (TF).</p> <p>(5) Follow up with student liaison officer.</p> <p>(6) Reference to drinking being 'problematic' (public health themes) RO.4</p> <p>(7) Acceptance/normalisation/condoning of alcohol at university. (TF) RO.1, 4</p>

4.6.2 Data collection: The Focus Groups

The term focus group is often used in the literature to describe any form of group interview or discussion. A focus group is generally a small group of people (between six and 12 in total) and there is a facilitator who guides the discussion as well as a note taker (Crabtree and Miller, 1999). The note taker is useful to gain insight into the dynamics of the group as well as recording thoughts that are not evident in a recording. For the purposes of this Study, the focus groups consisted of volunteers that met the sampling criteria (Green and Thorogood, 2009). The focus group design was intended to seek a wide variety of views and ideas using open ended questioning of a range of people within the Case University setting. This included, in the first instance, freshers starting their courses in September 2012. In addition, over the course of the Study, three focus groups of lecturers were conducted (See Tables 4.6 and 4.7).

Table 4.6. The student and pilot focus groups

	Pilot focus group	Focus group 1	Focus group 2	Focus group 3	Focus group (nurses) 4	Focus group (rugby students) 5	General themes across the focus groups mapped to TF and RO.
Date conducted →	(Aug 2012)	(Oct, 2012)	(Oct, 2012)	(Nov, 2012)	(Dec, 2012)	(Jan 2013)	
Names have been changed →	Lorna. Natalie. Vicky. Joan. Helen. Jemma. Usma.	*Sandi *Viv *Mark *Sasha *Joe *Rik	*Tom *Jack *Dean *Gauri *Lynne	*Sam *Kay *Gina *Roi Joanne	*Katrina *Lara *Maggi Ken Dave *Janet *Jenny	James. Ben. Bob. Jon. Nathan. Raffi. Fred.	1) There is an expectation that students drink alcohol. TF – social norms. RO.1, 2 2) The term ‘drinking culture’ was commonly articulated. TF –definintions of culture. 3) Pre-drinking is common. TF –rituals and customs.
Specific key themes from the individual focus groups →	There is an expectation that students drink at university. There is some pressure to drink. Usma talked about the Asian stereotype of ‘non- drinking’, saying that many Muslim students, particularly boys do drink.	Drinking culture implicit and explicitly advertised at the Case University. TF – pressure to drink. RO.4 - Public health issues	There are gender differences about how males and females drink and also what they drink. RO.2 how individuals and groups drink. RO.2 – differences in groups.	There is pressure to drink at the Case University. RO.1. TF- sense of belonging	‘Anger’ that there is no student bar at the satellite campus. RO.4 Socialising is different for the nurses. RO. 2 (group differences)	Views about individuals that are percieved not to drink maybe questioned. TF – pressure to drink – socialisation. Initiations are common in sports societies. Girls may be protected more than boys before they come to university RO.2	*these participants of the focus groups volunteered for the individual interviews.

Table 4.7: Staff focus groups. All names have been changed.

Lecturer focus group 1	Lecturer focus group 2	Lecturer focus group 3	General themes identified across the three focus groups.	Links to Theoretical Framework (TF) and Research Objectives (RO) (see Figure 4.1)
Jamilla (SH) ⁸⁹ psychology Ruth (SH) sociology Angela (DMM) nursing Mia (DMM) social work Dan (SH) police studies	Philip (SH) social work Scott (SH) criminology Maria (SH) psychology Dawn (SH) social work Brian (SH) nursing	Dan (DMM) ⁹⁰ marketing Mary (DMM) Dance David (DMM) sports management Sophia (DMM) Business Shabina (DMM) Design.	(1) General concerns about the amount of drinking that occurs at the Case University. (2) The problems of non-attendance at lectures (particularly Thursdays). (3) The use of alcohol for creativity in design courses. (4) Acceptance that students drink by some lecturers. (5) Concern about initiations. (6) Concerns about the safety of students when they have been drinking. 7) Some concern about the risks to female students in particular.	(1) Public health concern RO.4/TF (2) Links to the 'custom' of drinking heavily on a Wednesday. TF RO.1,2 (3) impact of alcohol lowering inhibitions/relaxation – RO.1,4 – Public health issues.TF – socialisation (4) Social Norms/normalisation (TF). (5) Customs and rituals RO1. TF (6) Collective social (PH) responsibility RO.4 7) Ethical responsibilities RO. 4

In the first instance, a pilot focus group was conducted to establish the viability of the questions. Some valuable information emerged from the pilot focus group and therefore, this is included in the analysis. Participants from a range of courses were then recruited and focus groups were conducted at the start of the semester in 2012⁹¹. Individual participants were recruited from the focus groups as well as other volunteers who came forward following presentations to a range of students on different courses

⁸⁹ SH = Faculty of Society and Health.

⁹⁰ DMM = Faculty of Design, Media and Management.

⁹¹ See section 4.5 – The design: sampling, recruitment and participant overview.

in Sept 2012 (see table 4.8). Individual interviews were then conducted, recorded and transcribed.

The other type of focus group used in the study were 'natural groups', made up of people who already knew each other. For example, a group of sports (rugby) students were interviewed (see Table 4.6). They were selected purposefully because information arising from other sources revealed that sports societies and sports students were considered to be the heaviest drinkers. I was interested in their opinion about the transience of drinking alcohol as the basis of socialising as well as the impact of belonging to a 'society' or other type of sports group. Natural groups such as this provide a researcher with the potential to access a particular group culture (Silverman, 2013). In this respect then, a natural group interview can take advantage of the individuals knowing each other well; the discussion can be more fluid and Cresswell (2007) describes this as maximising the interaction between the participants and the researcher.

4.6.3 Data collection: the individual interviews.

Following the focus group interviews, 20 individual participants were recruited to the main Study (See table 4.6 and 4.8). Ten further volunteers were recruited following talks to various courses at the beginning of the 2012 semester⁹².

⁹² See section 4.5.

Table 4.8 The individual student participants (all names have been changed)

Name (pseudonym)	Part. number	Age	Gender	Ethnicity	Course	Living in or out -1 st year	Drink Y/N	No. interviews	No. of refs made in the Study
Chloe	1	24	F	White	Social work	Home	Y	3	3
Beth	2	18	F	White	Psychology	Halls	Y	3	21
Cara	3	20	F	White	Psychology/sociology	Home	N	3	15
Joy (Pilot)	4	24	F	White	Psychology	Home	Y	1	Pilot only
Dean	5	18	M	Black British	Sports management	Halls	Y	3	21
Ella	6	21	F	White	Social work	Halls	Y	3	13
Lynne	7	40	F	White	Social Work	Home	Y	2	23
Gina	8	18	F	White	Criminology	Halls	Y	3	13
Gauri	9	19	F	Asian	Business and Marketing management	Halls	Y	2	4
Jem	10	18	F	White	Advertising and creative marketing	Halls	Y	3	12
Joe	11	22	M	Mixed white and black Caribbean	American Football	Halls	Y	3	24
Kay	12	22	F	White	Psychology	Halls	Y	4	21
Elisa	13	35	F	White	Social work	Home	Y	3	13
Mark	14	24	M	White	Events Management	Halls	Y	2	4
Talia	15	23	F	White	Social work	Halls	Y	2*	5
Roi	16	24	M	Asian	Practice Development	Home	N	3	11
Rik	17	22	M	White	Practice Development	Home	Y	4	18
Sandi	18	18	F	White	Police studies	Halls	Y	3*	4
Sam	19	18	M	Black British	Marketing and Business	Halls	Y	3	24
Sasha	20	20	F	Mixed Race	Spatial Design	Halls	Y	3	16
Sim	21	39	F	Black	Social work	Home	N	3	15
Viv	22	18	F	White	Police studies	Halls	Y	3	2
Jane	23	44	F	White	Social work	Home	Y	2	9
Jala	24	18	F	Asian	Nursing	Halls	Y	2	4
Katrina	25	28	F	White	Nursing	Home	Y	3	11
Lara	26	18	F	White (Irish)	Nursing	Flat/	Y	3	14
Maggi	27	18	F	White (Irish)	Nursing	Flat/	Y	3	10
Lorna	28	21	F	White	Social work	Home	Y	3	5
Janet	29	41	F	Mixed Latin American	Nursing	Home	Y	2	8
Tom	30	18	M	Black	Sports management	Halls	Y	2	2
Jack	31	18	M	Black	Sports management	Halls	Y	2	3

As well as the individual interviews with students over the three years of the Study, other individual interviews with the student liaison officer, the local police, the SU bar manager and two student SU representatives were also conducted (see Table 4.9)⁹³.

Table 4.9 Other individual interviews

Interview	Data collection	Findings	Mapping to TF and RO (see Figure 4.1)
Student Liaison Officer (Mar 2013).	Individual interview. E mails forwarded from local neighbourhood representatives and lecturers at the Case University.	Concerns from lecturers about student safety with regard to drinking behaviour reported to the student liaison officer. Also, some concerns from dance students about the pressure to be involved in initiations (e-mail). There are occasional complaints from the local neighbourhood which are related to noise levels – mainly students walking home – often drink related.	The collective social responsibility of the Case University for the safety of vulnerable students. TF. RO.4 Philosophies of Individualism/ collectivism Paternalism/ 'protectionism'. RO.1,4 The 'unacceptable' pressure to conform to group norms (customs and rituals). TF, RO 2,3 The 'outward' facing philosophy of the Case University to engage with the local community. RO.4 TF.
Local community police officer (Jan 2013)	Individual interview	There is little violence in the town but there are concerns about the initiations that start in a local park. Occasional incidents in the town where initiations get out of control – (related to alcohol). Occasionally students are hospitalised when they have had too much to drink. The Snow Society had two students hospitalised in 2012. Overall there are few associated criminal incidents.	Initiations: Customs and rituals TF Outward facing university philosophy. RO.4 Physiological harm through the effects of alcohol. RO.1.
Interview with the SU bar manager (Sept 2015).	Individual interview	Discussed the safety mechanisms in place e.g. 'the wall' where students are taken to 'recover'. The night bus to take students home. The Shhh campaign to encourage students to respect the local community. There is free water but students have to ask for it.	Underlying acceptance that students will drink heavily in the bar areas. TF. RO.1, 4 There is an underlying acceptance/ normalisation of drinking behaviour. TF. RO.2 The initiations are also tolerated in the bar area – students have to sign a form and the argument is that at least it is 'contained' in a safer area. But participants did describe some extreme drinking behaviour in the Bar. TF. RO.1
Two student SU representatives (one male, one female)	Individual interview	Both students SU representatives felt that there was a drinking culture at the Case University: that it was a normal part of having fun and the SU was about the drinking. Also felt that this changes during the transition through university.	Culture of drinking (TF). Perceptions of normalisation of drinking behaviour. 'Change of behaviour'

⁹³ Also see chapter 8 table 8.1.

4.6.4 Interview Skills

The individual interviews were semi-structured, the value of which is that whilst the same set of predetermined questions is used for all participants, it provides for flexibility in the questioning (Berg, 2001) (see Appendix 3). Silverman (2011) suggests that the semi-structured interview allows for a probing technique that helps to build a rapport while giving space to improvise. The predetermined set of questions acts as a guide for the researcher but it is possible to digress beyond these questions, depending on the responses from the interviewee: each individual and their own particular story were important to the research (Berg, 2001). This semi-structured approach fitted well with the design of the Study, helping to build good relationships with the participants and to identify further questions not previously considered. In later individual interviews, the relationship with the participants as well as a growing confidence in my interview technique meant that the prompt questions were no longer needed. The interviews became less formal and much more conversational as time progressed.

Ritchie and Lewis (2011) discuss the qualities required of a qualitative interviewer and suggest that key requirements are: good listening skills (when to be quiet and when to probe further); a good memory, a logical approach and an enquiring mind. Ritchie and Lewis (2011) also suggest that a sense of 'tranquillity' or 'inner stillness' helps to create a positive atmosphere in which the interviewee feels comfortable to disclose information. They discuss the interviewer being either 'active' or 'passive' in the interview. Understanding when to be passive in the relationship and when to be active, like listening skills, is crucial (Crabtree and Millar, 1999).

Alongside these qualities, and given the focus of the Study, I would include the importance of demonstrating empathy and a genuine interest in the participant, not just the topic. This helps in knowing when to change the tone of the interview, when to focus the participant on an issue that you want to explore further, and when and how to follow up on a sensitive topic such as depression or harmful drinking behaviour (Berg, 2001). As part of this, I felt it was important to always try and see the world through the eyes of the interviewee, particularly in view of the age difference when talking to 18-24 year olds with and my lack of similar university drinking experiences⁹⁴.

A researcher must also remain professional and objective⁹⁵, irrespective of any personal feelings about a particular individual as inevitably an interviewer relates better to some participants than others. I also found a sense of humour was important in finding common ground, helping to relax participants and relieving any tensions that may arise.

Silverman (2011) discusses the nature of the semi-structured interview as being conversational but the researcher maintains control in order to be able to probe more deeply into relevant parts of the exchange. This became more important as the Study progressed and key themes emerged from the data. I was able to re-visit specific topics at subsequent interviews, for example to clarify issues, which demonstrated the value of the longitudinal design. An example of this was that in the early interviews, participants began to talk about initiation ceremonies in various societies across the Case University. I knew very little about these activities at the start of the Study but

⁹⁴ See section 4.3

⁹⁵ See ethical issues in section 4.7.

the semi-structured nature of the questioning enabled me to explore this further with each participant and also at subsequent interviews, as well as within the academic literature.

A researcher needs to be aware that participants may be revealing information in order to shock the listener and this must be taken into account (Berg, 2001). I was conscious of this on a number of occasions when participants shared information which I did find shocking, uncomfortable or worrying. For example, as mentioned above, I was told about initiations into the sports societies, which occur during Fresher's Fortnight, and also on The Tour, an annual week-long tour to Spain for the sports societies. The initiations during Freshers involve heavy drinking in pubs and bars around town, finishing in the SU bar on the campus. Buckets are provided in the bar, where plastic sheeting is also installed to further protect the bar area; reflecting a clear expectation that people will be sick. I did find this particularly shocking, which may be due a certain naivety about drinking at university, being an older woman who went to university later in life. A good example of 'snowballing' information (Silverman, 2013) is evident here as interviews with the SU student representatives, bar staff, the head of student experience and also the local police followed, all of which confirmed in some way the described behaviour⁹⁶.

Talking to these people and reading the literature led me to understand that the drinking behaviour at the Case University is not particularly different to other institutions, and that initiations can be very extreme, causing hospitalisation and in some cases death (ref). Whilst this was not reassuring in itself, it helped to lessen the shock of the initial disclosures and enabled me to return to an objective position.

⁹⁶ See Tables 4.9 and 8.1

Another emergent concern for me was the responsibility of the Case University in terms of it being seen to encourage or condone this risky behaviour and this also links to my background in public health and health promotion. This also linked to the fourth research objective:

‘To explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University’.

4.6.5 Building trust

The value of interviewing the same students over time is that it creates the opportunity to build trust, helping those initially wary of disclosing information to feel more confident in being open and honest about their drinking behaviour. All the participants in the Study came back at least twice during their course and the interviews each varied in length from between 30 and 90 minutes. In most cases, students became increasingly willing to share information. For example, one participant, Cara, disclosed issues around depression in her second interview, indicating that she felt safe in revealing personal information to me and having it recorded. Another example is Dean who, in the first interview, seemed wary of divulging too much about being drunk and claimed that he “*did not drink very much*”. In his second interview, he was much more comfortable about talking about his behaviour and was very open about his drinking which was more frequent than he had initially disclosed (see Table 4.4).

Building trust is an important aspect of research (Silverman, 2014) but it can raise some ethical issues and these are discussed in the next section.

4.7 Ethical considerations

This section considers important aspects of ethical research in relation to the Study. The Economic and Social Research Council [ESRC] (2016b) provides an ethical framework that guides social research. The framework has 6 key principles:

1. Research should aim to maximise benefit for individuals and society and minimise risk and harm.
2. The rights and dignity of individuals and groups should be respected.
3. Wherever possible, participation should be voluntary and appropriately informed.
4. Research should be conducted with integrity and transparency.
5. Lines of responsibility and accountability should be clearly defined.
6. Independence of research should be maintained and where conflicts of interest cannot be avoided they should be made explicit.

Ethical approval from the Research Case University Ethics Committee was sought and obtained for the Study prior to its start (see Appendix 6). All participants were over 18 and although there were some younger students at the Case University they were excluded from the Study. An important aspect of ethical responsibility was the potential power differential (Ritchie and Lewis, 2011) between a student and myself as a lecturer working at the Case University: for that reason, volunteers were predominantly selected from courses in which I was not involved. There was one exception to this of a participant who was purposefully recruited to talk about one of the societies which had a particular reputation for extreme initiation involving alcohol (The Snow Society [Snow Soc]).

For contributors to research who agree to participate, there is a process that should provide them with information in order that they can give informed, consent, with the understanding that the information will be used as part of a specific project (Wiles, 2013). Information was given to all the participants (see Appendix 4) and consent obtained (see Appendix 5).

The role of a researcher is to take an objective stance when talking to participants, but issues that relate to the safety of individuals and the moral responsibility or duty to 'act' needs to be acknowledged (Wiles, 2013; Gray, 2014). Ethical frameworks provide a means of considering ethical dilemma's against a criteria that consider what is *fair*, *'right'* or *'wrong'* (Wiles, 2013). Nurses are guided by a professional code of practice (NMC, 2015) which is based on a deontological approach to ethical practice. Ethical theory may be divided into two broad approaches: deontological theory and teleological theory (Wiles, 2013). Deontological theory is aligned to the idea of duty, rules and obligations that are inherent in professional codes of practice/conduct and are familiar to health professionals (Beauchamp and Childress, 2001; The Code, 2015). The principles of biomedical ethics are to: respect autonomy; do no harm (non-maleficence); do good (beneficence) and consider justice for all (Beauchamp and Childress, 2001).

Teleological theories describe the purpose or consequences of moral acts such as in consequentialist theory which suggests that in any situation the morally right thing to do is the action that promotes the greatest happiness for the greatest number of people - *'the end justifies the means'* (Wiles, 2013). Researchers in the social sciences

should consider the consequences of their actions in terms of the outcomes of including information for which they may not have consent (Wiles, 2013).

Consequentialist approaches in qualitative research argue that ethical decisions should be based on whether there is an overall 'good outcome', either for individuals or for society as a whole (Wiles, 2013). For example, disclosures by participants that may reveal that they are at risk or have broken the law require consideration by a researcher. A researcher cannot predict all potential difficulties that may arise from their questioning of participant but good preparation helps to consider possibilities and actions (ESRC, 2016b).

Good preparation involved considering the impact of any questioning; including any considerations of potential harm that may occur. The ethical responsibility to safeguard participants was a top priority throughout the Study, particularly in view of the potentially sensitive nature of the topic under exploration. My experience as a public health nurse working with school age children provided valuable expertise in this area. However, having previously worked with teenagers in a health counselling or advice-giving role, I faced a particular challenge of ensuring that I maintained an appropriate distance as a researcher and not slip into a therapeutic relationship during the interviews. A therapeutic relationship is commonly considered to be one that develops between a client and a healthcare professional or a therapist and is the means by which they engage with each other to effect a beneficial change of some description for the client or patient (a 'helping' relationship) (NMC, 2010). The intention of the Study is not to effect a change in the participants, but to be an objective listener, and to do 'no harm' (Beauchamp and Childress, 2001). I had the option to signpost

participants to appropriate services if necessary, for example, to the counselling services at the Case University and I had ensured that I was aware of these services from the start. A trusting relationship rather than a therapeutic one was forged, in part because of the number of interviews that were conducted and I believe this promoted honesty from the participants. Although the participants did not disclose any information that posed an ethical dilemma for me, I was fully aware of what my responsibility was. As a researcher, you do, of course, have the option to 'drop' the interview if necessary, for example if a participant is becoming very upset (Silverman, 2014). This is considered good practice in social research as well as it being a moral responsibility (Wiles, 2013).

The other potential disclosure was centred on any criminal activity such as sexual assault, rape or physical violence that could have been revealed. Breaching the confidentiality of a participant must be considered in legal terms as well as from an ethical standpoint. The Home Office guidance states that: "the courts have generally recognised that a public authority may ignore the duty of confidence it owes with regard to a particular information item":

- Where there is legal requirement (either under statute or a court order) to disclose the information (for instance, notification of certain diseases to public health authorities);
- Where there is an overriding duty to the public (for instance, the information concerns the commission of a criminal offence or relates to life-threatening circumstances); or
- Where the individual to whom the information relates has consented to the disclosure.' (Source: Research Ethics Guidebook, 2016 p76).

Two particular aspects of ethical research practice have been discussed in this section, that of informed consent and confidentiality. Participants need to understand the purpose of the research, how information is used and if confidentiality is breached, transparency of any action needs to be clearly articulated (Wiles, 2013; Silverman, 2014). This was important to understand from the outset of the Study and was helped by my professional accountability and my experience of research with young people in schools.

Once data is collected within an ethical framework, it should be stored appropriately (Wiles, 2013; ESRC, 2016a). Hard copies of participant consent forms were stored in a locked filing cabinet, participants were initially given a number to cross reference their information and later they were given a pseudonym. Other, electronic data were stored on a password protected computer. As data was collected, analysis occurred concurrently using QSR Nvivo software and this is discussed in the next section.

4.8 Data analysis: "The dance of interpretation" (Crabtree & Miller, 1999)

The use of thematic analysis from the start of the Study enabled the development of a targeted approach. Given the large and potentially unmanageable amount of information collected over the three years, it was important to become more focused on specific aspects of the data. Rather than allowing the themes to just 'emerge' from the data, it was necessary to identify specifics that could be explored from the theoretical framework (see Figure 4.1). QSR NVivo was used to collect and organise the data as well as code themes and this is useful software when there is a large amount of data. There is a risk that when focussing on particular issues within the

data, other, crucial interesting information is missed, there might, for example, be new theory emerging from the data (Bernard and Ryan, 2010; Silverman, 2011; Ritchie and Lewis, 2011). However, using the QSR NVivo software meant that all data were stored and available if needed to explore other perspectives in the future. Throughout the pursuit of specific aspects of the data, care was taken to ensure an ongoing focus on the research aim and objectives as well as the theoretical framework (see Figure 4.1).

While there may be a legitimate claim that multiple data sets enable researchers to explore more fully a phenomenon, there can be criticism that this creates so much data that it becomes unmanageable. Silverman (2013) explains that the danger in using a number of different research methods is that it may be very difficult to analyse them all equally effectively. What is important is that there is enough time and commitment to the project that allows relevant analysis of the data sets. This can be particularly difficult and needs to be recognised as a potential limitation in the Study. To offset this limitation, it is acknowledged that there are data that could be revisited at a later date and re-analysed either to consider the same theme from a new perspective or a different theme from a different perspective. For example, there were some interesting observations made by the participants about gender differences that did not support other studies of drinking behaviour in females or indeed the behaviour of males. Some of this is discussed in the Study but there is scope to develop this further using a different methodology. Some of the accounts could have been explored more fully from an in-depth linguistic approach rather than a broader thematic analysis. This would involve more detailed analysis of the words, phrases, nuances, pauses and language used to develop an even deeper understanding of each individual participant. Some of the biographies of the participants are explored in

Chapter 7 to illustrate some pertinent issues. However, for the purposes of the Study, the analysis of broader patterns across the whole data corpus were more appropriate to the research aim. Good research should acknowledge that ongoing research is possible and desirable (Ritchie and Lewis, 2003; Silverman, 2013).

A systematic thematic analysis was used to interrogate the data in the Study and many writers have explored this method. Braun and Clarke (2013) discuss thematic analysis as a useful, flexible method for qualitative data analysis across a range of methodologies but it must be focused and systematic. Importantly, the analysis needs to fulfil the aim of the study which is to ensure that there is a multi-discipline approach to exploring the findings which includes both sociological and psychological aspects as well as the public health thread (Ravitch and Riggan, 2017). Discussion on thematic analysis centres on deconstructing the data into smaller units in order to make sense of what is being said and interpreting that information using a pre-conceived conceptual framework, or allowing a more fluid grounded approach, or a hybrid of the two (Braun and Clarke, 2013; Ritchie and Lewis, 2011).

Case study research can be analysed in a number of different ways depending on the underlying type of case, whether it is intrinsic or instrumental for example (Stake, 1995). The positivist approach of Yin (2009) suggests testing propositions within the data while Stake (1995) suggests a naturalist approach more associated with inductive research. There are both inductive and deductive approaches in the Study analysis and Braun and Clarke's (2006) model of thematic analysis was used to guide the process rather than a more specific case study strategy. This systematic process was deemed to be the best fit for this instrumental case Study as it maps well to using computer software and deals with large amounts of data appropriately. Hammersley

(2006) suggests that technology can be used very effectively in gathering large amounts of data, which supports a researcher in understanding phenomena. How the Braun and Clarke model was used is outlined in Table 4.10 with more detail about each of the phases provided in the subsequent narrative.

Table 4.10 Braun and Clarke's (2006) thematic analysis model.

Phase	Process	Method
Phase 1: Familiarisation with the data	Playing with the data – developing thick descriptions and drawing meaning across the data sets. Initial thoughts about the data. Highlighting particulars. This familiarisation continued through the length of the study.	Ongoing listening to audio interviews. Transcribing interviews. Writing field notes and memo's in QSR NVivo Discussion with research team.
Phase 2: Generating initial coding	Systematic categorising and coding words and phrases within each data set.	Creating folders for each of the data sets. Using QSR NVivo to create nodes. Starting with year 1 data.
Phase 3: Searching for themes	Building a coding framework to collect similar ideas together within each Year: 1, 2 and 3. Searching for patterns.	Creating parent nodes with their child nodes in QSR NVivo for each year of data collection. Creating word clouds looking for frequency of expressions. Consideration of focus group interviews and other data.
Phase 4: Reviewing the themes	Refining the coding framework into manageable data across the three years. Looking for commonalities and differences.	Listening and reading each individual participant's accounts across their three years. Drawing comparisons between participants. Adding information from other sources such as focus groups and grey data.
Phase 5: Defining and naming the themes	Creating and naming key themes and sub-themes across the three years.	Creating models (thematic maps) to illustrate findings within QSR NVivo.
Phase 6: Producing the report	Exploring key themes in relation to the underpinning research question and the theoretical framework.	Creation of chapters. Discussion and findings in relation to public health practice and alcohol policy.

4.8.1 Phase 1. Familiarisation with the data

It was important to familiarise myself with the data from the start of the Study and keep careful records of thoughts and impressions throughout using memos and with discussion with the research assistant as she was transcribing the interviews. These have been evidenced in the memos and tables throughout this chapter. Developing an understanding and a relationship with each of the participants was helpful in creating a picture of their personalities and individual characteristics. It is not just about the data itself during this process but how these relationships evolve over three years. It can be difficult during this time to remain 'distanced' from the participants to maintain objectivity, while at the same time, enabling them to trust you with information. I found this hard at first but as the Study progressed and I began to know the participants better, I became more confident and the process became easier.

Cresswell (2007) describes these first stages of analysis as drawing meaning from multiple instances of data which can also be described as noticing patterns in the data corpus and in the data sets. This noticing needs to be done with care though as it can be easy to follow one theme or strand and become side-tracked away from other information within the data (Ritchie and Lewis, 2013). I found that it was important to keep re-visiting the recordings of the participants and the focus groups as well as reading the transcripts to keep focused in the data. QSR NVivo was particularly helpful with this as it allows you to create clips of recordings and store them within the nodes.

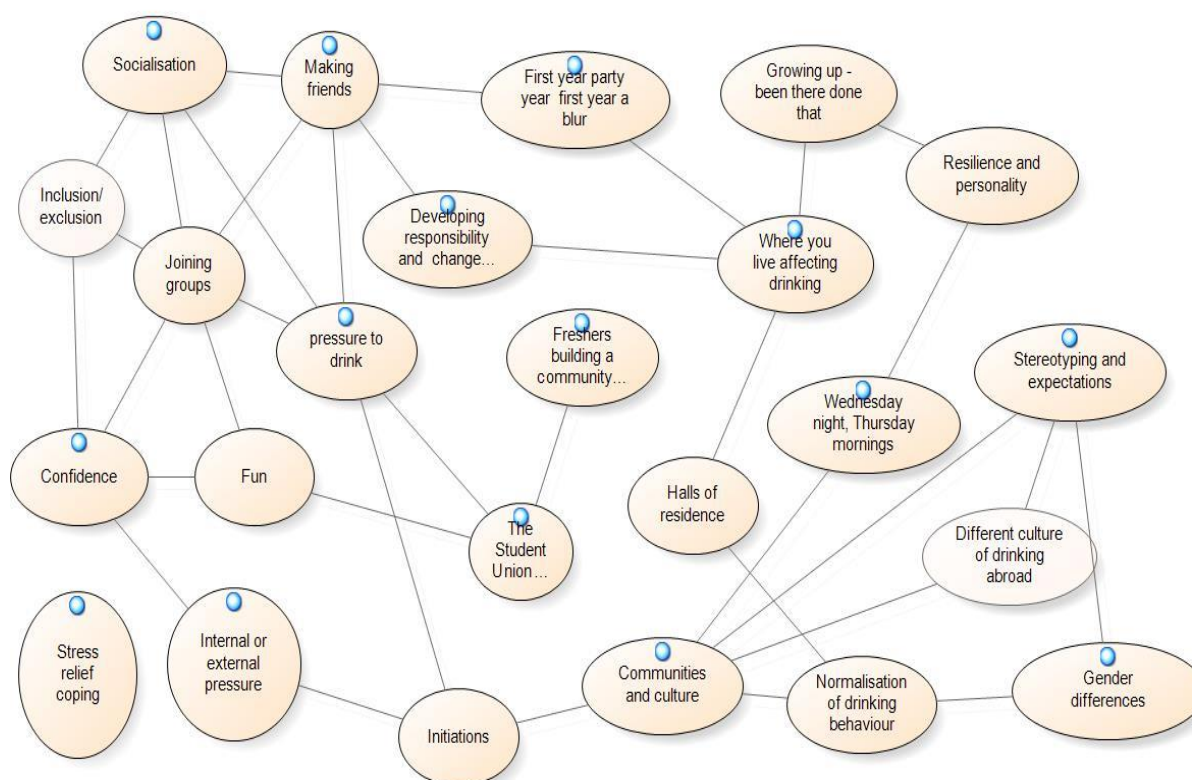
Yin (2014) talks about 'playing with the data'; using a variety of different ways to think about the data including using memos, flowcharts, models or other graphics to help visualise important themes or categories. This was really useful, and these techniques can be created within QSR NVivo software as well as drawn from field notes and

reflective diaries. Silverman (2004) also explains this data scoping as using broad 'strokes of description' and suggests that this may be the foundation upon which qualitative research is built. This is only achievable by being familiar with the data, it is necessary to begin a process of understanding the individual sub units of analysis⁹⁷ and with longitudinal studies this is vital so that you don't lose sight of information as more data is collected.

QSR NVivo can assist with this way of organising data and it can also serve to identify recurrent themes, phrases or words through the use of models, word clouds or word trees. The recurring/overarching themes of the collected data were used to create a thematic map which was an organic process; evolving over the three years (see Figure 4.4).

⁹⁷ See Figure 4.2.

Figure 4.4. Familiarisation: general themes map



Continuous familiarisation with the data throughout the three years allowed for a snowballing technique throughout the Study: information gathered from participants helped to identify other sources of enquiry. For example, we interviewed the head of student services, the local police, the staff working in the SU bar and the two student SU representatives⁹⁸. Working within the organisation was also helpful: the topic of alcohol is regularly visited in casual conversations at the Case University; in the queue for coffee, in the offices, the classrooms, and the library or in the corridors. It is also addressed on the walls with posters and in student literature such as student newspapers; these were collected and the informal conversations noted over the three years of data collection. I began to pick up conversations in many different places and

⁹⁸ See Table 4.9 and Table 8.1

'tuning' in to whenever alcohol was mentioned both in the media and at the Case University. The ethical issues associated with casual conversations are considered within the ethical frameworks of research and also data protection guidance. The Data Protection Act (DPA) 1998 is designed to protect individuals against misuse or abuse of information about them (The Stationary Office [TSO], 1998). However, the DPA does not apply to anonymised personal data, which do not identify the individual (Economic and Social Research Council [ESRC] (2016).

4.8.2 Phase 2. Generating initial coding

QSR NVivo software enabled me to organise the data and identify recurrent themes to generate the initial codes (nodes) and these were numerous at the start. Specific, individual words, phrases or sayings are used to create these nodes which may only contain one example of a particular piece of information which is relevant to the research question/aim. Collectively, these small pieces of information can be grouped together under one main heading. Braun and Clarke (2006) argue that the size of these pieces of information is not necessarily important at this stage of the analysis. However, because the data was quickly becoming unmanageable, I realised I needed to create some core headings relating to the expected (deductive) themes outlined in the research aims in order to collect information in an organised way. This then generated the more inductive reasoning that occurs with this type of analysis. For example, the Snow Society (Snow Soc) is mentioned in only one example in the customs and rituals section of this first-year coding, but this became an important aspect to further explore in terms of initiations at subsequent interviews. This was a good example of inductive information leading to further enquiry.

The example in Figure 4.5 illustrates part of the initial coding process of the first-year data using QSR NVivo. Two of the core nodes are opened in figure 4.5 to reveal the underlying words/phrases/comments that relate to the core theme; being socialised and customs and rituals. The snapshot in Figure 4.5 shows other 'closed' nodes: behaviours, reasons for drinking or not drinking, influences, places people drink. If opened, these would reveal what lies under those headings and how many references and sources there are.

This process was repeated for each of the years of the Study. The re-occurrence of words or particular texts can also be reviewed and demonstrated visually using NVivo; Figure 4.6 shows an example of the first-year word frequency.

Figure 4.5. First year initial coding of information

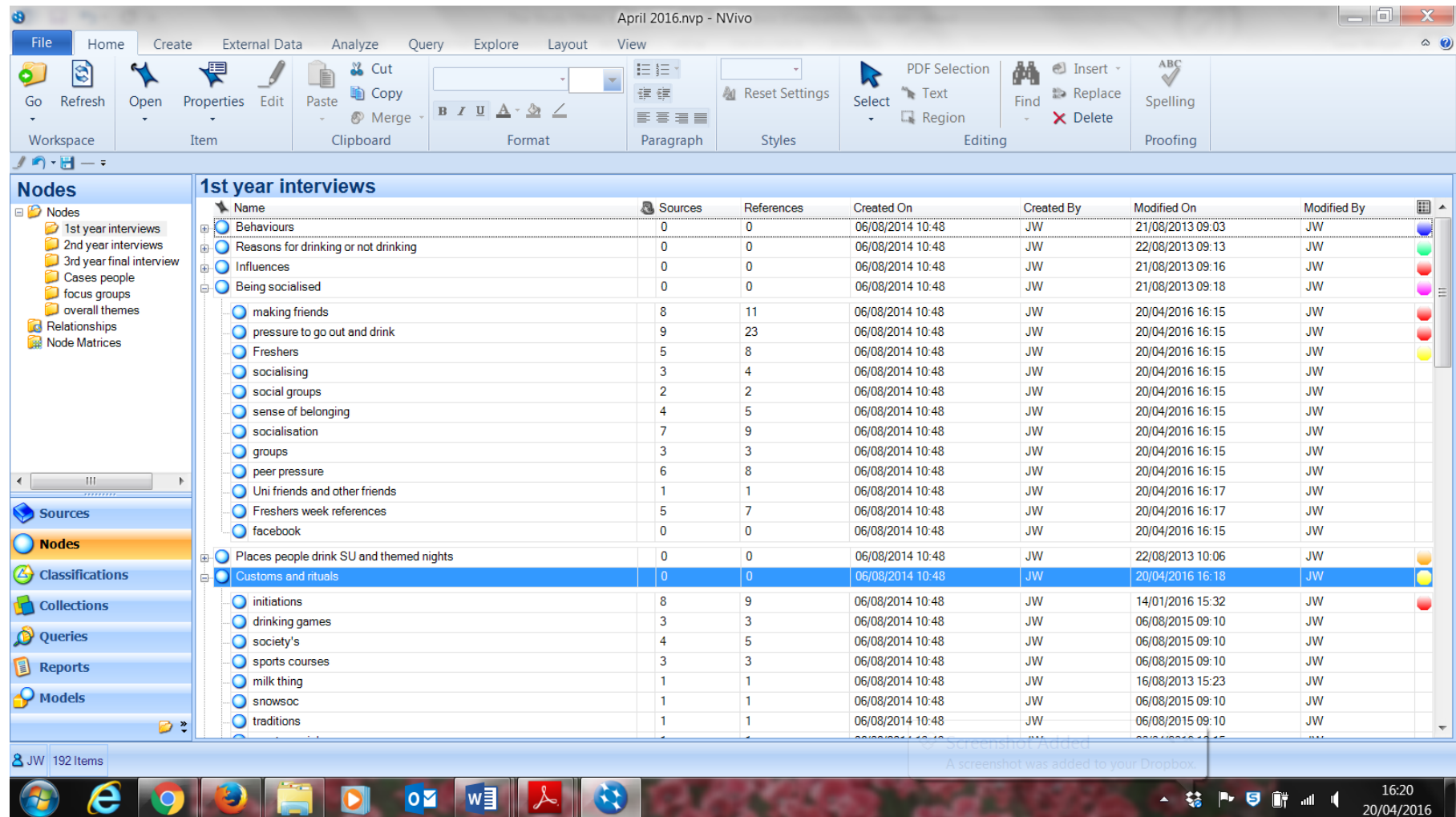


Figure 4.6. First Year word frequency cloud



4.8.3 Phase 3. Searching for themes

Once the initial codes were created for each of the three years, core topics were identified and then grouped together to create the overarching themes. A continuous process of reviewing the initial codes (nodes) and cross checking information allows the branches of the node trees to be categorised under headings that become the core themes (see Figure 4.7). However, as discussed in the previous section, with this type of case study research there is a large amount of information to manage and so I needed to be systematic with the coding, categorising and creation of themes alongside the data collection processes. It would have been very difficult to undertake this piece of research without the aid of the QSR NVivo software.

In addition to the coding process in this phase of the analysis, individual transcripts were scrutinised for patterns and key words or phrases. In the example shown in Table 4.11, words and phrases related to drinking, customs, rituals and transitions are highlighted in the text. The search for themes in this transcript relate to the theoretical framework in Figure 4.1. The lines in the transcript are numbered and the notes and discussion points are in the second column.

Figure 4.7. The overall themes structure across all three years of data collection

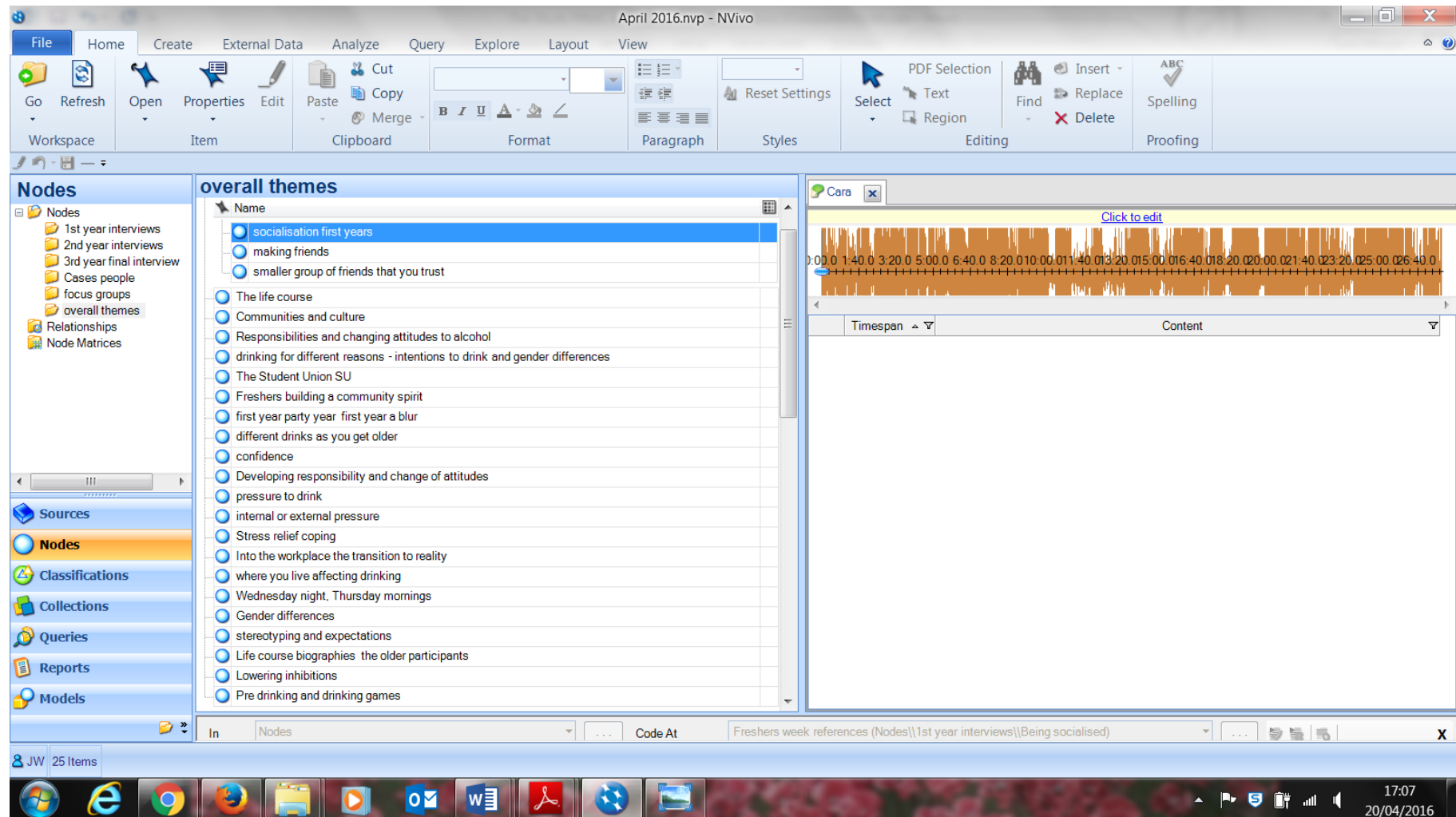


Table 4.11. Rik's first interview transcript (Oct. 2012)

Participant	Discussion/notes
<p>1 RIK: we get them drunk and I mean drunk beyond all belief we</p> <p>2 make them do these awful, awful things you know we are talking</p> <p>3 like mixing beer, wine, dog food toothpaste putting them into this</p> <p>4 massive funnels and 6 sort of make them down it</p> <p>5 R: Why?</p> <p>6 RIK: cos it is funny and we all do it so we are making them</p> <p>7 do it.</p> <p>8 R: why is it funny?</p> <p>9 RIK: It's a ridiculous tradition</p> <p>10 R: what is it 11 that makes it funny?</p> <p>11 : it is a rite of passage. .it's ahhh... we had to do this to</p> <p>12 prove our mettle we didn't wimp out we took it on the chin like</p> <p>13 soldiers and now you have to do the same thing</p> <p>14 R: right</p> <p>15 RIK: it's like, we are quite an intensive society like. If you are</p> <p>16 quite soft or mild mannered and quite quiet you probably won't</p> <p>17 enjoy being with us or sort of around us because ...we are a</p> <p>18 large collection of incredibly loud outgoing people and everybody</p> <p>19 is outrageous it's surprising how many of us are DJ's as well and</p> <p>20 we are all into very similar things obviously we all love snow</p> <p>21 sports there is a few people that join just for the drinking</p> <p>22 R: is it girls and boys?</p> <p>23 RIK: yer yer girls and boys.</p> <p>24 R: and do the girls do the initiation?</p> <p>25 RIK: oh yer (tone of voice-laughter in it)</p> <p>26 they do better than some of the boys...umm....yer there is</p> <p>27 definitely a type of girl who joins snow soc they are generally</p> <p>28 outgoing and usually quite pretty, quite attractive girls er..they</p> <p>29 have always got I call it banter I don't know what the scientific</p> <p>30 term is everyone in snow soc has banter and lots of it they</p> <p>31 could take not only a joke but they can take beyond the joke</p> <p>32 there is humour like shaving off eyebrows like one guy at the</p> <p>33 back of the mini bus... err. . the coach on the way back that we</p> <p>34 had hired for the trip was literally being sick and then he peed all</p>	<p>1 Customs and rituals – initiations</p> <p>2 Extreme drinking</p> <p>3 Dirty pints</p> <p>6 Fun, funny, ritual, tradition</p> <p>9 Tradition/customs</p> <p>11 Rites of passage, ritual tradition,</p> <p>12,13 Military tradition – initiations - proving something, pressure (Hazing)</p> <p>17– joining in, belonging 19 having fun.</p> <p>Reference to personality</p> <p>21 personality, pressure to drink</p> <p>sense of belonging</p> <p>28 Joining in, belonging/in group/out group</p> <p>29 Gender</p> <p>differences/similarities/sexist/feminist</p> <p>31 personality, exclusion of others?</p> <p>Inclusion of types of people/sexist</p>

<p>35over himself trying to pee into a bottle because he was so drunk 36and like everyone was sitting, laughing at him like but I imagine if 37that had happened with most other societies, everyone would be 38absolutely disgusted and not found that funny at all.... We 39thought it was amazing and we still won't forget that to this 40day.one of the fresher's [on a snow soc trip]... umm .. he had to 41take one of these tubs if you are accepted.... as obviously 42everyone was drinking and there was no toilet on the bus that is 43a terrible idea if you ever organise a social trip for any students 44by the way and we literally- someone literally peed into a carton- 45an empty carton of juice and he had to carry it around for the 46whole weekend as his baby because he is a fresher and that is 47his mission (laughing) they have to do what we tell them to 48do.</p>	<p>Reference to a 'type' personality/ characteristic – having a sense of humour. having fun</p> <p>Humiliation and ridicule.</p> <p>42 The Tour is discussed here</p> <p>36,42 Loss of bodily function/control – messy</p> <p>43 creating memories for the future</p> <p>47– Reference to military again here – military operations/initiations - also think about hazing literature here.</p>
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4.8.4 Phase 4. Reviewing the themes

The nodes are then reviewed to ensure that the key issues have been captured and they can be refined at this stage to begin a further narrowing process. The queries tool in QSR NVivo was used to find the frequency of words or phrases. Two examples (Figures 4.8 and 4.9) show a text frequency search for 'boring' and for 'culture' to demonstrate how this function can be useful to test how many times the word or expression is used and the context in which it appears. This was repeated with different words and phrases as the Study progressed. There are more frequently used expressions that can be demonstrated in QSR NVivo such as pre-drinking where a word tree may be too large to display (see Figure 4.10).

Figure 4.8. Word tree for the word 'boring'

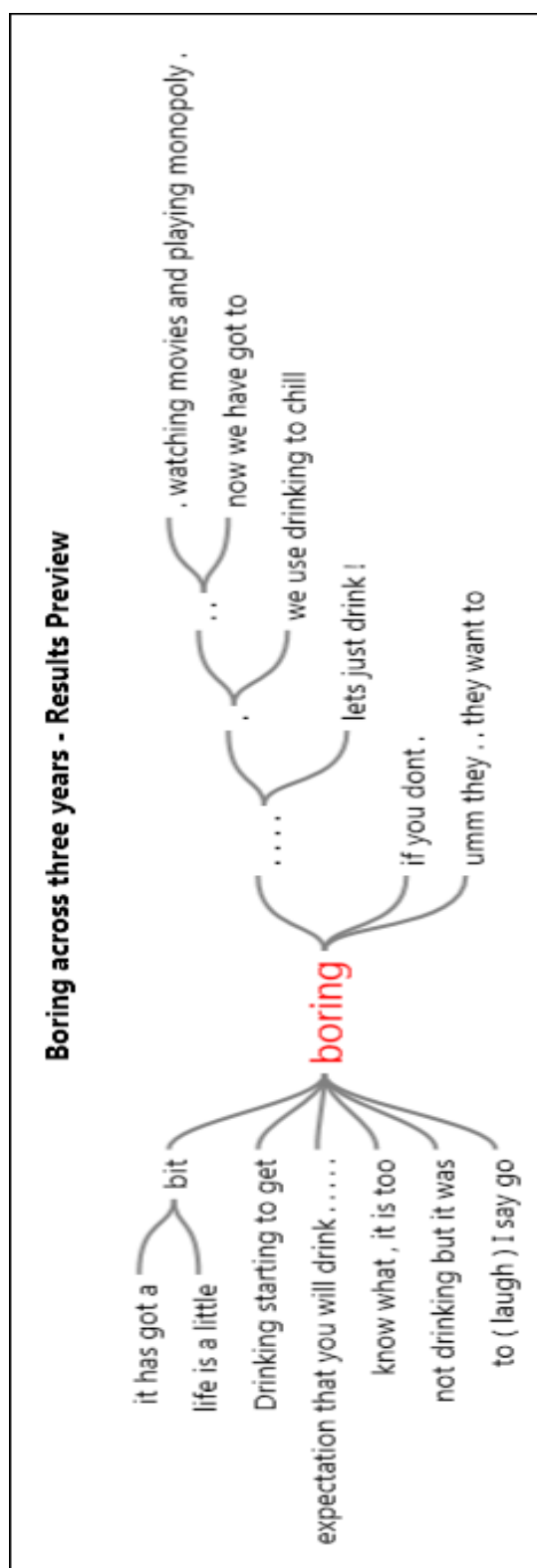


Figure 4.9. Word tree for the word 'Culture'

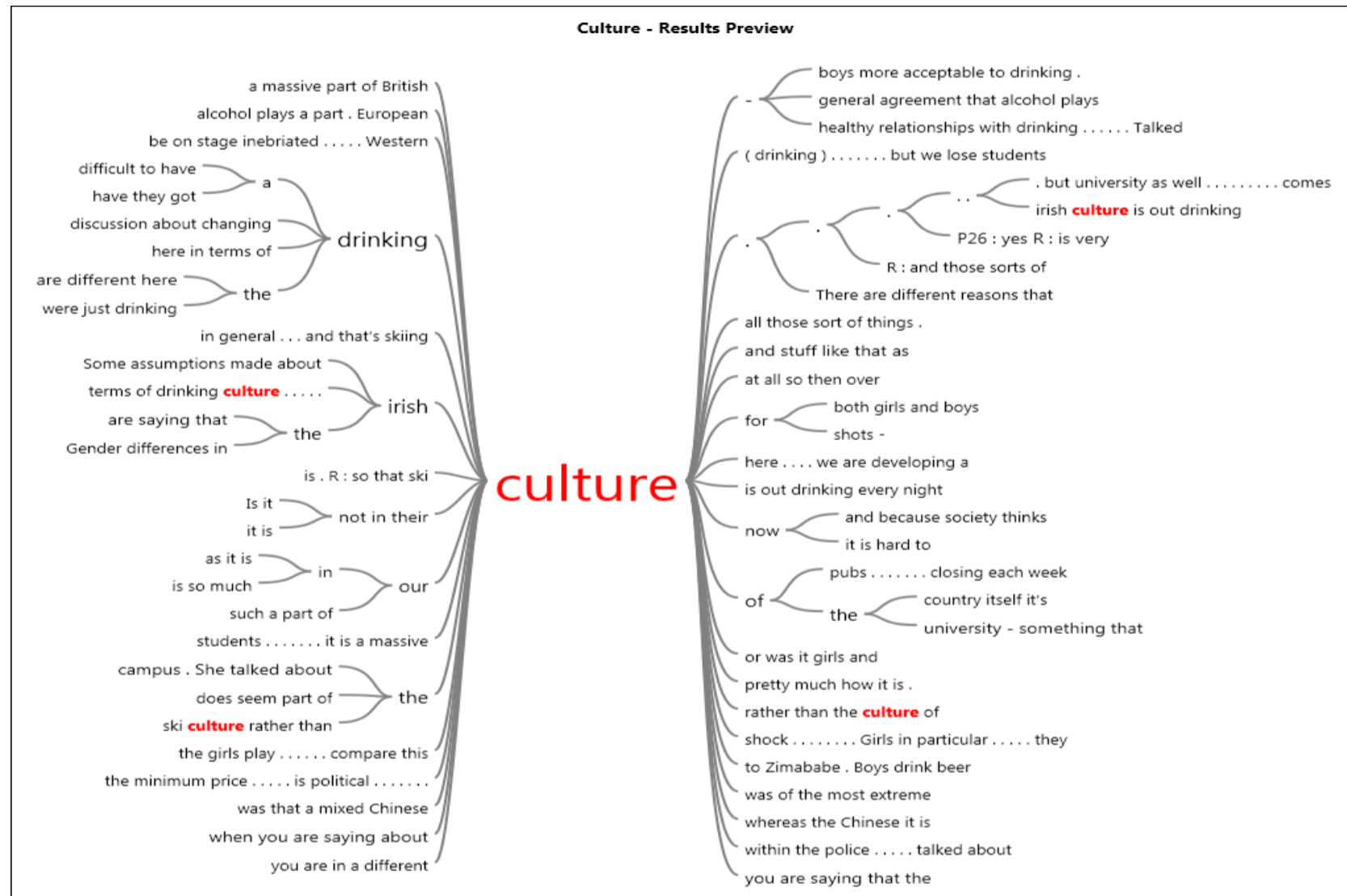


Figure 4.10. Frequency of the phrase 'pre-drinking'

The screenshot displays the NVivo software interface for August 2015 JW NW.nvp. The 'Queries' pane on the left lists various queries, with 'pre drinking' selected. The main window shows a table of results for this query, including columns for Name, In Folder, References, and Coverage. The table lists 26 items, all with 100.00% coverage. The bottom status bar indicates 26 items, 26 sources, and 578 references.

Name	In Folder	References	Coverage
10th October	Internals\Recordings\focus groups misc	23	100.00%
17th Oct	Internals\Recordings\focus groups misc	14	100.00%
3rd October 2012	Internals\Recordings\focus groups misc	33	100.00%
3rd year sports students focus group 12th Nov 2012	Internals\Recordings\focus groups misc	10	100.00%
Focus group Nurses 2012	Internals\Recordings\focus groups misc	6	100.00%
Lecturer focus group 1 from music psychology sociology	Internals\Recordings\staff interviews	12	100.00%
Lecturer focus group 2 police	Internals\Recordings\staff interviews	5	100.00%
P1 CHLOE	Internals\Recordings\2nd year interviews	14	100.00%
P10 JEM	Internals\Recordings\2nd year interviews	9	100.00%
P11 JOE	Internals\Recordings\2nd year interviews	3	100.00%
P12 KAY	Internals\Recordings\2nd year interviews	7	100.00%
p17 RIK	Internals\Recordings\1st year interviews	59	100.00%
P17 RIK	Internals\Recordings\2nd year interviews	9	100.00%
P17 RIK (2)	Internals\Recordings\3rd year interviews FINAL	9	100.00%
P22 VIV	Internals\Recordings\1st year interviews	103	100.00%
P26 LARA	Internals\Recordings\2nd year interviews	17	100.00%
P26 LARA	Internals\Recordings\1st year interviews	111	100.00%
P26 Part 1 LARA	Internals\Recordings\3rd year interviews FINAL	5	100.00%
P5 DEAN	Internals\Recordings\3rd year interviews FINAL	6	100.00%
P5 DEAN	Internals\Recordings\2nd year interviews	30	100.00%
P5 DEAN	Internals\Recordings\1st year interviews	20	100.00%
P6 ELLA	Internals\Recordings\3rd year interviews FINAL	2	100.00%
P6 ELLA	Internals\Recordings\2nd year interviews	15	100.00%
P6 ELLA	Internals\Recordings\1st year interviews	47	100.00%

Phase 4 also involved looking for a change in behaviour of each participant through their course, as well as making comparisons between the interviewees and how this related to the theoretical framework and also the research objectives (Figure 4.1). A series of matrices were created to show comparisons between participants with either similar or different attributes and two examples of these are shown in table 4.12 and table 4.⁹⁹. The themes are mapped to the research objectives (RO) and the theoretical framework (TF).

Table 4.12 A comparison between three 18 year old girls across the three years.

Participant	Interview 1	Interview 2	Interview 3
Beth (18)	First 2 weeks – heavy drinking, socialising and making friends. University encouraging socialisation (and drinking). RO.1 TF	Has a boyfriend – not going out as much. Drinks differently in University compared to when at home. RO.3,4 TF	Drinking very little in the third year. 'Getting too old'. RO. 3.
Gina (18)	Says she does not drink that much now she is 18. Very sociable. Talks about no difference between girls and boys drinking. RO.1, 2.	Says drinking more now than previously. Promotes clubs and pressures others to drink. Goes out most nights (6 nights a week) and drinks heavily. Says SU boring. RO.1,3 TF	Starting to get bored with drinking. Assistant manager at a club. No time to socialise - living in a flat – more responsibility. 'Your mess is your mess'. Work driven. RO.3
Jem (18)	'Rarely see a completely sober person in the SU'. Drinking a lot – out a lot. 'being drunk all the time' RO.2,4	'Can't do it anymore – too tired' Not drinking much or going out but alcohol still playing a part in socialising. RO.3 TF	'Being shit faced not fun anymore' Going out into the real world now. Goes out on big nights such as Halloween. But otherwise not enjoying going out anymore. RO.3

⁹⁹ See Chapter 7 – moving on - section 7.2.2

This matrix demonstrates some similarities in the change of drinking behaviour across the three years for these three 18-year-old girls. However, it also shows some differences. Among most of the students interviewed, the amount of drinking reduced in year two and year three. Gina, however, drank the most in her second year. She was working as a promoter for clubs in the area, which encouraged her drinking behaviour. In year three, however, she was working at a club, in a position of responsibility, and this had impacted on her drinking. All three participants indicated that they were 'bored' with drinking by the third year. All three had come straight to the Case University from school¹⁰⁰.

¹⁰⁰ See Chapter 7 - participant biographies section 7.2.2

Table 4.13. A comparison between three older boys across the three years:

Participant	Interview 1	Interview 2	Interview 3
Joe (22)	Lives in Halls. Drank heavily in Freshers. Lots of training so feels less drinking better for his fitness. Was in sports academy when younger and so late to using alcohol. American football initiations discussed. RO. 2 TF	Talked about a big 'blow out'/party at the start of the 2 nd year then a pact not to drink as has work to do. Appears to have a responsible attitude to drinking. RO 1,4 TF	Living at home this year and commuting. Had surgery on his knee. Says less drinking in the third year. RO.3
Rik (22)	Very heavy drinking. Member of Snow Society. Lives at home but stays with friends in Halls. Has been drinking since age 13. Snow Soc initiations discussed. RO.1, 4. TF	Continuing to drink heavily. Did the initiations for Snow Soc twice. Has a very immature attitude to drinking. RO.1,4 TF	Still living at home. Drinking is less but still drinks heavily on particular occasions. Has a steady relationship which has impacted positively on drinking. RO.3
Mark (24)	Heavy drinking particularly during Freshers. Had worked in pubs and clubs previously. Has a mature attitude to drinking and socialising. RO.1, 2. TF	Drinking modified in second year – still drinking at events. Talked about the culture of drinking in music events and how difficult it is to avoid drinking. RO.3. TF	Drinking less, focussing on going into workplace. Still talks about difficulty going into event management if you don't drink. RO.3. TF

There is a distinct difference in the attitudes of these three boys. There is a level of maturity shown by Joe and Mark but a very immature attitude shown by Rik¹⁰¹. For Rik, alcohol plays a very important part in his social life while for Joe and Mark, the drinking is important but they seem to have a more focused attitude to their courses and their future careers. Joe and Rik both belonged to sports societies with initiation ceremonies involving drinking but they described them differently. Joe talked about a

¹⁰¹ See example of transcript Table 4.11

fairly '*laid back*' initiation for the American football society although there was very heavy drinking. He also said that he felt that he could refuse to do things that he did not want to do. The Snow Soc initiations were extreme and Rik was proud of this and also that he had done the initiations himself twice. All three of these participants had worked before coming to the Case University. The findings in these and other matrices can be related to the theoretical framework, the research objectives and the final, named themes.

4.8.5 Phase 5. Defining and naming the themes

In this phase, the nodes are refined into a more manageable group of two or three key concepts with their related themes (sub-themes). In this narrowing process, the themes can be categorised in more detail with the corresponding sub-themes named and defined.

This process was made easier by being organised in the earlier stages of the analysis and therefore, naming and defining the core themes became a more straightforward exercise. Each core theme, their sub-themes and sub- categories are in figures 4.11, 4.12 and 4.13. Finally, the data collection methods are mapped to the core themes and the theoretical framework in Figure 4.14.

Figure 4.11. Core theme one - A sense of belonging: socialisation

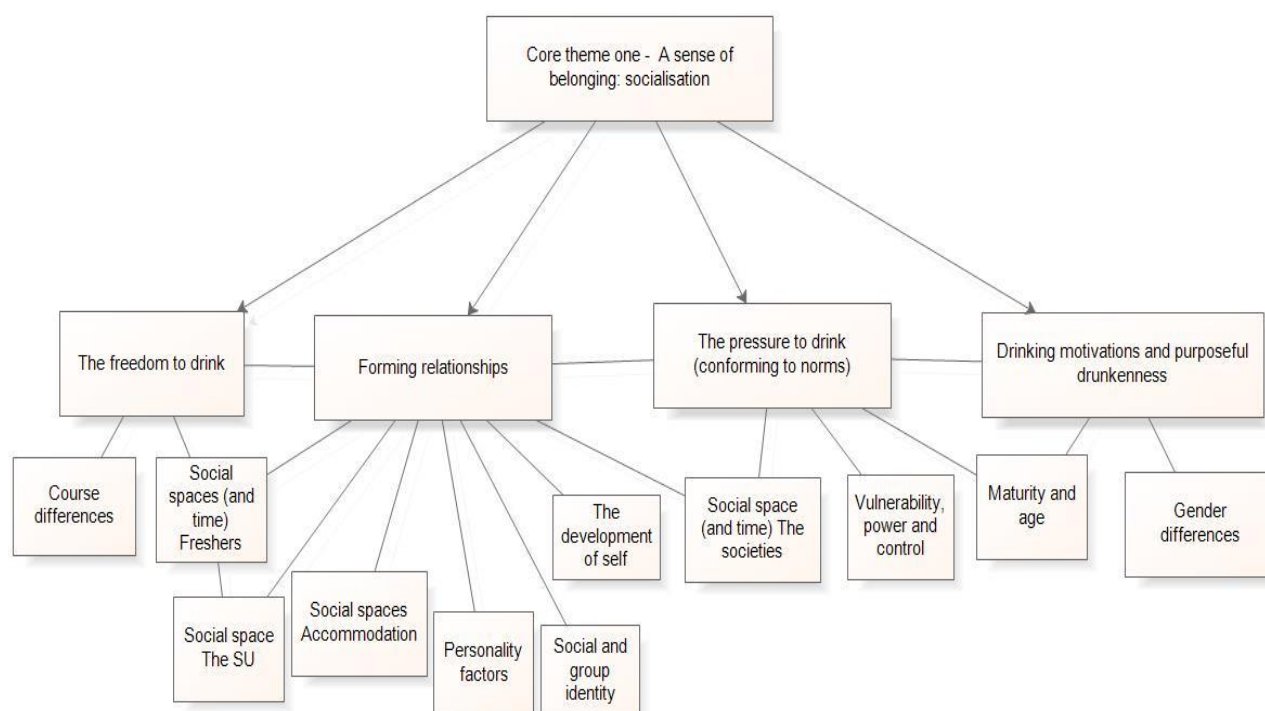


Figure 4.12. Core theme two - Learning the rules: drinking customs and rituals

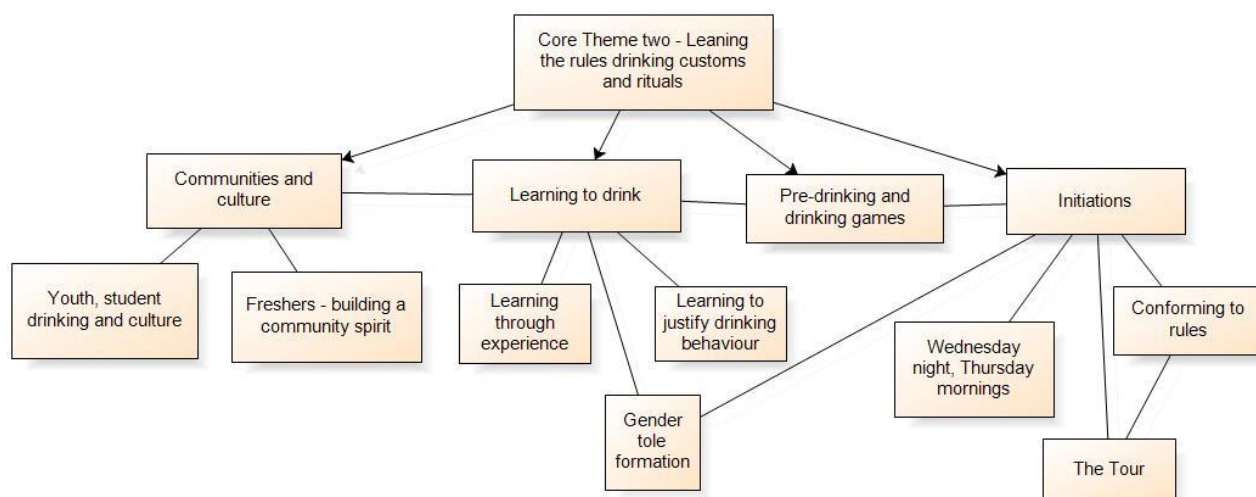


Figure 4.13. Core theme three - Moving on: rites of passage

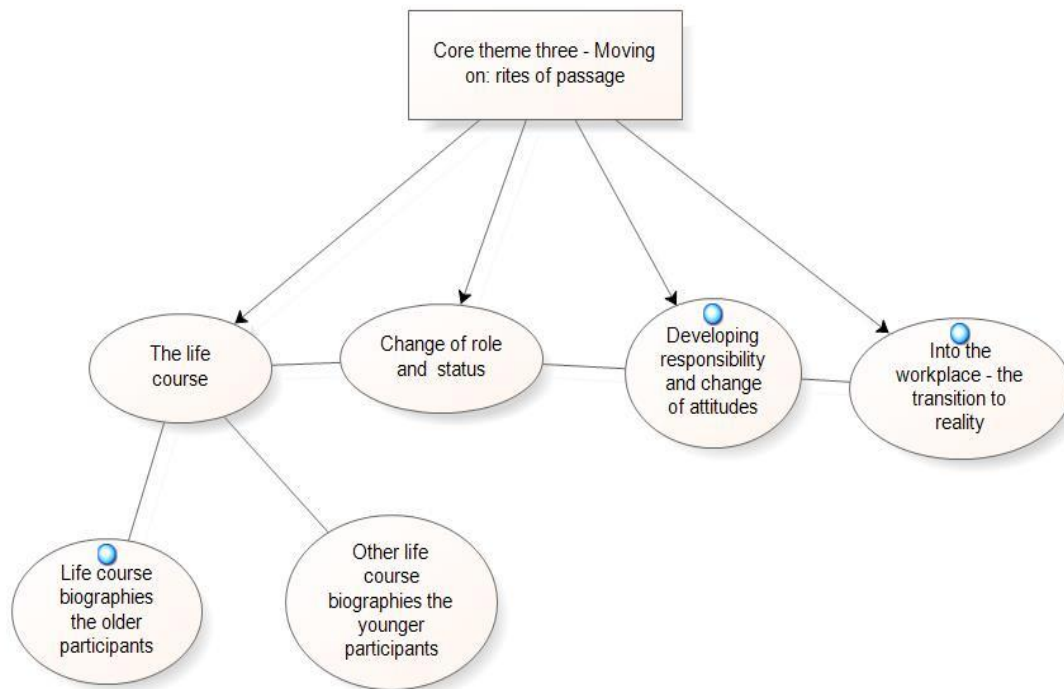
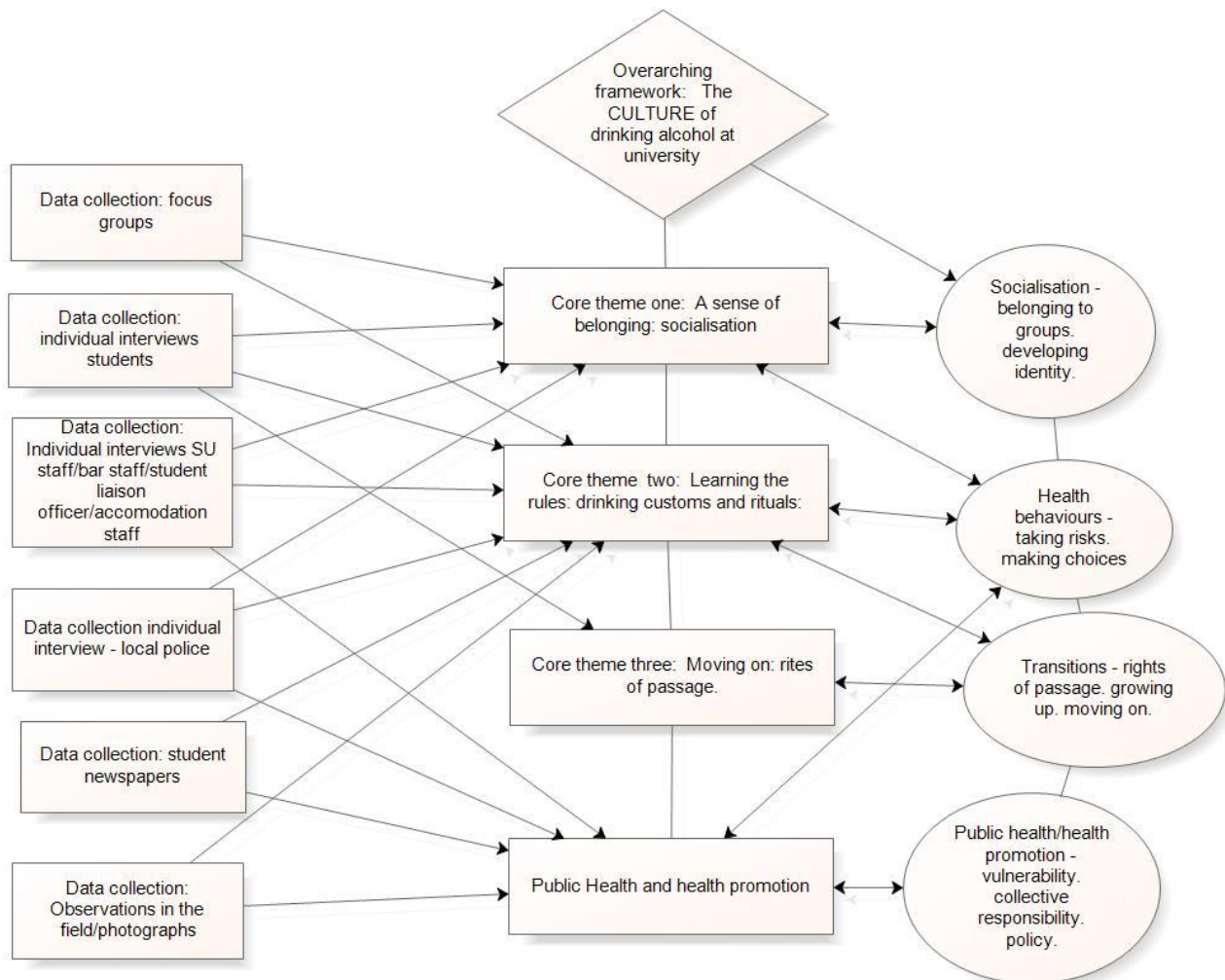


Figure 4.14 The mapping of the data collection methods to the core themes and the theoretical framework.



4.8.6 Phase 6. Producing the report

An essential part of this analysis is to produce a useful report that adds to the body of knowledge that informs policy, practice and makes recommendations for the future. This helps to contextualise the research within the current literature on alcohol, the public health domain and the Case University and also acknowledges limitations. Yin (2014) and Stake (1995) advocate using specific examples from the data to illustrate key points within the report: this helps to create a valid of what is happening.

4.9 Ensuring Credibility

Silverman (2011) suggests that any research project needs to identify a fundamental philosophical root upon which to base a study and provide a robust rationale for that choice, but this is not always an easy task. The philosophical foundation of the Study is discussed in this chapter in relation to the interpretive design which fits with a cultural approach. Reflexivity is an important consideration in interpretive research as you must be explicit about your actions within the process. Reflexivity allows you to reflect more deeply on what you think you know about a particular topic. This is particularly true when exploring the myths and assumptions that are promulgated about student drinking behaviour. It is important to explore what we think we know about drinking behaviour and how the Study may reinforce or change beliefs. It should also enable the reader to consider whether the Study could have been investigated differently and if so, whether that would have given rise to a different understanding of the phenomenon. This links to the analysis of the Study where comparisons of the data collected with theoretical frameworks is important in order to keep focused (Yin, 2014).

Reflexivity, it is argued, is important in striving towards objectivity and neutrality (Ritchie and Lewis, 2011). However, interpretive research methods do, and must,

acknowledge the interplay between the values and beliefs of the researcher and those being studied¹⁰² (Cresswell, 2007). The values and beliefs of a researcher can influence how information is interpreted and this can be described as acknowledging the alternative interpretations and being as transparent about the data as possible. Reflexivity could be described as a quality control mechanism: a way of measuring the quality, reliability and trustworthiness of research as it provides clarity for the reader. It acknowledges the background of the researcher, their motivation for the research and their philosophical stance and how these may influence the data analysis and interpretations. This will help to highlight both the limitations and strengths of a study (Gray, 2014).

Self awareness and honesty are important tools in a researcher's 'armoury', enabling an ongoing analysis and transparent expression of personal interests, philosophical or theoretical stances (Gray, 2014). This provides an important means of assessing the integrity of a study (Denzin and Lincoln, 2013). The reader has to believe what is being presented and transparent, honest reflexivity contributes to the trustworthiness of the research. Many different ways in which this can be achieved are demonstrated within the literature. Thematic analysis allows you to broadly describe what is being discovered through the data collection whilst using a story-telling approach at times to provide a richer picture of what underlies the broader themes. Stake (1995) talks about this in terms of creating naturalistic generalisations, sometimes described as a 'thick description' or a lens through which you can develop in depth understanding. It is also described as crystallisation (Denzin and Lincoln, 2013), conjuring up a multi-faceted view of a social situation and this is particularly important when exploring a

¹⁰² See section 4.3

culture in which the reader is unlikely to be directly involved, such as undergraduate drinking, unless, of course, as a student. Stake (2005) suggests that qualitative case studies often focus on experiential knowledge of a certain case and explores closely related social and political influences. A historical perspective as well as experiential learning in the field is also useful to situate the findings in a broader context¹⁰³. Understanding the cultural development of alcohol use and changes to the acceptance or non-acceptance of drinking over time is pertinent to the Study.

4.9.2 Trustworthiness, authenticity and validity

Trustworthiness, authenticity and validity are important aspects of any research process and in particular within naturalistic or qualitative research (Silverman, 2013). In qualitative research, different terminology is used to describe how valid the results are and what the analysis really means in the world of rigorous research design. Denzin and Lincoln (2013) refer to the value and believability of findings depending on two key aspects of research design: the way the research is conducted and how credibility is demonstrated. How data are presented is crucial to building understanding of the process and ensuring that the reader is clear about the audit trail, i.e., how the researcher reached the conclusions that they did (Gray, 2014). A study such as this one about undergraduate drinking may be replicable in other university settings and the findings may be similar, but a case study is unique within an historical and social context (Baxter and Jack, 2008). The crucial elements of this research are that the unique data are triangulated to enable authenticity and confirmability (Gibbs, 2007). A longitudinal study allows more time for checking information and identifying new avenues of discovery (Baxter and Jack, 2008). The previously mentioned regular

¹⁰³ See Chapter 2 – A brief history of alcohol use

meetings with supervisors helped to check progress and discuss emerging themes as well as the underpinning theoretical framework.

The concept of reliability in qualitative research really refers to the stability or dependability of the data (Yin, 2014). The main terms used to describe this reliability are: transparency, dependability, confirmability and transferability (Yin, 2014). Transparency refers to how well the research is described and how rigorously the limitations are acknowledged within the presentation (Silverman, 2013). In the Study, and in particular in this chapter, the reflexive nature of the development of the methodology plays a crucial part in the transparency of the research. The reader needs to be able to follow meticulously how the methodology evolved and how the data were collected and analysed.

The dependability of data could be compared with the concept of reliability used in quantitative data and can be achieved by ensuring a comprehensive audit trail of the decision-making process throughout the research which this chapter aims to do. A credible or believable study may also be one that has a potential to be repeated elsewhere. Information arising from participants in the Study as well as the literature suggests that it is unlikely that some findings from are entirely unique and that the situation at the Case University is likely to be common in other institutions. This is, conjecture, however, and interest in the Study has already been expressed by other universities, creating the potential to compare other cases, which may further validate the research. The key to credibility, then, is clear transparency of the data analysis to enable the reader to follow the process from the start and trust the findings. The following four chapters contain the presentation and discussion of the findings that achieve the aim and objectives of the Study.

Chapter 5 A sense of belonging: socialisation

5.1 Introduction

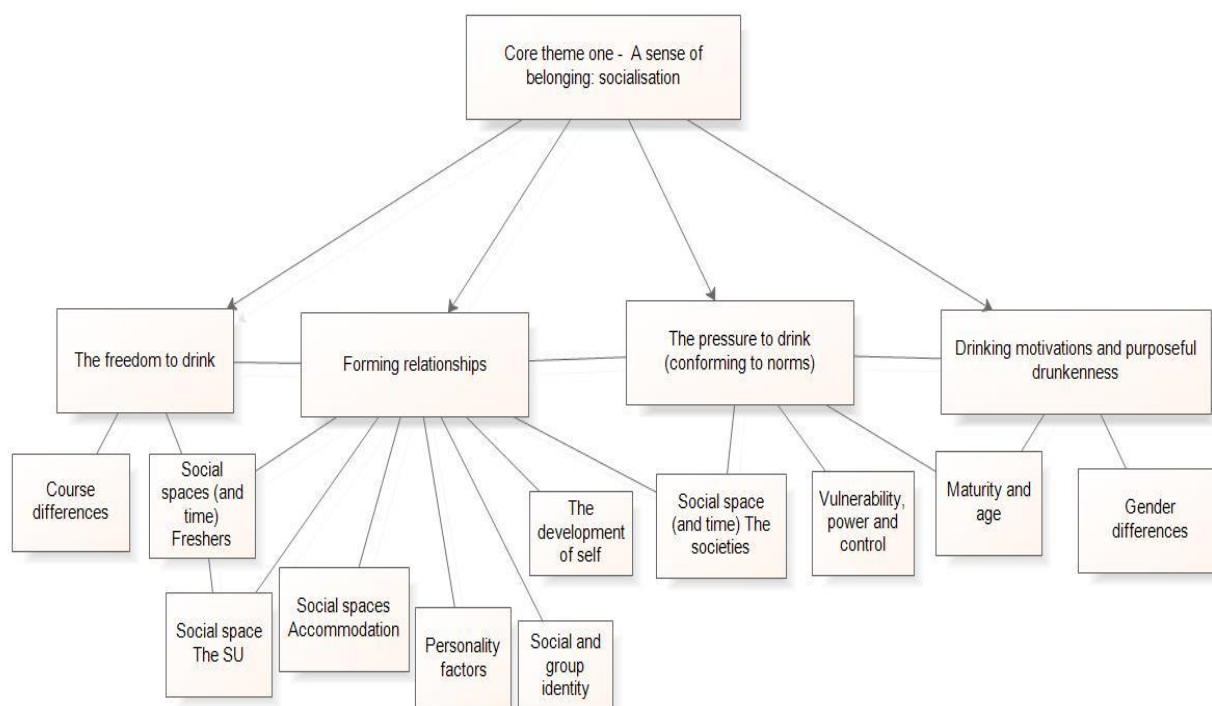
This chapter explores the first core theme identified within the data analysis in relation to the following research objectives (RO):

1 'To develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university' and:

2 'To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors'.

The core theme arising from the data is: 'A sense of belonging: socialisation', with the four sub-themes of; the freedom to drink, forming relationships, the pressure to drink (conforming to norms), drinking motivations and purposeful drunkenness (see Figure 5.1).

Figure 5.1. A sense of belonging: socialisation



Within each of the sub-themes there are sub-categories and these are explored and explained within each section. Specifically, the social spaces where drinking and socialising occur are discussed as well as the concepts of developing self and group identity, and the factors that may impact on the socialisation process such as course and gender differences. The subthemes and sub-categories link to the aim of the Study which is to:

“To develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

The starting point of this transition is how students are socialised into the university setting from the start of their course, how they learn to belong, form their student identity and what part alcohol plays in that process. The first objective of the Study is

‘to develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university’. The achievement of this objective begins with this first identified core theme which develops understanding of the participants, their background and how they have reached this point in their lives. The context of the drinking behaviour within a new environment and how that impacts on socialisation is crucial to the understanding of drinking culture at the Case University.

The second objective of the Study is: *‘to examine differences in drinking habits across individuals and groups at the Case University including the influence of course and demographic differences’.* This chapter explores these differences in terms of the socialisation process with reference to individual participant’s background and the courses they are undertaking.

The chapter begins with an overview of the concept of socialisation which forms the underpinning theoretical thread throughout the chapter.

5.1.1 Introduction - a sense of belonging: socialisation

The discourse around the concept of socialisation suggests that it describes the way in which individuals develop their ability to interact with others and become part of a broader social order (Herbert, 2003; Berk, 2014). Socialisation is a process of learning that can explain how individuals make sense of the world around them and construct ways of behaving appropriately in order to belong to groups or society as a whole (Berk, 2014). It is a term that is used in many fields of study (Franzoi, 2003; Berk, 2014).

Early socialisation begins in childhood and attachment theory attempts to explain how humans are enabled to form relationships with others and learn to socialise (Bowlby

1953; Boushel *et al.*, 2000). Attachment is defined as the emotional bond between two individuals (Boushel *et al.*, 2000). Secure attachment in infancy to a main care giver is thought to create a solid foundation for future relationships, independence and emotional stability, while poor attachment may lead to an inability to make connections with others, creating anxiety (Gerald and Higley, 2001; Boushel *et al.*, 2000; Gerhardt, 2004; Layard and Dunn, 2009).

The process of socialisation can be culturally specific and can continue throughout a lifetime; children, adolescents and adults adapt to new situations and different social contexts in many different ways (Herbert, 2003; Layard and Dunn, 2009). The ability to adapt to new environments depends upon individual human characteristics such as personality, self-awareness or self-esteem, and individual socio-cultural backgrounds (Berk, 2014). The development of self-identity, social identity and social solidarity are also connected to socialisation and are key issues within this Study (Lawler, 2014)¹⁰⁴.

Becoming part of broader 'society' is considered to be important for individuals to succeed in life and there are sets of acceptable and unacceptable behaviour related to this (Layard and Dunn, 2009; Bragg and Kehilly, 2013). This is a hugely debateable area and the range of 'acceptable' behaviour has changed over time, often fluctuating, particularly in terms of drinking alcohol (Mandelbaum, 1965; Singer, 2012; Berridge, *et al.*, 2014)¹⁰⁵. University prepares individuals for integration into the 'real world', providing the opportunity to gain academic qualifications but also allowing the freedom to grow and develop the skills to succeed as part of wider society.

Evolutionary psychologists and sociologists argue that humans are fundamentally social beings as they have learned to co-operate together in order to survive (Gerald

¹⁰⁴ See this Chapter section 5.3.5.

¹⁰⁵ See Chapter 2 – A brief history of alcohol use

and Higley, 2001; Carlson, *et al.*, 2004; Newman and Newman, 2009). Differences between the theories of collectivism and individualism are pertinent here because they impact on the way relationships are understood. Collectivist theory supports the evolutionary idea that people want or need to survive in groups rather than be individualist (safety in numbers) (Gerald and Higley, 2001). As society has evolved, however, the need to live in close social groups has changed and individuals are more able to survive successfully alone (Franzoi, 2003; Kroger, 2007). Technological advances, and in particular the development of social media, are shifting the emphasis of social interactions from direct face-to-face contact to those associated with online, distanced relationships which may change the face of social intercourse for ever (DiMaggio *et al.*, 2001).

The degree of importance of feeling a part of the social life at the Case University varied between the individual participants. For some, there was clear emphasis on this aspect of university life, while others appeared more focused on their academic study. There were a number of reasons for this, including whether participants lived on or off campus, had families and/or other responsibilities, or what their previous life experiences had been. The Halls played a key role in the socialisation of students as did the SU, particularly at the start of the year and Freshers¹⁰⁶ was reported as a time of intense¹⁰⁷ drinking behaviour by all the 18 year olds in the Study (n=11) and by most of the 19-24 year olds (n=13).

Singer (2012) argues that a culturally constructed practice, such as drinking within a specific context, can evoke emotionally charged cultural associations with social

¹⁰⁶ Freshers throughout this Chapter refers to the first two weeks at the Case University – freshers are the first year students.

¹⁰⁷ The 'intensity' of drinking is hard to define in the Study but from the accounts, it is estimated as drinking above the recommended daily units of alcohol on several occasions in a week.

solidarity, identity, new social statuses, celebrations and 'fun'. These concepts can be applied to the drinking practices that are exposed in the Study; younger students living on campus were developing new relationships away from home and trying to fit into a new environment. They claimed that alcohol helped with raising their confidence and lowering inhibitions, enabling them to talk to others, make friends and join groups.

Participants in the Study talked about the social aspects of their learning experience and how they wanted to be a part of the social interactions. Many of them talked about the Case University being small and that they would "*know everyone in the SU*" (Jem) and that they could feel a "*part of something*" (Joe). There were also some negative connotations where people suggested that if you had drunk too much and upset someone or embarrassed yourself, then meeting people the next day could be awkward (James, focus group, Oct 2012). The older participants (n=6) talked about lunchtime drinking in their first year and how this had helped them form friendships and develop social bonds within their groups. Lynne, one of the older participants was the first to use the phrase "*social lubricant*" in relation to the use of alcohol. She highlighted the custom of lunchtime drinking in the SU bar with the social work students (a group that included a wide range of ages) in the first few weeks of their course, and how this helped to familiarise themselves with each other and the Case University.

The use and impact of alcohol as this social lubricant at the start of university is discussed in this chapter. The motivation for drinking including social reasons, aspects of conforming and coping strategies as well as the enhancement properties, are discussed in relation to the sense of belonging. Extracts from participants' contributions are used to illustrate particular points or theoretical concepts. A male participant undertaking a rugby course (James) highlights these ideas as he sums up his reasons for drinking at the start of university:

"...When I started at uni ..I came with no confidence...in Fresher's Fortnight.. I thought if I drank as much as I could it would make me fuckable. I didnt feel comfortable with this group [the rugby group] until I saw everyone when I was drunk. When I drink loads and loads, I come out of myself and I am more comfortable with things." (Focus group 5 participant Dec, 2012¹⁰⁸).

The next section considers the first sub-theme in relation to socialising at the start of university: the freedom to drink.

5.2 The freedom to drink

This sub-theme explores the concept of developing independence in relation to discussions about the freedom to drink with the participants. Some participants talked about having the freedom to drink and finding independence at the start of university life because they were living away from home for the first time. Lynne, in her first interview suggested that:

"...students go through an experimentation stage [at university] and have the freedom to do things that they haven't had before."

A focus group of students doing a rugby course suggested this idea of freedom on entering university was, for some students, a "*massive culture shock*". There was a view from the participants, also reinforced in the literature, that those that had been restricted in their drinking behaviour by family, culture or religion, go '*crazy*' with their drinking, particularly in the first year:

¹⁰⁸ See table 4.6. Focus group 5

"...I think I have gone a bit crazy here I started drinking cos I was curious about it.....I didn't drink much at home, my parents don't drink at all.....but now, here, I am drinking JD, vodka, beer, anything really...you have to drink to feel part of it"

(Fred. Focus group participant¹⁰⁹)

Another example is Sam, who said that he was very restricted at home with his drinking and when he came to university, he wanted to party and have fun. He admitted that when he did go home (which was not very often), he was glad to get back to the Case University for the social life:

".. I think it is like, I've been sheltered all of the way through my life... [with drinking] my mum hates drinking... and now I just want to do ...whatever..... [drink and party]. I have only just started drinking properly this year like from the six-week holiday and that is about it" (Sam, first interview)

In contrast, Beth also drank heavily during Freshers but she had grown up with a more 'relaxed culture' of drinking in her family. Beth said that alcohol had been part of her family social gatherings, with wine at mealtimes and on celebratory family occasions. For Beth, as with others in the Study, drinking was seen to be expected in order to socialise at university. However, Beth said that she drank differently at university compared to when she was at home: university drinking was 'more intense', she was more likely to get drunk and she felt more pressured to drink heavily to be part of the social scene. Many of the participants talked about their parents not knowing that they were drinking so much, particularly during Freshers. Two Asian, Muslim girls who

¹⁰⁹ See table 4.6. Focus group 5

drank said that their parents would be shocked about this and this was related to a cultural restriction on their drinking behaviour at home. Jala, an Asian, Muslim nursing student, commented that she was a “*party girl*” and although her parents did drink occasionally, they were unaware of the extent of her drinking. This challenges the view of Asian, Muslim beliefs where there is a perception of a non-drinking culture. An Asian male (Raffi) in the third-year rugby focus group said that he drank during Freshers in order to fit in, but that once he got to know people, he felt more comfortable about not drinking - although this often meant not going out and socialising with the rugby team because he felt uncomfortable watching others drinking. A Muslim participant in the pilot focus group also suggested that the perception of a non-drinking culture in the Asian community was inaccurate, she said, particularly for males¹¹⁰. Using alcohol to form bonds in the first instance was commonly articulated but once friendship groups were formed, individuals felt less pressure to conform to social norms¹¹¹.

The lecturers interviewed in the focus groups made observations about young people drinking to excess, missing lectures or coming in with a hangover and commented on this in relation to the students finding independence for the first time. In some cases, parents appeared to be encouraging drinking behaviour. The Accommodation Officer (George) reflected that when students moved into Halls, he had observed parents (assumed to be parents) going and buying cases of beer and bringing them to the flats¹¹². This seems to indicate a degree of acceptance of drinking behaviour at university by some parents. This acceptance that drinking is perceived to be the

¹¹⁰ See Table 4.6.

¹¹¹ See this Chapter section 5.3

¹¹² See Table 4.5 - Memo 2.

normative pathway for students at university is supported by the literature. For example, an NUS survey across eight UK universities (n=3,796 baseline respondents) suggested that approximately 90% of students expected there to be a drinking culture at university (NUS, 2015). The Case University also did a survey in 2015 with similar results. Out of 782 respondents, 78.6% either strongly agreed or slightly agreed that drinking and getting drunk is part of student culture (Local NUS study, 2015, not published).

Living in Halls provides students with a replacement for being at home with few responsibilities in the first year of study. University may be perceived as a 'safe place' to test the ability to be independent from previous family life or restrictions on the freedom to make choices but it is a transient one. The concept of a 'bubble' is raised here although the phrase was not used until towards the end of the Study by Kay¹¹³. A bubble is suggestive of a safe, enclosed, fortunate situation that is isolated from reality but that is unlikely to last.

There is a sense that true independence comes with some level of responsibility for one's own actions, as well as the practical aspects such as paying bills, and this became more evident later in the Study (Roche, *et al.*, 2010)¹¹⁴. The concepts of self-determination and autonomy are raised here. Self-determination theory (SDT) considers a framework in which the study of human motivation and personality is explored (Harré and Moghaddam, 2012). In particular, SDT considers the issues of intrinsic and extrinsic motivational factors, with an emphasis on an innate developmental need to motivate oneself (intrinsic) for psychological health and well-being (Deci and Ryan, 2012). According to Deci and Ryan (2012), there are three

¹¹³ See p257

¹¹⁴ See Chapter 7 – Moving on: rites of passage - section 7.4

universal and innate psychological needs that motivate the self to initiate behaviour: competence, autonomy and psychological relatedness. Competence relates to a set of skills and abilities that allow individuals to be able to perform effectively, autonomy refers to the capacity of an individual to make an informed, rational decision and psychological relatedness describes a connectedness to others; a sense of belonging (Deci and Ryan, 2012). SDT propositions focus on how social and cultural factors can either facilitate, undermine or delay people's ability to develop these innate psychological needs (Newman and Newman, 2009).

Being in Halls at university may delay the ability to develop self-determination, for example, in Sam's accounts, he describes two occasions when he was very drunk and had to get up in the morning to attend lectures. On the two occasions, his friends did not wake him up and he was angry with them, saying, "*I told them to get me up*". This reliance on others and need to be 'rescued' rather than taking personal responsibility reflects an immaturity or lack of independence.

The freedom to drink can be separated from the concept of independence which is not easily defined. Independence involves a complex relationship between psychological and sociological factors involving personality characteristics as well as environmental ones such as family background and parenting styles (Herbert, 2006). Holdsworth and Morgan (2005) suggest that becoming independent is not a linear process, linking to the idea of continuous development involving a gradual build-up of skills that enable people to adapt to new situations - skills such as learning to manage yourself practically as well as emotionally, for example (Newman and Newman, 2009; Deci and Ryan, 2012). Financial constraints had an impact on the freedom to drink and many participants talked about this and how it impacted on what they could afford to buy, and the priorities that they made in terms of buying alcohol or food for example. Cheap

alcohol was frequently mentioned in relation to pre-drinking due to the cost of drinks in the bars, pubs or the SU. Sam, however, claimed to be spending £80 per week at one point, two thirds of which was going on alcohol. Undergraduates staying in Halls have a level of personal freedom or autonomy to make their own choices without the restraints that parents may have imposed, but whether they have the maturity to make responsible choices varies.

One lecturer (Mia) said:

".....its a bit like a safer step out from home into semi independence where you are sort of looked after rather than just get out there into the main world....a bit of time for experimenting and working out who you are...."

(Mia - staff focus group¹¹⁵)

The concept of making 'responsible choices' relating to health behaviour links to public health factors, health belief models and respecting autonomy, and these are discussed further in chapter 8.

5.2.1 Course differences

The freedom to drink was limited in some respects by the courses that participants were doing. For example, those doing vocational courses such as nursing or social work were perhaps expected to have a different drinking trajectory given the level of work placements that are part of those courses. Participants doing sports or fitness-based courses such as rugby, football or dance, expressed two different opinions. Firstly, that doing a sports course meant that there was a level of fitness to maintain and that excessive drinking might impact on this. Alternatively, particular sports such as rugby or football had a reputation for heavy drinking behaviour in the literature and

¹¹⁵ See Table 4.7 – Staff focus groups

also among the Study participants. There was also another view that courses such as design, marketing, business or event management have a strong connection to drinking for various reasons. Sasha, doing a spatial design course, for example, suggested that drinking helps with creativity and this was explored further in a lecturer focus group. A lecturer in business and marketing studies (Dan) supported the view:

".. One of the things we do with our students [at the start of the course] is we ask them to think about developing business ideas and you have 180 students... it is a rather sterile environment.. so I actually turn around to them and say, get into groups of friends and go to the pub...make sure you have a nominated note taker.....have a couple of pints....just a couple.. and bash some ideas around.....because alcohol does take away some of the inhibitions.....it can help with the creative thinking processes.....but only with a couple [of drinks]....." (Dan, staff focus group¹¹⁶)

The creativity here seems to be related to a group that is perceived to be enabled to think more openly and talk more freely with each other through the inhibition-lowering effect of alcohol (Nutt, 2012). Sasha, doing spatial design, said that drinking helped her relax and that this enabled her to be creative – if she was stressed she found it much harder to find inspiration. These ideas have a basis in biology; the effect of alcohol on the central nervous system (CNS) helps to reduce anxiety and enable relaxation (Nutt, 2012)¹¹⁷.

¹¹⁶ See Table 4.7 – Staff focus groups

¹¹⁷ See chapter 3 – section 3.4.

Mark, doing an events management course, also talked about a focus on drinking which he said was inherent in events management jobs as well as when you are a student doing that particular course: *"it is part of the culture"* he said in his first interview. *"It would be difficult to be in that business if you didn't drink"* he claimed. Mark clearly feels that there is a pressure to conform to a group or societal norm in the same way that other students felt the pressure to conform in doing initiations. Extending that pressure out into the world of work may create more sustained problems with alcohol compared to what appears to be the transient pressure articulated by other participants in the Study. Mark was the only participant who offered this view that drinking may continue out into the workplace. He had been working in that industry before coming to the Case University and had good insight into what that area of work was like. He was 24 when he started university and so was at the latter end of the late adolescent stage of development described in chapter 3.

These differences in courses and the attitudes towards drinking alcohol by staff and students has the potential to exclude those who choose not drink or drink in moderation. Student's ethnicity may be the reason for the decision not to drink but there are other reasons too for sensible drinking choices: illness, previous negative drinking experiences or other responsibilities (Coghill *et al.*, 2009). Although Craigs *et al.*'s (2011) study found that 58% of students at university drank above the recommended amount of alcohol, this means there were a number of students who chose not to drink or drink in moderation.

Issues of inclusion are raised here and the Case University aims to be inclusive in its strategy (The University Strategic Plan, 2016). Inclusion means considering the needs of all without discrimination: being fair and 'just' and recognising the multiplicity of the

aims, aspirations and expectations of all students at university (Radcliffe, 2004). Accepting 'difference' is an important aspect of inclusivity (Radcliffe, 2004) and at the Case University, there is a broad demographic, including a third of students being over the age of 25 (Student Numbers, 2016).

There were differences in age on the various courses and this was commented on in the lecturer focus groups. For example, the professional courses, such as nursing and social work, attracted mature¹¹⁸ students compared to business, marketing or design courses where the majority of students are younger (18-25 years). Psychology and sociology courses attract a wider range of ages, which was confirmed by the Management Information System (MIS) at the Case University.

This is not to say that there are not younger students on professional courses, or older ones on the other courses but there were some comments about this issue from the participants. For example, Lara and Maggi, two 18-year-old nursing students, said that because they were young compared to the others in their seminar groups, they felt socially isolated. This was compounded by the fact that they found it difficult to socialise with the broader Case University community because their course was located 16 miles from the main campus and there were no Halls or SU bar for them at the satellite campus. An SU representative acknowledged this, saying that the social events at the satellite campus revolved more around local theatre, cinema or bowling. This may reflect the age of the students doing nursing and the lack of access to SU bars. Students interviewed who attended the main campus talked about these alternative social events but suggested that drinking was more fun, lasting much

¹¹⁸ 'Mature students are anyone over the age of 21 who didn't go to university after school or college. Some might have taken gap years to volunteer and travel the world, while 40% of mature students are over 30 and have had work, mortgage or family responsibilities' (UCAS, 2016)

longer than cinema or bowling. Over the period of the Study, the younger students at the satellite campus began to organise their own events and nights out involving more visits to local clubs and pubs. Lara and Maggi effectively gave up trying to belong to the Case University social life, finding their own social groups within the Irish community in their local area, rather than the nursing students in their cohort¹¹⁹.

The next section explores the sub-theme of forming relationships, a key aspect of a sense of belonging. Throughout the Study, participants talked about how they had formed friendships and other relationships as their course progressed.

5.3 Forming relationships

This key sub-theme considers the formation of relationships, particularly at the start of university life. Within this section, how and where people meet in terms of social spaces at the Case University are discussed in relation to forming early relationships. These social spaces include Freshers Fortnight, the SU bar and Halls. The concepts of developing self-identity, groups and group identity and personality are also explored in this section. In the first instance, particularly for younger participants, friendships appeared to be formed according to where students were living, the society they joined or who they met during Freshers Fortnight.

There are many social spaces at the main Case University campus for students to socialise, relax and form relationships. However, the key venues that are accessed at night are the SU bars and these were associated with drinking alcohol.

The social events that occur across the Case University are advertised in the student newspaper and throughout the duration of the Study, these papers were collected to

¹¹⁹ See Chapter 7 for more about Lara and Maggi section 7.2.2

gain insight into how alcohol use is promoted at the Case University. There are some very positive aspects of the newspapers in that they inform and encourage the development of students' broader social and emotional development, but at times there is also a focus on drinking. The central pages advertised the events run by the SU, such as comedy and music nights, as well as the weekly Frat House event. Frat House was the society's social night described by many of the participants in relation to the 'socials' and the 'initiations'. Frat House took place on a Wednesday night and this impacted on Thursday mornings at the Case University. This was a custom associated with heavy drinking behaviour and it caused concern among the lecturers interviewed. In all of the newspapers, cheap alcohol featured predominantly in all the event advertising. Very few of the event adverts featured soft drinks, apart from the weekly Frat House event. In the occasional paper, Drinkaware¹²⁰ is advertised, but, with the exception of Christmas-time, this was very infrequent over the three years of the Study.

Facebook as a social space was used by many of the participants to create networks and share information, about parties, pre-drinks or other nights out. One participant commented that "*Facebook is all about the drinking*" (Viv, second interview).

As mentioned above, the social spaces at the satellite campus were very different. There is no student bar or Halls at that location and this restricted the socialisation opportunities for the nursing students as a whole. This is not to say that friendship groups were not formed, but the social spaces where people met were different and were mainly off-site in the local town centre.

¹²⁰ Drinkaware is an independent organisation that raises awareness about alcohol consumption: <https://www.drinkaware.co.uk/>

For the Study participants that drank, alcohol was a feature of student life across all ages and groups as ‘rewards’, in celebrations and for relieving stress, for example at the end of the semester or the year. At the graduation celebrations in September 2015, for all the students, alcohol was provided by the Case University including the traditional celebratory drink, champagne. This reflects the broader societal normalisation and acceptability of drinking behaviour in particular situations.

5.3.1 Social space: Freshers

Freshers Fortnight heralds the start of university life for many students beginning their academic and social journey. It is a time to become familiar with the Case University, find out what activities are available, socialise and make friends. All of the 18-year-olds in the Study reported that their drinking was intense at the start of their course, particularly during Freshers Fortnight, which linked to their newfound freedom, finding friends and joining groups. Their drinking during this time was related to having fun, partying and avoiding boredom. These themes also linked to the earlier schools’ study (Wright *et al.*, 2009) which suggested these were key reasons for young people drinking.

“.... it’s good [the social life] ... well during Fresher’s I was out probably most nights but now it is getting more about having to do work and not going out on nights when I have to get up early for university...”

(Viv, first interview)

For the two Irish nursing students (Lara and Maggi), being located at the satellite campus¹²¹ made a difference to their socialising in Freshers, and impacted their sense of belonging. They felt less a part of the Case University life because access to the

¹²¹ See Chapter 1 figure 1.4

activities and the SU were more problematic. At the start of the Study, transport between the Case University campuses was limited (this did change over the three years). Lara had been to Fresher's Fortnight at the main campus and joined the basketball club but the transport system between the two campuses meant that she could go training but not join the group for any evening drinking sessions:

"...the girls' kind of talk about when they were all last out together [and drinking] and... you know what ...it does make you feel a bit left out but I mean you still like to go and train and do something to be part of the uni and do something like....."

(Lara, first interview)

Lara did not stay with the basketball club after the first semester. Maggi had come to the Case University because she wanted to enjoy the social experience alongside her education at university. In the first interview, she was angry that the campus she was at had no Halls or any SU bar:

"So, I was looking forward to the nightlife, because we were told we are only here [in university] for two days a week ...and so when it started we were like 'this is great' like we could go out every night..... but we haven't gone out that much as it is not really...done over here like.. . [At the satellite campus]."

(Maggi, first interview)

One of the participants located in the main campus, Kay, explained that Freshers was a time where everything is new and that's *"what you hear about university" - it is about the studying but that it is also about the partying*". Interestingly, she also says that, *"partying is about drinking."* reflecting the view that you can't party unless you are drinking.

"If everyone was sober during Freshers....like on the nights out, they wouldn't be friends today...."

(Kay, first interview)

The findings here also map to other studies of student drinking which associate this behaviour with the expectancies and beliefs of individuals about the effect of drinking alcohol. The expectations of what drinking will do to enhance experiences can be measured through scales such as the Positive Alcohol Meta-Cognitions Scale (PAMs) or the Alcohol Outcomes Expectancies Scale (AOES) (Spada *et al.*, 2007). These descriptive measures were used in the Spada *et al.*'s (2007) study that explored the reasons for drinking behaviour and the understanding of that behaviour. Specifically, the researchers explored the constructs of expectancies and meta-cognition.

Expectancies are explained as a person's evaluation or prediction of what the outcome will be if they drink alcohol, and this will be based on previous experiences (learned behaviour). Interestingly, even when the experience has been a negative one, individuals may continue to repeat this behaviour. Spada *et al.* (2007) explain this through the concept of meta-cognition: knowledge about cognition and regulation of cognition. In other words, individuals' understanding of themselves, their self-awareness, or self-knowledge are important pre-requisites for "*deliberate mastery*" of their behaviour (William James [psychologist], cited in Fox and Riconscente, 2008 p375). This may be important when decisions are made about whether to drink or not, for example understanding that you need alcohol for confidence, to relax, to have fun or to relieve stress will impact on your choices. As young people made the transition through university life, their decisions and motivations to drink changed

which may be explained by an altered understanding of self as well changing ambitions (Lawler, 2014)¹²².

The older Study student group (n=6) talked less about Fresher's Fortnight. They felt that Freshers was not a part of what they had come to the Case University for, and that it was for the younger students. They did, however, talk about going to the SU, but this was at lunchtimes not in the evening. Their journey through the university experience was different to their younger counterparts¹²³.

5.3.2 Social space: the Student Union (SU)

The SU was a focal point of the social life throughout the three years but in particular at the start. It was described as an intimidating place to be at the beginning and that drinking helped promote the courage to go and talk to people. It was discussed by the participants as a 'safe place' for drinking where they felt protected but it was heavily associated with alcohol and there were participants that felt pressured to drink if they went to the SU. This was either identified as an internal personal pressure – for example feeling uncomfortable not drinking, or a more overt, external one. One participant (Cara) commented that if you were drinking a J2O¹²⁴ in the SU, other students avoided you and that bar staff tried to encourage you to add vodka to the soft drink.

¹²² See Chapter 7 – Moving on: rites of passage.

¹²³ See Chapter 7 – section 7.2.1

¹²⁴ J2O is a non-alcoholic drink, often costing the same or more than alcohol

There were a number of comments suggesting that you would not be sober in the SU.
Joe was 22 at the start of his course:

“.. most things revolve around alcohol... you know...definitely in the first year.....I have been to the SU sober a few times this year [third year] but I can't remember going to the SU in the first year sober.....even if I wasn't [actually] drunk.... you know.....”
(Joe, third interview)

Roi, a Muslim participant who did not drink, talked about making a decision about drinking; whether to join his cohort who drank or risk being alienated from the group by remaining true to his faith¹²⁵. He chose the latter option and although he remained a valued member of his seminar group, he excluded himself from any social events because they were all centred on drinking, he said. This exclusion was self-inflicted by Roi, he said that the rest of the group were happy for him to be involved, but that he felt uncomfortable watching others drinking and getting drunk around him: it made him feel like an outsider. Roi displayed strong intrinsic motivations to resist the pressure to drink, demonstrating highly developed competence and autonomy to make informed choices (Deci and Ryan, 2012).

In the Study, it was clear that alcohol acted as a symbolic object around which individuals and groups circulated as they assessed others around them for compatibility (Mandelbaum, 1965). It was alcohol that drew people together in the first instance, regardless of other cultural characteristics but this changed over time. A desire to fit in means that individuals will test compatibility with others in a number of ways; looking for common interests or characteristics that will attract individuals to

¹²⁵ See Chapter 7 - section 7.2.2

each other (Geertz, 1973; Helman, 2007; Winkelman, 2009). Cultural theory suggests that this is looking for visual markers that have a cultural significance, such as forms of dress or appearance, or use of language in a particular context (Mandelbaum, 1965; Geertz, 1973; Helman, 2007; Dowdall, 2013). The participants talked about how alcohol helped this process at the start by lowering inhibitions and allowing the “*true self*” to emerge in order to be able to talk to others (Dean). Cara’s reflection that she felt that people avoided her in the SU because she was drinking a soft drink may be suggestive of one visual marker. Or it may be that there were other reasons for Cara’s isolation not fully acknowledged or understood by her. Negative visual markers can include intentional or non-intentional negative body language for example (Winkelman, 2009). Whatever the reason, Cara felt unwelcome with consequent feelings of isolation from the group. Over time, however, friendship groups changed as people learned more about each other. Some participants developed a relationship with number of different social groups (course-related, interest-orientated or drinking orientated). They described circulating around their different groups in the SU. This suggests a more sociable personality, such as that described by Rik, Beth and Gina.

Others tended to remain with one smaller group throughout their three years, Dean, for example, describes the development of a “*family*” of five boys who he trusted and felt safe with, and who had the same interests as him¹²⁶. They had met in the Halls where they were placed together with three others in a flat. Dean’s use of the word ‘family’ to describe his relationship with the other boys implies aspects of kinship (Geertz, 1973; Helman, 2007). Members of the family he talks about have no blood ties but they have developed social ties, beyond drinking behaviour, that bind them

¹²⁶ See Chapter 7 – section 7.2.2

together, and did so throughout the time at the Case University (Geertz, 1973; Hanson, 1995). The close bond that Dean found with a group of boys also related to him being away from home for the first time, and seeking a sense of security which links to developing independence, as discussed earlier. A sense of safety and stability is a basic human need that supports emotional health and well-being (Maslow, 2013). As well as this need for security, it is suggested that human 'givens' include a sense of autonomy, a sense of status within a group, and emotional intimacy (knowing that at least one other person accepts us for who we are) (Deci and Ryan, 2012; The Human Givens, 2015).

This suggests that finding a commonality, however small, with another person can be an important socialisation factor when in a new situation, particularly when moving away from the home environment (Newman and Newman, 2009). Kay developed a close (non-sexual), enduring relationship with another girl, because in the first few weeks they were the only two that smoked in their block of flats. They then developed an understanding of other interests that they had in common. The fact that they both smoked created a bond between them in the first instance which opened a line of communication that was subsequently built on. While seeking common ground with others is a starting point for building relationships (Berk, 2014), having the confidence to initiate an interaction will depend on factors such as personality and this also relates to the concepts of self, self-esteem and self-confidence (Berk, 2014; Lawler, 2014)¹²⁷.

5.3.3 Social space: accommodation

Where people were living was a significant factor in the amount of drinking that occurred during the Study. Seventeen (of the 30) individual participants lived in Halls

¹²⁷ See this Chapter section 5.3.4

at the start of their courses. The Halls varied in terms of cost and positioning in relation to the Case University and the town centre. They also varied in terms of the social life and one Hall in particular was known as ‘*the party hall*’. Information from those interviewed suggested that living in Halls made a big difference to the amount of drinking and also the pressure placed on individuals to drink.

Students claimed that if you lived in Halls during Freshers, there was constant pressure to go out, socialise and drink:

“....people were knocking on your door 3-4 times a day [in Freshers] to persuade you to go out [drinking]...”

(Joanne, first interview).

The Halls were described as being more sociable in the sense that housemates encouraged each other to drink and that there was often a ‘party’ atmosphere in the first few weeks. This was compared to those who lived at home or off campus. Although students have some choice about where they live according to cost or geographical position, occupancy of the houses/flats is randomly allocated and so no one knows each other prior to coming to university. The participants that lived in Halls recalled that alcohol played a significant part in getting to know people and pre-drinking and drinking games also fueled this socialisation process.

However, there was a negative aspect of living in Halls if, for example, you did not drink or wanted to resist it. Sam attended a focus group early on in the Study and suggested that he was going to be very sensible about his drinking but by the first individual interview, he had been involved in heavy drinking sessions in his flat in Halls:

“..at first I told myself I am not going to drink but my friend he just went to the fridge and came back with two bottles and then he sort of like passed one on to me and it was opened as well, so I couldn’t refuse cos he was like ‘nah you have to have it now cos it’s opened’ and then umm I drink the first one and I am like ‘yeah I’m done’ he goes back to the fridge and comes back with two more..”

(Sam, first interview).

Living on campus was not always the main indicator of heavy drinking behaviour. Rik, for example, lived at home but engaged in intense drinking throughout his time at university. Alcohol for Rik had played a big part in his social life since he was 13. He joined a group of other heavy drinkers at the Case University and stayed overnight with them in Halls when out socialising in the local town or the SU.

Living together in social groups is a human trait which can be traced back to pre-historic times (Gerald and Higley, 2001; Franzoi, 2003). This is discussed by evolutionary psychologists, who explore the development of language and communication that has enabled humans (and animals) to solve contemporary problems (Gerald and Higley, 2001; Harré and Moghaddam, 2012). Joining together in groups also enabled the development of other social activities related more to seeking pleasure than basic survival, and drinking alcohol is an example of this (Szmigin *et al.*, 2008; Wright, 2011)¹²⁸. Lawler (2014) suggests that individuals seek a network of interdependencies which help to bind individuals together. This idea is based on the work of Elias (1994) (cited in Lawler, 2014), who suggests that “*without you, I’m nothing: without a nexus of others, none of us would be ‘who we are’*” (p17).

¹²⁸ See Chapter 2 – A brief history of alcohol use

Individualism, Lawler (2012) claims, is based on a suppression of the desire to be with others in social groups. This is interesting in relation to the findings of the Study: the strong desire of many of the participants to belong to groups is evident throughout. Some individuals went to extreme lengths to feel they belonged in the early part of their university experience. Both Dean and Cara, for example, talk about ‘pretending’ to drink, either claiming that there was vodka in their soft drink or, indeed, pouring drink down the toilet. Dean was able to maintain these approaches until he developed a strong bond with his flatmates whereas Cara gave up in the first few weeks, migrating to a group that did not drink. Here, Dean describes his pretence:

*“If you don’t drink....I don’t know how to put it but you get called...a **loser like....**’
‘... sometimes I sit with a coke and pretend there is a vodka in it ...people need to learn how to pretend to get drunk... go to the toilet, quietly so no one notices.... and pour it away...that’s what I do..” (Dean, second interview)*

Others described “*tactical chunders*” (Jem and Kay) making themselves sick in order to carry on drinking and not be seen as ‘lightweight’¹²⁹. Use of these extreme tactics decreased as friendship groups were forged and people were more comfortable within their friendship groups; they became more trusting and confident in resisting the pressure to conform to the drinking norm.

5.3.4 Personality factors

Starting university can be a difficult time for students and personality plays a part here. Many participants talked about how they were normally very quiet, introverted and shy and that drinking helped lower their inhibitions, enabling them to converse with others. The concept of personality is discussed by many developmental psychologists.

¹²⁹ Lightweight was a term used a number of times to indicate a low level of alcohol intake and tolerance.

Staging, ethological and evolutionary theorists locate the mechanism of developing personality within the individual: an internal locus of development (Harré and Moghaddam, 2012). Cultural theories suggest that the personality develops within the social environment in which a young person grows up: an external locus (Harré and Moghaddam, 2012). Most modern theory agrees that human development is a complex interplay between internal and external factors that include heredity, neuroscience and the environment (this is discussed further later) (Newman and Newman, 2009). Harré and Moghaddam (2012) suggest that diverse personalities can be observed very early in life. Small babies demonstrate different traits or characteristics, such as restlessness, calmness, sleeping or not sleeping, or feeding well or not feeding well (Gerhardt, 2004), and these are thought to reflect future characteristics of personality types. Harré and Moghaddam (2012) suggest these characteristics are lifelong traits that individuals learn, through their environment, adapt to, or overcome such problems as extreme shyness for example.

There is evidence of this adaptation in the Study participants as they used alcohol to socialise and in some cases, to overcome their shyness or inhibitions. Some participants described their own personality types and their motivations for drinking. For example, taking six people at two extremes of the personality spectrum: Kay (22), Dean (18) and Jem (18) talked about being shy and reserved (introverted) and that alcohol helped them overcome their fears. Gina (18), Rik (22) and Beth (18) were more extroverted, saying that they could talk to people, “*work a room*” without alcohol but alcohol made it more fun. While there were subtle differences in the motivations for drinking, the outcome was the same (heavy drinking behaviour). Whether the reasons for drinking were related to a coping strategy or a social one, enhancing the enjoyment of a social situation was the common aim. Early work on identifying

personality types was done by Cloninger *et al.* (1981) who identified a link between personality and a tendency towards excessive drinking behaviour. Initially, Cloninger (1981) identified three personality types, adding a fourth later. The 'big five' personality types of open, conscientious, extrovert, agreeable, and neurotic (and the opposites to these) were identified later and are often used in psychometric testing to assess someone's suitability for particular tasks (for example, leadership)¹³⁰. They are an indication as to how individuals will cope in different situations and they can also help people understand their own characteristics, strengths or limitations. The concepts of personality and that of the development of self-identity are linked and this is discussed in the next section.

5.3.5 Social groups: the development of self

The development and perception of 'self' and how this impacts on how people form relationships, socialise and join groups is an important factor in considering the development into adulthood (Kroger, 2007). This can be related to personality and Harré and Moghaddam (2014) talk about becoming a person and how psychological theories explain aspects of personality development. One suggestion is that personality is formed very early in human development as discussed in the previous section and that we learn to cope with our limitations as we develop our identity according to our social environment. Lawler (2014), however, acknowledges the difficulties in defining identity but discusses the concept as a process rather than fixed at a point in time (in early childhood or at adulthood for example). The idea of several aspects of 'self' is explored by Lawler, reflecting on seminal works such as those of Mead (1934) and Goffman (1968). Mead talked about the 'me' and the 'I' to

¹³⁰ See Chapter 3 p82.

differentiate between the identity people portray to the outside world (me) (the object) and that which is private, reflective, reflexive and hidden (I) (the subject). Goffman (1963), in his work on stigma talks about personal identity, social identity and the ego identity. Personal identity is constructed according to individual social networks, social identity is developed in complex social situations and ego identity is private.

The Study participants at the start of their courses were striving to develop their social identity and networks in order to gain a sense of belonging and many viewed alcohol as a supporting factor. They used alcohol in different ways: to hide their true self or to become the person they wanted to be - for example, more sociable and outgoing. Alternatively, they suggested that drinking alcohol made them reveal who they really were: *"I can be my true self when I drink"* (Kay). *"I can blame the drink if I do something wrong because that wasn't really me"* (Sam). The concepts of personality and development of identity are discussed further in Chapter 7 in relation to how participants developed over the three years.

5.3.6 Social groups: the societies

Some of the Study participants joined sports societies on entering the Case University to help them form friendships within social groups. For many of the sports societies, there are initiation ceremonies that newcomers must undertake near the start of the first semester. There were references made about particular societies and individuals reported very different experiences of the initiations. For example, Kay (MMA), Rik (Snow Soc) and Joe (American football) reported enjoying their initiation experiences while others, Ella (hockey) and Sasha (netball) had bad experiences which put them off doing those sports¹³¹.

¹³¹ Initiations are discussed further in this Chapter and also in Chapter 6 – section 6.5

Kay also talked about the different sports socials that occur within the societies. These are different from the initiations as they take place throughout the year and are organised by the individual societies. They provide further opportunities to develop social networks and feel included in the social life of the Case University but while they can include, for example, a themed pub-crawl, they appear to be less pressurised in terms of heavy drinking than the initiations are. Wednesday night is a 'social' in the SU every week and this can create problems for Thursday morning lectures due to hangovers.

Other participants did not join societies but still had heavy drinking experiences in Halls, at house parties, in local pubs or in the SU at the start of their university experience. All the participants talked about pre-drinking and drinking games whether they belonged to a society or not¹³².

5.4 The pressure to drink (conforming to group norms)

This sub-theme considers the feeling of a pressure to drink expressed by some of the participants in the Study. This pressure is associated with conforming to group norms in order to develop a sense of belonging and this is discussed in this section. Many participants talked about the pressure to drink particularly at the start of their course. Talia and Viv for example, talked about this, and how social media is now influencing people as well as the face-to-face pressure. They both said that '*Facebook is all about the drinking*'. Talia also said that this pressure was particularly evident in the first year.

¹³² See Chapter 6 – section 6.4

Dean also talks about the pressure to drink:

*"..my flatmate, he says, I am not going to drink and everyone is like, what!! come on,....you **gotta** do it, you **has** to do itnot really pressure but it is something you **have** to do..... like a celebration....you don't have to do too much or get smashed....if your team wins, you have to do it...there is a time that you **have to drink**you **has** to....."* (Dean, second interview)

Here, Dean's description is contradictory, on the one hand he suggests that there is not a pressure to drink, whilst on the other saying "*you has to do it*". Dean's account also relates to the idea of an internal personal pressure as well as an external one, and the drive to belong can result in some extreme behaviour.

The acknowledgement that drinking alcohol to excess may be a risky behaviour was articulated and understood, but it was ignored in many cases as students strived to belong which often meant following group norms. All the participants acknowledged the harmful effects of alcohol but many suggested that socialising was "*boring*" if you didn't drink. The later survey done in 2015 by the Case University found that 80.6% of 785 respondents said that few students worried about the health impact of drinking alcohol (Local University survey, 2015. Not published). There seems to be a disconnection between the understanding of the health risks associated with drinking and actual behaviour. This disconnection appears to be more related to the social pressures than to a chemical addiction (a compulsion to drink). Studies that explore the consequences of drinking behaviour have considered the ambivalence of participants; on the one hand they describe drinking behaviour as deeply embedded in their social life and social relationships and on the other, claim that such behaviour creates a barrier to fulfilling key social obligations, such as attending lectures for example (Singer, 2012). This barrier to fulfilling social obligations such as academic

work began to be recognised by, and impact on participants' drinking behaviour as their courses progressed. For some, this happened within the first few weeks of the course, for others it was later, but the majority had modified their drinking significantly by their second year¹³³.

Conforming to group norms was demonstrated by the older group of students who suggested that it was difficult to have a night out with friends without having a "*glass of wine*". Lynne, in her second year, had surgery to her bladder which meant that she couldn't drink. She confessed that she felt an internalised personal pressure to drink when she was in social situations and consequently found that she was not going out very much or always offered to drive to avoid any questions about her not drinking. Chloe, who had suggested in one interview that she "*had been there and done that*" with her drinking behaviour and that she now drank in moderation, talked about her peer group (other 24 year olds) putting pressure on her to drink when they went out. Chloe perceived herself as a strong and resilient person but still found it difficult to resist in these situations.

Coleman (2011) suggests two key theoretical concepts that help to explain the peer pressure on adolescents and young adults. The first is attachment theory which suggests that there is a gradual separation from parents as young people develop into adulthood and form wider social relationships. It is suggested that early attachment patterns are transferred to the close friendships and intimate relationships that develop during adolescence and early adulthood (Herbert, 2006). Individuals become more influenced by these relationships as they strive to maintain levels of stability and security that may be lost through the separation from parents and family (Layard and

¹³³ See Chapter 7 – Moving on: rites of passage

Dunn, 2009; Coleman, 2011). In order to maintain some stability and security, people will conform to the behaviour of their peers to fit in (Berk, 2012).

The second theoretical concept is social identity theory. Coleman (2011) suggests that the development of group identities with shared interests and attitudes has many advantages, particularly when individuals are going through a major transition such as starting university. People may be vulnerable during this time and search for a sense of security to conform to social norms which helps provide a supportive network. The perceived social norms of a university setting may be to drink, party, have fun and join in. A survey in 2015 by the NUS across seven universities confirmed that 90% of the respondents felt that, to some extent, drinking and getting drunk is part of the university culture (NUS, 2015).

The culture of drinking at a university may be in direct opposition or conflict to the cultural background of students. Cognitive dissonance theory refers to a situation where there is conflict between one's beliefs, attitudes or behaviours (Carlson *et al.*, 2004). Feininger's (1957) cognitive dissonance theory (cited in Franzoi, 2003) suggests that we have an inner drive to hold all our attitudes and beliefs in harmony and avoid disharmony (or dissonance). If there is conflict between our attitudes or beliefs, we readjust our cognitive thinking to accommodate or justify the new behaviour or action (Carlson *et al.*, 2004).

For example, two Asian, Muslim girls (Gauri and Jala) both drank heavily which was against their cultural and religious belief systems. Gauri was 18 at the start of her business and marketing course and she described how living away from home was very different for her. Gauri said that her parents did not know that she drank as much

as she did at university. She was able to justify drinking heavily because she said that she wanted to make friends and fit in to university life and this overrode her religious beliefs. She talked about Freshers Fortnight and how she had been drinking every day during that two weeks:

".....cos obviously the first night was a bit...awkward because you don't know anybody except for your flatmates but you want to make more friends so everyone was like 'lets' drink' so we can get like cool and comfortable with everyone..." '.....I think that there was likeI have seen people being pressured into drinking saying 'drink drink drink' obviously, the person who is saying it is drunk themselves and they don't really realise, but I have seen people being pressured..." "... I think that it just started on fresher's to pre-drink so everyone brought a bottle when they moved in just to like get to know everyone so.."

(Gauri, first interview)

When Gauri returned in her second year for her second interview, she described an incident where she had been very ill with alcohol and could not remember what had happened to her. She was not drinking at all at the time of her second interview and said that her group of friends had continued to pressure her to drink. She felt isolated from this group and didn't feel that she could go out with them when she was not drinking *"..it feels too weird to go to the SU and not drink."* she said. She appeared very sad and hurt by the reaction of her friends and embarrassed (and frightened) that she could not remember what had happened to her. When she got to her third year, she had changed her friendship group for ones who drank less and did not pressure her. Gauri had readjusted her beliefs and attitudes to accommodate this new information. This leads to considerations of vulnerability and how bad experiences

with alcohol can impact on self-esteem and self-confidence. It also raises the issue of the safeguarding responsibilities of the Case University and this is discussed later¹³⁴.

5.4.1 Vulnerability, power and control

Many participants talked about conforming to the pressure to drink in a positive way, where alcohol had played a key role in enabling them to have fun. However, there were also references to a darker side to the pressure to drink as demonstrated in Gauri's story above, which revealed a vulnerability in some students. In particular, this was evident in the description of the initiations into the sports societies¹³⁵. The initiations are an example of a hierarchical structure where leaders emerge who have the control to set the rules of behaviour that symbolise belonging to the group (Geertz, 1973). This may be a temporary leadership, for example freshers themselves later may become the drivers of particular behaviour after they are initiated. Societies have committees which, among other things set the 'rules' relating to drinking. For example, Ella (21) explained the importance of using the right language within her hockey group, not necessarily just at initiations. She said that the "*elders*"¹³⁶ dictated what language relating to drink was acceptable and what wasn't, and this could change from time-to-time, and be subject to penalties.

¹³⁴ See Chapter 9 - section 9.3.5

¹³⁵ See Chapter 6 – section 6.5

¹³⁶ There were various words used to describe the leaders: elders, mothers or mums or fathers

For example, using the word “*drink*” was not accepted by the group for a while, instead the word “*beverage*” had to be used. Using the wrong word resulted in having to drink a shot of alcohol:

“.....and just any time...and they have little rules like if you call a drink a drink, then you have to drink cos now you have to call it a beverage, and they know all these rules but they dont tell fresher's...and they do that purposefully so they have to drink [the freshers].... they make up the rules as they go along.....mainly people on the committee...”

(Ella, second interview)

Ella also described how the leaders would have their particular seats (position) in the SU and how freshers (the uninitiated) would be made to move if they were sitting in the wrong place. The use of the word elders here is suggestive of a hierarchical society where status is important (Geertz, 1973) and demonstrated as such through the seating arrangements. In Clayton’s (2012) account of a male initiation at the Case University, those in charge of the initiation are also called “*elders*”, indicative of being the leader, or senior figure in the group¹³⁷. Other terms used such as ‘*mothers*’ or ‘*fathers*’ indicate that there is a caring and supportive aspect to the initiations, and Ella acknowledged this. For example, she said that she felt they were just trying to make sure that everyone had a good time but, despite this, she felt bullied and she left the hockey society.

The development of hierarchies was also in evidence among participants who did not belong to any societies but lived in Halls, particularly at the start of the Study. As previously discussed with regard to accommodation, flat-mates are randomly selected and for one group of boys, a specific leader emerged who instigated most of the

¹³⁷ See Chapter 3 - The literature review: the evidence base p87

drinking in the flat. Sam (18) recounted how this 'leader' established himself as the main driver of drinking behaviour. This leader later found a girlfriend and Sam moved 'up' into his role and became the main driver of the drinking behaviour.

Individuals that feel they need to conform to the behaviour of others risk negative health or social outcomes from that behaviour. Social learning theory focuses attention on the individual as the locus of psychological process and suggests that people learn what is advisable to do by observing others' behaviour (Bandura, 1976; Harré and Moghaddam, 2012). In this context, what is advisable might be to drink to conform because others are drinking, but what seems advisable at the time may result in later regrets. Sam (22) was pressurised to drink by his flatmates and developed a reputation for being the "*funny guy*" when drunk but expressed regret for this later: in his last interview, he said: "*..I am tired of being the drunk person.....that's not a good look...*". Erikson (1968) described the challenge of transition through adolescence into early adulthood as being 'identity versus role confusion'. He talked about this time as a sense of either merging with the group values and beliefs as some way of resolving the confusion over one's identity or, alternatively, rejecting or distancing oneself from the group. This was evident in some participants, particularly Ella and Sasha, who rejected the hockey and netball groups, feeling that the initiations bordered on bullying tactics that made them feel very uncomfortable, powerless and out of control¹³⁸.

The power to enforce drinking behaviour in others was described later on in the interviews by those who had undergone the initiations: there was a sense that '*we did*

¹³⁸ See Chapter 6 - section 6.5

it, so they have to do it” (Rik). There was also the sense of enjoying the power of this, to make people do things to prove that they had the right attributes and characteristics to belong to the group. The exertion of this power, however, was not always successful according to some accounts in the Study. There were participants who resisted the initiations (not necessarily the drinking) but still managed to remain a part of the group. Jack (18) joined the American football society but said that from the start he wasn’t prepared to do the initiations. His determination was respected by the other members of the society allowing him to continue to maintain his personal social standing within the group and he later became the SU representative. He had the ability (or resilience) to withstand any pressure that was placed on him from others.

The development of status forms a key part of cultural studies and has been explored by anthropologists in different societies across the world. For example, seminal work by Geertz (1973) in his essay on the Balinese people describes status as a ladder where titles represent a cultural superiority or inferiority in relation to each other. Sometimes status is inherited or it comes with being older or it can be earned, but it is not always dependent on age or maturity (Geertz, 1973)¹³⁹.

5.4.2 Maturity and Age

The ability to resist the pressure to drink depends on a range of factors which are not necessarily associated with age or maturity. The concept of maturity can be debated. Maturation can relate to physical or biological factors such as reaching puberty or the development of the adolescent brain which is not age specific, or it can relate to particular attitudes and actions (Herbert, 2003). Acting responsibly, for example, or

¹³⁹ See Chapter 7 - Moving on: rites of passage section 7.3

having the ability to make decisions would be one aspect that links to the concepts of developing independence (Deci and Ryan, 2012). There are, of course some legal and political definitions of maturity, for example reaching the age of consent at 16 (in the UK) or 'coming of age' at 18 but these are culturally specific milestones. 'Maturity' is a difficult term to define, therefore, and everyone will have their own perceptions and understanding of it. It is, like the word culture, often used in colloquial language and means different things in different contexts to different people. The memo in figure 5.2 describes my perception of Beth and her maturity over time.

Figure 5.2. Memo, Beth

Memo: Beth

[Beth] is very giggly and silly on her first interview. She appears to have a very immature attitude to her course and drinking. Laughs a lot when talking about drinking. Is aware of the health risks and possible impact on study but disregards this saying that the first year is not counted anyway.... Talked about very heavy drinking in Freshers. Is glad to be away from home even though parents have a relaxed attitude to alcohol.

Second interview - Beth seems to be growing up, she has a boyfriend and has mentioned drinking less because she feels more settled and secure. Describes different drinking behaviour when at home with 'home friends' compared to drinking at university....drinks more shots at university... wine at home.....

Third interview – Beth is quite different now to the first interview – she is less giggly and silly and has matured in her thinking about the course, future responsibilities and her relationships. Is looking forward to going into the workplace. Says she is becoming more sophisticated.....!

There are references in this memo to being 'giggly and silly', suggesting that these are immature attributes and comments such as growing up and responsibilities are associated with maturity. Older adults can act in an 'immature' way and equally, very young children can have adult responsibilities and duties which may define them as more mature (Herbert, 2006; Berk, 2014).

Individual backgrounds, personal characteristics and previous experiences shape the attitudes that people have towards alcohol and drinking behaviour as well as their age (Hendry, 1999). The older participants in the study (n=6), whose ages ranged from 28 to 44, did create interesting comparisons. They came from just two of the Case University courses: social work (n=4) and nursing (n=2). This may be reflective of the fact that these professional courses are more likely to attract mature students who have life experiences rather than young 18 year olds who are coming straight from school or college. Interestingly, during the individual interviews, all of the older students revealed issues around alcohol either that they themselves or their families had experienced. Two had a parent who had been alcoholic, one had been married to an alcoholic, two had very early heavy drinking experiences but now drank less and one belonged to a culture where males were seen to be heavy drinkers¹⁴⁰. The next section discusses drinking intentions and drunkenness in relation to socialising. For many participants, there was an articulated intention to drink to get drunk and this was perceived as a way of being a part of the group.

¹⁴⁰ These stories are developed in Chapter 7 section 7.2.1

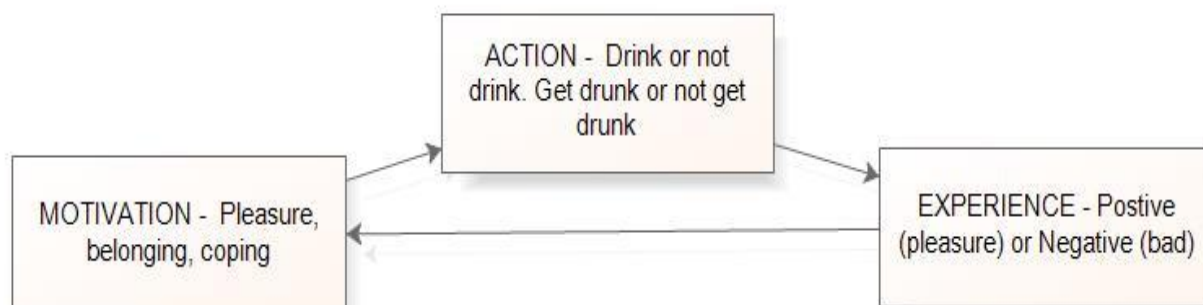
5.5 Drinking intentions and drunkenness

This sub-theme explores the idea that there is an intention to get drunk in order to 'belong'. Within this section, the understanding of the concepts of motivation, drunkenness and intention are explored and the factors that impact on behaviour are discussed. Gender differences are also considered in relation to the participant's views and personal experiences. In the first interviews participants, were asked about their personal reasons for drinking and also how this related to drunkenness within the setting. The motivations mapped to the core theme in this chapter; drinking was associated with 'finding friends', 'having fun' and 'belonging'.

Many described a form of reasoned or planned action¹⁴¹ to get drunk but others explained that drunkenness was a consequence of an action rather than an actual intention. In other words, many did not set out to necessarily get drunk but this was very often the result, particularly early on in their university experience. This reflects a wide range of motivations that are discussed earlier, relating to lowering inhibitions and trying to fit in. Motivation leads to action that subsequently leads to an experience (see Figure 5.3). The experience can be a positive or a negative one, which may influence the motivation to repeat the action. However, as is discussed in the next section, a negative experience does not always lead to not repeating the behaviour. Feeling bad the next day, comparing stories and creating memories is part of the experience and plays a key role in the forming of bonds: "*you make all your friends at university*" (Kay).

¹⁴¹ See Chapter 3 – Figure 3.4.

Figure 5.3. Motivation, action and experience



Drunkenness is a subjective term and the participants used the word “*drunk*” to describe particular emotions such as feeling “*happy*” or “*buzzed*” or, at the other end of the scale, “*depressed*”, “*angry*” or “*sad*”. They also suggested particular behaviour associated with being drunk: “*aggressive*”, “*emotional*” or “*funny*”, for example. Levels of drunkenness were also expressed: “*tipsy*” and “*just the right amount of drunk*” were expressions used to describe the early stages of drunkenness while “*smashed*”, “*bladdered*” or “*out of it*” (among others) were used to explain the later stages of drinking.

Drunkenness can be defined as drinking intoxicating substances to the point of altering the condition of the mind, which reduces the capacity for rational thought (Winograd *et al.*, 2015), but the point at which the condition of the mind is altered varies between individuals. Some participants talked about being “*lightweight*” drinkers: in other words, it took a small amount of alcohol to make them feel drunk, while others commented that they could drink a lot before feeling the effects. This was difficult to quantify, as the question about actual numbers of drinks was not asked in the Study. Jala, an Asian nursing student talked about ‘heavy’ drinking and partying a lot but she also said that she was a lightweight (that it did not take much for her to feel drunk).

There were some gender differences identified in the Study with regard to levels of drunkenness. The question about gender was also asked in relation to how relationships formed as well as looking for differences in individual and group identity formation. The next section explores this further.

5.5.2 Gender differences

All the participants were asked if they felt there were any differences in the way that males and females drink and socialise at the Case University. Most agreed that there were some similarities in the way they drink, but that the type of drink was different and in many cases, the motivations were also different – but there were differences in opinion about what those motivations were. Everyone agreed, though, that both sexes use alcohol in new situations to lower inhibitions and “*break the ice*”. It was also agreed that both males and females drank shots – which are used in drinking games and pre-drinking activities. Participants suggested that shots are also easier to drink “*down in one*”, and the effect on the system is quicker than longer drinks such as beer or cider and this is useful when dancing. The males also reflected on two perceived aspects of drinking beer or cider; that it tends to make you bloated and also makes you want to urinate more which were reasons not to drink these. The rugby focus group however, mainly talked about drinking beer or Jager bombs¹⁴² but the black males (n=4) in the Study all avoided beer and drank Jack Daniels, Courvoisier, vodka or other ‘shorts’. Three out of these four participants were involved in sports activities and although it is unclear what the significance of this is, it is noted that there may be cultural factors here that could be explored further in later studies.

¹⁴² Jägermeister shot into a glass of beer or energy drink such as Red Bull.

There was, however, a perception from some of the females in the Study that boys tended to drink beers and girls drank such as wine or alcopops; one male participant suggested that girls drink 'coloured' drinks which are pink or blue, for example. A focus group of all girls confirmed this view that girls enjoyed sweet drinks, for example shots or cocktails. This may relate to a historical development of gender variation in drinking behaviour or it may simply be a matter of taste. However, some participants did comment on what other people were drinking and related it to being "*manly*", "*laddish*" or "*girly*"¹⁴³.

In the first year particularly, cost impacted on the choice of alcohol for both males and females. Mark responded to the question "*what types of drink do you think students drink?*" With "*anything that's cheap*".

One mixed gender focus group at the start of the Study talked about different levels of aggression between males and females when they had been drinking. They suggested that boys will get physical and fight, and although girls can get verbally aggressive, they are less likely to hit each other. In the experience of those in the focus group, girls are much warier of each other. A focus group of all girls talked about how alcohol affects people differently, that there are '*aggressive*' drunks, '*depressed*' drunks, emotional, '*I love you*' drunks or '*fun*' drunks.

Winograd *et al.* (2015) explored this idea in their study on changing personality types when drinking heavily¹⁴⁴. Four 'clusters' of drunk personality types were identified that map to what the participants said in the Study. These, Winograd *et al.* (2015) named as: '*Hemingway*' (the chilled drunk,); '*Mary Poppins*' (the responsible drinker); '*Mr. Hyde*' (perhaps more likely to be aggressive or depressed) and the '*Nutty*

¹⁴³ See Chapter 6 section 6.3.2

¹⁴⁴ See Chapter 3 – p73

Professor' (the fun drunk). Other participants confirmed these perceptions of differences in behaviour when drunk, suggesting as well that different drinks also had an impact. For example, that wine made some people angry where others felt that whisky made them aggressive.

The vulnerability of drunk girls and how they can be taken of advantage of was also raised by various participants (both male and female). Joe however, said that he felt that both boys and girls '*take advantage of each other*' and that they often start the evening with that intention. This implies that, for this group of participants, they felt that there is equal power exerted between males and females. Jem reflected that girls have different motivations on different nights, sometimes going out to '*pull*' and on other nights going out to chill, dance or party with girlfriends. Jala said: "*shots for dancing, rosé wine for chilling.*"

The third-year rugby focus group (n=7) talked about the drinking behaviour of girls, suggesting that they are the ones that are more likely to "*go mad*" at the start of university, with the freedom they have away from their parents. They talked about the vulnerability of girls and that they may have been over-protected at home. There was a perception in this focus group that parents were more relaxed with "*guys*", perhaps allowing them more freedom at home before university. They also suggested that boys know their limits better and that girls just keep drinking, whereas boys may stop for a while to recover. This, the boys thought, was reflective of the girl's choice of type of drink, saying that they drank the short, sweet drinks which meant they struggled to tell how many they had had. There is some argument to suggest that the metabolism of alcohol is different in males and females and there are physiological differences such as males having more muscle mass and females having more fat cells (Wilsnack *et al.*, 2000). Although there are variants, the average human male is around 60%

water and the female around 50% water, which may suggest that females absorb alcohol faster than males and experience the toxic effects more quickly (Wilsnack *et al.*, 2000).

Having sex when drunk and waking up with someone you don't know was talked about among the participants. Sam recounted waking up with a girl that he didn't know. And when he met her on another occasion, he didn't think she remembered him. Ella also talks about this:

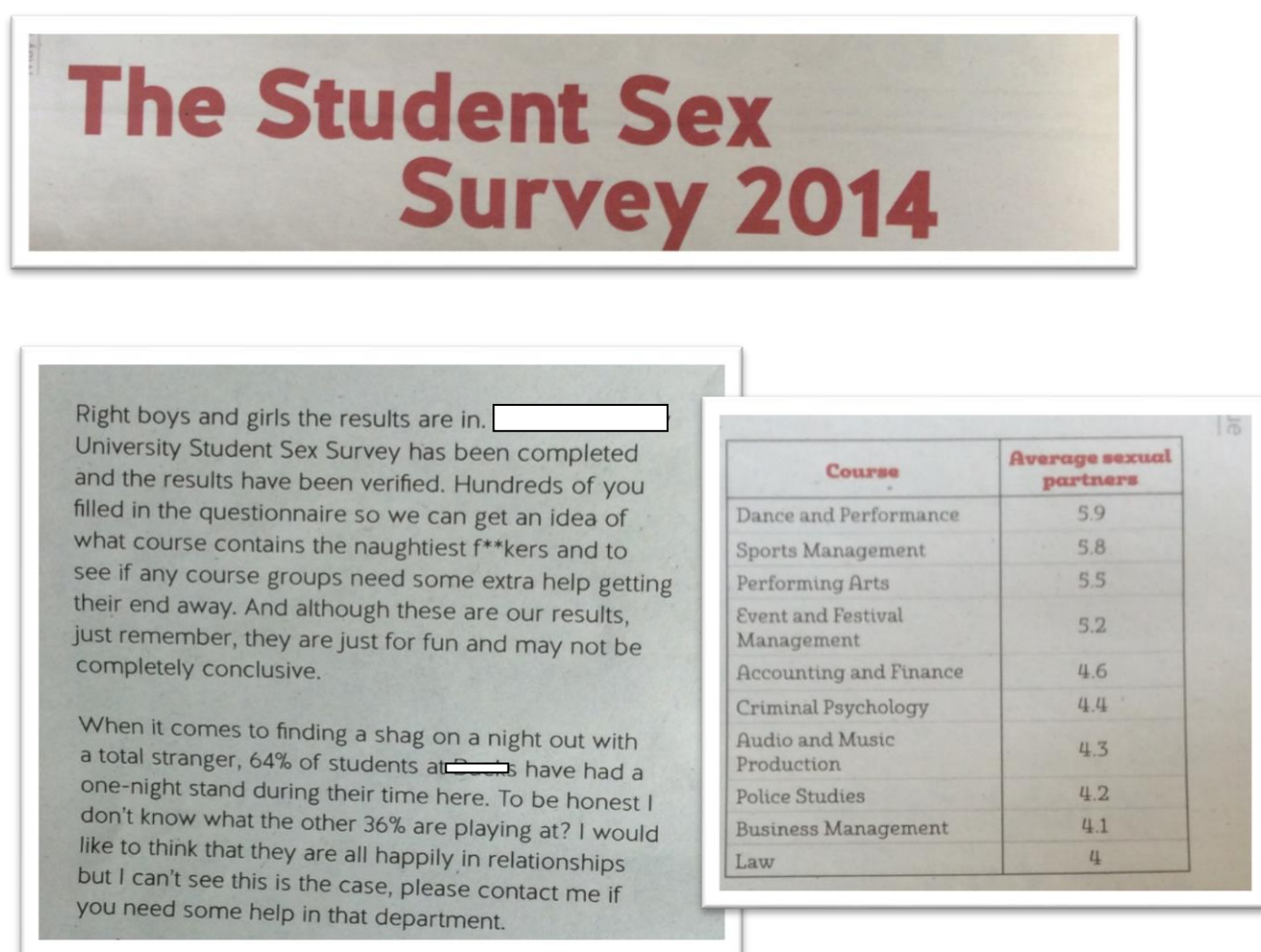
"I have one friend.....um in Halls... and every time she gets drunk she sleeps with someone new.....she wouldn't do that if she was sober....so far she has slept with about 10 people.....and that is all alcohol-related....." (Ella, third interview)

A sex survey of first, second and third year students at the Case University was done by the SU in 2014 and reported in the student newspaper (see figure 5.3). While not a rigorous piece of research (the number of respondents was just reported as 'hundreds' for example), the survey raised some issues around sexual partners, claiming that 64% of the respondents had a one-night stand while at the Case University. The author of the report said:

"...come on, it's not hard to get laid at [uni]. In my first year, I managed to get laid dressed as a woman...."

(Student paper May, 2014 p22-23).

Figure 5.4. The Student Sex Survey 2014



Risk-taking behaviour is an area that has been of some concern for some time in the media and also at the Case University. There are two issues here. The first is the topical debate about sexual consent which has been manifest around the Case University for the last few years, encouraging students to consider what this means and how to ensure that people feel safe. The second issue is the health risks associated with unsafe sex and sexually transmitted infections are also relevant, but were not addressed in the Case University survey.

Bancroft (2012) discusses these issues in a study on female pre-drinking activities at Edinburgh University. The study was a qualitative one looking at a group of eight female students' recollections of drinking in particular settings and these were recorded in online Blogs. Bancroft (2012) explores the different attitudes towards male and female drinking by quoting a 2008 advert which showed a young woman preparing for a night out by ripping her top, smearing lipstick over her face and getting vomit in her hair. The tag line for this was "*you wouldn't start the night looking like this, don't end it that way*". The equivalent male advert portrayed a young man spilling curry over himself, hitting himself in the face with a door and destroying a television. These representations of gender show a difference in attitudes: the implication is that women will lose their dignity while men will get violent (Bancroft, 2012; Know your limits, 2016a and 2016b).

Another focus group talked about male and female sports teams and suggested that female initiations could be as "*brutal*" as those that have become associated with male sports team imitations (Clayton, 2011; Dempster, 2011). One female focus group participant talked about the netball initiations and how she felt bullied and that if you didn't drink, you were not considered part of the group and therefore the team. "*You have to drink alcohol, you pay for the drink and so have to do it*" (Sasha)¹⁴⁵.

A focus group discussion reflected on the competition to have a hangover and the differences between males and females:

"it sounds daft to say but ...half the fun is waking up in the morning and see who is feeling really ... bad and you are having a laugh about it .. Who wants

¹⁴⁵ See Chapter 6 – Section 6.5

to go and hide in a corner somewhere [R- is it a competition?] Yeah, yeah...especially guys...definitely.....”

(Mark, focus group, Oct 2012)

“..I tend to think that men do it [drink] more as competition, when you look at them in groups, there’s this competitive edge between the groups when they are drinking. Whereas you look at a group of women drinking I think that they do it more for the social aspect there is not a competition within the group like there is with the men.....”

(Helen, focus group, Oct 2012)

The implication here is that men drink to compete with other men whereas women drink to socialise. There was some agreement across the cohort that the similarities in drinking behaviour was increasing, particularly in the amount that is drunk and also the behaviour when drunk but, that as the above discussion highlights, the intentions may be different¹⁴⁶.

5.6 Summary.

This chapter has explored the first core theme of a ‘sense of belonging’. The key motivations for drinking alcohol reported in the Study centre on social reasons (joining in), enhancement (having fun) and coping (relieving stress). Freshers is a focal point for students to become familiar with the Case University and socialise. It is associated with intense drinking behaviour, which is encouraged in Halls in particular. Supportive

¹⁴⁶ See Chapter 6 Section 6.3.2

factors for resisting drinking included living off campus, being older or having external responsibilities such as a family, doing work placements or having a part-time job.

The SU was another key social space for drinking and participants suggested that they were unlikely to go to the SU sober. A pressure to drink, or conform to normative behaviour, was highlighted by participants, particularly at the start of university life and this was evident also in the sports society's initiation activities. Customs and rituals are closely associated with the sense of belonging and the next chapter explores how students learn the rules and associated rituals of drinking at university.

Chapter 6 Learning the rules: drinking customs and rituals

6.1 Introduction

This chapter continues to explore the research objectives of the Study with specific reference to:

1 'Develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university'.

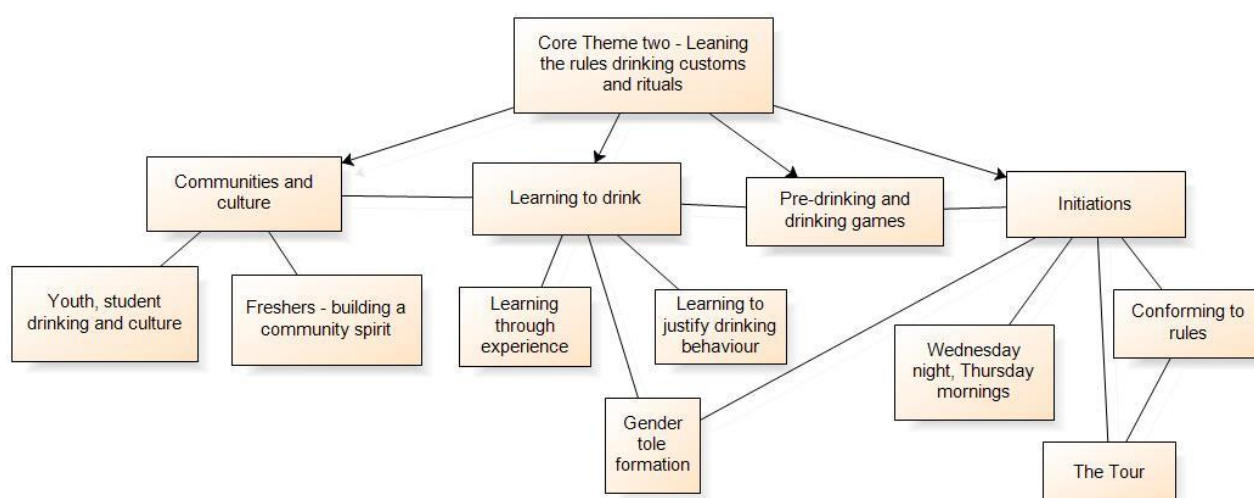
2 'To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors'.

The second core theme identified in the analysis is explored in this chapter: 'learning the rules; drinking customs and rituals' and the sub-themes: communities and culture; learning to drink, pre-drinking, drinking games and initiations (see figure 6.1). Within each sub-theme, sub-categories relating to the core theme are also explored: the places in which people drink (contextual and social factors), the language and symbols associated with rituals and sports initiations (psychological and social factors), covering both positive and negative experiences (psychological factors). These themes, subthemes and sub-categories map to the theoretical framework (see Figures 3.6 and 4.1).

The previous chapter explored the early drinking experiences of the participants as they started at the Case University, this related to their socialisation; striving to belong, having fun and avoiding boredom. This chapter continues with considerations of the underlying cultural beliefs about drinking at university which include the discourse

surrounding the associated customs and rituals. The connections between the perceived cultural norms and risky health behaviour are also introduced in this chapter. Examples from participant accounts are provided to illustrate the findings in relation to the theoretical framework. The chapter begins with an overview of the concepts of customs and rituals and continues to discuss each sub-theme.

Figure 6.1. *Learning the rules: drinking customs and rituals*



6.1.1 Introduction – customs and rituals

Rituals are a series of actions performed according to a prescribed order; they are generally associated with providing a common experience that gives an individual a sense of belonging to a group, in either a religious or societal context (Van Gennep, 1960; Johnson, *et al.*, 2011). They can also be used by individuals who feel the need to follow a specific routine, for reasons ranging from superstition to obsessive-compulsive disorder (Stein, 2002). Early ethnographers exploring different societies around the world identified rituals that had ‘magico-religious’ connotations, associated with rites of passage from one ‘state’ to another (Van Gennep, 1960). Johnson *et al.* (2011) suggests that the sociologist Durkheim first identified the importance of ritual in society in creating a sense of unity amongst group members. Johnson *et al.* (2011)

specifically explored the function of rituals in relation to 'hazing', an extreme form of sports initiations where, he postulates, a sense of belonging is shaped through the suppression of individual freedom which creates a dependence on the group and therefore strengthens bonds within the group.

Banister and Piacenitini (2008) discuss alcohol consumption as a ritualistic behaviour in a university setting. Treise *et al.*, (1999), (cited in Banister and Piacenitini, 2008) suggest that there are four components to ritual behaviour which can be applied to drinking: the artefact (the alcohol), the script (rules about who can drink and where and when to drink), the performance (how to drink, how many drinks to have and how to behave when drinking) and the audience (other group members, SU staff, pub staff). This links to the drinking games that students engage in where there are rules of behaviour such as how to dress, how to perform and how to win the game.

In the Study, there was evidence of these components in the pre-drinking customs, drinking games and the sports initiations, as well as the house parties that took place during the three years. The type of drink (the artefact) played an important part in the various rituals depending on the reason for drinking: "*shots for dancing*" (Lara) "*vodka for drinking games*" (Mark), "*wine for 'chilling' [relaxing]*" (Jala). Only two participants over the three years talked about drinking alone (Sam and Kay). Otherwise, drinking was a social activity which included all the components of ritualistic behaviour described above and in particular, the idea of 'a performance' in front of an 'audience' was strongly suggested throughout the Study.

Closely linked to the concept of customs and rituals are the language and symbols used to promote understanding within a group (Geertz, 1973). Although the concept of customs and rituals was not explicitly expressed in the same way that socialisation was articulated by the participants, there were implicit references to the rules of behaviour with regard to drinking and also the places that drinking occurred. There were rules about pre-drinking for example, which generally occurred in flats or houses before going out and there was an explicitly expressed 'rule' that "*no one would go to the SU sober*" (Joe).

There was a common language surrounding drinking which was understood by all participants. This was in evidence from the start: In the first focus groups for example, pre-drinking, drinking shots and the name of popular drinks such as Jager bombs, snakebite or Corky's¹⁴⁷ were commonly discussed. Adjectives used to describe drunkenness such as "*bladdered*", "*smashed*", "*slaughtered*" or "*hammered*" were well understood and levels of drunkenness were also associated with particular words or phrases such as "*tipsy*" or "*just the right amount of drunk*". The members of the focus groups demonstrated understanding of the language used to describe drinking behaviour through their affirming body language, for example, nodding, smiling or laughing. This was not confined to the focus groups of young people, lecturer focus groups also used similar language to describe drunkenness and understood what that meant. This suggests that language, although continuously evolving may be passed down generationally and given that a common language is also used in the media, it may be that the 'gaps' between generations are closing within society. Certainly, the

¹⁴⁷ Jager bombs are a shot of Jagermeister in beer or an energy drink, snakebite is a mix of cider and lager and Corky's are flavoured vodka shots often with a sweet flavour.

concept of drinking as a student is not a new one, reflected in the early statements made by people of various ages before the Study began¹⁴⁸.

Customs and rituals are closely linked to the concept of culture (Helman, 2007). They are identified by anthropologists studying different societies across the world and used to help to explain the behaviour of community groups (Monaghan and Just, 2000). Customs and rituals help to bind communities together and provide a framework of expected behaviour (Geertz, 1973). The next section explores the idea of community and culture in relation to the Case University setting and the participants in the Study.

6.2 Communities and culture

This sub-theme explores the sense of community that develops at university and in particular the community 'feel' at the Case University. A university is a social organisation where patterns of relationships develop between individuals and groups. There may be a natural, perhaps inevitable hierarchy amongst students and staff at a university but a common aim is for students to succeed academically. The members of the Case University community work towards educational attainment through the combined efforts of the students, the academic staff and others within the Case University.

A community is also suggestive of the affective domain where feelings of belonging are important (Twelvetrees, 2001). Many of the participants talked about how small the Case University is and how that helped facilitate a community spirit. The interactions between individuals and groups aim to provide a positive environment in which people can learn and develop.

¹⁴⁸ See Chapter 4 - Table 4.2

There are opportunities at the Case University to belong to a number of different groups within the broader environment. The way that social groups form is discussed in chapter 5 but, in summary, individuals seek common characteristics in others in order to belong to a group. This may take some time but Fresher's Fortnight provides a starting point for this and for many, alcohol provides the means to accelerate the process. Those with similar values, beliefs and motivations migrate towards each other and alcohol is used in a positive way to help people to socialise. Younger students who drink formed the larger group at the Case University but there are many smaller groups within the Case University including those students who do not drink, those who are older and live off campus or those who have outside responsibilities such as a family.

The Case University has a set of values and beliefs that are created by the shared experiences of groups of people with common goals and social practices that can be described as cultural norms (Winkelman, 2009). Whilst these norms are specific to the Case University environment, many participants talked about the concept of making "*friends for life*" or "*creating lasting memories*" at university where shared experiences form the basis of enduring long-term relationships.

Early anthropologists focused on becoming a part of the society that they studied in order to observe social interactions from within (Van Gennep, 1960; Geertz, 1973). They lived and worked with people to gain insight into their cultural norms and behaviour and early pioneers such as Malowinski travelled to remote parts of the world to do this (Monaghan and Just, 2000). More recently, anthropologists have studied groups in modern society and strived to explain human relationships in contemporary

settings such as towns and cities, corporate organisations or educational institutions (Monaghan and Just, 2000).

'Culture' was a term used frequently and by most of the participants in the Study at one time or another: phrases such as "*youth culture*", "*drinking culture*" and "*University culture*" were commonly articulated ¹⁴⁹. Sub-cultures are also demonstrated in the Study but they are not necessarily articulated as such by the participants. For example, if drinking is considered the larger cultural norm at the Case University, then those who do not drink form their own sub-groups away from that norm. Bragg and Kehilly (2013) explain Cohen's (1955) view that sub-cultures arise when people who have similar problems come together to look for solutions. In this case, this refers to finding groups that were not involved in drinking behaviour. The Study is not large enough and the sampling does not allow for generalisations about these particular sub-groups other than to suggest that there are concepts of 'in groups' and 'out groups' at the Case University which are present in the interviews.

The term 'culture' refers to the way in which human communities engage with the world through a shared set of understandings, meanings and values (Helman, 2007). Students who belong to groups that drink alcohol have a particular set of customs and rituals that are often unspoken but understood by all of them. Pre-drinking, for example, is an accepted practice for all students who live in Halls or other student accommodation. It is a practice that continued throughout the three years at university although the frequency of it reduced over time.

¹⁴⁹ See the section below - 6.2.1

The normative cultural practice of drinking alcohol in university and colleges are commonly reported (Dowdall, 2013; Foxcroft *et al.*, 2015) and culture can refer to the system of knowledge that is shared by a group of people which encompasses a set of values, beliefs and attitudes (Helman, 2007; Winkelman, 2009). This knowledge is communicated in different ways; it can be explicitly expressed by those more experienced in the rules or be implicit through learned behaviour, for example, through role modelling (Bandura, 1976). Or it can be knowledge that the group members simply 'know' (tacit knowledge). This 'knowing' is something that is influenced by information that is passed down through generations of family and peer groups and is shaped by external factors (Geertz, 1973).

6.2.1 Youth, student and drinking cultures

Sub-groups within the Case University can be identified through the colloquial language used: 'youth' culture, 'student' culture or 'drinking' culture, for example. All these phrases need to be contextualised and individuals can identify themselves with one, two or all three groups. The values and beliefs of each group may be interpreted differently by individuals depending on their own personal perspective. For example, a young person may relate to youth culture, student culture and drinking culture, perhaps recognising that there are similar values in all three for them. Older students may also identify with the concept of student culture but the values and beliefs may be different: for example, they may not associate their own personal student identity with the drinking culture at the Case University.

Older participants in the study admitted that for them, drinking alcohol was associated with social events and celebrations such as finishing assignments, Christmas or graduation. While on the one hand, those involved in youth, student and drinking cultures are often demonised in the media as 'drunken layabouts' or 'feckless'

(Dempster, 2011), on the other hand, there is a level of tolerance shown by society. This tolerance may be temporary where broader society accepts the transition that students make before they enter (or re-enter) mainstream society and is willing to overlook 'bad' behaviour at university but not beyond.

Hendry (1999) talks about this tolerance of particular behaviour in tribes in remote parts of the world, where young people are expected to go through a period of experimentation and pushing the boundaries as they move from one status to another. The same could be said of the developed world. Crawford and Novak (2006) discuss this issue in the context of modern society, suggesting that as a result of societal change away from formalised religious or family rituals, young people have created their own, secular rituals that mark their transition into adulthood. These rituals can involve drinking alcohol or taking drugs and, in the case of undergraduates, are suggestive of the idea of liminality (moving between one status and the next).

Crawford and Novak (2006 p3) cite the example of "*russefeiring*", a custom in Norway where graduating pupils (from high school) undergo a 17-day celebration which involves public drunkenness and the "*violation of social norms*". Crawford and Novak (2006) suggest that this allows graduates to become free of the normative constraints which usually regulate public behaviour. Participants are free to behave in this way without the normal negative consequences; they are then expected to re-integrate back into their society. Students at the Case University described this idea in a number of ways: they felt that the university was a safe setting to push boundaries and be protected somehow from harm and that after university they would have to '*grow up*', '*get real*' and become more sensible. The sense of the protective 'bubble' effect is

raised here where Study participants considered that student life is transient and therefore, heavy drinking acceptable on a temporary basis.

The lecturer focus groups demonstrated this idea of tolerance. While there was some concern about students drinking too much and missing lectures, there was also a level of tolerance shown. This was reflected in such comments as *“it is an expectation that students will drink too much, it is a rite of passage”* (Jamilla, staff focus group). Other examples of this acceptability of their students’ drinking were also expressed. For example, suggesting, that it is alright to drink for a particular cause such as part of an event for charity but not really just for *“something to do”*:

“...It is OK if students are doing something [drinking] for charity.....I don’t mind people getting roaring drunk as long as they don’t insult someone, damage property and that you can get up in the morning and do what you are supposed to be doing....”

(George – staff focus groups¹⁵⁰)

This links to public health considerations described by the Nuffield Council of Bioethics (2007) which discusses the ladder of interventions in public health practice. The idea that society could ignore individual risky health behaviour providing that it does not impact on others is hugely debateable (Sines *et al.*, 2013). Public health practitioners may argue that their role is to consider that such behaviour does have potential impact (Summerville *et al.*, 2012). For example, the risk of developing harmful drinking patterns at university has a financial implication for health services in the future (Reeves, 2010). There is also a potential social impact for those that develop

¹⁵⁰ See Table 4.7 – Staff focus groups

addictions in their early lives which may affect their ability to work or form meaningful relationships (Sheron *et al.*, 2011). If young people are taking risks with their health and there is an element of peer pressure coercion then, arguably, there is a collective social responsibility to act preventatively (NCOB, 2007).

Adolescent theory supports the idea that while young people experiment with their behaviour as they become adults, other adults may accept this behaviour on a temporary basis (Newman and Newman, 2009). This might be because other adults themselves have been through this process and survived the experience. There is a level of egocentricism during adolescence discussed by psychologists such as Piaget and others where behaviour becomes self-centred in the pursuit of pleasure (Herbert, 2003). Hedonistic lifestyles map to the behaviour of some adolescents in that they feel a sense of immortality – that they are protected in some way by their youth (Roche *et al.*, 2010). To some extent, the participants talked about this sense of security, that it was a period in their lives to enjoy and have fun, and that there was time in the future to become serious after leaving university.

Neuroscience may help to explain some of the behaviour associated with early and late adolescence (Giedd *et al.*, 2004). Sophisticated imaging techniques have led to better understanding of the teenage brain which suggests that risk-taking may be associated with late development of the neurones in the frontal cortex where judgement centres are situated¹⁵¹. According to this biological evidence, because their brains are not yet fully matured (hard wired), adolescents lack the ability to make good

¹⁵¹ See Chapter 3 - section 3.3

decisions including those relating to their pursuit of the dopamine 'highs' associated with taking risks (Giedd *et al.*, 2004).

In addition, some psychologists, such as Kohlberg (cited in Herbert, 2006), suggest that moral and spiritual development, including the ability to distinguish right from wrong or to consider the 'grey areas' in ethical dilemmas, occurs quite late in adolescence. This is thought to link to the idea of egocentricism. The acceptance of behaviour which may put yourself or others, or both 'at risk' may link to both these concepts (Giedd *et al.*, 2004: Herbert, 2006).

The way of life of a group of people, in this case undergraduates, includes the behaviour, beliefs, values and symbols that they accept as part of the group 'rules'. These are often adopted without any real consideration and this was demonstrated throughout the Study in the accounts of the participants. At the beginning of the Study, the younger participants often talked about their drinking behaviour (actions) but rarely talked about consequences or health risks. There was an unquestioning adoption of behaviour patterns in order to feel a sense of belonging to the community. This is not to say that they did not know about the health risks, but they were ignored. This was possibly due, in part, to the adolescent sense of immortality or invincibility evident at the start of the three-year Study period (which did change over time). It may also be partly due to the observation that others successfully survive university - a knowledge that is learned and passed on from generation to generation.

Drinking culture can be defined from either a negative or positive perspective, depending on the observer's standpoint. From within youth or student culture, it is associated with hedonistic lifestyles but this can change when problematic drinking is

identified. Kay worked part-time locally with homeless alcoholics and was asked about her view of this in relation to her own drinking behaviour. Kay said, in her last interview, that being at university was like living in a 'bubble', where she felt safe and that her drinking would reduce once she had left university. Kay suggested that there were particular acceptable behaviours associated with drinking when you are young which become unacceptable as you get older. Lying in the streets drunk or drinking during the day was, for example, seen as undesirable.

Definitions of 'young' (and 'old') can be subjective. Sam (18), for example, suggested that anyone over 30 should not be going to clubs:

"There comes a time when people should stop drinking.....they should stop going to clubs after 30.....it screams 'help me' ..."

(Sam, last interview)

Other participants also suggested that pubs in the area were "*full of old people*" implying that these were less desirable places to go for students. Drinking, though, continues throughout life. It is not the sole domain of young people and many of the identified public health problems are associated with older, middle aged people (ONS, 2015). The differences may be identified in the motivations for drinking and the types of alcohol drunk. These issues were highlighted as the Study progressed, when participants explained their changing drinking patterns as they went through their course and these are explored further in chapter 7.

6.2.2 Freshers – building a community spirit

The uniqueness of the Case University and its sense of community is portrayed through Freshers Fortnight which provides the opportunity for students to learn about the customs related to university life. The Open Days that occur before prospective

students start also so help them to understand the underlying ethos of the Case University, which can be important to them choosing it over other HEIs.

Some students made reference to a drinking culture being promoted by the Case University. For example, Mark, in the first focus group suggested that at the Open Day and on the Case University website, an active social life was marketed in relation to drinking which had attracted him to the Case University as well as the Events Management course that he was doing.

“....they talked about it [alcohol] on the Open Day and the cheap drinks and the student union [SU] and the clubs..... Personally I think it is quite good....the night life is a good selling point.....It is on the website....”

(Mark, first interview)

The availability of cheap drinks was also discussed by participants. It was seen as an important feature of the SU bar and a key reason why students went to the SU rather than to other venues around the town. Lorna (21) also talked about learning about the Case University prior to starting. She attended an academic writing week before she came to the Case University, where a group of potential students stayed for a week in Halls. She said that they were encouraged as a group to go out drinking on themed nights as part of building their social interactions and to help them form bonds: *“it was always about the drink”*, she said.

Freshers Fortnight is a time to continue this marketing of the social aspects of university life and this is important for students to help them enjoy their learning

experience holistically. Learning can be enhanced by external interests and opportunities that prepare students for life after university and enable students to be ready for the workplace.

The student newspapers also included information for students about the opportunities for personal development. The October 2014 (p6) edition of the student paper featured an article giving advice about drinking behaviour. Lizzie, the author, talked about the number of units in drinks and suggested:

“....As students, Fresher Fortnight gives us a great excuse to abuse our health and consume as much alcohol as we possibly can before the hard work starts. Freshers Fortnight is a rite of passage for new university students in their first few weeks of freedom to drink excessively and possibly lose some dignity...”

(Student Newspaper Oct 2014, p6)

She went on to warn students of the dangers of drinking too much and gave advice about drinking responsibly with some tips on staying safe. There is an interesting balance in this article: while accepting that students will drink and potentially to excess, harm minimisation principles are applied and these are discussed further in chapter 8. There was also a campaign at the Case University to encourage people to believe that the SU is more than just a bar, that it was a place for socialising and networking, not necessarily simply for alcohol consumption. This suggests an attempt to change the cultural beliefs that student life is all about drinking alcohol but a survey done at the Case University in 2015 suggested that the majority of responders still considered drinking alcohol to be a cornerstone of the student culture (Local NUS study, 2015,

not published). From February 2015, there was a change of approach in the student newspapers with less emphasis on cheap alcohol in the advertising of events in the SU.

The Study also suggested that older students felt that Freshers Fortnight was focused on the younger students. There were few explicit or implicit references in student papers to mature students except for one article by a mature student describing her experience of university life. In this article, she confirmed the view that although feeling welcomed by her course cohort, she would not get involved in the night-time activities at the SU because she had responsibilities and indicated that anyway, the SU at night was for younger students. Older participants in the Study or younger ones with families confirmed this view, indicating that they were less inclined to be involved in Freshers or the SU night-time activities because it was “*not for them*”. There were different customs associated with being an older student: for example, generally only drinking at lunchtime, on both the main campus and the satellite campus. The older Study participants were more inclined to create their own social activities rather than use the SU at night. They joined the Case University at a different point in their life course¹⁵² and they had different attitudes towards drinking at university. How they and the younger participants developed those attitudes is discussed in the next section. Older students may place a higher value on education, perhaps viewing it as a second chance for further study. Learning to drink is associated with cultural and social differences between individuals and the pathway towards drinking or not drinking will depend on some of these factors.

¹⁵² See Chapter 7 - section 7.2.1

6.3 Learning to drink

This sub-theme explores how people learn to drink. It links to the core theme of 'learning the rules' and provides a thread between the concepts of socialisation¹⁵³ and how drinking changes over time as students move on¹⁵⁴. Culture can describe the accumulated experience, beliefs and attitudes of a group of people which is passed on through social interaction (Geertz, 1973). The Study has discussed previously the way in which people learn to drink alcohol through social learning to gain a sense of belonging, and the issues relating to repetition of the behaviour despite known negative consequences. How young people learn the 'rules' of drinking is the focus of this section.

6.3.1 Learning through experience

At the first interviews, all the participants were asked about their early experiences of drinking and the responses were varied. Some participants had begun their drinking at an early age, either openly with their family or more covertly with friends, at school, in parks or other outdoor spaces (because they could not drink in pubs). The average age of the first drinking experience across the participants was 13 and this mirrors the previous schools study done in 2009 (Wright *et al.*, 2009) and is also supported by other surveys on young people's drinking habits. In developmental terms, 13 is an age of puberty and increasing independence where influences such as friends become more important to young people than parents or family (Herbert, 2006; Berk, 2014).

The way people learn has been discussed by psychologists using different theoretical models. Behaviourists would consider classic and operant conditioning to be a feature

¹⁵³ See Chapter 5

¹⁵⁴ See Chapter 7

of the way humans learn (Newman and Newman, 2009). Drinking alcohol in line with the actions of one's peer group delivers a reward providing a sense of belonging (or conforming), lowering inhibitions in new situations or simply enabling one to have fun and 'party'. Alongside these positive outcomes, there is the potential negative consequence of a hangover. Learning by trial and error would suggest that people learn by doing, and normally, behaviour that has a negative outcome is not repeated (Newman and Newman, 2009). Drinking alcohol is an exception to this. A hangover offers its own reward - in the sharing of stories and comparing 'how bad you feel'. There is a sense of camaraderie for those involved in this behaviour and for the males in the Study, this was described in competitive terms.

All the participants were asked about this aspect, in particular why they would drink again after a negative experience. There were many reasons offered, including the fact that drinking was the only way to socialise and have fun at university; that being ill or having a hangover was part of the overall fun, creating memories for the future, and that university is a unique time in one's life and needed to be made the most of. Sam said that one reason that he drank was that *"I can blame the drink if I do something wrong"*. Nathan also said *"if you don't remember it, it doesn't count"* (Focus group, Oct 2012). In the final interviews with the participants, they were asked to look back over their time at university and if they would have done anything differently. One participant said that she did regret not partying more in the first year but the majority had no regrets, saying that they had made the most of their time and that having fun was a huge part of the experience.

Modelling theory suggests that people learn through observation (Bandura, 1976). Those participants with parents who drank alcohol demonstrated that this had influenced their drinking behaviour through university. Although all young students

who drank did so with real intensity at the start of their university experience, those with parents who drank and had a relaxed attitude to alcohol settled more quickly into less intense drinking habits within the first few weeks. Those who had been more restricted with their drinking at home found it more difficult to moderate their drinking behaviour. Sam, for example, had a very restricted drinking experience at home and he drank heavily in his first year, and some of his testimony was concerning in places¹⁵⁵.

Stage psychologists suggest that learning is a process of transition through a series of psychological stages (Harré and Moghaddam, 2012). Erikson said that these stages are related to psychosocial crises which enable individuals to 'grow' and develop (Erikson, 1968). Full time undergraduate students, whatever their age, are going through a major transition related to their education and change of status. Young students in Halls may also be away from home for the first time and so their psychosocial crises relate to the way in which they cope with the transition to independence¹⁵⁶. Alcohol is used as a coping strategy to enable people to develop their sense of belonging in their new environment¹⁵⁷.

The Study demonstrated that early drinking experiences learned through the family or later through the influence of peer groups, impacted on the beliefs and attitudes towards drinking. This included the older participants whose attitudes to drinking were reflected in their past family experiences; for example, some had a parent who had been alcoholic and others had married an alcoholic while others had personal early

¹⁵⁵ See Chapter 7 Section 7.2.2

¹⁵⁶ See Chapter 5

¹⁵⁷ See Chapter 5

heavy drinking experiences. These life course biographies are discussed further in chapter 7.

One example of 'learning to drink' is provided by Lorna. She had very early drinking (and drugs) experiences which had resulted from a troubled family background. Lorna, 21 years old at the start of the Study, had been in care when she was a young teenager and had lived in young homeless centres when she was between the ages of 16-17. She had very conflicting messages from her parents about drinking. Her father had been very religious and strict with her, not allowing any drinking at all. Her mother had been the opposite "*I had no boundaries when I was with my mum*". Her drinking between 13 and 19 had been out of control and she had been evicted from one of the young homeless centres at 17 for having parties and drinking excessively. At 19, she met her partner and had a baby who, she said, "*is my life saver*". She maintains that her responsibilities as a mother has made her attitudes towards drinking very different from other 21 year olds: "*My family is my world*". Lorna felt that she was stronger because of her early experiences which had led to the person she was now. This is an example of how experiences in early adolescence can map to developmental theory about risk taking behaviour while forming a sense of personal identity during this period of development (Herbert, 2006).

The perceived culture of drinking in the UK has also contributed to the way in which young people learn to drink. Alcohol is a legal drug and because it is legal, it is openly discussed as a normalised social activity in many situations (Nutt, 2010). There is evidence throughout the media of the acceptability of drinking behaviour, ranging from the advertising of cheap booze (see figure 6.2) to a focus on drinking in British TV soaps: Coronation Street and EastEnders both have a focus on the pub as the central socialising space. Drinking is referenced by presenters on TV and radio, comedians

and through social media sites and is embedded within our society as an acceptable social practice.

Figure 6.2. An example of alcohol advertising



The Case University student newspaper in 2012 interviewed a band that was performing at the SU. One question was about the most embarrassing drinking experience they had had. A young member of the band reflected on a story: *"...I had sick in my hair and I was lying in the street and all these men in suits were going past..."* This was related as a normalised, funny story and headlined in the student paper. If this story was told in another context, from the perspective of an alcoholic living on the street, for example, it may be viewed very differently.

6.3.2 Gender role formation and learning to drink

Opinion was divided in the Study about gender differences in the way people drink but there was some agreement that there were differences in how drinking behaviour is learned. For example, Bob from the rugby focus group suggested that girls were more protected as they grow up by their families (and their fathers in particular) and that this was because they are more vulnerable. The development of gender role identity and the importance thereof has been debated by many scholars from different theoretical fields. Lawler (2014), for example, explores the work of Freud on the development of gender and sexual identity in relation to a psychoanalytical framework. Lawler (2014) argues that the psychoanalytical explanations of 'masculinity' and 'femininity' have offered insight into distinguishing these concepts from those of 'male' or 'female'. She argues that masculinity is not the exclusive property of men nor femininity the property of women (Lawler, 2014). Temple and Burns (2012) reflect on this idea suggesting that the term masculinities (rather than the term masculinity) describes a set of attributes such as physical strength, rationality or aggression which can be applied to both males and females. It is argued that masculinity is not inherent in all men but is constructed through environmental influences, for example, in a university setting where particular actions are 'expected' (Dempster, 2011). Perceptions of being male or female come from both internal factors involving understanding of self as well as external, environmental factors: familial, cultural and societal influences.

The Study highlighted issues around male and female identity, producing opinions that challenged the stereotypical view of females being vulnerable and males being sexually predatory. Dean suggested that it was "*OK for the girls to come up to you when they were drunk and kiss you and flirt, but that this was not OK for the boys to*

do which gives them (the girls) 'a sexual power'." Rik, from the Snow Soc talks about the type of girl who joins the society:

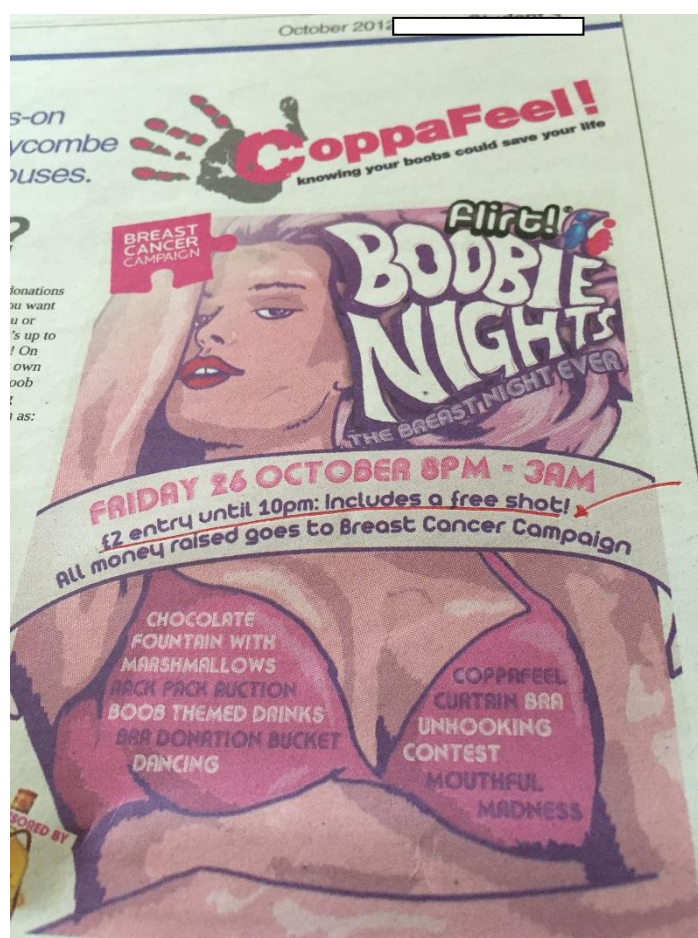
*"..... there is definitely a type of girl who joins Snow Soc - they are generally outgoing and **usually quite pretty, quite attractive girls.....**" (Rik, second interview).*

There is an implication here that different personality types or unattractive girls may not feel welcome in this society.

Ruth, a lecturer, reflected on a conversation with a female student who had said that girls were expected to dance in the SU without underwear on. It was unclear from this anecdotal evidence where the pressure to do this had come from, but it reflects a particular attitude towards females. This attitude towards females and the concepts of a hypersexual femininity is explored in Griffin *et al.*'s (2012) work on the contradictions that exist in the culture of intoxication among young women in the UK. Griffin *et al.* (2012) discuss the difficulties for women in negotiating the dilemmas of being 'sassy' and 'independent' but not feminist and to be 'up for it' (as in dancing without underwear) but not be a 'drunken slut'.

Although well intentioned, national campaigns such as 'Boobie nights' or 'Copafeel' to raise awareness for breast cancer, use language that may be interpreted as sexualising a serious message. The visual images for these may also be suggestive of the objectification of women (see figure 6.3).

Figure 6.3. Boobie nights



The report in 2012 from the NUS, *'That's what she said'*¹⁵⁸, was a qualitative study undertaken by the Centre for Gender studies at Sussex University (Temple and Burns, 2012). This study explored some issues around masculinities, student drinking and the feelings of women about a 'lad culture' at university. The study was commissioned by the NUS in response to reports about sexist and misogynistic behaviour of males in some student communities. Temple and Burns (2012 p7) say that there is a body of evidence to suggest that sexism and sexual harassment enables men to "*reclaim power and space*". The study suggested that around one quarter of the female

¹⁵⁸ See Chapter 3 p91

participants were complicit in the 'laddish' behaviour and this is also reflected in the Study; there were many examples of females and males behaving in very similar ways, particularly at initiations.

Any lines that have been historically drawn between what constitutes a male or female drinking pattern appeared blurred in the Study. The formation of female identity and drinking cultures are explored by Hutton *et al.* (2013) in their discourse of female cultures of intoxication. As the position of women has changed within society, they have become more visible in social spaces such as clubs, and pubs and SU bars (Hutton *et al.*, 2009).

Dean talked about girls trying to be "*like the boys*" in their consumption of alcohol and their initiations, and he considered that girls were worse than the boys when drinking. "*I think the girls are crazy...*" There is a suggestion that drinking is the domain of males and that there is an implied resentment that females are attempting to copy male behaviour. Hutton *et al.* (2013) consider this in terms of young women negotiating their place in the culture of intoxication while battling against a wide variety of opinions about how they should behave. O. de Visser and McDonnell (2011) also explore this in their mixed methods study on the gender double standards for alcohol use. Following an online survey of 731 students at an English university, 16 participants were purposively selected for interview. Eight interviewees had traditional views on gender and drinking and half had egalitarian views. The levels of drinking in the Study were similar between the two sexes but double standards still existed: heavy drinking associated with being 'masculine', and respondents were more negatively judgemental of female drinking.

The concept of male identity is discussed by Clayton (2012) and Dempster (2010) including how heavy drinking and sports initiations have been associated with male orientated behaviour¹⁵⁹. Dempster (2010) investigated how male students at university perceived laddish behaviour through survey and semi-structured interview. His study concluded that drinking heavily is a key resource that enables students to fit in to university life and in particular, that there is an expectation that “*real men hold their liquor*” (Dempster, 2010 p649). Clayton’s work (2012) also discussed the concept of hegemonic masculinity with his tale of a fictional initiation based on interviews with male sports teams¹⁶⁰. Clayton’s work (2012) questions the idea that sports initiations are all about masculine hegemony, deviance or personal humiliation for its own sake but that it involves a fundamental, perhaps primal desire to belong to a group.

In the Study, female sports initiations and those societies where there are mixed sexes were described in similar ways to the all-male ones, and in some cases, they were described as “*brutal*” (Kay, referring to the netball initiation). However, whilst there is some evidence in the Study of changing attitudes and that male and female drinking behaviour is becoming more comparable, it is difficult to reach definitive conclusions as there were mixed opinions: some participants said that “*girls are worse than the boys*” (Talia) and others said that “*girls were lightweight compared to the boys*” (James). Kay became the social secretary of the MMA society and one reason that she wanted to do this was because she wanted to “*get my voice heard as a girl*” because the society, although mixed had mainly males in it. In addition to this, Kay

¹⁵⁹ Also see this Chapter section 6.5

¹⁶⁰ See Chapter 3 p86/87

helped to introduce initiations to this society where she felt there were not enough social aspects to the society (and in particular, drinking activities).

Some of the contradictions and complexities in the construction of gender role identity was reflected in the participants' views. There were 'rules' of behaviour associated with being male or female implied in the Study. For example, there were some references by male participants about other males being 'gay' if they were observed not drinking much or drinking particular types of drink, such as Smirnoff ice, which were considered by some to be "*girlie*' drinks". Rik talked about this:

.."...see a guy drinking a Smirnoff Ice, you are a fag.....if they are drinking a fruity cider...where are you? I definitely judge people by what they drink....me and my friends do.....it is the same if you see a girl drinking a pint....a bit 'laddish'....."

(Rik, second interview)

6.3.3 Learning to justify drinking behaviour

As discussed previously in the Study, all of the participants were aware of the risks associated with drinking but these were largely ignored. Individuals learn how to justify behaviour through different mechanisms. Neutralisation theory seeks to explain the behaviour of individuals who digress from the norms associated with mainstream groups or cultures (Matza, 1957, cited in Piacenitini *et al.*, 2012). The norms in the study are complex and reflect two areas: firstly, there are broader societal expectations of adult behaviour and secondly, there are norms that are associated with student drinking. Those that are drinking heavily are conforming to the perceived norms of student (undergraduate) behaviour which is not expected by adult, mainstream society

beyond the time at university. Those that avoid the drinking culture at university are contravening the expected normal behaviour of students. To disregard norms of behaviour requires justification or rationalisation for behaving differently in order to avoid 'self-blame' and maintain a sense of social identity (Lawler, 2014).

A study by Piacenitini *et al.* (2012) interviewed two groups of students: one group of heavy drinkers and another of abstainers or near abstainers. They used the early model of neutralisation theory utilising five techniques compiled by Matza (1957) (cited in Piacenitini *et al.*, 2012) to explore the reasons for repeated drinking behaviour. The authors discuss how individuals learn how to justify or rationalise their behaviour using the techniques of: denial of responsibility, denial of injury, and appealing to higher loyalties. In addition to these three, Piacenitini *et al.* (2012) used two other techniques: comparison or scapegoating and justification by postponement. Some examples of the use of these techniques with the Study participants can be seen below:

Denial of injury - Kay worked with homeless alcoholics and knew the health risks of drinking: *"...I know drinking can be bad for your liver, but it is ok to drink just now, I am young and I think I will stop drinking when I leave [university] and get a job..."* (Kay)

Appeals to higher loyalties - *"If you don't drink, you pretty much don't have any friends"* (Sasha).

Denial of [personal] responsibility – *"...people were knocking on your door 3-4 times a day [in Freshers] to persuade you to go out [drinking]..."* (Sasha).

*"...he will stand by the Fridge and he will say...Sam, you **are** drinking.....he is the one who organises all the drinking..."* (Sam)

Justifications by comparisons [with other groups] - Many of the participants in the study talked about particular societies being worse than others in terms of their drinking. This is implied here in Kay's account:

".... Some of the other committee members were not making their freshers do much so I sort of took over and said, come on they are freshers, and ended up telling them to drink - here you got drink, but not like the Rugby lot.....like 'come on, you have to drink this' [gentle, soft voice]...." (Kay).

Justification by postponement [to growing up or going into the workplace] - *"you will grow up and grow out of drinking as you get older". (Talia)*

Learning to drink encompasses a wide range of theoretical perspectives that help explain this process. Group activities contribute to the learning process and the next section focuses on the specific activities that participants described in relation to their drinking, and how learning is consolidated through the group activities.

6.4 Pre-drinking, drinking games and shots

This sub-theme explores the drinking customs of pre-drinking, drinking games and drinking shots. These were the most common activities identified by all the participants in individual and group interviews involving the 18-24 year olds. Pre-drinking can be defined as the intensive consumption of alcohol in a private home before going out for the night (Bancroft, 2012). Bancroft (2012) suggests that pre-drinking is a highly directed, bounded and ritualised activity. Pre-drinking is a common phenomenon for young people generally, and at the Case University it was an expected activity consistently referred to throughout the three years of the Study. Different types of drink were used by different groups in different situations: the females in the Study talked about drinking wine in pre-drinking situations, the males talked about drinking vodka or Jack Daniels. Pre-drinking also serves different

purposes: for females, there was a sense of friendship and solidarity in drinking together while you get ready to go out. This may or may not involve drinking games depending on where you are going on to for the night out. For males, there was less emphasis on getting ready to go out but more on getting “*tipsy*” before you go out: “...*I would not go to the SU sober...*” (Joe).

Although overall, drinking behaviour became less intense over the three years, pre-drinking remained a consistent feature of a night out. There are many reasons for this not just that it is cheaper to drink before you go out. Jem was 18 at the start of her business and marketing course. In her second year she discussed pre-drinking, explaining that it is not just about finances, it’s also about getting ‘revved’ up for the night out:

“... yeah, we always have pre-drinksits cheap... and, well its fun and you get buzzed up...if you went straight out and you got ready and you didnt drink it would take a while to ...get inebriated... Yeah....I think when you are drinking together...it is all more exciting.... Everything is just hilarious when you are drinking...I just talk crap...”

(Jem, second interview)

Jem talked about pre-drinking being common and it was usual to drink somewhere before going to the SU. Pre-drinking often involved drinking games as part of the ritual. The type of drinks varied but most of the participants talked about drinking shots. Jem’s reference to getting inebriated suggests a determined or planned behaviour¹⁶¹. In other interviews, pre-drinking is mentioned in terms of confidence-building and of levelling the playing field so no-one can judge another’s behaviour.

¹⁶¹ See Chapter 3 Figure 3.4

Indeed, the perception from most of the participants in the Study is that you are judged more if you don't drink than if you do. This included the participants who did not drink – they felt like outsiders in the SU because they were not drinking and they said that there were few social activities or spaces at the Case University where there wasn't drinking.

Bancroft's (2012) study of female students at Edinburgh University suggested that pre-drinking was used as a way of protecting and supporting each other where there might be a vulnerability. Young females may be considered to be more 'at risk' than their male counterparts¹⁶². There was some evidence in the Study to support this view: females used pre-drinks as a way of bonding with each other as well as having fun as preparation for the night out.

All the males who drank in the Study also talked about pre-drinking. They gave similar reasons to the females for this, such as getting "*buzzed*" up or "*tipsy*" before going out, but there were also differences. Males talked about the SU being boring if you hadn't already had a few drinks before going. They also talked about a more competitive reason for pre-drinking – to see how many drinks you could tolerate, for example. This included drinking games and Mark suggested that this was related to being "*laddish*". Sam talked about a flatmate who didn't drink but then said "*....well he does drink but not like we do [heavily]*". He was suggesting here that unless you drank heavily, you were considered to be a non-drinker.

¹⁶² See Chapter 5 section 5.4.1

Many participants referred to having the occasional sober night but that it was not the same when they were not drinking if everyone else was; they did not feel part of the social group and often went home early. Mark, aged 24 at the start of the study:

"I think it is probably because if you don't [go out drinking], then you will be left out... and if you are sober, and all your friends are drunk....then..... you don't have a good time...."

(Mark)

As well as the customs of pre-drinking, all the participants talked about drinking shots¹⁶³. Shots were associated with pre-drinking, drinking games and also dancing in nightclubs. Lara, said that no one questions drinking shots:

".....I mean if you were on the dance floor and one of your friends comes up and goes like 'we're doing some shots .. nobody questions it, it's like [no one says] 'oh no I don't do them' everyone is like 'yes come on let's do it' [laughing]."

(Lara)

Shots were often referred to with regard to drinking games, which were customary and many participants described how these helped people to socialise at the start of university. Drinking games involve a test of some sort in which the penalty for failure is to consume alcohol (the details on type and amounts vary). Such games continued to be referred to throughout the Study and they were used in pre-drinking rituals and initiations. The games were either contained in particular places such as flats or houses or they were on a broader scale, for example a pub 'golfing game' was common where participants went to different drinking venues to have a different drink

¹⁶³ Shots (shooters) describes a wide range of drinks, such as tequila, vodka, brandy or whisky which are normally drunk from a small shot glass or sunk into a larger glass such as a Jager bomb.

in each place. The golfing game involved drinking in nine drinking establishments (the 'nine holes' of golf course).

The existence and playing of these games indicates a drive to have fun while drinking alcohol. In many situations, the game itself is secondary to the consumption of alcohol particularly when students started at the Case University. Games were mentioned later in the Study but here the drinking was in addition to the game rather than its focus, for example playing a board game such as monopoly and drinking while playing. This reflects the change of emphasis on the reasons for consuming alcohol as the Study progressed.

Whilst not essentially a 'game', the participants talked about another drinking related competition - that of collecting empty bottles of consumed alcohol and displaying them in the windows of student accommodation (see Figure 6.4).

Figure 6.4. Bottle collections



This served to demonstrate to others how much a group had drunk over a period of time (implying a 'pride' in the achievement). Interestingly, as Joe explained, that as students progressed through their course and got part-time work, they could afford better quality alcohol. The shape and expensiveness of the empty bottles, not just the quantity, then became significant in reflecting the group's affluence and the message that this was a 'party flat'. This was not gender specific in the Study, both males and females described these collections. Jala also described her experience of collecting bottles as a sign of how much her flatmates and she had drunk: beer bottles were stacked and cello-taped together as a sculpture and then the bottles counted at the end of the semester. Symbols such as these can play an important part in the rituals of cultures (Mendelbaum, 1965).

Various types of larger scale drinking games were played in the initiations described in the Study. For example, some of the initiations were combined with sports training, for such as American football, where novices were expected to drink alcohol instead of water after exercise. Six of the Case University sports societies were represented in the Study: rugby, American football, hockey, netball, the Snow Soc and MMA. Members of these societies described the initiations and all of them involved drinking alcohol. The initiations are discussed in the next section.

6.5 Initiations

This sub-theme considers the descriptions of initiations by participants who joined a society. The societies provided the members with a sense of a common interest and community which can be a very positive experience. Each sports society represented in the Study had different rituals that gave them their own sense of identity, but there were similarities articulated. These similarities were mainly in respect of drinking alcohol but there were exceptions. For example, those who did not drink were made

to eat something unpleasant that they did not like, such as raw fish or a large block of cheese.

For some participants, belonging to a society was an important part of their social life and doing the initiations helped confirm their membership of the group, giving them a sense of achievement. For others, it was not a positive experience and they felt bullied and humiliated. Having observed some of the initiations and been involved in the hockey initiations, Talia said that she felt that they were “*borderline bullying*”. The sense of belonging to the group was often unrelated to the sport that the society represented, rather it related to an individual’s ability to withstand the demands of the other members of the groups, which could be extreme.

The concept of ‘rites of passage’ can be applied here (Van Gennep, 1960). This suggests that individuals pass through a series of stages in their lives and that the transition from one stage to another can be marked by ‘special acts’ of some kind (Van Gennep, 1960). This may be true of the initiation ceremonies at the Case University, the descriptions of which show similarities to ancient tests of loyalty or religious beliefs (Johnson, 2011). Johnson (2011) discussed the custom of ‘hazing’ as the initiation into sports societies in Canada. In his discussion, he asserts that hazing is an activity that in order to be accepted into the group, an individual is expected to perform which humiliates, endangers or degrades the person (Johnson, 2011).

Sasha describes here part of the initiation into the Netball society:

“.... we went to the [local park] and then we had to buzz like bees on our back when they squirted us with mustard if we weren’t buzzing loud enough.... and then they got like this tub and they were mixing like Sambuca and vodka and everything and everyone had to do a shot of it.... we had to dress up as rats and they poured like Fairy liquid ...so we had to pretend to wash ourselves as dirty rats and when we did that we had to down a whole bottle of beer or cider and then they put hot peppery sauce in our shots.”

(Sasha)

Sasha also describes how those who have already been initiated become the ones who instruct the new members, not always in the extreme activities.

*“..so, the people that had already initiated are **mums** for the evening so they get to wear **tiaras and white clothes** and they’re the ones kind of being mean to us and making us drink.... like pressuring us..... and like they make sure that you get washed and clean and they come back with you and that, so you’re not on your own “*

(Sasha)

There is a sense of group solidarity here, where novices are looked after while at the same time undergoing quite extreme initiation. Once you have successfully undergone the ritual, you became a fully acknowledged member of the group and there is a sense of achievement. If not successful, you are required to repeat the initiation. The ‘mums’ referenced in the extract reflect symbols of hierarchy within the group.

Kay had been to the netball social and found that the pressure to drink was very extreme. She linked this to gender, suggesting that netball being girls only was significant, so she joined the MMA society instead, claiming that MMA is more 'laid back' with less pressure because it involves both sexes. Kay suggested that having a mixed group moderated the drinking behaviour. It is unclear, however, whether this was related to the nature of the sport (martial arts) or the presence of both males and females within the group. In contrast, the Snow Soc is a mixed gender society that had a reputation for heavy drinking (The Snow Society 2016). There were some common themes in the description of the initiations and language used that were understood by the participants such as "*downing a dirty pint*"¹⁶⁴. Funnels were often used to pour mixtures into people:

"... like mixing beer, wine, dog food toothpaste putting them into this massive funnels and sort of make them down it..."

(Rik, first interview)

Many of the participants in the Study talked about particular societies being worse than others in terms of their initiations and two in particular were mentioned: rugby and Snow Soc. Because of this, a focus group of students doing the Rugby course was conducted as well as an individual interview of a Snow Soc member (Rik). There was a sense of rivalry between these two societies to see who could be the most extreme: '*...four ambulances had to be called to our initiation....*' (Rik).

¹⁶⁴ A dirty pint is a mix of different types of alcohol with other things added such as dog food.

The sports societies normally had a slot in the SU to finish their initiations and these had to be booked in by the committees of the society with SU staff. The sports socials were always on a Wednesday night throughout the year and these nights were described by the participants as the best night of the week.

6.5.1 Wednesday night, Thursday mornings

The custom was for the sports societies to have their social events and the initiations on a Wednesday night in the SU bar, known as Frat night. The social clubs have to fill in a form to enable them to hold any initiations in the SU. The form sets out the 'rules' of behaviour in the bar and makes each club responsible for any problems that might occur. Participants in the Study talked about plastic sheeting and buckets being placed in the SU (indicating an expectation that people will vomit):

"... then we went to the SU and they put down plastic and there were buckets.... and we had to like down loads of alcohol in front of everyone and it's just like part of your initiation and then you had to spin around and then we had to dip our head in cold water get an apple and then who didn't do it the fastest has to do like this much of the glass [demonstrates with hands] who was second got a little bit less [etc.]..." (Sasha)

Wednesday nights were therefore heavily focused on the social events for the societies and during the Study, these nights were talked about frequently as were the subsequent Thursday mornings. Thursday lectures were often missed by many students witnessed by both the participants and the lecturers who were interviewed during the Study. The lecturers interviewed talked about Thursday morning lectures being a "wipe out":

"....I walk from the bus station on a Thursday morning and I can usually gauge how many students will be at my lecture, I can see from the rubbish and vomit on the pavement....out of 45 students I usually get about 19 at the beginning of the year...on a Thursday. "

(Scott)

The accommodation team also confirmed this, saying the *"cleaning of Halls is heaviest on a Thursday morning"*.

Reports changed over the time of the Study and those participants that missed lectures regularly in the first year had less time off in the second and third years which appeared to coincide with a reduction in the amount of alcohol drunk.

As well as the initiations that occurred at the Case University, there were initiations on 'The Tour'. The Tour is an annual event where universities go to Spain and take part in sports competitions.

6.5.2 The Tour initiations

The sports societies from the Case University go to this event every year and the participants that went during the Study described extreme drinking which started on the coaches and carried on throughout the event: *"...it is not really about competing with the other universities in sports any more...it is about the drinking...."* (Kay).

Kay is interesting because earlier she describes the netball socials as being extreme and her consequent joining of the MMA because she felt it was less pressured. But here she talks about the Tour initiation of the MMA:

".... On the Tour, we met up the with Volleyball [society] and they were quite similar to us and they were mixed, quite chilled, but we all had the same outcome of getting drunk.... The first night [on the Tour] is initiations and I did it

last year.... and all the Fresher's have pretty much to drink a litre bottle of gin between them.....and there were only two of us last year and so we had to down half a bottle of gin ..”

Kay then took on the role of the social secretary and organiser of the initiations in her second year:

“We did cops and robbers...the committee that had been on Tour before had all done initions last year, were all given a Fresher each and handcuffed to them...and pretty much they had to do what we said. Some of the other committee members were not making their freshers do much so I sort of took over and said, come on they are freshers, and ended up telling them to drink - here you go drink, but not like the Rugby lot, like ‘come on, you have to drink this’ [soft voice] and if they said no, we started chanting.....my Fresher was pretty drunk by the end of the evening....bless him...”

Kay also talked however, about a member of the MMA that did not drink:

“..... yes she came with us on tourwe made her do things that were not drink related...sort of physical thingswe still gave her a 'mum' so that she felt included.....”

For members who did not drink, but want to join the group, there is still a ‘test’ involved for members who want to join which is reflective of ritual behaviour – you have to earn a place within the society by performing in a particular way. This is also suggestive of a requirement to conform to a set of rules.

6.5.3 Conforming to the rules

Starting university can be a difficult time for some students as they strive to understand the rules of behaviour both generally within the Case University and specifically within

any group that they join. A further challenge for some students can be the requirements for initiation into their chosen group, in particular the sports societies where drinking alcohol is a key feature of acceptance as a member. These initiations are clearly designed to make individuals conform to the group's rules and, according to many of the Study participants, can be extreme. A general principle of being initiated into a sports society is the pressure on would-be members to perform specific activities, which are in the main associated with drinking excessive amounts of alcohol. (It seems few sports societies welcome non-drinkers). In some societies, failure to achieve the required levels of action mean that the initiation has to be repeated. In others, taking part is enough to secure membership. More experienced students in their second and third year help to pass on information related to a society's skills, values and attitudes. This suggests a hierarchy with specific signs and symbols to identify senior members of the group and where rituals and customs are deliberately perpetuated.

While some Study participants found the initiation experience traumatic, others embraced it, feeling that they had grown and developed a status within the group, which further helped them to belong. Clearly, there is a choice for individuals to make, to conform to group rules or to reject them.

The previous chapter discussed the role of personality in relation to the ability to resist the pressure to conform to norms including drinking. In addition to this, the concept of self-esteem is also raised with regard to conforming to group rules. Social psychologists discuss the relationship between self-enhancement, self-verification and self-esteem, and these are relevant concepts in the Study (Franzoi, 2003). Self

enhancement principles work on the idea that people strive to maintain a high self-esteem. Self-verification theory looks at an individual's need to maintain a consistent belief about themselves, even when those self-beliefs are negative ones (Franzoi, 2003). Linking back to the self-evaluation theory discussed in chapter 5, these concepts attempt to explain why some individuals are influenced by external social pressure while others are not. One view is that people with low self-esteem are less likely to take risks (such as in the initiation rites) because this may challenge their view of themselves (Carlson *et al.*, 2004). Those with high self-esteem are more likely to take risks because they feel less threatened by this behaviour as it will not affect their perception of self. Dean's reflection that he pretends to drink, discussed in Chapter 5, rather than actually take a risk may be explained by his apparent low self-esteem. Dean talks about lacking in confidence and preferring to be with his small group of friends. Alternatively, Rik, from the Snow Soc displays a high self-esteem in his description of himself. He says he is very loud and outgoing and he talks proudly about doing the initiation twice. This demonstrates a self-confidence that helps him drink heavily without worrying about the consequences.

6.6 Summary.

This chapter has explored the concepts of customs and rituals in relation to drinking behaviour at the Case University and the factors that influence these. It has examined the development of community and the cultural aspects of drinking, and explored how individuals learn to drink. Particular aspects of the customs and rituals that were highlighted in the Study were also discussed: pre-drinking, drinking games and initiations. The next chapter continues the discussion, relating these concepts to 'rites of passage' and how Study participants moved on into the next stage of their lives.

Chapter 7 Moving on: rites of passage

7.1 Introduction

This chapter maps, in particular, to the research objectives (RO) two and three of the Study which are:

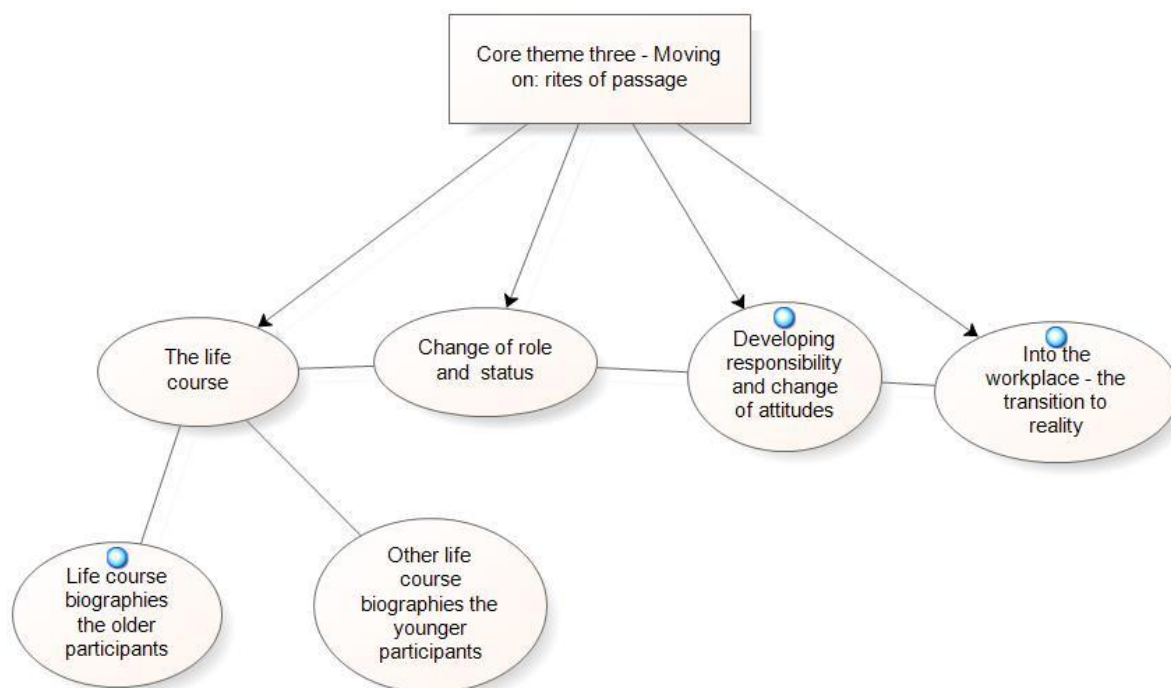
2 'To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors'.

3 'To explore any behavioural or attitudinal changes in relation to the consumption of alcohol during the transition through university'

The findings reflect the differences between individual participants with regard to their age, position within their life course and the groups that they have belonged to through their time at university. In relation to these objectives, the chapter explores the third core theme of 'Moving on: rites of passage' with the sub-themes: the life course; change of role and status; responsibility and changing attitudes to alcohol, and beyond university; the transition to 'reality'.

The previous chapter explored the customs and rituals associated with drinking behaviour at university and these are closely related to the concepts of 'rites of passage' and transitional theories. This chapter develops the discussion further to consider participants' accounts of their transition through the three years and also the previous life experiences that have shaped their life course. It begins with an overview of the concept of 'rites of passage', which informs the underpinning cultural theoretical framework and goes on to explore the four sub-themes in relation to the participants' life course and passage through university.

Figure 7.1. *Moving on: rites of passage*



7.1.1 Rites of passage

This chapter centres on the concept of ‘rites of passage’ and explores the transition of the participants in the Study through their time at the Case University. Arnold Van Gennep first described ‘rites of passage’ as a concept in 1908 and he suggested that individuals become modified or altered in some way as they pass through particular phases in their lives (Van Gennep, 1960). Van Gennep (1960) was the first to identify three distinct stages within rites of passage: pre-liminal rites (rites of separation), liminal rites (rites of transition) and post-liminal rites (rites of incorporation). Pre-liminal rites of separation can be applied to young people starting university who are gaining independence away from home for the first time¹⁶⁵. It can also apply to older students as they separate from their previous life and move to a different status within their

¹⁶⁵ See Chapter 5

family, workplace and society. Gaining an academic qualification is a respected achievement and can change people's lives in many different ways (Evans *et al.*, 2013). For all, it is a potential pathway into employment and for older students, it may signify the fulfillment of a lifetime ambition or confirmation that they can succeed academically. Evans *et al.* (2013) suggests that lifelong learning provides opportunities to improve life chances and that education helps to build skills and capabilities which, in turn, help people to change direction or overcome setbacks.

Liminal rites of transition and rites of incorporation are discussed in this chapter in relation to changes to the drinking behaviour (the action domain) as well as changes in attitude (the affective domain) towards alcohol. The move through liminal or transitional stages has been explored by many scholars who consider issues of human development and life course theories (Erikson, 1968; Elder, 1985; Alwin, 2012; Harré, 2012). Major events in people's lives, such as joining university and acquiring academic qualifications, creates a progression from one stage of life to another and, irrespective of age, some change occurs as a result of learning (Evans *et al.*, 2013).

The Study saw evidence of both 'macro' and 'micro' transitions. Firstly, in relation to a participant's journey through the three years where students enter university either separating from their family (a physical separation) or from their previous life (an emotional separation). They then transition towards adulthood, either into the workplace for the first time or into a different work setting (in the case of the older participants). Secondly, there are micro-transitions that occur for individual participants, such as joining one of the societies, finding independence, gaining a group of close friends and achieving academic qualifications. These transitions relate to the concepts of the life course perspective as well as a change of status (Van Gennep, 1960; Alwin, 2012).

In terms of the Study, the use of alcohol in relation to each stage of transition is highlighted in the conversations with participants across the three years. The evidence from the Study suggests that there were changes in both action and attitude to alcohol in those who drank but, in many cases, alcohol remained a feature of participants' social life throughout their time at university. In particular, the motivations for drinking changed significantly from: *“having fun” “partying”, “finding friends”* to; *“relieving stress”, “relaxing” and “celebrating”*.

The developing responsibility that was articulated by participants suggested that they were moving from the pre-liminal (separation) and liminal (transition) stages into incorporation (re-integration) (Van Gennep, 1960; Banister *et al.*, 2008). The importance of doing well with assignments and making sure that coming to university was not ‘wasted time’ was clear within the cohort. Some identified this early on, in the first few weeks, while others took longer to consider this aspect of moving forward and taking responsibility (and ‘growing up’).

Banister and Piacenitini (2008) describe the idea of liminality in their study on the role of alcohol in supporting the transition of undergraduate students at a northern UK university. Their study conducted five focus groups of second-year undergraduates, facilitated by student volunteers. The inductive analysis revealed themes associated with the concept of delayed adulthood for those attending university and the use of alcohol to test personal boundaries, self-control and limitations. Banister and Piacenitini (2008 p312) refer to delayed adulthood as the suspension of identity while individuals are *“finding themselves”* and creating a new sense of self¹⁶⁶. The use of alcohol, they argue, helps this process as individuals behave differently to the

¹⁶⁶ See Chapter 5 section 5.3.5

normative expectations of their family or broader society. The temporary nature and the acceptance of this behaviour is discussed later in this chapter.

As well as the passage through the broader Case University experience there were also explicit examples of 'rites of passage' performed in order to belong to specific groups. Rik, for example, talks explicitly about the Snow Soc initiations in relation to rites of passage. He states that people are expected to go through the ritual drinking behaviour in order to join the group. He implies also that this "rite of passage" is a part of growing up, as well as the means of becoming a member of the society.

*"....it is funny [initiations] and **we all do it so we are making them** do it.... it's a ridiculous **tradition**....it is a **rite of passage**....it's... we had to do this to **prove our mettle** we didn't wimp out we took it on the chin like **soldiers** and now they have to do the same thing...it is [part of growing up]"*

(Rik, first interview)

Rik describes the initiation in this extract in relation to being soldiers "*taking it on the chin*" and "*proving something*" and this can be associated with concepts of 'hazing'. Hazing is an American term that has been associated with the kind of rituals that are described by Rik in his accounts of extreme initiation ceremonies and these have been aligned to a number of different cultural groups including the military, para-military organisations, private schools as well as sports teams (Johnson, 2011; Clayton, 2011). Johnson's (2011) description of hazing originates from an earlier definition by Hoover (1999) that describes it as a degrading activity which may endanger, humiliate or abuse someone who wants to join a group. There have been some very extreme examples of this at universities across the UK and in 2008, the BBC secretly filmed initiations at the University of Gloucester which included students being marched through the town with plastic bags over their heads into which they were vomiting.

Such activities have been banned in many places since then (BBC, 2008). The Snow Soc initiation also shows some extreme drinking and is available on YouTube (The Snow Society initiations, 2016).

The Case University experience was seen by many young participants in their first year as a time to party, have fun and enjoy the freedom before entering the 'real world'¹⁶⁷. Early anthropologists describe this aspect of a rite of passage where young people are encouraged to experience a hedonistic lifestyle (if only temporarily) to enable them to mature into adulthood (Hendry, 1999; Herbert, 2006). This is indicative of the idea of suspending responsibility, mapping to the concept of liminality where there is a state of flux or fluidity while individuals 'reform' or find their personal and social identity before re-joining wider society (Lawler, 2014).

The Amish community in America has an example of this in their tradition of Rumspringa (literally to 'run around'), where adolescents are allowed to experience modern life and freedom, passing through a liminal stage of separation from their cultural background before making a choice about whether to be baptised into the Amish faith or not (Shachtman, 2007). Adults in the Amish community tolerate the behaviour in order for young people to choose a way of life for themselves without restriction (Shachtman, 2007). There is perhaps a sense here of encouraging an informed choice which helps to reinforce the values and beliefs of the society.

Rites of passage are closely connected to the concept of transitions that people make throughout their lives and there were references in the data to going through "*phases*" "*growing up*" or "*maturing*", with participants talking of taking on different responsibilities as the courses progressed. Many students referred to themselves as

¹⁶⁷ See Chapter 5 – section 5.2

'growing out of drinking' as they went through their course. Older and mature students considered that they had been through that phase of their lives earlier on and were now older, more mature or '*been there, done that*'¹⁶⁸. This was in reference to the heavy drinking that they perceived the younger students were undertaking, but the older and mature students did have a relationship with alcohol for different reasons and this is discussed later in this chapter¹⁶⁹.

Previous studies of the transition through university have also suggested that there is a change in drinking behaviour over time. Bewick *et al.*'s (2008) longitudinal, descriptive study over three years at a university suggested a decline in drinking behaviour in terms of the number of units drunk by students. The study also suggested that public health intervention was needed to address the general problem of drinking in the undergraduate population. This is supported by the Alcohol Impact Initiative, a strategy supported by central government and the NUS (Alcohol Impact, 2015).

However, while there are quantitative studies providing information about how much is drunk over time, the motivations for drinking or exploration of transitions through university are not fully explored in the literature. Until better understanding of the motivations to drink and how that changes over time are fully explored, public health initiatives may be limited in their effectiveness¹⁷⁰. The evidence from the Study suggests that experimentation with alcohol at university is often a positive experience, providing a means to socialise, engage with the community and create lasting memories. There is a level of acceptance of student drinking behaviour from adults and society as a whole and a recognition that this can simply be a harmless transition into the next stage of life. It is difficult for public health practitioners to accept this and

¹⁶⁸ See Chapter 5 - section 5.4.2

¹⁶⁹ See this Chapter - section 7.2.1

¹⁷⁰ See Chapter 8 for further discussion

consideration of minimising the harm that alcohol may do to an individual's long-term health may be important (Lloyd *et al.*, 2007).

The participants in the early Study focus groups suggested that they thought that their drinking would reduce over time and that they could see that although they may continue to drink, it would be for different reasons, including drinking for relaxation and relieving stress. These early views were confirmed by the findings in the Study. However, participants later suggested that they went out less in the second and third years but when they did go out they drank heavily. This maps to recent descriptive surveys which suggest that although there is an overall reduction in self-reported drinking, when people do drink, they binge drink (ONS, 2015).

7.2 The Life Course

This sub-theme considers the multiple influences on human development over time in relation to the participants in the Study. Life course is a term that has become common across a broad range of disciplines, such as sociology, psychology and health studies, which makes its use appropriate: public health strategies use research from a range of disciplines that best inform practice. Levinson (1986) talked about the idea of a life course in his work on adult development and suggested that it should be considered from many perspectives in order to understand its complexity. This means considering internal and external influences: the interaction between biological functions, heredity, social and environmental factors (Newman and Newman, 2009).

Although now a commonly used term, it is important to be clear as to how 'life course' is interpreted and applied in the Study. Alwin (2012 p219) explores the concept of a life course perspective and suggests a clear conceptual framework; "*the age-stratification/life course framework*". This framework combines the concepts of

individual biographical timelines, life cycle stages, life events, transitions and trajectories across the lifespan. This maps well to the findings in the Study as it allows comparisons focusing on both the individual themselves and the events that shape their lives.

For young people who go to university, the life course may differ from those that do not attend and there is an argument that it offers a physical and emotional space for personal growth, boundary pushing, experimentation and developing independence (Carlson *et al.*, 2004; Bewick *et al.*, 2008). It is a time of change for older students as well as younger ones, as they move from one stage of life to another. The period of transition at university, as with other life transitions, is often referred to in the literature as being 'betwixt and between' (Holdsworth and Morgan, 2005; Bannister and Piacenitini, 2008). During the period of time before fully entering the workplace, young, single adults may be described as being at a crossroads or threshold in their lives. There is a move from the role status of childhood and adolescence into adulthood during which there may be a state of flux (Herbert, 2006). Previous family customs are left behind, temporary ones established while at university and rules associated with being an adult, having a family or working are not yet fully developed (Arnett, 2000). For older students, entering university at a later stage of their life course, their trajectory is different, but there is still a shift from a previous status or position to a new one where they gain academic qualifications and take on different responsibilities in the workplace (Evans, 2013). Their view of university life may differ in some ways from their younger counterparts but there are similarities that are exposed in the Study.

7.2.1 Life course biographies: the older participants

The framework of life course perspectives suggested by Alwin (2012) is explored in this section in relation to the individual biographies of the older participants (n=6). Johnson *et al.* (2011) discusses the life course as recognising that development is lifelong and that it is important to understand how each life stage impacts on the others. In their discussion, they reflect on the concept of 'continuity and discontinuity', suggesting that early experiences in childhood or adolescence contribute to stable or unstable trajectories through life (Johnson *et al.*, 2011). Berk (2014) also discusses the difference between theories of lifespan development, distinguishing between continuous or discontinuous theory. Stage theorists (discontinuous development) such as Piaget, Erikson or Maslow viewed human development as a series of distinct steps or phases which are passed through by everyone, where there may be significant 'leaps' forward in development followed by smaller ones as individuals get older (cited in Berk, 2014). The timing of the stages may vary but the sequence, it is argued, is the same for everyone; in order to move forward, each stage has to be reached and passed (Berk, 2014). Alternatively, continuous development theory suggests a more gradual process of growth and development where abilities and skills that are learned earlier enable people to adapt to new situations (Newman and Newman, 2009). This links to the idea that development is not linear or fixed, that there may be times when you return to a previous phase of development (Carlson, 2004), for example cognitive development, as demonstrated by the older students in the Study. This group were at a different stage of their life course, being older than the younger participants and although there were similarities in the motivations for coming to university, their previous life experiences impacted on their transition into, as well as their move through, university.

They had all previously worked and were either doing a social work course (n=4) or a nursing course (n=2). They were keen to develop themselves and change their work status once they went back into their chosen specialist areas. Social work and nursing courses attract mature students, and this was evident in the Study where younger participants doing these courses reflected that they were the ones feeling isolated. This compared to other courses where mature students were in the minority such as business and marketing courses.

Interestingly, all of the older participants revealed personal issues around alcohol either that they themselves or their families had experienced. These experiences had motivated them to enter the Study and they were keen to tell their stories, reflect on their life transitions and discuss their attitudes to their own drinking behaviour as well as that of their younger student colleagues. This section takes a brief look at the profiles of the six older participants in relation to moving on and their own particular life course and rite of passage.

This group's attitudes to drinking differed from those of the younger participants. Three of the older participants, Sim, Lynne and Janet, were able to provide a comparison to drinking in other cultural settings as they had lived in different countries: Zimbabwe, Spain and South America, respectively. Elisa and Katrina had both been heavy drinkers when they were younger but now drank less although Elisa still described herself as a binge drinker at weekends. Jane was the only older participant who felt that her drinking behaviour had worsened as she progressed through the course and she did not return to be interviewed in her third year. The following biographies demonstrate how attitudes to alcohol were shaped by previous life experiences, cultural backgrounds and family relationships.

1. Sim

Sim was 39 and from Zimbabwe and married with two girls aged 8 and 13. Her husband had fled the political situation in Zimbabwe and she and the children had subsequently joined him in England two and a half years before the Study. She had been well qualified in Zimbabwe and worked as a community counsellor for people with HIV. Her father had been an alcoholic and died when he was hit by a truck while drunk in the middle of the day when Sim was a teenager. This had a profound effect on Sim and she was teetotal, citing her father's experience as the main reason for this: she did not want to be like him. However, in addition to this, Sim did try a few glasses of wine when she was 21 and had felt out of control. As a strong, determined woman who is "*set in her ways*" she had not liked this feeling at all and had not drunk since. The environment in which she grew up was also an influence. Sim described the Zimbabwean culture in relation to drinking behaviour and how shocked she was about what she had seen in England, in particular about girls drinking.

"....Children and women smoking and drinking, you don't see that where I come from....it is either men or women from.....different areas [poor areas], if you know what I mean....." (Sim, first interview).

She indicates here that females openly drinking in the streets in Zimbabwe are considered socially unacceptable by respectable people. This view was confirmed by another, male participant also from Zimbabwe. Sim observed drinking behaviour at the Case University from a 'distance', finding it difficult to join her social work colleagues in the SU bar at lunchtime as she said they would always have a drink which made her feel uncomfortable. Sim said that her student colleagues were having a drink at lunchtime to "*calm their nerves*". Sim felt that she could not socialise in an environment that served alcohol and although she was not worried about this *per se*,

it did mean that she was excluded from the group at those times and so missed socialising opportunities.

Sim also talked about the younger students on her course and how they would miss lectures and talk openly about drinking, hangovers and nights out where they had been “*passed out with drinking*”. She did not judge the behaviour, rather she found it interesting. She talked about levels of maturity and how over the three years she noticed a difference in commitment to heavy drinking from the younger students and that there was less talk about it. Sim said that the older, mature students were at university for different reasons to the young ones and that in her opinion, young, single people between 18 and 30 were just “*enjoying life*”.

Sim’s attitude to her own drinking did not change over the three years suggesting a stable trajectory (Johnson *et al.*, 2011) and she was not tempted to drink even though her older colleagues did socialise at lunchtimes and occasionally in the evenings. Sim observed that she thought the younger ones were drinking less as the course progressed and they were taking the course more seriously. She also commented that on her social work course, the 18 year olds were in a minority and that they were the ones that “*seemed to feel left out sometimes*”. She felt that she was viewed by others as a “*mother*” figure and enjoyed that position as her attitude to other’s drinking was non-judgemental. Sim was committed to her course, and demonstrated a determination to do well throughout. She graduated in 2015.

2. Lynne

Lynne was 40 and doing social work. Lynne was a single parent with three children. She had previously started university when she was 18 to do a social work course, but

did not complete it. She was a social drinker and enjoyed a few glasses of wine with friends to relax and socialise.

“.. I did actually start university twenty years ago. I did start for a few...weeks and I left for personal reasons and I was going to go back and I did not do it until twenty years later... but I think when I started then it [drinking] was a major part of my sort of student encounter. But it is not now....” (First interview)

Lynne’s mother was teetotal and very strongly anti-drinking. Her father was an alcoholic who left the family home when Lynne was a small child. Lynne’s maternal grandmother was also an alcoholic. In contrast to Lorna’s story ¹⁷¹ who had a similar background of an alcoholic mother and a teetotal father, Lynne had remained stable through her early life although she mentioned personal reasons for leaving university the first-time round. It would be hard to draw firm conclusions from these specific cases without further information other than to speculate about the impact of Lynne’s father leaving the family home and Lynne living with her mother full time, only occasionally seeing her father. Lorna’s experience was different, she lived half the time with her father and half with her mother which, she said had affected her drinking and drugs experiences. However, Lynne did drink and had done so when she was younger (see below) but her personality and her experiences of an alcoholic father and grandmother had meant that she was cautious about drinking too much. Her experience of drinking at 18 was very different from now.

“....when you are younger you have not got the responsibilities, you can go out and get blind drunk. It is that sort of experiential phase and being away from home whereas now I think that it is different....’ ‘If you didn’t drink then you

¹⁷¹ See Chapter 6 p264

were rather a 'wallflower'.... But not now at my age it is less important..."

(Second interview)

Lynne had lived in Spain for a few years when her children were small and talked about the different drinking culture there, where family drinking was common. She said that there had been a much more relaxed attitude to young people drinking and drew comparisons with other European countries such as France.

In the middle of her course, Lynne was ill and had to have surgery. This impacted on her social drinking and she was surprised by the pressure to conform to drinking norms when she was out with friends as she had not really considered this before. She found this quite difficult as she had not really thought of herself as a big drinker. She began to offer to drive in order that she could avoid questions about her not drinking. It is interesting that the pressure to drink, according to Lynne's testimony, had not reduced over time for her. There may be an assumption that the pressure to conform to drinking norms is confined to young people but this account shows that it may continue into middle or late adulthood. Indeed, there is some evidence from the HSCIC surveys which suggests hazardous drinking behaviour is becoming problematic in middle aged women in their 40s and 50s (HSCIC, 2016). Lynne's trajectory was impacted by a health crisis which destabilised her life course. She had to adapt to a new self-image (including body image) as well as coping with the academic pressure of her study course.

Lynne's story, along with Sim and Lorna who all had an alcoholic parent does raise some issues around the factors that affect alcohol use disorder (AUD) (alcoholism)

(NICE, 2016; National Institute Alcohol Abuse and Addiction, 2016a). Environmental (social, cultural and behavioural) influences and genetics are associated with a dependence on alcohol (Cloninger *et al.*, 1981; Gerald and Higley, 2001; Nutt, 2012; Davey-Smith, 2016). The literature is mixed about how much of the condition may be inherited (genetic) with some suggestions of it being between 40-50% environmentally influenced (Cloninger *et al.*, 1981; Gerald and Higley, 2001). This is mainly because the study of the human genotype continues to be very complex in relation to alcohol dependence; there is a quantitative trait¹⁷² that is dependent on many isolated genes that combine with the effects of the environment to create the conditions for alcohol dependence (Morozova, 2014). Sim, Lynne and Lorna may have inherited particular traits that predispose them to becoming dependent on alcohol and they have all had a different environmental background. Sim's brief drinking experience at 21, coupled with her experience of an alcoholic father may have alerted her to the potential danger for her which made her determined not to drink again. For Lynne, staying with her non-drinking mother may have built her resilience and internal control mechanisms and for Lorna, having a child and responsibility has changed the way she feels about drinking.

3. Janet

Janet was 41 at the start of the Study and doing nurse training, located at the satellite campus. She was from a mixed Latin American background and had a young child. She did not go out much as a mature student citing her responsibilities as a mother as one of the reasons. Her background also had an influence. She talked about the Latin

¹⁷² A quantitative trait is a measurable phenotype that depends on the cumulative actions of many genes and the environment

American culture of drinking, suggesting that it is a patriarchal “*traditional culture*” where the boys tend to drink more than the girls:

“...‘*Boys drink more than girls in our culture*’. ‘*Men are more in charge*’
- ‘*Mums will deal with the household responsibility and children....men
will go out more and drink....*’ (First interview)

Janet also made some comments on how people behave when drinking and she thought that people are quieter without alcohol and also commented that:

“...*people seem to have more fun when drinking, they don’t have the fun
without alcohol....*” (Second interview)

This was an unusual comment from the group of older participants and was said rather ruefully as if she had missed out on this perceived ‘fun’ part of life. At 18, Janet became a mother to eight siblings when her own mother died. She says that there were no opportunities for drinking experiences then as she had responsibilities to her family. She moved to Europe when she was 21 and then had more of ‘clubbing’ experience but she only got drunk once and regretted it. She is someone, she says, that needs to feel in control. Her social life centres on the Latin American culture outside the Case University. She had made friends on her course but, like the older students at the main campus, they only really socialised at lunchtime:

“.. *Drinking helps to relax people; the majority of people have a drink
when they go out for lunch...and then come back to lectures...*” (First
interview).

As with the social work course, Janet says that there were only 3-4 younger people in her group and she commented:

“...Age makes a difference and the course [nursing] itself relates to being responsible. You can’t play around with this course students are different in [the other campus], there are just nursing students at [] some younger students go over to [] but not the mature students. If I was a younger student I would love to party. But now I have responsibilities...”
(Last interview).

Although Janet’s trajectory remained stable through the three years, in this extract she expresses a regret that she was not at an earlier point in her life course and that she would have enjoyed partying. Janet’s earlier life, taking on the responsibilities of being a parent to her siblings had a profound effect on her, suggestive of ‘missing out’ on a life stage at 18. Her cultural background also impacted on her attitude to drinking with an underlying feeling that drinking was the domain of the men but throughout her interviews there was an underlying feeling of regret.

From surveys and epidemiological evidence the research suggests that overall, males drink more than females and are more likely to develop liver disease as a consequence (Tran, 2014). However, there is recent evidence to suggest that this is a changing landscape and that females are developing similar drinking patterns to males across the world (Gilchrist *et al.*, 2012). Janet suggests that there is a culture of drinking in her South American culture and that men drink more than females, suggestive of a cultural dimension and cultural differences. Other participants also suggested that their background culture was one of drinking and that there was a patriarchal ethos: Maggi

and Lara, from Ireland for example suggested this, and, in particular in relation to Irish sport¹⁷³. The university culture of drinking is also reported as more prominent in the male population although this perception appears to be changing (Gilchrist *et al.*, 2012). El Ansari *et al.* (2013b) in their survey of seven UK universities found that 65% of females and 75% of males had reported binge drinking (HED) in the previous two weeks.

4. Elisa

Elisa was 35 and doing a social work course. Her father died when she was 11 and her mother had multiple sclerosis (MS), so she had been a young carer. Elisa attended a Christian school with strong values about not drinking alcohol. She felt that she rebelled at an early age in relation to drinking. She started drinking at 13 and became pregnant at 18. She talked about drinking before she was pregnant and that she deliberately set out to get drunk with friends (buying the cheapest drink that would get them drunk). She described these early drinking experiences as both “*escapist*” and “*self-medicating*” in reaction to her sense of loss (both of her father and also her mother as a parent).

At the time of the Study, Elisa was married with a 15-year-old son and had been working as a social work assistant for 10 years before coming to university. In her first interview, she described herself as a “*binge drinker*”¹⁷⁴ at weekends; Elisa in using this term, did not mean that she still deliberately set out to get drunk but suggested that she drank more than the recommended amount for a single session of drinking.

¹⁷³ See the next section

¹⁷⁴ In line with the Government’s Alcohol Strategy, men are considered to have binged if they drank more than eight units of alcohol on their heaviest drinking day in the week before interview and women if they drank more than six units (HSCIC 2016).

In her subsequent interviews, Elisa said that she now drank mainly when there are special occasions at home or when she goes out, and particularly when out *'with the girls'*, but the intention is different - it is no longer to get drunk. She made new friends at university amongst her seminar group (mainly older students) and in the early part of the course, she described going to the SU at lunchtime with her group of friends and having a drink occasionally. As the course progressed, this became less often as the academic workload and work placements increased. She did drink to relax at home:

".... I might have a glass of wine with dinner if it has been a difficult day usually, but not often. I might be generalising but it feels as though the younger ones are in Halls. So they are kind of concentrating on being students whereas the older ones are the ones that are commuting and have family commitments outside so they perhaps don't get involved. '.....there is lots going on for the younger, no that's not quite right there is lots going on if we wanted to join in but it does feel that it is the younger students that are doing that...." (Second interview).

Elisa highlighted that being a part of the Study had made her think more about her drinking and that of others around her. Elisa's early heavy drinking experiences had not prevented her from drinking now but concerns for her son and her husband's health were highlighted as the reasons for drinking more sensibly rather than as a progression based on her early drinking experience. In her second interview, Elisa talked about her husband and that he often used alcohol as a *"crutch"* and this worried her. Generally, Elisa's progression through the course was stable and she

demonstrated good insight into her perception of self but she did articulate that her drinking had fluctuated throughout the course.

5. Katrina

Katrina was 28 at the start of the Study and single with no children. She was doing her nursing degree and living at home with her mother while doing the course. She had worked as a health-care assistant for eight years previously and her mother is a nurse. Katrina talked about her drinking and that she drank a lot more when she was younger when in her late teens and early twenties. Katrina had her first experience of drinking at 16/17 and she talked about “*following everyone else*” when younger – doing what everyone else was doing to feel part of the group.

“.... yes, I did drink ... I used to drink a lot more than I do now. I used to go out and drink loads to the point where I used to throw up and things like that....”. (First interview).

Katrina talked about drinking at the start of her course in the same way as the younger students did, suggesting that there was a drive to drink to enable a sense of belonging to a group. Katrina now drinks a lot less, she has a gastric band and this has restricted her drinking from a physical point of view. She talked about the drinking among the student nurse population - some in her class talk about drinking and getting drunk but many of her student colleagues are older with children and responsibilities. When she does go out to drink, she goes locally so that she can get home safely. She had heard about people drinking to “*chill out*” on the nursing course but generally she socialised with people who don’t drink very much with whom she felt more comfortable and not tempted to drink. Katrina stated that she had really “*grown out of*” drinking too much, which was a common theme with the older participants.

Initially, Katrina was reticent in her interviews, displaying some aspects of a low self-esteem and poor body image, reflected in discussions about her gastric band and a specialist diet that she was on. She was very conscious of the health issues associated with drinking and was keen to stay healthy. In her third year, Katrina talked about having no social life because of academic work. She did talk about a big wedding that she had attended in the summer of her last year where she had drunk a lot but she suggested that this was acceptable because it was a celebration. Katrina talked about her group of friends through university who were of a similar age to her and that there was still an intention among her group when they went out to get drunk. Katrina used avoidance tactics in these situations by often volunteering to drive so that she could justify not drinking. Katrina's life course trajectory did fluctuate over the Study period but her last interview showed a growth in self confidence that was reflected in a more open discussion. This may be that we had developed a relationship in which she felt more comfortable to talk.

6. Jane

Jane was 44, the oldest participant in the Study. She was married with five children and had worked in schools previously with children who have additional needs. Jane started nurse training at 18 but had a back injury just before the end of the first year and had to leave the course. She returned to education later in life to do a social work course. Jane was married at 21 to an alcoholic which, coupled with an early bad experience of drinking at 19, led her to not drinking for 11 years. She left her first husband at 30 and then started drinking socially, as she felt able to control her behaviour once away from the challenges of living with an alcoholic.

Jane had made some very good friends at university, mainly within the course that she was doing; she talked about cohesion in the groups that she had joined. She now drinks to relax but also talked about drinking as a reward and to relieve stress:

“ I use [alcohol] as a reward, it sounds, really bad as its alcoholbut on a Friday, yes, I would probably have a few more...[than in the week] Because I know that I do not have to get up on a Saturday. Sounds horrible but just that one drink can just make you go ‘ahhh’ do you know what... that feels.... that feels better ”. (Last interview).

Jane felt that as she progressed through her course in her second year that she was drinking more than she had ever done and this was to relieve the stress of the academic work which she found hard. Jane was concerned about this and talked about feeling disappointed in herself. Jane’s trajectory is hard to measure, as she did not come for the final interview in her third year although she did complete her course and graduated in 2015.

The use of alcohol to relieve stress was commonly reported in the latter part of the Study as academic success became more of a focus for individuals (in both the younger and older groups). There is a biological base for this claim that alcohol relieves anxiety. It is classed as a depressant that activates the central nervous system to produce gamma-aminobutyric acid (GABA) which helps with relaxation, decreases muscle tension and lowers anxiety, preparing the brain for sleep (Nutt, 2012). Gerald and Higley (2001) also discuss the physiological effects of alcohol on both human and non-human primates. They discuss two types of alcoholism postulated by Cloninger (cited in Gerald and Higley, 2001). Type I is thought to be related to the use of alcohol to alleviate high levels of anxiety, as in the above discussion on the production of GABA. The second type of alcoholism is that related to low levels of serotonin and

noradrenaline in the CNS. Lower levels of serotonin are associated with impulsivity and is identified as a risk factor (trait) for alcohol dependency; consuming alcohol may relieve the symptoms of impulsivity. Those with normal levels of these neurotransmitters will experience pleasure when drinking and are at less risk of a dependence on alcohol (Nutt, 2012; Gerald and Higley, 2001).

Nutt (2012) suggests that low levels of depressants (alcohol) can promote sociability and enhance mood because of the anxiety reducing properties but that high levels over time can create dependency (alcoholism). It would be hard to judge scientifically whether the participants in the Study showed any signs of alcoholic tendencies and a follow up study of the participants would help to answer this question.

The older participants joined the Case University with some pre-formed attitudes and behaviour towards drinking, related to their stage in the life cycle and their previous life experiences. Life events and experiences had helped form their attitudes towards their own drinking and also their views about the behaviour of others. Until relatively recently, there was little consideration of development continuing on through early, middle and late adulthood (Erikson, 1968). Previously, theories tended to focus on child and early adolescent development, concentrating on how early experiences impact on cognitive, social, emotional and language development (Carlson, 2004; Newman and Newman, 2009). More recently, it is recognised that development continues throughout life either in continuous or discontinuous way, as discussed earlier in this section (Berk, 2014). Societal change, including longer lifespan and increased opportunities, has meant that life course expectations are also changing, particularly for women in relation to the available education opportunities (Evans *et al.*, 2013).

The next section considers other life course biographies from the Study, drawing comparisons in the change of drinking behaviour across the younger participants as they progressed through university.

7.2.2 Other life course biographies: the younger students

The analysis of the findings of the Study included comparisons across those participants with similar or dissimilar characteristics to look for patterns and differences. This section considers some of these comparisons to demonstrate similarities and difference in life course trajectories, specifically at university.

Beth, Gina and Jem were all 18 at the start of their courses. They were white and female, and had come straight to university from school. They were from different social backgrounds and different parts of the country, but there was a similar outcome for them in terms of their drinking behaviour at the end of the three years. Beth and Jem followed a very similar drinking trajectory. They both drank heavily in the first few weeks, particularly during Freshers. During the second year, their drinking stabilised and by the third year they were both bored with drinking:

“I am getting too old for drinking” (Beth, last interview¹⁷⁵)

“Being shit faced is just not fun anymore” (Jem, last interview¹⁷⁶).

While Gina followed a slightly different pathway, she arrived at a similar endpoint to Beth and Jem. Gina claimed in her first interview that she did *“not drink very much anymore”* (at 18). She had missed Freshers as she was a late applicant to the Case University. This quickly changed, however, when she found a job as a club promoter half way through her first year and during her second year she was going out six nights

¹⁷⁵ See Table 4.12 – A comparison between three 18 year old girls across the three years

¹⁷⁶ See Table 4.12 – A comparison between three 18 year old girls across the three years

of the week drinking and missing lectures as a consequence. Her role as a club promoter meant that for much of the time, she was getting free drinks. When she got to her third year, however, she had slowed her drinking, got a job as an assistant Club manager where she could not drink at work and, like Beth and Jem, was also “*bored with drinking and the SU anyway*”. Gina also showed signs of increasingly responsible behaviour, as she was living in a flat with others and felt that “*your mess is your mess and you have to take responsibility*”.

All three girls were keen to do well with their courses and although Gina had missed a lot of lectures in the second year, they all graduated successfully in 2015. The life course for these three girls was similar. They had similar backgrounds, had come straight from school into university and had all enjoyed their social life with alcohol as a key lubricant. They all developed a sense of responsibility which helped them to achieve academically. They also all had supportive family networks which had underpinned the development of a healthy attitude towards drinking. They all wanted to have fun and enjoy university and did not regret their time but they also predicted that they would not be drinking heavily once they were in the world of work. “*There is something wrong if you are drinking in the middle of the day when you should be at work*” (Beth, second interview). This indicates that all three of them recognised the transience of the Case University experience and that the real world meant becoming more sensible and “*grown up*”

According to adolescent developmental theories, 18 is considered to be the start of the late period of adolescence (18-24) (Herbert, 2003). It is a time when individuals are legally adults and able to make decisions for themselves, and they are establishing

independence physically and emotionally from their family¹⁷⁷. In terms of liminality, Beth, Gina and Jem were moving on from their life at home with family, separating from the role of childhood and moving towards adulthood, and this is about changing status¹⁷⁸.

There is some agreement that adolescence is a socially constructed phenomenon that does not exist in all societies or cultures (Herbert, 2003). This may be particularly true in post-industrial societies where life expectancy has been extended due to different working practices and healthier lifestyles; life expectancy is generally increasing year-on-year in the UK (ONS, 2015). Previous theories about the stages of life need to be reconsidered given this extension of life expectancy and change to working patterns; the definition of 'old age', for example, is more dependent on a quality of life rather than a chronological age. Gender and work roles have become more homogenised as society has shifted towards an information society and a knowledge economy, away from a manufacturing one (Potter and Wright, 2013). In addition to this, the period of adolescence and early adulthood may need to be reconsidered given the rising incidence of individuals leaving home later, marrying later and having children later (ONS, 2016b). Periods of time for recreational activities may be extended as individuals stay single, and live with their parents for longer (ONS, 2016c).

Puberty is a period of growth and physical change which is influenced by social background and culture (Newman and Newman, 2009). There are obvious physical differences between genders and females still generally begin physical puberty before males (Herbert, 2006; Berk, 2014). This is not to say, however, that they are necessarily more mature emotionally before males - this will depend upon number of

¹⁷⁷ See Chapter 5 – section 5.2

¹⁷⁸ See this Chapter section 7.3

factors including personality traits and individual backgrounds (Berk, 2014). The pathway into adulthood for females, historically, has been heavily influenced by cultural and social norms (Berk, 2014). In some patriarchal societies, women's rights are restricted and drinking alcohol banned or viewed with suspicion, particularly for women¹⁷⁹. The differences between the sexes in terms of behaviour and attitudes to drinking is discussed in chapter 6.

There were no white 18-year-old males in the Study to compare to the three white girls, there were two 18-year-old black males, however; Dean and Sam. There may be cultural differences between white females and black males that are not related to gender difference that are hard to identify in the Study.

Dean was doing sports management and Sam marketing and business. Their trajectory was similar to the girls in that their drinking behaviour was modified over time. These two participants had very different personality types: Dean was quiet and introverted while Sam was outgoing and extrovert. Like Beth, Gina and Jem, Dean and Sam had come straight from school into the Case University setting and lived in Halls. Drinking for both of them was an important part of their social lives particularly at the start and they drank heavily in the first few weeks, finding friendship groups in their flats. Dean formed close bonds with his flatmates, describing them as a family¹⁸⁰ and he maintained those close ties throughout his time at university, finding support and security in the relationships.

Sam created a very wide network of friends and acquaintances while he was at university. He became a "*fun*" figure because of his behaviour when drunk and was regularly encouraged by people to get drunk and filmed doing this: "*people think I am*

¹⁷⁹ See Sim and Janet's testimony in the previous section (7.2.1)

¹⁸⁰ See Table 4.4 – Dean's memo.

funny when I am out of it'. He often began his accounts with “...*Here’s...a funny story....*” Tutenges and Sandberg (2012) discuss this idea of telling and sharing stories about being drunk, and suggest it is a way in which groups bind together. They also consider how stories told about past experiences are cathartic, helping individuals to justify negative behaviour by talking about it openly. Sam said that he felt he could “*blame*” alcohol if he did anything wrong.

Tutenges and Sandberg’s (2012) qualitative study was done in a Bulgarian beach resort, involving interviews with 16-26 year olds about their drinking experiences. Although this is a Bulgarian study and not set in a university, the findings resonate with the findings in the Study. One discussion point in Tutenges and Sandberg’s (2012) study was that alcohol consumption is subtly “*motivated, inspired and guided*” by the stories told in the social environment (for example, a university) (Tutenges and Sandberg, 2012 p6).

Griffin *et al.* (2009) also discusses the idea of sharing drinking stories playing a key role in young people’s social lives, suggesting that they help to bind groups together. Sam demonstrates this in his accounts and ‘*funny stories*’. In his second interview, he came with a written list of drunken exploits, of which he appeared proud.

Of all the participants interviewed, Sam initially caused me most concern. In his first year, he described many occasions of being very drunk and not remembering the next morning what had happened to him. More concerning was his description of drinking alone on occasions while playing computer games, when he would play a drinking game with himself – if he lost, he had to drink a shot, if he won, then he didn’t have to drink. Sam, in his second year said that “...*once I get the taste of alcohol I just [keep on] drinking.*”

Drinking alone may be a worrying sign of becoming dependent when alcohol becomes less associated with socialising with others and more about being becoming isolated. However, as the Study progressed, Sam, like the other participants, began to control his drinking and when he got to his third year, he said that *“I have come back down to earth..... I need to concentrate on getting a job after uni... ‘I am tired of being the drunk person” (Last interview).*

Dean and Sam used alcohol to socialise and their descriptions of their reasons for this differed. Dean drank to fit in and often pretended to drink while Sam was encouraged by his peers to drink because it was entertaining for them. Dean formed close relationships with other males and Sam moved into a house in the second year with three girls, with whom he related better than the boys in his original flat.

There are some similarities between Dean and Sam and the three girls discussed above. They had all come from school to university, their drinking habits followed a similar pattern, drinking heavily in the first year, less in the second year and much less in the third year, and their focus changed from *“partying”* to concentrating more on academic achievement. This was a common pattern across all the younger participants (18-24 year olds).

The mature participants (19-24) had a different starting point in the trajectory, given that they had worked before coming to university, and they had a variety of different drinking experiences while at the Case University. The comparison between the life course trajectories of three mature males and three mature females are considered below.

Joe (22), Rik (22) and Mark (24) were similar in age. Joe was mixed race and Rik and Mark were both white. They were all from different parts of the country. All three participants were considered mature students according to ACAS and they had all worked before coming to university. Joe had worked in the area of American football and was ambitious in this sport, wanting to play professionally. Mark had worked in pubs and clubs since leaving school and had come to university to do an Events Management course. Rik had been working in child care since leaving school and wanted to become a teacher. He had poor GCSE results which, he said, was mainly due to drinking too much and having fun, but he showed no real remorse for this (he had enjoyed his early adolescence and wanted to carry on in this way). Joe and Mark showed levels of maturity about their drinking and were both keen to do well on their courses from the start. Their drinking was most intense at the beginning of their course, particularly in the first few weeks but it slowed in the second and third years. When they did drink during these years, however, they both continued to drink excessively albeit less often than previously; they drank particularly at events, house parties or themed nights in the SU. Joe had an injury to his knee in his second year and to live at home for a short time: he had a good relationship with his family. This had impacted on his ambition in his sport but he was able to come to terms with this, and move on and work hard to get his degree.

Rik differed from both Joe and Mark in attitude and maturity towards drinking. He had been a heavy drinker since he was 13 and his accounts of initiations in the Snow Soc have been highlighted earlier in the Study¹⁸¹. However, by the third year, Rik was drinking less and he had a steady relationship with his girlfriend: *“we went out for dinner, I didn’t get drunk, and I am getting old”* (Rik). Rik performed poorly

¹⁸¹ See Chapter 4 Table 4.11

academically in the first half of his course, missing lectures and coming in late, hungover and sometimes bruised from falling over when drunk. However, by his third year, attendance improved, his attitude became more focused on doing well and he began to perform better academically. Rik was also one of two participants who were interviewed after they left the Case University. He demonstrated that he had matured, was in full time employment and had continued with a steady relationship. These three males had different experiences through their time at the Case University and each had previous life experiences, including working, that had shaped their trajectory and attitudes towards drinking, university and the world of work. However, they all showed similar changes in their behaviour, particularly in the third year when the drinking behaviour was more focused on specific nights out rather than being out all the time. They all became more serious about getting their qualification and wanted to do well.

Ella (21), Kay (22) and Sasha (20) were three mature Study participants with similar backgrounds and motivations for coming to university. All three joined sports societies and had different experiences of this, particularly in terms of the initiations¹⁸². Like the mature males in the Study, they had all worked before starting their course and they all got part-time jobs while at the Case University. They socialised using alcohol and all felt that they would struggle to go out (particularly to the SU) without having a drink. Their drinking slowed in the second and third years and they all said “*. . there is no time for a social life in the third year....*” All three had a strong work ethic that they articulated and they were clear about their working aims for the future. “*...I want to do something with my life...*” (Kay). Kay had a series of jobs which involved working with vulnerable people including autistic children, prior to coming to the Case University,

¹⁸² See Chapter 6 section 6.5

and working with the homeless in the local town while on her course. Kay in particular felt that university had enabled her to grow in self-confidence and by her third year, she had a steady boyfriend and was more able to resist the pressure to conform to drinking norms. However, like Sam, Kay had drinking stories to tell about her membership of the MMA society as well as her individual drinking experiences: this sharing of stories is discussed earlier in relation to Sam. Griffin *et al.* (2009) discusses the difference between males and females sharing their drinking stories, suggesting that relatively few studies have been undertaken that explore women's experiences.

Ella and Sasha followed a similar trajectory to Joe and Mark (discussed above) through the course. They had a sense of maturity from the start and although they did go through heavy drinking periods and joined societies, they felt that the course was too important to them to waste their time at university: they were able to balance having a good time with the academic work and also with part-time jobs to help them support themselves through the course. Kay was similar to Rik, describing heavy drinking, initiations and becoming the social secretary to the MMA. Both Kay and Rik had enjoyed their initiations, gaining respect from other members of the society while Ella and Sasha had felt bullied and humiliated, leaving their chosen society shortly after the initiation. This leads to considerations of a change of status¹⁸³.

So far, this section has considered the life course perspectives of participants who drank alcohol but two Study participants chose not to drink, for different reasons. Cara, a white female, and Roi, an Asian Muslim male, both lived at home through their time at university and both had worked before coming to university. Cara did not drink because she was suffering from depression and was on medication at the start of her

¹⁸³ See the next section in this Chapter 7.3

course, but she had experienced drinking earlier in her life. Cara also described celebrating her 21st birthday at the Case University when she did have a few drinks: celebrations are common social events where there is an association with alcohol.

Roi did not drink because of the influence of his family, culture and religious beliefs. Cara and Roi were discussed earlier in relation to socialising and the choices that they made with regard to drinking. Cara changed her social group towards the end of the first year because she felt isolated and uncomfortable not drinking and she stopped going to the SU. She is different from Roi in that he made a choice at the start of his course not to drink which was influenced by his cultural background. Roi never went to the SU or socialised at the Case University, preferring to spend time with his friends outside of the university who were part of his cultural group. Roi did not feel particularly isolated and showed commitment to his course with a determination to do well. He was the youngest of three brothers and his older siblings had gone straight to university from school whereas Roi came to university as a mature student. In contrast to Roi, Gauri (19) and Jala (18) were two Asian, Muslim girls who did drink. Gauri's trajectory however was affected by a bad experience in her second year which stopped her drinking and made her join a different group of friends¹⁸⁴. The other Asian Muslim male in the study was part of the rugby focus group (Raffi). He had drunk alcohol initially but then stopped once he felt part of the group and was more comfortable not drinking with his friends.

Lastly in this section of life course biographies are those of two participants, isolated from the main campus, who demonstrated a different life course that is worthy of brief exploration. Lara and Maggi were Irish nursing students based at the satellite

¹⁸⁴ See Chapter 5. P224

campus. They were both 18 and their cultural background had impacted on their drinking behaviour. They had migrated towards each other as friends and connected with other Irish students, as well as joining an external Irish group away from the Case University. This had not been the initial intention: in their first year, they had tried to become a part of the Case University social life but had found this hard because the main campus was not easily accessible. They were also isolated as most of their cohort on the nursing course was older.

Lara had come from an Irish background: her mother did not drink at all and her father may have a *“couple of drinks”* a week. Lara was one of six children and the family were part of the Roman Catholic teetotaler's organisation: The Pioneer Total Abstinence Association (PTAA) in Ireland (Pioneer Association, 2016). This organisation seeks to address some of the alcohol-related problems in society by encouraging abstinence. Upon confirmation into the church, members also take a pledge to remain teetotal until they come of age and they are given a pin to wear, indicating to others that they don't drink. Every 10 years, another milestone is passed if abstinence is maintained and there is a collection of badges. This is interesting in terms of family influences because Lara described young people's culture in Ireland as being focused on drinking: *“they would be going out most nights, back in Ireland.”*

Both Maggi and Lara had come to university, in part, to enjoy the social life and the *“drinking”* and the *“partying”* but were disappointed that there was no student bar at the satellite campus. Their drinking changed over time but this was less obvious than other young people in the Study. They showed a good level of maturity in their drinking because of their work placements, for example not drinking when working early shifts: *“you can't go to work with a sore head ...you can't look after people if you feel rough...”*. They joined an Irish Hurling and Camogie Sports club and went to Irish

pubs rather than socialising with others at the Case University. Irish Hurling is for the men and camogie for the women which distinguishes the two sexes although it is the same game. Maggi described the Hurling club as being quite patriarchal in nature with particular rules and norms of behaviour associated with drinking¹⁸⁵. For example, she said that males and females were unlikely to socialise together unless on special occasions '*and the boys stay out for a drink in the bar but the girls go home after training*'. There were also differences in what Maggi and Lara would drink depending on where they were and whether they were with their Irish friends or other friends, in Irish pubs or in clubs. Cider and beer or wine in the pubs, shots in the clubs. Beth also described differences in what she drank at university compared to what she drank at home with her non-university friends suggesting that there are particular customs associated with university drinking which are not necessarily the same as those in a home environment.

Maggi and Lara's progress through their study course provides a contrast to that of the participants located at the main campus. Several factors influenced these differences: they were doing a work-based course, they were not living in the Halls, they could not access the SU easily, they were the youngest in their cohort and they were influenced by their Irish heritage.

These biographies provide interesting comparisons between different participants and demonstrate what factors shape the life course, in particular over the three years at the Case University. There are similarities in terms of a reduction over time of drinking behaviour and an increasing sense of responsibility. In some cases, forming intimate

¹⁸⁵ See Chapter 6 – Learning the rules: drinking customs and rituals.

relationships also influenced drinking behaviour. The next section continues to explore the concept of changing roles and status across the lifespan, in friendship groups and in the societies within the Case University.

7.3 Change of role and status

This sub-theme extends the discussion of life course biographies and considers the concept of changing roles and statuses as participants enter university, transit through their course, graduate and move towards the workplace. Reference to the biographies in the previous section will be made as the changing roles and statuses throughout the life course are explored.

The concept of status suggests a position or social standing within a relationship, group, organisation or society as a whole (Geertz, 1973). It may relate to being personally 'earned' by reputation or it may apply to particular professions within society (Kroger, 2007). Status is dependent on how individuals are viewed by others around them and is socially constructed in specific contexts (Lawler, 2014). For example, an individual may not have status within their work setting but have kudos in their private life, for example belonging to a specialist club. Status implies a hierarchy where there is some mobility, people can move up or down the ladder according to their knowledge, experience or the reputation they have gained with others (Geertz, 1973). It is argued that a sense of status within a group helps to support self-esteem, self-worth and self-confidence, as well as emotional attachments to others (Maslow, 2013; The Human Givens, 2015). The attachments can be positive, but there may also be issues relating to status and power that could be negative: for example, the experiences of Ella and

Sasha in their initiations to the netball and hockey societies where they felt humiliated and bullied¹⁸⁶.

There is a distinction between 'role' and 'status' in the Study. Role suggests a function assumed or part played by a person in a particular situation, whereas status relates to a relative social position or standing (Lawler, 2014). The roles that people play may differ from the status they hold within the community although roles can help to create status (Kroger, 2007).

There were examples within the data of changing roles and statuses. Sam, for example, changed his status within his flat to leader of the drinking behaviour when the original spearhead of the group found a girlfriend and moderated his drinking. Sam was then motivated to change his status from drinking leader to a "*normal*" person by the time he reached his third year:

"I want to be seen as a normal person - I am tired of being the drunk person, that's not a good look!"

(Sam)

Kay changed both her role and status within the MMA society from a newcomer following the rules of initiations in the first year, to the social secretary where she was creating the rules:

"..You feel a bit of power as the social secretary ... you feel superior, in control..."

(Kay)

¹⁸⁶ See Chapter 6 - section 6.5

A change of status is not necessarily linked to a specific age (Newman and Newman, 2009). For example, anyone going through university effectively changes their status (Evans, 2013). This might be within their family as they gain qualifications or it might be among the wider society as they enter the workplace. For older students, this may be related to a re-entering the work setting with a different emphasis and there were examples of this within the data. Some participants, for example, had worked in their field of practice in a different role (a social work assistant or a health-care assistant for example)¹⁸⁷. When these students graduated, they entered a professional workforce as qualified in their field, changing their status within those systems. This links to the perception progression into the next stage of life which may be early, middle or late adulthood depending on age.

The next section considers the impact of changing responsibilities as participants went through their courses. As the academic workload increased, drinking behaviour changed and the participants acknowledged this in their interviews.

7.4 Developing responsibility and changing attitudes

Responsibility can mean different things in different contexts and can apply at different levels: for example, personal, social or corporate (Newman and Newman, 2009). It relates to the associated concepts of duty and accountability and in legal terms, you can be held responsible for your actions if those actions impact on others (Beauchamp and Childress, 2001). This may be if you are responsible for dependents, for example as a parent responsible for a child. Or you may be in a profession such as nursing, medicine or social work where you are legally and ethically responsible for others as part of your role and you can be held to account by a professional body (Beauchamp

¹⁸⁷ See this Chapter section 7.2.1

and Childress, 2001). In the context of the Study and this section, responsibility refers to a personal responsibility that individuals began to feel for their own actions (Deci and Ryan, 2012). It links to levels of maturity that began to be demonstrated with regard to a change of attitude towards drinking behaviour, academic work and future work goals. There was significant recognition that the intense drinking patterns prevalent in the first year (and particularly in the first few weeks) could not continue. This was partly related to becoming more serious about the academic workload and the effects of alcohol on the ability to function. The 18 year olds admitted that as they got older, they began to feel worse after a night out than they had when they were younger.

For the participants of all ages that drank, alcohol did remain a feature of their social life, used as 'rewards', for relieving stress and in celebrations, for example at the end of the semester or the year. The use of alcohol to relax was a theme common across all of the age groups throughout the three years. However, the frequency of drinking reduced significantly:

"....there is an expectation in the first year that you drink a lot, but not so much in the second and third year..."

(Ella) (Last interview).

There were more noticeable changes in the drinking patterns of the 18-24 year olds over the three years compared to the older age group. The young students that moved out of Halls into houses in their second year demonstrated a developing sense of responsibility. Participants talked more about managing their own lives, paying the bills, and having to maintain a better level of cleanliness in the second and third year for example, and this links to the development of independence, symbolising another

rite of passage (Van Gennep, 1960). Finances also played a part in terms of disposable income available for drinking or socialising and many of the participants obtained part-time jobs in their second year to help finance their way through university. There was an interesting side to this, where participants said that when they were earning money, they could afford better quality, more expensive alcohol rather than the “...*cheap stuff that we had to have in the first year*” (Mark, last interview). Expensive bottles indicating more affluence and were displayed in some of the student’s windows in Halls¹⁸⁸.

Joe was clear that he could not see the point of missing lectures when you come to university. He managed to gain a balance between enjoying the social life and also working hard for his qualification. He did have heavy drinking sessions, particularly in the first year but also showed a level of responsibility and gave a financial perspective. Joe said that many of his friends had run out of money by the second half of the year and this had impacted on drinking behaviour.

Early interviews suggested that participants were unlikely to go to the cinema or bowling as alternative social activities because “*it is all about the drinking at university. I would rather get drunk.*” (Jala, first interview). “*...going to the cinema is just a couple of hours...drinking with friends can last eight hours or more....*” (Mark, first interview).

This did change over time and in the second and third years, social activities were different, the SU became “*boring*” and there was a feeling that you could enjoy your friends in different ways, going out for dinner, to the cinema or bowling: “*We went out for a meal, I didn’t get drunk, we are getting old*” (Rik, last interview).

¹⁸⁸ See Chapter 6 – Figure 6.4

A number of participants talked of “*growing up and growing out of drinking*”. There was the perception that being more controlled about drinking or drinking different things heralded a sense of being grown up: “*I am becoming more sophisticated, [drinking wine] becoming a woman*” (Jem, last interview). Sasha talked about “*going through a stage [at university]’ which passes when you start work*”. She also talked about her ambition and this was a theme repeated by others: ambition and drive played a part in motivating individuals to moderate their drinking behaviour. The majority of participants wanted to do well on their courses and recognised that the early heavy drinking behaviour had impacted on their ability to perform well and that they needed to change. Those that had been not been attending lectures in the first year because of their drinking, started to attend in the second year. Many of them said that they had no “*social life*” as the academic pressure increased, particularly in the third year when dissertations became the focus of attention. Their social lives became more associated with specific nights out, such as Halloween or Christmas, rather than the three or four nights a week out in their first year. Alcohol was also used for different purposes, to relieve stress or relax rather than to reduce inhibitions or party.

An exception to this pattern was Jala. She was interviewed in her second year and was housed at the main, rather than the satellite, campus where the nursing courses ran. Jala had made friends with people of the same age but on different courses, and had a student house with these friends. Jala described heavy drinking behaviour in the first year which continued into the second year when she was in the house. However, she showed responsibility when she talked about the placements on hospital wards that she was doing: “*...you can’t care for people when you are feeling crap so I don’t drink if I am working early the next day.*” (Jala, second interview)

The older participants talked about drinking for different reasons to the younger ones throughout the Study: alcohol was a feature of their social life but more as an ‘add on’ to other social activities¹⁸⁹. The participants with families had talked from the start about their sense of responsibility and as the Study progressed, the younger ones began to talk in a similar way about their future. Although the younger ones did not have their own children to consider, the sense of responsibility came from their development of intimate relationships or their increasing sense of “*growing up*” and moving on into the workplace. A number of participants developed intimate relationships and the drinking habits of the partner influenced behaviour (matching the partner’s drinking, whether heavy or light). The development of close, trusting relationships also contributed to a reduction in drinking with participants saying that they felt more able to say no to drink once they had forged deep friendships.

Individual journeys through transition are many and varied and the path to maturity can be situated within many theoretical frameworks (Newman and Newman, 2009). The findings in relation to maturing and gaining independence map to developmental theory from many psychosocial perspectives that are explored throughout the Study. These concepts help in the understanding of the health perspectives that underpin the Study and the exploration of the potential outcomes for this small group of students who participated. The next section briefly explores what the participants predicted about their future drinking behaviour and how they viewed their lives after university.

¹⁸⁹ See this Chapter section 7.2.1

7.5 Into the workplace: the transition to reality

This sub-theme discusses the concept of transition in the context of moving on from University. Crafter and Mainer (2012) discuss the construct of transition in the context of a socio-cultural framework. This means that transitions can be described as the process of adapting to new social and cultural experiences. The participants described their move through the student experience and how they adapted to the Case University, their socialisation processes and how they changed over time. In their final interviews, they talked about moving on and how they predicted what their drinking behaviour may look like in the future. Sam reflected the overall attitude of the participants with his comment that: ‘... *there comes a time when people should stop drinking.... ...it is time to go out to work and be more real...*’ (Last interview)

Jem suggested that ‘... *when work kicks in you can’t drink anymore*’ (last interview). She was referring to going into the workplace once she finished university but talked about the academic work as well. She also said that at university, there were financial reasons you had to reduce your drinking and this was why many participants got part-time work to help support their way through university. Jem was very career-orientated and wanted to work as an educational psychologist. But she also wanted the full “*university experience*”, had made a lot of friends during the first few weeks, went out 3-4 times a week and missed lectures in the first six weeks. By the second half of the first year, however, she had become more serious, more committed to her academic work and was not missing lectures.

One student, Sandi, left her police studies course early, having decided that policing wasn’t for her. She entered the workplace as an administrator and when she returned for a Study interview she described how different working was compared to her year

at the Case University. She talked about the change to her drinking behaviour and how she viewed her responsibility differently.

She said she had “*grown up*” since leaving. She talked of the social obligation she felt in relation to her job, and how the responsibility to get up and go to work every day had impacted on her drinking. She still drank, but in moderation. She also said that she was drinking different types of drinks (less shots and more wine for example). She felt less under pressure to drink because those she worked with were a mix of ages, and there was less emphasis on drinking in work-related situations. Her drinking was largely confined to weekends and was more likely to be associated with dinner with friends or the pub. Sandi was 19 at the time of this return interview, demonstrating that age is not necessarily a factor in a change of drinking behaviour. After the interview, Sandi visited friends that she had made at the Case University because ‘*you make friends that you keep at university*’. She e-mailed the next day with this comment:

“..Just an update after the other day - I had a great time out [with my friends] and controlled my drinking very well; I was the perfect amount of 'drunk' to have a great time, remember everything, get home safe and wake up feeling wonderful!”

(Sandi, follow up interview)

Rik was also interviewed after he left the Case University. He described his drinking as being more ‘*grown up and sensible*’, he had secured a job in early years’ education, was in a stable, intimate relationship with a Doctor and talked about going out for dinner with friends and not getting drunk.

Mark talked about the different reasons that people come to university. He suggested that for some it was a “*stop gap before going to work and some don’t take it seriously*”

enough...". He also talked about the different courses that people were doing and how that had an impact on drinking. He suggested that it would be difficult to do his events management course if you didn't drink as the whole events business was centred on drinking. There was an implication here about the future work that he was going to do and that there was an acceptance that this would involve alcohol in some way.

Jem also talked about moving on and suggested that *"...When you are older and working, you are not going to drink as much (as at university)."* (Last interview) She said that she thought that it was important that people should have a career and work hard, then have a family. She confessed to looking down on people who are drinking on the streets and drinking during the day, and her following comment sums up the overall thoughts of the participants in this section: *'there is a big divide between drinking and having fun with friends and drinking alone at midday in the street when you should be at work.'*

7.6 Summary

This chapter has explored the concept of rites of passage and how participants in the Study moved on and developed through their study course. The life course has been considered in relation to some of the biographies of the participants and comparisons between transitions made. Changing responsibilities in terms of both academic work and a recognition of moving into the 'real world' have been explored. Some predictions about how participants will continue to develop have been made and the next chapter considers the public health orientation of the Study in relation to some recommendations for practice.

Chapter 8: Discussion: public health and health promotion

8.1 Introduction

This chapter focusses on the fourth objective of the Study which is to:

4 'Explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University'.

This relates to the concepts of health and health behaviours and the intention in this chapter is to begin the discussion about a potential way forward for alcohol policy at the Case University and consider this in the context of the broader alcohol agenda.

The chapter considers the three core themes explored in the previous three chapters in relation to public health practice, health promotion, and health management at universities and the Case University in particular. This maps to the theoretical framework, the consideration of public health and health promotion (see Figures 3.6 and 4.1)

There are some theoretical tensions within qualitative research between the passivity of an observational researcher and the 'active' public health practitioner (Sidell *et al.*, 2003). However, the instrumental case study approach to the Study has served to balance these two notions, allowing for a deeper understanding of drinking in a university setting which contributes to policy making at the Case University (Stake, 1995; Brown and Jack, 2008).

Tackling the harmful effects of alcohol continues to be a key public health priority (HSCIC, 2016). This is, in part, due to the increasing 'costs' from economic, health and social perspectives (Snowdon, 2014). The early choices that people make are

influenced by different factors, including the way people try to fit into new environments such as university life. The next section explores the first core theme of the sense of belonging: socialisation and its related sub-themes in relation to public health and health promotion.

8.3 A sense of belonging: socialisation

The first core theme in the Study related to a sense of belonging and socialisation. Within this section 'the freedom to drink'; the 'Student Union' 'the societies' and the 'pressure to drink' are re-visited to explore the relevance to public health, health promotion and related considerations of health behaviour.

8.3.1 The freedom to drink: the potential impact on future health and well-being

The Study findings relate to participants starting university, finding their freedom and searching for a sense of belonging. For many, this was closely connected to having fun and making friends. The decisions and choices that people make as they transition through life, including growing up, finding independence, going to university or getting a job, may impact on their future health and well-being. In respect of alcohol consumption, this may relate to a chemical or social addiction which could start in adolescence and which could impact on physical and emotional health and well-being later in life (Heather *et al.*, 2011). Nutt (2012) suggests that alcohol can promote sociability and enhance mood because of the anxiety-reducing properties (which helps to explain why students use alcohol, particularly at the start of university life), but that high-level usage over time can create dependency (alcoholism)¹⁹⁰.

The freedom to choose how to behave is part of developing independence and this includes choosing behaviours that may risk poor health outcomes (Herbert, 2006;

¹⁹⁰ See also below, section 8.4

Bragg and Kehilly, 2013). Ethical frameworks have to balance the rights of autonomy with the concepts of 'justice for all' and protecting the vulnerable in society (Beauchamp and Childress, 2001; Nuffield Council of Bioethics, 2007). Drinking is a pleasurable social activity for many people and it is important to acknowledge that not all those who drink become dependent; it will depend on a range of heredity and environmental factors (Cloninger, 1996; Nutt, 2012). There is a responsibility to consider the duty of care, however, of a university to look after the members of its community and create a healthy environment that enables people to make informed choices about a wide range of behaviour that might risk poor health (Crawford and Novak, 2006).

The social spaces at the Case University have been discussed in relation to how people form relationships and socialise and one aspect during the Study was that there were few activities for students that did not drink. The SU bar was particularly referenced in terms of alcohol-based socialising, and this is discussed in the next section.

8.3.2 The Student Union (SU): profit and loss

According to the Study participants, the areas where students met to socialise were important in forming relationships and the SU bar was cited by the majority as a key meeting place, not least due to the fact that alcohol was readily available and cheap. Interviews with the SU staff suggested that the bar was a profitable part of the Case University and this, coupled with the frequent promotion of the SU bar in the student newspapers, may suggest that it is an environment in which the use of alcohol is encouraged, rather than simply tolerated. That said, evidence from the Study also indicated that there was a sense of a 'duty of care' within the SU, where staff maintained a level of safety and control, beyond the legal requirements (HM

Government, 2003). While Study participants suggested that some of the heavy drinking behaviour occurs outside of the Case University, they also reflected that they felt 'safe' in the SU bar. There were processes in place, such as a night bus to take students home and security personnel on duty to help individuals who were demonstrating drunken behaviour. The 'wall' was a term used by both students and SU staff for when 'drunks' were removed from the bar and given water and 'space' to help them recover (see figure 8.1)

Figure 8.1. Outside the SU bar and the 'wall'



In some cases, they were then allowed to return to the bar to continue drinking. Violent or unacceptable behaviour, or the possession of drugs in the bar, could result in being barred from the SU for a set amount of time, and this did seem to serve as a deterrent (although several participants did report the hidden use of drugs in the bar).

These monitoring and management techniques, were consistently applied and in addition, in the case of sports society initiations where excessive drinking is an expectation, the societies have to read and sign a form that outlines the rules of behaviour in advance. There has been much debate at universities across the country about allowing initiations (and drinking generally) on university premises (Temple and Burns, 2012). One key question raised in the Study as well as in broader society is how far to intervene in the choices and activities of individuals in order to promote health. The Case University suggests that 'containing' the initiations in the SU bar helps to maintain a level of safety and control that may not be available elsewhere (see table 8.1).

The removal (even if temporarily) of students who are drunk is necessary because the 2003 licensing Act (HM Government, 2003) states it is illegal to sell alcohol to a customer who is already drunk. The difficulty comes in assessing how drunk a person is. The use of objective measures such as measuring blood alcohol levels are impractical in the SU and so subjective measures are needed: for example, looking for signs such as slurred speech, behavioural change, lack of co-ordination or aggression. Good training (as well as first aid training) is essential for bar staff to be able to recognise drunkenness and manage it accordingly.

Although there is little reported violence in the SU overall, there are the occasional fights that staff have to deal with on site. Alcohol Research UK (2014) discusses the

issue of alcohol-related violence and outlined a multicomponent approach used in Sweden to reduce incidents in pubs, clubs and on the streets. A combination of dedicated training of staff (in relation to serving someone who is drunk) and increased enforcement by police and regulatory bodies reduced the reported alcohol-related violence in Stockholm by 29% in three years. The multicomponent approach is also described as a community approach to reducing alcohol harm and is a recognised public health approach in other countries as well as in the UK (Alcohol Research UK, 2014). It requires co-operation between all stakeholders and should include attempts to minimise the stigmatisation of particular groups (such as young people or students for example).

Interviews with the local police and the student liaison officer (see table 8.1) reported that there were few community-wide problems such as violent behaviour in the local town apart from complaints about noise levels: there were occasional issues in the SU bar, on the campus and some concerns from lecturers (see table 8.1). The Case University works hard to maintain good relations with the local community and staff meet regularly with relevant stakeholders to resolve any issues.

Table 8.1 Safety and the impact on the local community: Interviews with local police, the SU staff and the student liaison officer¹⁹¹.

Interview	Data collection	Findings	Mapping to TF and RO (see Figure 4.1)
Student Liaison Officer (Mar 2013).	Individual interview E mails forwarded from local neighbourhood representatives and lecturers at the Case University.	Concerns from lecturers about student safety with regard to drinking behaviour reported to the student liaison officer. Also, some concerns from dance students about the pressure to be involved in initiations (e-mail). There are occasional complaints from the local neighbourhood which are related to noise levels – mainly students walking home – often drink related.	The collective social responsibility of the Case University for the safety of vulnerable students. TF. RO.4 Philosophies of individualism/ collectivism/ 'paternalism'/ 'protectionism'. RO.1,4 The 'unacceptable' pressure to conform to group norms (customs and rituals). TF, RO 2,3 The 'outward' facing philosophy of the Case University to engage with the local community. RO.4 TF.
Local community police officer (Jan 2013)	Individual interview	There is little violence in the town but there are concerns about the initiations that start in a local park. Occasional incidents in the town where initiations get out of control (related to alcohol). Occasionally students are hospitalised when they have had too much to drink. Two Snow Soc students were hospitalised in 2012. Overall there are few associated criminal incidents.	Initiations: Customs and rituals TF Outward facing university philosophy. RO.4 Physiological harm through the effects of alcohol. RO.1.
Interview with the SU bar manager (Sept, 2015).	Individual interview	Discussed the safety mechanisms in place e.g. 'the wall' where students are taken to 'recover'. The night bus to take students home. The Shhh campaign to encourage students to respect the local community. There is free water but students have to ask for it.	Underlying acceptance that students will drink heavily in the bar areas. TF. RO.1, 4 There is an underlying acceptance/ normalisation of drinking behaviour. TF. RO.2 The initiations are also tolerated in the bar area – students have to sign a form and the argument is that at least it is 'contained' in a safer area. But participants did describe some extreme drinking behaviour in the Bar. TF. RO.1

¹⁹¹ See also Table 4.9

Claiming to keep individuals safe while at the same time selling alcohol which may cause harm appears to be a paradoxical situation that requires some consideration and further debate within the Case University. The SU bar is profit-driven as a part of the drinks industry and there continues to be huge debate about the role of this industry in relation to public health (Brennan *et al.*, 2014; Nicholls, 2015). Health considerations have played a limited role in the UK licensing laws and there may be a conflict of interest between the business model applied in the SU bar and the welfare of students (Nicholls, 2015).

Nutt (2012) claims that involving the drinks industry in health promotion projects is problematic. He is scathing about the intentions of the industry to consider the health needs of customers saying that the industry relies on heavy drinkers as a major source of income: *“if everyone drank the recommended daily limit, there would be a drop in consumption of 40% - equivalent to a loss of over £13 billion in sales of alcohol”* (Nutt, 2012 p101).

Related to this discussion is the availability of cheap alcohol. Study participants referred to drinking in the SU bar as being cheap and therefore easily accessible and affordable for a student on a limited budget. Cheap alcohol is also available at local retail outlets and participants said that for pre-drinking and drinking games prior to going out, price made a difference to what they would buy. As they progressed through their studies and found part-time jobs, they could afford better quality alcohol.

There has been debate for many years about the need to introduce a minimum pricing for alcohol in the UK. Gornall (2014) discusses what he calls the ‘sham’ of the Government alcohol strategy (HM Government, 2012) that included a commitment to a minimum price for alcohol which had been recommended by health experts, and

supported by research that demonstrates the effectiveness of this intervention across the age range (Donaldson, 2008; Brennan *et al.*, 2014). While Scotland has introduced a minimum price of 50p per unit of alcohol England and Wales have not; instead, the Government introduced a ban on the sale of alcohol below cost price (Brennan *et al.*, 2014).

Brennan *et al.* (2014) describes the evidence base for minimum unit pricing (MUP) compared to selling below cost price. The research involved a mathematical modelling technique using data from household surveys, and from living costs and food surveys. The model predicts the benefits of different interventions and the conclusions drawn were that the introduction of a MUP would deliver an estimated 40-50% greater effect on drinking behaviour than that of the ban on selling below cost price¹⁹².

One of the key issues in this debate about pricing is that of personal responsibility and choice. Over the years, governments in the UK have oscillated between 'blaming' individuals for their poor health and taking a more 'corporate social responsibility' approach (NCOB, 2007). Those who have a commercial interest in selling alcohol will claim that it is an individual's right to choose to buy alcohol or not, while health campaigners may argue that there is a societal responsibility to ensure that there is public policy in place to support healthier social environments (Sines *et al.*, 2013).

It is suggested that the 'top-down' approach of the smoking ban, introduced in public places in the UK in 2007 (HM Government, 2006), has proved to be a success, evidenced by a drop in smoking habits in the UK (ONS, 2014). However, a similar model to enforce a reduction in drinking is much harder to achieve. One argument

¹⁹² See Chapter 3 - p69

that enabled the smoking ban was the associated problems of passive smoking and the potential harm to others. There is a claim that drinking alcohol does not impact on others in the same way that smoking does. However, Donaldson (2008) and Amsterdam *et al.*, (2015) considered this and highlighted the hidden impact of domestic violence, crime, anti-social behaviour and accidents that are associated with drinking alcohol.

This raises the debate about different political or philosophical standpoints regarding the concepts of libertarianism (individualism) and collectivism (see table 8.1). In terms of public health, at one end of the spectrum, a libertarian perspective would suggest that the 'State' should respect the individual's 'human right' to choose their own path and that the State's only role is to provide the environment which enables this (NCOB, (2007); Potter and Wright, 2013). Haydock (2014) discusses this idea in terms of neo-liberalism in relation to alcohol policy. He identifies neo-liberalism as relating to a government that emphasises the ability of citizens to become autonomous. Classic liberalism was expressed through John Mills' Harm Principle that, fundamentally, people should be allowed to live according to their chosen lifestyle unless it impacts on the lives of others (cited in NCOB, 2007).

At the other end of the spectrum, a collective approach would suggest that the needs of the many outweigh the needs of the few; this utilitarian tradition focuses on achieving the greatest benefit to the most people (NCOB, 2007; Potter and Wright, 2013). The public health perspective of this would be to limit drinking opportunities through an initiative similar to the ban smoking, described above, to achieve the greatest good for the majority (Earle *et al.*, 2007; Potter and Wright, 2013).

The alternative collectivist approach is that of social contract theory, where the state authority is dictated by the will of the people (in theory, a democratic society) (NCOB, 2007).

The Case University is a micro-environment but some of the principles outlined above are relevant to a discussion of future on-campus alcohol policy. Many of the Study participants, for example, suggested in their last interviews that they would have still come to the Case University if it had not had a bar but that the bar did play a part in their social life, particularly in the first year. Another key area of potential harm from drinking are the initiations into the societies these are considered in the next section.

8.3.3 The pressure to drink: recognising a problem and minimising harm

Chapter 5 discussed the pressure to conform to the drinking norms at the Case University from a social perspective. The groups that individuals join can impact on the amount of pressure exerted to drink alcohol and in particular, the initiation ceremonies that were described by the participants. Again, the issue of who is responsible for minimising harm is raised here; the individual, the university or the 'State'.

8.3.4 The societies: initiations and managing health risks

The societies that students join have been discussed throughout the Study and this section re-visits the health risks of the sports society initiations in terms of considering theories of health behaviour. That drinking alcohol to excess may be a risky behaviour was acknowledged and understood by the participants in the Study. Talking to participants about health issues established that they understood the risks of drinking but they dismissed any concerns as they implied that the benefits to drinking outweighed the risks at the time. This is a key aspect of understanding the psychology

of health behaviour. One explanation for dismissing concerns is that individuals have a skewed perception of risk and susceptibility and this relates to having an ‘unrealistic optimism’, that the risk does not apply to them or if it does, there is time to change the behaviour before there is a problem (Weinstein, 1984, cited in Ogden, 2007).

This would seem to be appropriate in the Study as participants suggested that although they knew the risk, it was worth it in order to enjoy their experience at university. However, there is also an argument that this is not necessarily an ‘unrealistic optimism’: not all students who drink heavily at university go on to experience long-term health problems related to drinking. It is a risk that young people are prepared to take as they see that others do survive the experience.

Reeves (2010) talks about the perception of health with regard to how people weigh the balance between the cause and effect of ‘risky’ health behaviour. He suggests that there is a detachment for many people between what is known about the adverse risks of particular behaviour and what is practised personally. Reeves (2010 p7) talks about “*a way of living in the world*” and that the term ‘health’ has become rather a remote idea that people dismiss readily. This may relate to an idea that health messages have become so commonplace in the media that people have developed an apathy to any recommendations. There are also mixed messages in the media about alcohol – some reports have suggested that small amounts of alcohol are beneficial to health, while others report that all drinking is harmful (Nutt, 2012). For example, Donaldson (2009) said that children and young people under the age of 15 should not drink alcohol at all.

Reeves (2010) in a report on the role of the State in promoting health and well-being discusses the difference in the terms ‘health’ and ‘well-being’, claiming that people

relate to well-being more personally because they consider it to be more in the present: what is happening to them in the here and now. This was reflected in the Study in that the participants that drank alcohol felt that it delivered a sense of well-being which helped them to socialise. The risks to 'future' health is dismissed in favour of this sense of well-being in the 'present'. The reasons given by Study participants for changes to their drinking behaviour over time were not always related to acknowledging any long-term health risks. The academic workload pressure, the seriousness of moving into the workplace or that it was becoming '*boring*' to drink were more often given as the reasons for reducing the amount of alcohol consumed.

Risky health behaviour is often associated with adolescence and some of the explanations for this have been explored in the Study. Taking risks is not exclusive to adolescents however, some adults continue to seek the 'rush' of extreme sports for example, throughout their lives. When related to drinking alcohol however, there is a potential risk of long-term health problems as well as a short-term risk of death and this may relate to a difficult relationship that people can develop with alcohol (Nutt, 2012). The issue of impaired control over alcohol is discussed by Leeman *et al.* (2011) and this is explored in the next section.

The risky drinking behaviour described by the participants have the potential for both short and long-term harm. The accounts that refer to heavy drinking sessions, for example, suggest that there is a short-term risk of alcohol poisoning due to the action of the liver, which is unable to break down ethanol effectively when over 1 unit per hour is consumed. There is a long-term risk to the liver which has been discussed previously in terms of experts suggesting that liver disease is becoming manifest earlier in people's lives (Sheron *et al.*, 2011).

The participants describe the effects of drinking from experience: increased confidence, lowered anxiety and increased sociability, all explained by the chemical action of alcohol on the brain¹⁹³ This is of particular relevance given earlier discussions in the Study about the development of the adolescent and young adult brain where the neural circuitry that supports self-regulation may not be fully developed until later adulthood (Giedd *et al.*, 2004; Debellis *et al.*, 2005). The self-regulatory system in this context relates to the concept of impaired control and is debated in the literature with regard to both short and long-term health problems (Nutt, 2012). There are two aspects of impaired control, one is associated with a difficulty in controlling alcohol consumption once it has started and the second is a difficulty avoiding alcohol use altogether (Leeman *et al.*, 2012).

The progression from drinking for pleasure or sensation-seeking towards habit-forming or compulsive behaviour was not clearly evidenced in this small Study. All the participants described how they changed their drinking as time progressed and this was related to a change in motivation; from socialising into university life to relieve stress and relaxing with friends. Heavy drinking sessions were still referenced by the participants but the frequency of drinking was reduced over time. Only one participant (Sam) used phrases that could cause concern about a developing drinking habit. For example, Sam said “*once I get the taste of alcohol I just keep on drinking*”. This may be an early indicator that Sam is developing a problem, but it is difficult to assess this. There is continuing discourse regarding what constitutes a ‘drinking problem’. The differences between what may be considered a chemical dependency and a social drive to drink is important, particularly in terms of treatment (National Institute for

¹⁹³ See chapter 3 Figure 3.2.

Health and Care Excellence [NICE], 2011). NICE guidelines suggest that there are particular criteria that indicate when someone is becoming dependent on alcohol. This can be tested using two self-report questionnaires: the AUDIT and the SAQD¹⁹⁴ (NICE, 2011). These questionnaires are aimed at helping individuals assess their own drinking behaviour as well as health professionals assessing the need for treatment. Treatment recommended by NICE includes therapies such as cognitive behavioural therapy which suggests potential psychological reasons for drinking associated with a social dimension. The way people learn to drink in social situations, particularly when young, can impact on the drinking trajectory in the life course and on the development of problematic drinking that has been explored in this section. This is discussed further in the next section.

8.4 Learning the rules: customs and rituals

The second core theme in the Study considered the findings associated with learning the rules: customs and rituals associated with drinking at university. This section considers the sub-themes of: 'communities and culture'; 'learning to drink', 'pre-drinking, and 'drinking games' and 'shots' in relation to health promotion.

8.4.1 Communities and culture: influences on health choices

The discussion in this section considers the cultural influences on lifestyle choices in the broader sense as well as within university settings. The discussion in chapter 6 explored the idea that drinking is a normative cultural expectation within a university setting and this is supported by the literature. These norms of practice are transient but there may be lasting consequences that could have both positive and negative implications. For example, many participants talked about the concept of making

¹⁹⁴ AUDIT – Alcohol Usage Identification Test SAQD – Severity Alcohol Dependence Questionnaire

"friends for life" or *"creating lasting memories"* at university where shared experiences form the basis of enduring long-term relationships. Building a supportive social network is considered an important aspect of positive mental health and well-being, compared to a socially isolated lifestyle which can contribute to mental health problems (HM Government, 2011; WHO, 2005). WHO acknowledges a definition of health as being a combination of *"physical, mental and social well-being"* (WHO, 2005 p6).

In many cases in the Study, alcohol is shown to fuel the socialisation process and create a positive atmosphere which supports a sense of well-being. However, there were also negative implications. Participants talked about experiences with alcohol when they did not remember what had happened to them, when they had felt bullied, humiliated or excluded or when they had lost friends because they had chosen not to drink. These experiences may create short-lived mental stress but they may also create a longer-term health problem, which may not manifest until later in life. The short-term and long-term physical health risks of drinking have already been articulated, including risk of injury and alcohol poisoning, as well as the potential for developing harmful or dependent drinking habits.

Groups that do not drink, or drink little alcohol need to be given consideration within the Case University and this relates to the pressure felt by students to drink heavily in order to conform. Moderate drinking behaviour is sometimes viewed as unsociable as is demonstrated by Sam's testimony about his flatmate who only drank a 'bit' but the group did not accept this and Sam's flatmate was excluded. Other participants in the Study viewed others not drinking as being 'boring' and some participants

pretended to drink more than they did in reality in order to fit in. The implication here is that students drink heavily at university and that moderate drinking may not be acceptable. There is some evidence that there is a shift of emphasis away from a culture of drinking at universities generally but the overarching cultural norm at this Case University continues to be one of heavy drinking (Local NSU Survey, 2015, not published).

The Case University strives to provide a positive learning environment for the students with an overall ethos of developing individuals' cognitive capabilities and skills of citizenship, and preparing people for the workplace. In respect of providing a healthy environment, however, the health messages relating to alcohol, are mixed within the Case University setting: on the one hand, endorsing drinking behaviour by promoting cheap drinks and on the other, asking people to consider their drinking habits and promoting responsible drinking. For example, in the student newspapers across the three years of data collection, alcohol advertising was evident throughout, in the middle pages, which promoted the events in the SU bar and other social spaces. This included the marketing of cheap alcohol. In contrast, there were posters from Drinkaware and other health promotion bodies such as FRANK¹⁹⁵ about 'responsible' drinking as well as information for students about where to seek professional help within the Case University or externally. A leaflet was also created by the support services through the Alcohol Impact working party to give to students who were showing signs of being drunk in the bar and sent to 'the Wall' to sober up (see Figure 8.1). Information dissemination is one way in which people learn about health-related

¹⁹⁵ FRANK is a national drug education service jointly established by the Department of Health and Home Office of the UK government in 2003.

matters and it is certainly important that people are well informed. However, health messages such as posters, lectures or online information in a unilateral approach appear to make little difference to the drinking behaviour of students (Moss, *et al.*, 2012).

A shift in cultural expectations may have a more powerful impact on behavioural change. The Study confirmed the expectation that students will drink heavily and survive the experience and that it is acceptable to do so because it is a transient activity: none of the participants who drank predicted that they would continue to do so to the extent that they had at university. Two follow up interviews with participants demonstrated this: Sandi, who had left her course half way through and was now working, drinking less and gaining responsibility in the work setting. The other participant was Rik who was interviewed six months after finishing his course and who had reported very heavy drinking throughout his time at university¹⁹⁶. Rik had secured a job in childcare and his drinking had reduced substantially because he recognised that he needed to be more sensible about his drinking behaviour.

Given the evidence, the belief that drinking at university is a temporary state which will change out in the 'real world' is a difficult one to shift as it is culturally ingrained, as many student surveys in the literature demonstrate and there is evidence to suggest that people do become more responsible when they are in the workplace (HSCIC, 2015).

Some ideas about what a university can do to move the cultural norm of drinking towards a more moderate drinking culture came from the Study participants as well as

¹⁹⁶ See Chapter 4 - Rik's Transcript Table 4.11

through the Case University survey done in 2015 (Local NUS survey, unpublished). Subtle changes to the health messages could help to shift the expectation of heavy drinking towards one where moderate or light drinking is more acceptable in the university setting. For example: changing the way in which alcohol is advertised and promoting soft drinks or non-alcoholic drinks more actively; consider the pricing of alcohol in the bar and don't include offers ('happy hour' for example); improve the social spaces where drinking is not expected; stop initiations in the bar and/or promote initiations that do not include alcohol (maybe more endurance tests¹⁹⁷ or raising money for charity); don't serve alcohol at lunchtime and provide more emphasis on socialising that is not associated with drinking (during Freshers fortnight particularly for example). Health promotion interventions need a solid evidence base for implementation and an understanding of the behaviour that has developed over time is an important aspect of this. How and why people learn to drink is discussed in the next section.

8.4.2 Learning to drink: health promotion messages; pleasure and pain

Learning to drink combines the complexity of internal psychological mechanisms with the environmental factors that are unique to each individual (Newman and Newman, 2009; Sines *et al.*, 2013). This section considers the aspects of learning to drink with particular reference to health promotion, health education and health communication activities. As suggested above, one aspect of learning to drink can be associated with the advertising of alcohol in society generally and locally around the Case University.

¹⁹⁷ The drama society do an initiation where there is no alcohol but participants have to stay awake for 24 hours.

Health communication is an important part of public health practice in order to ensure that individuals are able to make informed choices. However, as the Study demonstrates, understanding the health risks of alcohol is not always enough to impact on behaviour: it is much more complex than that (Moss *et al.*, 2012)¹⁹⁸. Health communication is seen to be the development and dissemination of understandable health information to a target audience (Suggs *et al.*, 2015). In order to be effective, good health communication requires a range of approaches, including assessment of the target audience and consultation to understand the specific needs of that population. Many health promotion initiatives fail because of the use of a top down approach ‘we know what you need’ rather than a bottom up one where the ideas originate from the people for which the initiative is intended (Whitehead, 2004; Sines *et al.*, 2013). This is referred to in the literature in different ways. Illich (1976), for example, referred to the encroachment of medical services (and in particular the medical profession) on individual liberty:

*“Society has transferred to physicians the exclusive right to determine what constitutes sickness, who is or might become sick and what shall be **done to such people**”* (p16)

In recent health and social policy documents relating to more collaborative work with individuals and communities, the concept of building capacity has become common (DH, 2009a; DH, 2009b). This is about assessing community needs and asking people how they want to address identified needs. This is referred to in the public health nursing literature as ‘doing with’ rather than ‘doing to’ people and health professionals often find this concept difficult to embrace (Potter and Wright, 2013).

¹⁹⁸ See also the next section 8.4.2

A combination of approaches rather than a unilateral one can be successful. One interesting experimental study undertaken by Moss *et al.* (2012), measured the drinking behaviour of a group of students in two different settings at a London university¹⁹⁹. The findings in the study suggested that participants drank significantly more in the simulated bar environment than in the lab environment. Secondly, the presence of Drinkaware posters increased the alcohol consumption in both the lab and simulated bar. The group who had brief online alcohol information and were exposed to posters did show a decrease in alcohol consumption compared to others. Those that drank the least were the group in the lab who had viewed neither poster nor online information.

The results here are suggestive of a social pressure to drink in an environment associated with drinking alcohol (the simulated bar) rather than in a neutral one (the lab). It also suggests that multiple messages may be more effective than single ones. What is perhaps disappointing for Drinkaware, and public health campaigners in general, is that consumption increased in the presence of posters outlining the harm of alcohol. This may relate to a stimulus or a reminder about drinking, much as subliminal messages attempt to do in other types of advertising (Moss *et al.*, 2012). Positive or negative 'alerts' may act in similar ways in drawing attention to the activity and achieve the opposite outcome to that which is expected.

Evidence suggests that health promotion requires more than simply giving people information. It requires a concerted effort using a variety of approaches that enable

¹⁹⁹ See Chapter 3

and empower individuals to make healthy, informed choices (Sidell *et al.*, 2003; Earle *et al.*, 2007). Understanding the risks of drinking alcohol is not enough to stop people from doing it, which is also true of a wide range of health-related behaviour that people engage in across the life course (Earle *et al.*, 2007). Whitehead (2004) supports this discussion in relation to health education messages, arguing that unilateral health messages may be ineffective. One explanation for this in relation to drinking and young people may be associated with the idea that negative messages 'deny' a young person the pleasurable experiences that are seen as an integral part of an individual's life or health trajectory, which could be linked to rites of passage²⁰⁰.

Individuals make choices about whether to drink or not based on a range of factors including their previous experience of the activity (whether negative or positive), the social situation and the social pressure from others (Moss *et al.*, 2012). Participants in the Study that drank identified four key motivations for drinking when they started University: a curiosity about drinking (the freedom to drink), alcohol made them feel more confident to talk to others (socialisation), that it was fun (enhancement) and it was 'expected' (conforming to the cultural norm). There were participants who had a deliberate, rationalised intention to drink at the Case University while others had thought they might be sensible about their drinking but found that was too difficult with the social pressure imposed on them by others (see Figures 8.2 and 8.3).

²⁰⁰ See Chapter 7 – moving on rites of passage.

Figure 8.2 An adapted Health Belief Model (drinking behaviour) (Becker, 1974)

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Figure 8.3. An adapted Theory of Planned Behaviour (Ajzen 2006)

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Crossley (2002) challenges the notion that those who adopt 'unhealthy' or 'risky' behaviour is being irrational in their choices, suggesting that for them, at the time, the choice is a rational one. The concept of 'irrationality', she suggests, comes from the health promoter's perspective and not from that of the individual, whose action may feel completely rational to them within their own social context. Whitehead (2004) goes on to suggest that health professionals may be restricted by what Ham (1999 cited in Whitehead, 2004 p220) calls a "*bounded rationality*". In other words, health promoters may be restricted by a lack of understanding of the motives or intentions of those engaging in risky behaviour or indeed how the personal beliefs and values of the practitioners may influence their own attitudes. The Study helps to develop understanding of why people drink at university and how that changes over time.

The concept of hedonism is raised again here where people have the 'right' to do everything in their power to achieve the greatest amount of pleasure possible to them. Young people may feel that seeking pleasure (drinking) is a rational choice and the Study evidence supports this view as many of the young participants articulated that they were actively seeking fun as part of the Case University experience. Lara and Maggi were particularly good examples of this as they were very angry that there was no bar at the satellite campus where their course was based. They were very specific that they had come to university expecting to have a good time, and drink.

Other factors also play a part in the decision-making process including personality, the sense of self, self-confidence and self-esteem. Those who did not drink in the Study based their decision on previous negative experiences, a health condition, external responsibilities such as having a family, or a cultural expectation that they would not

drink. A study by the Joseph Rowntree Foundation (JRF) in 2012 discusses these issues. The report examined a group of young people aged 16-25 living in the UK who drank little or no alcohol (Herring *et al.*, 2012)²⁰¹. It discusses those who were 'consistent' (those who had consistently chosen not to drink at all or who were light drinkers), 'transitional' (those who had fluctuated in their drinking over time) or 'turning point' (those who had an experience that had led to them not drinking any more or only occasionally drinking). There were only two participants in the Study who matched the 'consistent' group described in the JRF study, Roi and Sim, both of whom had chosen not to drink at all. Other participants matched the 'transitional' group: some had drunk heavily in the past (or when first starting university) but were now non- or light drinkers, others were undergoing the transition as they progressed through the Case University. The remaining participants were those who had a 'turning point' with drinking either during the Study (Gauri, for example stopped drinking because of a bad experience) or they had a point earlier in their life course which had stopped them drinking (Lorna, for example, who had a child when she was 18).

Stopping students from drinking at all may be an unrealistic ambition. However, health promotion activities and interventions that help to re-enforce the idea of more moderate drinking behaviour and encourage occasional episodes of non-drinking may be more realistic. One study by Conroy *et al.*, (2015) that explored this idea considered the use of mental simulation methods to reduce student alcohol consumption²⁰². The experimental study aimed to explore the effectiveness of

²⁰¹ See Chapter 3

²⁰² See Chapter 3

encouraging students to imagine the positive outcomes of not drinking alcohol as well as thinking about how they might avoid drinking in the first place. The results showed that the two single mental simulation exercises when done on their own were the most effective in reducing the heavy episodic drinking (HED) behaviour. Those that did the combined mental simulations and the control group showed the least decrease in HED. One explanation for this may be that filling in two questionnaires or reading two simulations may be too long for the student's attention span, hence one or other of the single simulations, but not both, would be more likely to be effective. The researchers concluded that mental simulations focussing on non-drinking in a social situation could promote successful behaviour change.

Cognitive change initiatives such as the one described above may be more successful if combined with a shift of emphasis on drinking in social spaces at university. The acceptability of having sober or lighter drinking sessions may be important for students. One aspect of the Study not yet discussed is the use of alcohol on different themed nights in the SU²⁰³. At the start of the Study, a member of the SU was interviewed and he suggested that different themed nights elicited different levels of drinking behaviour. This was raised with other participants and they agreed that different types of music, for example, did involve different levels of drinking as well as the type of alcohol that was drunk. For example, Frat night (on a Wednesday) was associated with heavy drinking whereas Crash night (Rock and Heavy metal) was comparatively quiet in terms of drinking. Drinking levels at the comedy nights depended on who was appearing: some comedians had actively encouraged people

²⁰³ See Table 4.1 – Early 'grey' data taken from research notes (2012).

to drink, others had not. This may be a consideration for the Alcohol Impact team when contemplating encouraging more social space that does not focus on drinking.

Another potential discussion point when considering health promotion is the use of social norm interventions. By way of background: the NUS surveyed seven universities as part of the Alcohol Impact Campaign in 2014 (Alcohol Impact, 2014). Approximately 90% of the students who responded agreed that drinking was a part of the university culture and 80% also said that few students worried about the health impact of drinking alcohol. This may support the view that young people drink heavily because they perceive that their peers are doing so. This is reflected in the Study with two students claiming to pretend to drink because they thought their peers were drinking heavily around them. If others are also doing this, then the reality of heavy drinking behaviour may differ to the current perception of it. Self-report surveys suggest that drinking in universities is above the recommended weekly amounts (Heather *et al.*, 2011) but these surveys may be unreliable as accurate measures of the true drinking behaviour. A lifestyle website aimed at young people, Hexjam, undertakes a survey each year of drinking behaviour at university and creates a drinking league to consider the number of units drunk per week: it publishes the 'top 50' universities (Hexjam, 2016). This is portrayed as a positive league table which promotes competition to be at the 'top of the league'; the more drinks recorded, the higher up the league table. Social media is a powerful tool in disseminating information and this may contribute to perpetuating the perception of drinking behaviour at university; that drinking is the 'social norm' at university.

One way in which the perception of a social norm can be changed is to introduce social norm interventions. A social norm intervention is an attempt to give information to individuals in an effort to change their beliefs about a particular situation or behaviour (Foxcroft *et al.*, 2015). A Cochrane review in 2015 analysed social norm interventions for alcohol misuse in universities (Foxcroft *et al.*, 2015). This meta-analysis explored the available research on interventions based on the idea that students drink heavily because of the perceived notion that their peers are drinking heavily but that this belief may be inaccurate. There were 66 studies that fitted the inclusion criteria from six countries: USA, Australia, Brazil, New Zealand, Sweden and the UK. The interventions ranged from giving information through: individual face to face, group face-to-face, web based/ e-mailed or through social marketing strategies across the campuses. The targets for the information also varied: 39 interventions were aimed at high risk students (those that had been identified as 'at risk' through their behaviour for example); one intervention was only low risk students and 26 were blanket messages across all students. The results and discussion of this review suggested that few interventions had an impact on the drinking behaviour of the participants in the various studies.

This section has explored the ways in which people may learn about drinking behaviour through health promotion/health education messages. It has explored the motivations for drinking that have been articulated by the participants in the Study and has considered the effectiveness of health communication. Some potential interventions have been discussed in this section. Another consideration in terms of health behaviour is that of the common ritual of pre-drinking and drinking games. The

next section continues the discussion about the choices that individuals make to drink in the context of such rituals.

8.4.3 Pre-drinking and drinking games: perceived risks and benefits to drinking

The above discussion considered aspects of a calculated hedonism or intention to drink and pre-drinking is associated with this intention²⁰⁴. Participants commonly articulated the concepts of pre-drinking and drinking games. They talked about two main reasons for pre-drinking: firstly, that it helped them get “*revved*” up for the night out and secondly, that it was cheaper than buying drinks in the pubs or nightclubs. Likewise, drinking games were fun ways to socialise and relax with groups of friends.

Whitehead (2004) discusses the pursuit of pleasure as a primal or innate desire and a fundamental motivator for all humans. As discussed earlier, in chapter 3, the chemical effects of alcohol on the brain stimulate the production of dopamine, which is known as the ‘pleasure hormone’ (Nutt, 2012) and therefore it is understandable that people (of all ages) may seek this drug (alcohol) for pleasure. The more enjoyment individuals get out of drinking, the more they will pursue it (Whitehead, 2004).

Pre-drinking is described as a fun way to start the evening and get in the mood to party. It is a commonly planned activity and this raises the question of conscious decision-making. People will make decisions to drink according to an assessment of the risks and benefits. As discussed earlier, the sense of well-being in the present overrides any considerations of future potential problems. The participants said that

²⁰⁴ See Chapter 6 section 6.4

pre-drinking was not always about deliberately getting drunk but that it was to get ready for the night ahead²⁰⁵. Control issues may be raised here, relating to the chemical action of alcohol and theories about addictive behaviour (impaired control) (Leeman *et al.*, 2011). The customs and rituals associated with behaviour such as pre-drinking are linked to the idea of rites of passage, the third core theme in the Study. The transition through university and the change in health-related behaviour is discussed in the next section.

8.5 Moving on: rites of passage

This section considers the last chapter of analysis: 'Moving on: rites of passage', in relation to health behaviour development. The themes re-visited in this section are: 'the life course' and 'changing roles, status and responsibility'.

8.5.1 The life course: social determinants

Individual life biographies were explored in relation to the Study participants' attitudes towards their own drinking behaviour in chapter 7. The participants were from a range of backgrounds, ages, gender and ethnicity and they demonstrated variance in how they viewed drinking in general, as well as their own drinking behaviour. Influences on individual health status come from both internal and external sources (James and Hockey, 2007). Participants in the Study said that they felt they were unlikely to carry on drinking in the same way once they were out in the workplace. There are few longitudinal studies that follow graduates through their lives, and so it is difficult to prove that most adults change their health-related behaviour as they join the

²⁰⁵ See Chapter 6 section 6.4

workforce, have a family or gain other responsibilities. The HSCIC does, however, suggest that this is the case (HSCIC, 2014).

A change in priorities and recognition of responsibility over time was demonstrated in the Study participants' personal accounts, with such statements as "*I am bored with drinking, I need to focus on my studies now*" or "*having a child at 18 changed my life*". A change of status and role can influence the health choices that people make and this is discussed next.

8.5.2 Changing roles, status and responsibility: developing positive health behaviour

As social status, roles and responsibilities change throughout the life course, individual priorities change and so does the perception of personal health status or identity. In terms of drinking, there was a physical impact that began to manifest itself in the accounts: many of the participants said that as they had grown older, they began to get more hangovers and generally felt much worse after a "*heavy night*". This had made them begin to think more about their drinking and changing their behaviour.

In part, this related to a need to be able to concentrate more on their studies and this was particularly pertinent in the third year where they talked about dissertations. "*There is no time for a social life*" was a common phrase used in the third year, indicating a sense of increasing responsibility. Ella, in her third year, described an occasion when she had planned a rare night out, was looking forward to it, had pre-drinks with friends and then when she got to the SU at 10pm, decided that she just wanted to go home because she was tired and had work to do the next day. She could

not be persuaded to stay and so she went home. This reflects two things: firstly, that she was able to make this decision without worrying about her friends pressurising her and secondly, that she was considering the ‘risk’ of staying out, i.e. that she would not be able to function the next day.

This relates to a subconscious (or conscious) development of personal health belief or identity where individuals may start to consider their own morbidity or mortality and begin to contemplate change. Many of the participants made reference in their last interview to this idea: that being drunk all the time was not acceptable out in the world, and that it was anyway making them feel ill and unable to function. Joe described a pact with his friends not to drink until they had completed academic work in order to feel healthier and more able to deliver their best. There are several examples in psychology of how health identities are formed and which attempt to explain the decisions that people make to change their health behaviour (James and Hockey, 2007). This links to the earlier discussion about the sense of well-being and the concept of the ‘present self’ compared to the ‘future self’ (Gilbert, 2016). Developmental theorists argue that adolescents are egocentric (Herbert, 2006; Kroger, 2007; James and Hockey, 2007; Newman and Newman, 2009;) and that often, in their self-centred world, they find it difficult to contemplate a future self that is old or even what the definition of old is: “*old people should not go to clubs*”, “[*name of bar*] *is full of old people*” (Sam, last interview). It links well to the idea of the life course as a continuous process of change, not always linear in pattern but with an undulating rise and fall as people journey through life (Berk, 2014). Gilbert (2016) discusses this in the context of how we view ourselves in the past, in the present and in the future and how realistic we can be about what might happen in the future. In view of these

discussions, predictions of life after university are difficult but in summary, the heaviest drinkers in the Study said that they could not see themselves drinking in the same way as they had at the Case University.

8.6 Summary.

This chapter has outlined the public health and health promotion aspects of the Study in relation to the core themes that reflect the aim, research objectives and the theoretical framework. It must be acknowledged that most of the students at the Case University are over 18 and therefore, legally adults, entitled to make their own decisions. Balancing the concept of individual autonomy with the social responsibility of the university is important. The Case University takes some collective responsibility for the welfare of their students and this commitment is reflected in this Study and also in the University Strategic Plan (2016). The following chapter discusses the key findings and recommendations from the Study.

Chapter 9 Final Conclusions: the way forward

9.1 Introduction

This chapter discusses the recommendations of the Study and considers how the findings add to the body of knowledge about undergraduate drinking in a modern, English university. The aim of the Study is to:

“develop understanding of the drinking behaviour of undergraduate students during their transition through an English university using a cultural framework and with a focus on the public health perspective”

The cultural dimension to drinking behaviour across different groups within the Case University forms the overarching theoretical framework²⁰⁶ and there was a particular focus on theories of socialisation, transition and health behaviour explored within the findings. In addition, it was important to maintain a focus on the public health themes of the Study because these aspects had driven the research from the start. Four explicit research objectives were formulated and identified following the literature review and the formation of a coherent theoretical framework. The thematic coding identified four themes that mapped to the research objectives and these were explored in the discussion chapters, the research objectives were:

1 ‘To develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university’.

²⁰⁶ See Chapter 3 – section 3.7

2 *'To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors'.*

3 *'To explore any behavioural or attitudinal changes in relation to the consumption of alcohol by undergraduate students during the transition through university'.*

4 *'To explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University'.*

Developing understanding of the motivations for patterns of drinking behaviour provides a basis on which to consider the need for any health promotion initiatives or social norm intervention at the Case University. It is understood that ensuring students enjoy their university experience safely in line with the University Strategy to be a *"professional, caring and supportive university"* can be a challenge (The University Strategic Plan, 2016 p2). The risks associated with drinking have been highlighted in the Study and the findings illustrate that there is an enduring perception at the Case University that drinking alcohol is a key feature of the social life of students. More specifically, that drinking to excess is an identified social norm, and the related demands of some Case University societies pose a particular health issue for consideration by the Case University staff and students.

In addition to this, moderate drinking or abstinence is sometimes considered outside the 'norm' in universities or colleges (Lancaster and Melville, 2014; Foxcroft *et al.*, 2015). Social norm re-figuration is a key to changing the culture of drinking at the Case University but this has proven problematic in the past at other settings (Aldridge *et al.*, 2011; Dowdall, 2013; Foxcroft *et al.*, 2015). Students in the Study that did not

drink, or drank in moderation felt that they were excluded from the social spaces and some of the societies and therefore, avoided those social areas or social activities. Going forward, those students that choose not to drink and feel excluded from social spaces need to be considered in the provision of social events at the Case University.

Another motivation for the Study arose from previous work done in schools on attitudes to drinking, the interest in the next phase of young people's lives and how alcohol plays a part in the socialisation process (Wright *et al.*, 2009). The Study confirmed the views of the young people in the schools' study that drinking is perceived as a way to make friends and have fun. Study participants also suggested that it was difficult to have fun without drinking and this potentially alienates those who do not want to drink from the social scene and socialisation opportunities. The next section summarises the key findings in relation to the overall research aim and the specific research objectives.

9.2 The key findings of the Study: alcohol, transitions and the university 'bubble'.

The Study highlights and confirms some pre-conceived thoughts about how young people adapt to university life by using alcohol to socialise and belong and the explanations for this are explored and debated. It also provides data on how older students move into higher education and how their previous experience of alcohol impacts on their actions and attitudes towards drinking during their time at the Case University. The longitudinal nature of the Study has allowed an interpretation of the changes that students experience over time. This has confirmed that there are changes to drinking behaviour and the Study offers explanations of these changes as interpreted through the eyes of the participants as well as the research team. The Study has provided important information that will contribute to the Case University

Alcohol Impact Initiative, particularly with regard to initiation activities and how harm can be minimised in the setting. There is evidence of this happening already with changes to the student newspaper's cheap alcohol advertisements and more emphasis in social spaces of non-alcohol events taking place. However, given the discussion in the previous chapter about health communication messages and their effectiveness, these need to be considered as part of a broader alcohol policy and not as a unilateral initiative.

Other findings indicate that the participants reduced the frequency of drinking during their time at university. However, they reported that when they did drink, this was identified as "*heavy*". The number of units that participants drank was not disclosed in the Study, rather the subjective concept of 'drunkenness' was discussed. Drinking until feeling sick or being sick, for example, or 'passing out', being 'out of it' or not remembering what happened the night before was commonly articulated. The HSCIC reports that there is an overall fall in the number of young people drinking but it does highlight that those that are, are reporting drinking above the recommended levels (HSCIC, 2016). This would suggest that the Study participants may still be 'at risk' of potential harm from binge drinking as are others who drink in this way (Hatton *et al.*, 2009). The reduction in drinking occasions described by the Study participants related to their drive to do well in their academic work as they progressed through their course and prepared for the workplace. The reasons for drinking changed significantly, moving away from drinking for fun, making friends or 'belonging', towards drinking in order to relax or relieve stress. Significant here is that drinking is still a part of people's social activity, may still involve heavy (binge) drinking and may be problematic but the motivations have changed.

There are positive aspects to drinking at university; it helps to form relationships, to relax, have fun and create lasting memories (Nutt, 2012; Tutenges and Sandberg, 2013). Most people survive their time at university, live to tell the drinking tales and go on to lead healthy, fulfilling lives (HSCIC, 2016). However, for some, the negative aspects of drinking at university can mean a different experience with potential long-term health and social problems (Hatton *et al.*, 2009; Reeves, 2010). The feeling of being bullied and humiliated by initiations by some of the participants is significant and the emphasis on alcohol in sports society initiations is of particular concern. The Study provided interesting information about gender and the culture of intoxication both within the societies and also in the broader Case University community. This was an unexpected finding within the analysis and provides the Case University with insight into what may be happening in the SU bar which they have been unaware of in the past. There follows a summary of the findings mapped to the research objectives.

9.2.1 Research Objective 1

‘To develop understanding of the psychological, social and contextual factors that may impact on the drinking habits of undergraduate students at a modern, English university’

There are both internal and external influences on drinking behaviour that were identified by participants in the Study. They reported that they drank alcohol at the start of university to gain the confidence to socialise and ‘join in’ with life at the Case University. Some participants felt that they became their ‘true self’²⁰⁷ when they drank alcohol indicating a psychological dimension to their drinking behaviour. The search

²⁰⁷ See Table 4.4 – Dean’s account

for identity links to developmental theory²⁰⁸ and the experience that young people have at university is transient. Therefore, the 'student identity' is a temporary one which all the participants identified as they progressed through their courses: the young participants all said that they would be different when they left university. They talked about '*growing up*', that it was time to '*get serious*' and that they were '*tired of being the drunk person*' as they progressed through their courses. Sam in particular, had developed an identity as a '*fun person*' when drunk during the three years at university and he was anxious to change this when he went into the workplace. One participant (Kay), who drank heavily and worked with homeless alcoholics, suggested that being at university was like being in a 'bubble'²⁰⁹ and that she would not continue with the same level of drinking once she was in the world of work. She was able to cognitively disconnect her own level of drinking from those that she was working with; she said that she had more control over drinking and that her behaviour would change later. This was commonly expressed by the participants that drank heavily: that they would drink differently when they left university.

The older students who drank, said that they had 'passed through' the stage of heavy drinking earlier in their lives and 'grown up'. They still felt the pressure to drink however, in some situations, and some drank at lunchtime to socialise and to gain confidence, particularly if they were presenting in class in the afternoon.

From a social perspective, some participants felt that there was an external pressure to drink from the start of university life and, in some cases, they felt bullied and humiliated into drinking behaviour they may otherwise have avoided. In particular, this was manifest in the initiations into the sports societies which were described by some

²⁰⁸ See Chapter 3 - section 3.5.

²⁰⁹ See p257.

as 'brutal', while others had considered it a more positive experience. In some cases, participants pretended to drink in order to achieve a sense of belonging to their peer group which reflected both an external and internal pressure to conform to a 'norm' of behaviour.

The context of the university setting was also significant. All the participants said that they thought that there was an expectation that students drink to excess at university and that it was part of the experience of being a student. This was expressed by members of the Case University staff as well as the participants. The social spaces, such as the SU bar were also a context in which participants felt that drinking was expected: *'I would not go to the SU sober'* was commonly expressed. The participants that did not drink felt that the SU was not a place for them to socialise and although one (Cara) had tried to meet people there without drinking, this had become too difficult and she stopped going to the SU bar before reaching her second year.

9.2.2 Research Objective 2

'To examine any differences in drinking habits between individuals and groups at the Case University including the influence of any course and demographic factors'.

There were some differences in the drinking habits of different groups and individuals but there were also similarities. Differences between individuals were highlighted in the life stories of the participants who each had life experiences that had influenced their decisions about whether to drink or not²¹⁰. There were some similarities between the group of older participants and the group of younger students - for example, both groups used alcohol to develop a sense of belonging and form relationships at the

²¹⁰ See chapter 7

Case University. However, for the older participants, this was done at lunchtimes rather than in the evening and, overall, their drinking was in moderation. They had 'moved on' to a different stage of their life course²¹¹.

The Study uncovered some unexpected cultural drinking patterns. For example, some Asian, Muslim participants reported heavy drinking behaviour, particularly at the start of university life. This was often without the knowledge of their parents and there was a sense of having fun at university which would not extend into their later working life: the university 'bubble'. There was one Asian, Muslim participant who chose not to drink but this had alienated him from his student cohort and he did not go to social spaces that served alcohol.

Some gender differences in drinking patterns were explored in the Study. There was general agreement among the participants that males and females often drank similar amounts of alcohol but that the type of drink was different: girls drank '*girlie drinks*' such as wine and cocktails and the boys drank more beer, or shots. They also agreed that the motivation for drinking was different, particularly when they were talking about pre-drinking. One opinion was that boys drank more competitively when pre-drinking while girls drank to socialise and prepare for the night out.

The competitive nature of drinking was also raised by participants with regard to the sports societies and the initiations. Differences in the initiations that were either all male, all female or mixed gender were highlighted by the Study participants. The participants indicated that the all-male (such as Rugby) and all-female groups (such as Netball) had similar drinking patterns to each other and in the initiation ceremonies there was a sense of inter-group as well as intra-group competition.

²¹¹ See Chapter 7 – section 7.2.1

The different approaches to initiations by two mixed gender sports societies (the Snow Soc and the Mixed Martial Arts (MMA)) were discussed in the Study. The Snow Soc initiations were likened by Rik to a military operation where extreme drinking was expected of the initiates and that: '*we do awful things to them*'²¹². Kay described the MMA initiations as '*less brutal*' and they provided tasks, such as eating something unpleasant, for any potential members that did not drink, unlike the Snow Soc where non-drinkers were not welcomed.

There were course differences in drinking patterns identified in the Study. The participants doing professional courses such as nursing and social work said that they moderated their drinking when they were working in placements. The participants doing these courses however, did have heavy drinking sessions when they were able to, linking to concepts of binge drinking behaviour²¹³. Courses such as design, business and marketing sometimes used alcohol to stimulate creativity²¹⁴ and a participant on the events management course suggested that alcohol formed a key part of both the student experience and also the work itself after university²¹⁵. Sports courses such as Rugby and American Football also had a reputation for heavy drinking behaviour compared to other courses at the Case University and there was an implication that there was a 'reputation' to maintain with regard to the extreme nature of the initiation ceremonies into their sports societies.

9.2.3 Research Objective 3

²¹² See Rik's transcript. Table 4.11.

²¹³ See chapter 3 – section 3.4.2

²¹⁴ See page 206

²¹⁵ See page 206/207

'To explore any behavioural or attitudinal changes in relation to the consumption of alcohol during the transition through university'

Drinking was most intense in the first year of university, particularly for the younger participants (18-24 year olds) and this changed significantly in the second and third year for all the participants in the Study who drank heavily. The motivation for drinking alcohol changed over the three years from *'having fun'* and *'partying'* to *'relieving stress'* and *'chilling out'* for the younger participants. All participants in the Study said that they would not drink in the same way once they were in the workplace. Two participants were interviewed after they left university and they reported drinking less than they had at the Case University, confirming one view that heavy drinking is transient: 'the university bubble'. This is also described as a calculated hedonism: the pursuit of pleasure which is specific to a time and place and therefore, can be transient (Szmigin *et al.*, 2008). Those that had left the Case University were also drinking different types of alcohol: wine rather than shots for example. Shots were identified by the Study participants as a particular feature of student life; drunk by both sexes and forming a key part of the customs and rituals associated with drinking games and pre-drinking behaviour. Wine, alternatively had been identified as a more 'sophisticated' drink associated with 'growing up' and 'moving on': *'I am becoming more sophisticated, [drinking wine] becoming a woman'* (Jem, last interview).

Attitudes to drinking also changed in that most of the participants that drank heavily in the first year said that they were 'bored' with getting drunk by their third year and that being drunk is 'not a good look' when you are older.

9.2.4 Research Objective 4

‘To explore issues related to public health and health promotion in relation to undergraduate drinking at the Case University’

The SU body and some academic staff appeared complicit in the normalisation of drinking at the Case University at the start of the Study. There was some acceptance of student drinking by staff interviewed in the focus groups and also through conversations prior to the Study commencing²¹⁶. There was also evidence that early promotional material for students before they started the Case University suggested that alcohol played a significant part in the social life of students. Student newspapers also demonstrated this through advertising cheap drinks and running articles that promoted drinking behaviour.

There were also articles in the student newspapers that promoted sexual promiscuity alongside drinking: for example, the ‘sex survey’ and ‘Boobie nights’²¹⁷ which raises concerns about the safety of students and, in particular, female students. While the link between promiscuity and alcohol may not be directly made here, some Study participants did say that they had woken up with someone they did not know and that alcohol had fuelled the encounter. Concerns for female safety has been highlighted in other studies at universities and colleges around the world (Gilchrist *et al.*, 2012; Goldhill and Bingham, 2015). The Case University staff have a moral and ethical duty to safeguard students while taking into account their adult status and personal decision making. There were some health and safety mechanisms in place to protect students who drank too much and were at potential risk of harm, but initiations were carried out in the SU bar. The participants said that they did feel safe in the SU bar and SU staff

²¹⁶ See Table 4.1

²¹⁷ See pages 241 and 268

suggested that it was better for students to be in that environment where there were safety mechanisms rather than being in the town drinking. This also links to the idea of university being like a 'bubble' which is protective and safe.

Non-drinkers and moderate drinkers felt uncomfortable in the SU bar and avoided that social space, reporting that there was particular pressure to drink in that environment. This is a public health concern and the Case University should consider how it can be more inclusive of those individuals who choose not to drink alcohol or drink in moderation. The next section considers the findings of the Study in relation to making recommendations for the Case University.

9.3 Recommendations for policy and practice

The Study has raised some particular issues about drinking behaviour in the undergraduate population at the Case University. This section provides the recommendations from the Study findings that are pertinent to the Case University moving forward with an alcohol policy.

9.3.1 Changing cultural expectations

The recognition that drinking may be an important part of socialising into university is important. However, there is also a need to ensure that those who choose not to drink or drink in moderation are also given the opportunity and are empowered to socialise without feeling alienated. There needs to be a balance between students enjoying their drinking experiences, having fun, and the amount of pressure that students feel there is to drink, particularly at the start of university life. Several students commented that if you did not drink, you would feel excluded in the SU bars; many suggesting that it was not fun to be in the bar when you were sober.

A cultural 'shift' includes considering the attitudes of staff at the university as well as students themselves; many members of staff accept that drinking is an inevitable part of the student experience. For example, one lecturer admitted that he sends students to the pub to have a couple of drinks in order that they relax with each other in order to be more creative. More emphasis on the Case University Strategy to be a '*professional, caring and supportive university*' needs to be made within the university community (The University Strategy, 2016 p2).

In contrast, other lecturers expressed specific safety concerns about their students drinking behaviour. They were concerned that students miss lectures because of drinking alcohol or that they are asked to conform to drinking initiations in the Societies that they are uncomfortable with. Tolerance of these bullying behaviours needs to be considered, particularly for those at significant risk of harm, for example where physical or sexual assault may occur. A cultural shift of attitude will enable students to believe that drinking is not the social norm; that it is acceptable to have fun without alcohol or with moderate drinking and that they have that choice. This may involve changing the language that is used within the setting and challenging pre-conceived ideas about drinking at university. For example, the open days and pre-admission information that students talked about in the Study suggested that alcohol was advertised as a particular feature of the social life at the Case University. Alcohol also features strongly in the student newspapers and this needs to be balanced with more information about the short and long term health risks associated with drinking alcohol. This will help students to make more informed choices. At university, social norm approaches consider that there is a misconception by individuals about the amount that their peers are actually drinking and that if health promotion initiatives focus on giving normative feedback, this may change people's view (Foxcroft *et al.*, 2015). This

will require a concerted effort from all members of the Case University staff, and in particular the Student Union (SU) staff, to work together to encourage a more inclusive environment for students.

9.3.2 Inclusivity

Building a culture of inclusivity at the Case University is important. First year students at university should be a particular target because all participants said that their drinking reduced over time and therefore, resources that target the first year in particular need to be considered. The social spaces that students occupy should provide opportunities for those who choose not to drink or drink moderately to be included and socialised, particularly at the start of university life.

The Study showed that those who choose not to drink do so for a variety of reasons including their ethnicity, illness, family background or their experiences of drinking in the past. The observation that '*going to the pub*' for a few drinks will help with creativity and allow students to work together more effectively as described by lecturer Dan²¹⁸, potentially excludes those students who don't drink. This suggests that it is not only in the social spaces that there is an expectation of drinking behaviour but as part of some of the course cultures as well.

This will mean considering raising awareness across the whole Case University (staff and students) and also training bar staff to tolerate those asking for non-alcoholic drinks. Promoting more alcohol-free events that encourage students to have days off drinking is also recommended. There were some music and comedy nights in the SU that either encouraged drinking or tolerated more moderate drinking behaviour²¹⁹.

²¹⁸ See page 206.

²¹⁹ See Table 4.1.

This is supported by public health messages that recommend time for the liver to recover from the effects of alcohol by having several drink-free days during the week (Drinkaware, 2016). Further training is recommended for student ambassadors who help new students socialise during Freshers Fortnight to refrain from 'pressurising' them to drink alcohol in order to socialise and the development of alcohol-free alternatives should be considered.

9.3.3 Initiations

The toleration of initiations in the SU Bar should be re-considered at the Case University. The Study participants talked about initiations as either a positive or a negative experience where some had enjoyed their experience, but some had not and had felt bullied and humiliated. Allowing initiations on the Case University premises could be seen by the student body as the university condoning and encouraging drinking, which re-enforces social normalisation. The issue of Thursday morning lectures where students miss out on their educational experience because of the events in the SU on a Wednesday night is also raised here. The SU claim that the 'socials' on a Wednesday in the bar, when the initiations take place, means that they can monitor and manage risk. However, the evidence from the Study participants as well as other sources suggest that these evenings can become out of control and the placing of plastic sheets and buckets in the bar suggests that there is an expectation that people will vomit. Many students described initiations beginning in the local park and that most of the initiates are already drunk when they arrive at the SU bar. This could have consequences as students walk through the town from the local park and this may impact on the reputation of the Case University. The Case University is balancing building a stronger reputation for its research portfolio and raising the academic standards of its courses with allowing students to have a good social

experience at university. Raising the standards within courses may require more consideration of why students are missing lectures and therefore, their learning experience, and how this may be addressed.

9.3.4 Advertising drinking behaviour

The advertising of cheap alcohol, particularly during Freshers, needs to be considered and reviewed. This is particularly pertinent to the student newspapers which feature events in the SU social space where cheap alcohol is advertised and there are infrequent displays of alcohol awareness campaigns such as Drinkaware (2016) or FRANK (2016). It is acknowledged that unilateral alcohol awareness campaigns are, in isolation, unlikely to change health behaviour, but a multi-faceted approach may be more effective (Sidell *et al.*, 2003). Balancing the provision of health education messages with advertising entertainments at the Case University needs to be considered in the long term. Charitable events such as 'Boobie nights' should also be considered carefully with its associated advertising of potentially sexually provocative drinks and activities. The evidence that suggests that females are at particular risk at university should be considered in this regard (Gilchrist *et al.*, 2012; Goldhill and Bingham, 2015). Other activities should be encouraged at the Case University such as 'dry January' where giving up alcohol for a month can allow the liver to recover and raise money for charity.

The student newspapers should also consider carefully the content of the articles that are published. Articles were highlighted in the Study such as: the sex survey, the band member describing being very drunk and Lizzie's article suggesting that it was normal

to *'abuse ourselves during Fresher's before the hard work starts'*²²⁰. The impact of these articles in normalising drinking at the Case University needs to be considered within a policy framework of supporting an ethos of 'caring and supporting' student's health and well-being (The University Strategy, 2016).

9.3.5 Managing risk/harm minimisation

There are mechanisms in place in the SU bar where 'drunk' students can be removed and allowed to 'recover': the 'Wall' is used for this purpose and water is available²²¹. However, students choosing to drink water have to queue at the Bar and this can take time. Water should be more freely available and encouraged and the SU staff should consider if, a student is removed because they are drunk, whether the student should be allowed back into the bar to drink more alcohol. There is a night bus taking students home at the end of the evening and it is recommended that this is used to take students home early if necessary. There is a strong student services department which includes counselling services for students and the promotion of these services could be strengthened with regard to drinking alcohol.

In terms of harm minimisation considerations, there are services at the university which provide tea and toast outside the SU bar late at night and the alcohol impact initiative working party are considering the possibility of providing food/snacks for students before they start drinking. There is a need to balance the considerations of harm minimisation with encouraging or promoting drinking behaviour within the setting.

²²⁰ See pages 259.

²²¹ See Figure 8.1.

9.3.6 The Tour

The participants talked about 'The Tour' where students travel by coach to Spain and that drinking occurs from when they get on the bus until they reach their destination. This has potential safety risks for the students themselves, and for the driver, who may be distracted or at risk from drunk passengers. The SU has said that there is technically a 'no drinking' policy on the coaches but this is clearly ignored according to the Study participants. Those who monitor the tour do not travel with the students but fly to the destination and so there is no-one overseeing activity on the coaches. The Case University needs to review and assess this situation and have a clear, achievable policy in place. This may include staff on the coaches to enforce a no-drinking policy.

9.4 The contribution to the body of knowledge: what is known and what the Study adds.

The Study contributes to the body of knowledge in a number of ways. The contribution is mainly from the micro perspective of the Case University setting but there are broader implications in the field of alcohol policy at universities. It is acknowledged that this is a small-scale Study of one university in the South East of England and as such, it is unique in time, place and cultural setting. However, the contribution to the alcohol impact campaign nationally and to the local alcohol policy at the Case University could help to promote a framework of best practice in other university settings.

The Study followed one cohort of undergraduates through their time at the Case University and explored their drinking behaviour, motivations for drinking and attitudes to alcohol, and tracked the changes over time. In addition to this, the Study explores

the broader aspects of how a university supports its students and/or condones the consumption of alcohol in a number of different ways. The main contributions to the field of study are in relation to the 30 Study participants, a specific university environment and its own drinking culture. This drinking culture may be similar to other universities and the findings will add to what is already known about individual university settings and alcohol use.

The topic of alcohol remains high profile in the media and in the world of public health and health promotion. What is already known about the topic is explored within the literature review of the Study with regard to drinking at university and college (Coghill *et al.*, 2009; Heather *et al.*, 2011; El Ansari *et al.*, 2013b) and the potential harmful effects of alcohol, particularly during adolescence and early adulthood (Herbert 2006; Petit *et al.* 2011). In summary, what is known with regard to drinking at university in the UK is reflected in both quantitative and qualitative research²²². There is reported heavy drinking behaviour associated with undergraduates at university (NUS, 2015). This perception has been questioned using social norms theory which implies that there is a misconception among students with regard to the extent of drinking among their peers (John and Alwyn, 2010; Foxcroft *et al.*, 2015). Changes in drinking behaviour over time at university is also reported in the literature with heavy drinking in the first year and less in the second and third years commonly articulated (NUS, 2015). There are also culturally specific studies which explore the drinking behaviour in particular university environments with specific groups of people (for example, nursing students, medical students or young women) (Watson, *et al.*, 2006; El Ansari *et al.*, 2013; Temple and Burns, 2012) and there is recognition that universities will

²²² See Chapter 3

have their own unique drinking cultures. A key recommendation from the literature is that universities should be active in understanding the culture of drinking behaviour in their specific setting and consider appropriate policy which is tailored to that environment (John and Alwyn, 2010).

The Study adds to this knowledge base by supporting some of what is already known but, in addition, the instrumental case study approach which triangulates multiple data sources provides a richer picture of what is happening beneath the surface of the perceived drinking behaviour at the Case University. It allows an ethnographic style exploration of the phenomenon which develops the accounts of a range of students on different courses and of different ages and how their experiences have impacted on their drinking behaviour and attitudes to alcohol during their study courses. The Study provides a robust research design template (case study) for exploring drinking behaviour at university over time which may be replicated elsewhere to draw comparisons between different cultural settings.

9.3 Limitations of the Study

This is a small qualitative case study of one university and cannot claim to be generalisable across other institutions. That said, the Study supports previous studies about drinking at universities and also confirms a view that the heaviest reported drinking occurs at the start of a student's course and is particularly intense in the first year. Participants discussed their own drinking behaviour related to purposeful (determined) drunkenness or other motivations for drinking and references to other people's drinking behaviour were based on their opinions. The term drunkenness is relative to each individual and the context, but the actual number of units was not

disclosed and the question not asked. The small group of older students were all female and from only two of the courses at the Case University and although provided valuable information within interpretive research, it is limited to one gender.

9.5 Further study

The issues identified in the Study indicate that this is not the end of the story but the beginning, and supplementary research could be useful for several reasons. Firstly, comparison case studies of other universities could further build the body of knowledge. A follow up with the participants in the Study to review their drinking behaviour as they journey on through their life could be important. Further exploration of the gender differences and the formation of gender identity within the culture of intoxication could also be of interest. More needs to be done on exploring the social norms theory; looking at the realities of self-reports of drinking behaviour and the perception of peer drinking behaviour in a university setting. The Study data collected remain secure on QSR NVivo and are available for further analysis from a different perspective.

A visit to the research team at the University of Southampton working with Dr Nick Sheron, a leading alcohol and liver specialist in the UK, revealed a particular interest in qualitative research on this topic. Although the Southampton research department are exploring drinking behaviour in view of the rise in alcohol-related liver disease at a younger age, much of their work is quantitative rather than qualitative. There are good opportunities for sharing research and comparing results between the two institutions. I am also the chairperson of a national network of public health educators across England, Scotland and Wales (The National Forum for School Health

Educators (NFSHE)). This has provided opportunities to generate further interest in the research and networking to replicate the Study with other universities in the future. NFSHE works closely with public health practitioners and representatives from Public Health England and the Department of Health, which may offer more dissemination opportunities.

9.6 Final thoughts

This research journey has been a fulfilling and interesting one. Like many novices at this academic level, the path has not always been smooth but the intellectual challenge has developed my skills and, importantly, has contributed to my work as a lecturer in public health nursing. The issues related to alcohol continue to be of interest in many fields of academic practice and in the media suggesting that further research is desirable. The Study has answered some questions about undergraduate drinking over time but it has also raised others. This is a central reason for doing research: it stimulates the human drive for continuing, ongoing discovery.

References

- Agar, MH. (2008) *The Professional stranger*. Bingley, Emerald Group Publishing Ltd
- Ajzen, I. (1991) The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, p. 179-211.
- Ajzen, I. (2006) *The theory of planned behaviour (model)*. Available at: <http://people.umass.edu/aizen/tpb.diag.html>. (Accessed: 18 April 2016).
- Alcohol Impact (2014) *Alcohol impact initiative*. Available at: <http://www.nus.org.uk/en/news/nus-launches-alcohol-impact/> Accessed April 6th 2015.
- Alcohol Research UK (2014) *One too many? Sales to drunk customers: policy enforcement and responsibility*. London: The alcohol academy and alcohol research UK.
- Aldridge, J., Measham, F., Williams, L. (2011) *Illegal Leisure Revisited: changing patterns of alcohol and drug use in adolescents and young adults*. Hove: Routledge.
- Alwin, D. F., (2012) Integrating varieties of life course concepts. *Oxford Journals: The journals of Gerontology series B: psychological Sciences and Social Sciences*, 67(2) pp. 206-220.
- Amsterdam, JV., Nutt, D., Phillip L., Van den Brink, W. (2015) European rating of drugs harm. *Journal of Psychopharmacology* doi: 10.1177/0269881115581980
- Ancient Texts (2010) *The Epic of Gilgamesh* Available at: <http://www.ancienttexts.org/library/mesopotamian/index.html> (Accessed 24th November, 2010)
- Arnett, J.J. (2000) Emerging Adulthood A Theory of Development From the Late Teens Through the Twenties *American Psychologist* Copyright 2000 by the American Psychological Association, Inc. 0003, (166X/00/\$5.00 Vol. 55. No. 5,469-480) doi: 10.1037//0003-066X.55.5.469
- Aveyard, H. (2014) *Doing a Literature Review in health and social care* 4th edn. Maidenhead: Open University Press
- Bancroft, A. (2012) Drinking with and without fun: female students' account of pre-drinking and club-drinking. *Sociological Research Online*, Vol.17(4) pp. 1-19.
- Bandura, A. (1976) *Social Learning Theory* Prentice Hall Publications
- Banister, E. N. and Piacenitini, M. G. (2008) . Drunk and (dis) orderly: the role of alcohol in supporting liminality. *Advances in Consumer Research*: vol 35, pp. 311 - 318.
- Bassey, M. (1999) *Case study research in educational settings*. Open University Press.

Baxter, P. and Jack, S. (2008) *Qualitative Case Study Methodology: study designs and implementation for novice researchers*. Available Online at: http://nsuworks.nova.edu/tqr/vol13/iss4/2/?utm_source=nsuworks.nova.edu%2Ftqr%2Fvol13%2Fiss4%2F2&utm_medium=PDF&utm_campaign=PDFCoverPages (Accessed 11th Nov 2016)

BBC (2008) *University to probe initiations*. Available at: <http://news.bbc.co.uk/1/hi/uk/7647099.stm> (Accessed 21st March 2016).

BBC (2016a) *The five precepts of Buddhism* Available at: http://www.bbc.co.uk/schools/religion/buddhism/buddha_day_questions.shtml (Accessed 30th March 2016)

BBC (2016b) *The Gin Craze (In our time)* Available at: <http://www.bbc.co.uk/programmes/b084zk6z> (Accessed 19th Dec 2016)

Beauchamp, T.L. & Childress, J.F. (2001) *Principles of Biomedical Ethics* Oxford University Press, 5th edition

Becker, MH (ed) (1974) The health belief model and personal health behavior. *Health Education Monographs*, 2:324-66. Cited in: Ogden, J. (2007) *Health Psychology*. Open University Press

Bentata, V. (2013) Representation as well as a good night out is what matters. *The Times Higher Education Supplement*: April 25th 2013

Berk, L.E. (2014) *Development through the lifespan* 6th edn London, Pearson books

Berg, B. L. (2001) *Qualitative research methods for the social sciences*. London: Pearson.

Bergen, A. and While, A. (2000) A case for case studies: exploring the use of case study design in community nursing research. *Journal of Advanced Nursing* 31(4) 926-934.

Berridge, V., Thom, B., Herring, R. (2014) *The normalisation of binge drinking? An historical and cross cultural investigation with implications for action*. Available at: http://alcoholresearchuk.org/downloads/finalReports/AERC_FinalReport_0049.pdf (Accessed 12th April 2014).

Bernard, R.H. and Ryan, G.W. (2010) *Analyzing Qualitative Data: systematic approaches*. London: Sage.

Bewick, B.M., Mulhern, B., Barkham, M., Trusler, K. (2008) Changes in undergraduate student alcohol consumption as they progress through university *BMC Public Health*. 8:163 doi:10.186/1471-2458-8-163

Best Bar None (2015) '*Best bar none*'. Available at: <http://www.bbnuuk.com/about-us> (Accessed 27th April 2015).

Bragg, S. and Kehilly, J. (2013) *Children and young people's cultural worlds*. Bristol: Policy Press.

Braun, V. and Clark, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101

Brennan, A., Meng, Y., Holmes, J., Hill-McManus, D., Meier, P.S. (2014) *Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England: modelling study* OPEN ACCESS School of Health and Related Research (SchARR), University of Sheffield, Sheffield S1 4DA, UK

Brown, P. (2004) *Man walks into a pub: a sociable history of beer*. London: Pan Books

Bryman, A. (2008) *Social research methods*. 3rd edn. Oxford University Press.

Bonner, A. and Gilmore, I. (2012) The UK Responsibility Deal and its implications for effective alcohol policy in the UK and internationally *Addiction* Volume 107, Issue 12, pages 2063–2065, doi: 10.1111/j.1360-0443.2012.03902.x

Borden, K. S., and Abbott, B. B. (2005) *Research Design and Methods* (6th edn.). New York: McGraw Hill.

Bowlby, J. (1953) *Child Care and the Growth of Love*. Penguin, Harmondsworth.

Boushel, M., Fawcett, M., Selwyn, J. (2000) *Focus on early Childhood: principles and realities*. Oxford: Blackwell Science.

Burki, T. (2010) Changing drinking patterns, a sobering thought. *The Lancet* Vol 376. Issue 9736 p153- 154

Campbell, D. (2011) Anthropology's contribution to public health policy development. *McGill Journal of Medicine* V13 (1); PMC 3277334

Carlson, N.R., Martin, G.N., Buskist, W. (2004) *Psychology*. Harlow, Pearson.

Christian, D., Todd, C., Davies, H., Rance, J., Stratton, G., Rapport, F., Brophy, F. Community led active schools programme (CLASP) exploring the implementation of health interventions in primary schools: headteachers' perspectives *BMC Public Health* (2015) 15:238 doi: 10.1186/s12889-015-1557-0

Clark, P. (1987) *The Mother gin controversy in the early eighteenth Century*. Cambridge University Press.

Clarke, V. and Braun, V. (2013) Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26 (2). pp. 120-123. ISSN 0952-8229 Available at: <http://eprints.uwe.ac.uk/21155> (Accessed April 20th 2016)

Clayton, B. (2012) Initiate: constructing the 'reality' of male team sport initiation rituals. *International Review for the Sociology of Sport*. Doi: 10.1177/1012690211432659. Available at:

<http://irs.sagepub.com/content/early/2012/01/04/1012690211432659>. (Accessed 20th April 2015)

Cloninger, C.R., Bohman, M., Sigvardsson, S. (1981) Inheritance of alcohol abuse: cross-fostering analysis of adopted men. *Archives of General Psychiatry* 38:861-869. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/7259422> (Accessed 20th April 2016)

Cloninger, C.R., Bohman, M., Sigvardsson, S. (1996) Type I and Type II alcoholism, an update. *Alcohol and research world*. Vol 20 No 1 pp18-23

Cloninger, C.R., (Ed.) (1999). *Personality and psychopathology*. Washington, D.C.: American Psychiatric Press.

Coghill, N., Orme, J., Swindells, M. (2009) *Sensible drinking among students in higher education institutions in the South West Region*. School of Health and Social Care: University of the West of England Bristol.

Cohen, S. (1980). *Folk devils and Moral Panics*. London: Routledge.

Cohen, S (2002) Third edition *Folk Devils and Moral Panics*. UK: Routledge.

Coleman, J. (2011) *The nature of adolescence* Hove: Routledge

Cook, R., French, D.P., Sniehotto, F.F. (2010) Wide variation in understanding what constitutes binge-drinking *Drugs: education, prevention and policy*. 17(6): 762-775

Conroy, D., Sparks, P., deVisser, R. (2015) Efficacy of a non-drinking mental simulation intervention for reducing student alcohol consumption. *British Journal of Health Psychology*. (20), pp 688-707

Coughlan, S (2010) *Students face tuition fees rising to £9,000* Available at: <http://www.bbc.co.uk/news/education-11677862>. Accessed 16th August 2016.

Crabtree, B. F., and Miller, W. L. (1999). *Doing Qualitative Research* 2nd edn. London: Sage.

Crafter, S. and Mainer, R, (2012) Understanding transitions using a socio-cultural framework. *Educational and Child Psychology*. Vol 29 No 1pp. 10–18

Craigs, C.L., Bewick, B.M., Gill, J., O'May, F., Radley, D. (2011) UK student alcohol consumption: a cluster analysis of drinking behaviour typologies. *Health Education Journal*, 71(4) pp516-526

Crawford, L. A. and Novak, K. B. (2006) Alcohol abuse as a rite of passage: the effect of beliefs about alcohol and the College experience on undergraduate drinking behaviour. *Journal of Drug Education*, 36(3) pp193-212.

Cresswell, J. W. (2007) *Qualitative inquiry and research design: choosing among five approaches*. London: Sage.

Crossley, M.L. (2002) "Resistance to health promotion: a preliminary comparative investigation of British and Australian students" *Health Education*, Vol. 102 Issue 6, pp.289 – 299

Cruikshank, G. (1847) *The Bottle* Available at: <http://lostmuseum.cuny.edu/archive/the-bottle-by-george-cruikshank> (Accessed 15th March 2016)

Cruikshank, G. (1860) *The worship of Bacchus* Available at: <http://www.tate.org.uk/context-comment/video/steve-bell-on-worship-bacchus-george-cruikshank> (Accessed 15th March 2016)

Curry, C., Davis, A., Blunt, I., Bardsley, M. (2015) *Alcohol specific activity in hospitals in England*. London: Nuffield Trust .

Davenport-Hines, R. (2004) *The pursuit of oblivion: a social history of drugs*. London, Orion Books.

Davey-Smith, G. (2016) *The Life Scientific (radio 4)* Available at: <http://www.bbc.co.uk/programmes/b071t8qd> (Accessed 9th March 2016).

Davies, KS. (2011) Formulating the Evidence Based Practice Question: A review of the Frameworks. *Evidence Based Library and Information Practice*. Available online from: (<http://creativecommons.org/licenses/by-nc-sa/2.5/ca/>) Accessed 23rd Nov 2016.

De Bellis, M.D., Narasimhan, A., Thatcher, D.L., (2005) Prefrontal cortex, thalamus, and cerebellar volumes in adolescents and young adults with adolescent-onset alcohol user disorders and comorbid mental disorders. *Alcoholism: Clinical and Experimental Research*, 29(9):1590–600.

Deci, E. L., & Ryan, R. M. (2012). *Motivation, personality, and development within embedded social contexts: An overview of self-determination theory*. In R. M. Ryan (Ed.), *Oxford handbook of human motivation* (pp. 85-107). Oxford, UK: Oxford University Press.

De Visser, R., McDonnell, J. (2011) 'that's ok, he's a guy: a mixed-methods study of gender double-standards for alcohol use. *Psychology and Health* Vol 27 No 5 pp 618-639

Dempster, S. (2011) I drink, therefore, I'm man: gender discourses, alcohol and the construction of British undergraduate masculinities. *Gender and Education* Vol 23(5) pp635-653.

Department of Health [DH] (2009a) *The Healthy Child Programme: pregnancy and the first five years of life* London: DH

Department of Health [DH] (2009b) *The Healthy Child Programme: 5-19* London: DH

Department of Health [DH] (2012) *The Public Health Outcomes Framework for England*. London: DH

- Denzin, N. K. and Lincoln, Y.S. (2013). *The Landscape of qualitative Research*. London: Sage.
- Dillon, P. (2002) *Gin, the much lamented death of Madame Geneva; the 18th Century gin craze*. UK: Headline books
- Dietler, M. (2006) *Alcohol: Anthropological/Archaeological Perspectives Department of Anthropology*. Available at: www.annualreviews.org (Accessed 25th April 2015)
- DiMaggio, P., Hargittai, E., Neuman, W., & Robinson, J. (2001). Social Implications of the Internet. *Annual Review of Sociology*, 27, 307-336. Retrieved from <http://www.jstor.org/stable/2678624>.
- Donaldson, L. (2008) *150 years of the Chief Medical Officers annual report*. London: Department of Health
- Donaldson, L (2009) *Guidance on the consumption of alcohol by children and young people*. London: Department of Health.
- Dowdall, GW (2013) *Reframing a social problem/changing the culture: College Drinking*. Sterling Virginia, Stylus Publishing
- Dr Foster Intelligence (DFI) (2013) *Dr Foster Hospital Guide*. Available at: <http://www.drfooster.com/wp-content/uploads/2014/07/hospital-guide-2013.pdf> (Accessed April 3rd 2015)
- Drinkaware (2013) *Research into drinking behaviour and attitudes of 18-24 year olds Prepared for Drinkaware*. Available at: https://www.drinkaware.co.uk/media/157284/drinkaware_attitudes_and_behaviours_18-24_year_olds_2012.pdf (Accessed March 30th 2016)
- Drinkaware (2016) *Alcohol Unit Guidelines* Available at: <https://www.drinkaware.co.uk/check-the-facts/what-is-alcohol/daily-guidelines> (Accessed 22 Feb 2016).
- Earle, S., Lloyd, C.E., Sidell, M., Spurr, S. (2007) *Theory and research in promoting public health*. The Open University Press
- Economic and Social Research Council [ESRC] (2016a) *Data Protection* Available at: <http://www.esrc.ac.uk/funding/guidance-for-applicants/research-ethics/frequently-raised-topics/data-requirements/data-protection/> accessed 23rd Nov 2016.
- Economic and Social Research Council [ESRC] (2016b) *The Core ethical principles* Available at: <http://www.esrc.ac.uk/funding/guidance-for-applicants/research-ethics/our-core-principles/> Accessed 23rd Nov 2016.
- Elder, G.H. (1985) *Life course dynamics: trajectories and transitions 1968-1980* Ithaca, NY: Cornell University Press.
- Ehlers, C.L. Gizer, I.R., Vieten, C., Gilder, A., Gilder, D.A., Stouffer, G.M., Lau, P., Wilhelmsen, K.C. (2010) Age at Regular Drinking, Clinical Course, and Heritability

of Alcohol Dependence in the San Francisco Family Study: A Gender Analysis the *American Journal on Addictions*, 19: pp101–110

El Ansari, W., Stock, C., Mills, C. (2013a) Is alcohol consumption associated with poor academic achievement in University students? *International Journal of Preventative Medicine* 4(10) pp1175-1188

El Ansari, W., Sebena, R., Stock, C. (2013b) Socio-demographic correlates of six indicators of alcohol consumption: survey finding of students across seven universities in England, Wales and Northern Ireland. *Archives of Public Health* 2013 71:29

Elliot, M.A., Ainsworth, K., (2012) Predicting university undergraduates' binge drinking behaviour: a comparative test of one and two component theories of planned behaviours. *Addictive Behaviours*: 37:1 2012 Jan pp 92-101

Erikson, E. (1968) *Identity: youth and crisis* New York: Norton

Escobotado, A. (1999) *A brief history of drugs: from the Stone Age to the Stoned Age*. Vermont: Park Street Press.

Evans, K., Schoon, I., Weale, M. (2013) Can lifelong learning reshape life chances? *British Journal of Educational Studies*, Vol61 No 1 pp25-47

FRANK (2016) Available at: <http://www.talktofrank.com/> (Accessed 5th March 2016)

Fox, E. and Riconscente, M. (2008) Metacognition and self regulation in James, Piaget and Vygotsky. *Educational Psychology Review*, 20:373-389.

Foxcroft, D. R., Moreira, M. T., Aomeida Santimano, N., Smith, L. (2015) *Social norms information for alcohol misuse in university and College students (review)* London: Cochrane Collaboration.

Franzoi, S.L. (2003) *Social Psychology*. New York: McGraw Hill.

Gately, I. (2009) *Drink: a cultural history of alcohol*. New York: Gotham Books

Geertz, C. (1973) *The Interpretation of cultures*. New York: Perseus Books Group.

Gerhardt, S. (2004) *Why Love Matters. How affection shapes a baby's brain*. Hove: Routledge

Gerald, M.S. and Higley, J. D. (2001) Evolutionary underpinnings of excessive alcohol consumption. *Evolutionary approaches to addiction* 97: pp 415-425.

Gibbs, G. (2007) *Analysing qualitative data* London, Sage.

Giedd, J. *et al.* (2004) Dynamic mapping of human cortical development during childhood through early adulthood. *Proceedings of the National Academy of Sciences of the United States of America*, Vol 101 No 21 pp 8174–8179, doi: 10.1073/pnas.0402680101

Gilbert D (2016) *Stumbling on happiness* Available at: <https://www.brainpickings.org/2014/06/18/daniel-gilbert-happiness-future-self/> (Accessed 9th March 2016)

Gilchrist, H., Smith, K., Magee, CA., Jones, S., (2012) A hangover and a one-night stand: Alcohol and risky sexual behaviour among female students at an Australian University. *Youth Studies Australia* Vol 31 (2), 35-43.

Gill, J.S. (2002) Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years. *Alcohol* 2002 Mar-Apr, 37(2):109-20.

Goldhill, O. and Bingham, J (2015) *One in three UK female students sexually assaulted or abused on campus*. Available at: (<http://www.telegraph.co.uk/women/womens-life/11343380/Sexually-assault-1-in-3-UK-female-students-victim-on-campus.html>) Accessed 7th August 2016

Gornall, J. (2014) Under the Influence. *British Medical journal* Volume 32, Issue 3, pp 325–352 doi:10.1136.f7646

Gray, D. (2014) *Doing research in the real world* 3rd edn London: Sage

Green, E. (2014) Use of theoretical and conceptual frameworks in qualitative research. *Nurse Researcher* 21, 6, 34-38.

Green, J., and Thorogood, N. (2009). *Qualitative Methods for Health Research* 2nd edn. London: Sage.

Griffin, C., Bengry-Howell, A., Hacle, C., Mistral, W., Szmigin, I. (2009) Every time I do it I absolutely annihilate myself: loss of (self)-consciousness and loss of memory in young people's drinking narratives. *Sociology* 43(3) 457-476

Griffin, C., Szmigin, I., Bengry-Howell, A., Mistral, W., Hacle, C. (2009) Inhabiting the contradictions: hypersexual femininity and the culture of intoxication among young women in the UK *Feminism and Psychology* 23(2) 184-206

Goffman, E. (1963). *Stigma – notes and the management of spoiled identities*.. London, Touchstone press.

Hahn, R.A. (1999) *Anthropology in Public Health*. Oxford University Press.

Halliday, S. (2011) *The Great Filth: disease, death and the Victorian city*. Stroud: The History Press

Hammersley, M. (1992). *What's wrong with ethnography?* London: Routledge.

Hammersley, M., and Atkinson. (1995). *Ethnography principles in practice* 2nd edition. London: Routledge.

Hammersley, M. (2006) 'Ethnography: problems and prospects', *Ethnography and Education*, vol. 1, no. 1, pp. 3–14

Hansard (1870) *Habitual drunkards – resolution*. Available at: <http://hansard.millbanksystems.com/commons/1870/mar/04/habitual-drunkards-resolution>. (Accessed 16th March 2016).

Hanson, D. J. (1995). *Preventing Alcohol Abuse: Alcohol, Culture and Control*. Wesport: CT, Praeger

Harré, R. and Moghaddam, F. M. (2012) *Psychology for the third millenium: integrating cultural and neuroscience perspectives*, London: Sage.

Hatton, J., Burton, A., Nash, H., Munn, E., Burgoyne, L., Sheron, N. (2009) Drinking Patterns, dependency and life-time drinking history in alcohol-related liver disease. *Addiction*, 104, 587–592.

Haydock, W. (2014) 20 tins of Stella for a fiver: The making of class through labour and coalition government alcohol policy. *Capital and Class*. Vol 38(3) 583-600

Heath, A.C., Bucholz, K.K., Madden, P.A., Dinwiddie, S.H., Slutske, W.S., Bierut, L.J., Statham, D.J., Dunne, M.P., Whitfield, J.B., Martin, N.G. (1997) Genetic and environmental contributions to alcohol dependence risk in a national twin sample: consistency of findings in women and men. *PsychoMed*, Nov; 27(6):1381-96.

Heath, P. and Phil, D. (1995) Inheritance of alcohol a cross fitting analysis of adopted men *Alcohol health and research world* Vol. 19, No. 1, pp50-51

Heather, N., Partington, S., Partington, E., Longstaff, F., Allsop, S., Jankowski, M., Wareham, H., St Clair Gibson, A. (2011) Alcohol Use Disorders and Hazardous Drinking among Undergraduates at English Universities. *Alcohol and Alcoholism* Vol 46 No 3 PP 270-277.

Health Education England (2016) Available at: <https://hee.nhs.uk/> (Accessed 7th August 2016)

Health and Social Care Information Centre (HSCIC) (2012) *Smoking Drinking and drug use in young people in 2012* Available at: <http://www.hscic.gov.uk/catalogue/PUB11334/smok-drin-drug-youn-peop-eng-2012-repo.pdf> (Accessed 20th April 2014)

Health and Social Care Information Centre (HSCIC) (2013) *Alcohol treatment in England* London, HSCIC

Health and Social Care Information Centre (HSCIC) (2015) *Smoking Drinking and drug use in young people in 2014* Available at: <http://www.hscic.gov.uk/catalogue/PUB17879> (Accessed 20th April 2015)

Health and Social Care Information Centre (HSCIC) (2016) Alcohol Statistics Available at: <http://www.hscic.gov.uk/catalogue/PUB17712/alc-eng-2015-rep.pdf>: (Accessed Feb 22 2016).

Helman, C.G. (2007) *Culture, Health and Illness* 5th edn London: Hodder Arnold

Hempel, S (2007) *The strange case of the Broad Street pump: John Snow and the mystery of cholera*. University of California Press.

- Hendry, J. (1999) *The ritual round, In Other people's world: An introduction to cultural anthropology*. New York City: New York University Press.
- Herbert, M. (2003) *Typical and Atypical Development: From Conception to Adolescence*. Oxford: Blackwell publishers
- Herbert, M. (2006) *Developmental Problems of Childhood and Adolescence: Prevention, Treatment and Training*. Oxford: Blackwell
- Herring, R. Bayley, M., Hurcombe, R. (2012) *A positive Choice: young people who drink little or no alcohol*. London: Joseph Rowntree Foundation.
- Hexjam (2016) *The University drinking league* Available at: <http://www.hexjam.com/uk/drinking-survey-2015/the-university-drinking-league-2015> (Accessed 9th March 2016).
- Higher Education Statistics Agency [HESA] (2015) *Number of undergraduates in the UK 2013-2014* Available at: <http://www.universitiesuk.ac.uk/highereducation/Documents/2014/PatternsAndTrendsInUKHigherEducation2014.pdf> (Accessed 25th April 2015).
- HM Government (2003) *The Licensing Act* London: Crown copyright: the Stationary office
- HM Government (2006) *The Health Act* London: Crown copyright: the Stationary office
- HM Government (2011) *No Health without Mental Health: Delivering better mental health outcomes for people of all ages*. London: HM Government
- HM Government (2012) *The Government's Alcohol Strategy* London: HM Government
- Hogarth (1751) *The British Museum: Beer Street and Gin Lane* (Hogarth 1751) Available at: http://www.britishmuseum.org/explore/highlights/highlight_objects/pd/w/william_hogarth,beer_street.aspx (Accessed 28th Nov 2010)
- Holdsworth, C. and Morgan, D. (2005) *Transitions in context: leaving home, independence and adulthood*. Open University Press
- Hutton, F., Wright, S., Saunders, E. (2013) Cultures of intoxication: young women, alcohol and harm reduction. *Contemporary Drug Problems* 40/Winter 2013
- Illich, I. (1976) *Limits to medicine: Medical Nemesis; the expropriation of health*. London: Penguin.
- Institute of Alcohol Studies [IAS] (2010a) *Binge Drinking, Nature, Prevalence and Causes*. IAS fact sheet: Institute of Alcohol Studies.
- Institute of Alcohol Studies (2010b) *Drinking in Great Britain; IAS factsheet*. St Ives, IAS

Institute of Alcohol Studies [IAS] (2015) *Alcohol's harm to others: an institute of alcohol studies report*. IAS – The University of Sheffield.

Islam Awakened (2016) Available at: <http://islamawakened.com/quran/5/90/> (Accessed 30th March 2016)

James, A. and Hockey, J. (2007) *embodying health identities* Basingstoke: Palgrave Macmillan

Jennings, P. (2007) *The Local: a history of the English pub*. Stroud: Tempus Publishing

Jochelson, K. (2005) *Nanny or Steward: the role of government in public health*. London, The Kings Fund.

Jones, L. and Douglas J (Eds) (2012) *Public Health: building innovative practice*. The Open University Press.

John, B. and Alwyn, T. (2010) *Alcohol related social norm perceptions in university students: effective interventions for change*. Glamorgan, Drinkaware

Johnson, J. (2011) Through the Liminal: a comparative analysis of the *communitas* and rites of passage in sport hazing initiations. *Canadian Journal of Sociology* 36(3) pp199-227.

Johnson, M.K., Crosnoe, R., Elder, J.H. (2011) Insights on adolescence from a life course perspective *Journal of research on adolescent development* 21(1) pp273-28

Johnston, K. and White, K., (2004) Binge-drinking in Female University Students: A theory of Planned Behaviour Perspective *Youth Studies Australia* Vol 23, No. 2, 1-12

Jones, L., Bellis, M.A., Dedman, D., Sumnall, H., Tocque, K. (2014) *Alcohol attributable fractions for England; alcohol attributable mortality and hospital admissions*. Available at: <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf> (Accessed 20th April 2016).

Judges 9:13 (2016) Available at: <http://biblehub.com/judges/9-13.htm> (Accessed 30th March 2016)

Kendler, KS., Prescott, CA., Neale, MC., Pedersen, NL. (1997) *Temperance board registration for alcohol abuse in a national sample of Swedish male twins born 1902 to 1949*. Available Online from: <https://www.ncbi.nlm.nih.gov/pubmed/9040286>. Accessed 23rd Nov 2016.

Know your limits (2016a) *Know your limits* Available at: <https://www.youtube.com/watch?v=zSf5CEX87xA> (Accessed 12th Feb 2016)

Know your limits (2016b) *Know your limits* Available at: <https://www.youtube.com/watch?v=e-qbZeRvqx0> (Accessed 12th Feb 2016)

Kimura, M. and Higuchi, S. (2011) Genetics of alcohol dependence *Psychiatry and Clinical Neurosciences*, 65: 213–225

Kroger, J. (2007) *Identity Development*. London: Sage.

Kumin, B. (2014) *Hard evidence: how much did our ancestors drink and are we drinking more?* Available at: <http://theconversation.com/hard-evidence-how-much-did-our-ancestors-drink-and-are-we-drinking-more-32842> (Accessed 15th March 2016).

Layard, R. and Dunn, J. (2009) *A Good Childhood* London: The Children's Society/Penguin Books

Lancaster, A. and Melville, S. (2014) *NUS alcohol survey (trend analysis for UoN students)* Nottingham: The Students Union, University of Nottingham.

Lawler, S. (2014) *Identity: sociological perspectives*. 2nd edn Cambridge: Polity Press.

Lee, K., Ogunfowora, B., Ashton, M.C. (2005) Personality Traits beyond the Big Five: Are they within the HEXACO space? *Journal of Personality* Volume 73, Issue 5, pages 1437–1463

Leeman, R.F., Patock-Peckham, J.A., Potenza, M.N. (2012) Impaired Control Over Alcohol Use: an under-addressed risk factor for problem drinking in young adults. *Experimental and Clinical Psychopharmacology*, Vol 20 no 2 pp92-106.

Levey, D.J. (2004) The evolutionary ecology of ethanol production and alcoholism *Integr Comp Biol* 44:284 – 289 Available at: <http://icb.oxfordjournals.org/content/44/4/284.full.pdf> (Accessed 15th March 2016).

Levinson, D.J. (1986) A concept of adult development. *American Psychological Association Vol. 41, No. 1*, 3-13

Lloyd, C.E., Handsley, S., Douglas, J., Earle, S., Spurr, S. (2007) *Policy and practice in promoting public health*. The Open University Press.

Macdonald, L. (2013) Florence Nightingale, statistics and the Crimean war. *Royal Statistical Society*. 177: pp569-586 0964-1998/14/177567

Mandelbaum, D.G. (1965) Alcohol and Culture *Current Anthropology*, 6(3) pp281-293.

Maslow, A.H. (2013) *A theory of human motivation* USA, Wilder Publications.

Mason, N. (2001) The sovereign people are in a beastly state: the beer Act of 1830 and Victorian discourse on working class drunkenness. *Victorian literature and culture*, issue: 1, volume: 29, pp109 - 127

McGuire, C. (2014) *NUS Vice President (Welfare): The Alcohol Impact Initiative* Available at: <http://alcoholimpact.unioncloud.org/articles/nus-vice-president-introduces-alcohol-impact> (Accessed April 6th 2015).

McAlaney, J. and McHahon, J., (2007) Diagnosing and dealing with the 'new British disease'. *The Psychologist*, Vol 20 No 12. Pp738-741

McGovern, P.E, et al., (2004) Fermented Beverages of pre and proto-historic China *Proceedings of National Academy of Sciences USA [PNAS]*, vol.101 (51) pp17593-98 doi: 10.1073/pnas.0407921102

McCoy, S.L. and Nieland, M.N.S. (2011) Are drinking habits really changing? A cross-generational test of the 'new' phenomenon of 'binge-drinking' *Drugs: Education, Prevention and Policy*, Vol 18 issue 5 pp 333-339

Miles, M.B., Huberman, A.M., Saldana, J. (2014) 3rd Ed. *Qualitative Data Analysis: A methods sourcebook*. USA, Sage

Morozova, T.V., Mackay, T.F.C., Anholt, R.R.H. (2014) Genetics and genomics of alcohol sensitivity. *Mol Genet Genomics*, 289:253–269 DOI 10.1007/s00438-013-0808-y

Mobach, T. and Macaskill, A. (2011) Motivation to drink alcohol in first year university students: having a good time or simply coping? *Health psychology update* 20(2). Pp2-21

Monaghan, J. and Just, P. (2000) *Social and cultural anthropology: a very short introduction*. Oxford University Press

Moss, A.C., Dyer, K.R., Albery, I.P., Frings, D., Inkelaar, T., Harding, T., Speller, A. (2012) Counterintuitive effects of responsible drinking public health messages: an evaluation of the UK drinkaware 'why let the good times go bad? Campaign. Available at: <http://ranzetta.typepad.com/files/moss-et-al.-2012-drinkaware-southbank-poster.pdf> (Accessed 4th March 2016)

Murray, O., Tescun, M. (eds) (1995) *In Vino Veritas*. London: British School at Rome

National end of life care network (NELCN) (2012) *Local authority liver disease profiles*. Available at: http://www.endoflifecare-intelligence.org.uk/resources/publications/deaths_from_liver_disease (Accessed 24th March 2016)

National institute of alcohol abuse and addiction (NIAAA) (2016a) *Alcohol Use Disorders* Available at: <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders> (Accessed 21st April 2016)

National institute of alcohol abuse and addiction (NIAAA) (2016b) CAGE tool Available at: <http://pubs.niaaa.nih.gov/publications/inscage.htm> (Accessed 8th August 2016).

Neknomination (2014) *Neknomination deaths: craze 'claims fifth victim as 20-year-old Bradley Eames is found dead after downing two pints of gin*. Available at : <http://www.independent.co.uk/news/uk/home-news/neknomination-craze-claims-fifth->

[victim-as-20-year-old-bradley-eames-is-found-dead-after-downing-two-9131987.html](#)
Accessed 3rd Sept 2016

Newton, J.N. *et al.* (2016) *Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013*. Available at:
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00195-6.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00195-6.pdf)
(Accessed 23 Feb 2016)

Newman, B.M. and Newman, P.R. (2009) *Development through Life – A Psychosocial Approach* 10th Edn USA: Wadsworth Cengage Learning.

NHS (2016) *NHS commissioning* Available at:
<https://www.england.nhs.uk/commissioning/> (Accessed 18th March 2016).

NHS Choices (2016) *Alcohol Units (Recommendations)* Available at:
<http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx> (Accessed 22nd Feb 2016).

Nicholls, J. (2009) *The politics of alcohol*. Manchester: University Press

Nicholls, J. (2014) *Local and National Alcohol Policy: how do they interact?*
London: School of Hygiene

Nicholls, J. (2015) *Public Health and Alcohol Licensing in the UK: Challenges, Opportunities and Implications for Policy and Practice*.
DOI:10.1177/0091450915579875

National Institute Clinical Health Care and Excellence (NICE) (2016) *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence* Available at: <https://www.nice.org.uk/guidance/cg115> (Accessed 4th March 2016)

Nuffield Council of Bioethics (NCOB) (2007) *Public Health: ethical issues* London, Nuffield Council of Bioethics.

Nursing and Midwifery Council (NMC) (2010) *Standards for competence for registered nurses*. London, NMC

Nursing and Midwifery Council (NMC) (2015) *The Code*. Available at:
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
(Accessed 3rd Sept 2016).

Nursing Times Awards (2016) *The Nursing Times Awards 2016* Available at: The
<https://studentawards.nursingtimes.net/2016-winners> (Accessed Sept 29th 2016).

NUS (2015) *Students and alcohol: student attitudes and behaviours towards alcohol consumption in higher education. Research from Alcohol Impact pilot partners*
National Union of Students (NUS)

Nutt, D. (2010) *Drugs harms in the UK: a multicriteria decision analysis. The Lancet vol 376, issue 9752 pp1558-1565*

- Nutt, D. (2012) *Drugs without the hot air*. UIT: Cambridge Ltd.
- Nutt, D. and Rehm, J. (2014) Doing by numbers: a simple approach to reducing the harms of alcohol *Journal of Psychopharmacology* vol 28(1) 3-7.
- Ogden, J. (2007) *Health Psychology*. Open University Press
- ONS (2013) *Adult Drinking Habits in Great Britain 2013*. ONS: Statistical Bulletin
- ONS (2015) *Adult drinking habits in Great Britain 2013*. Available at: http://www.ons.gov.uk/ons/dcp171778_395191.pdf (Accessed April 3rd 2015)
- ONS (2016a) *Alcohol-related deaths in the UK, 2014* Available at: <file:///C:/Users/jwrigh02/Downloads/Alcohol%20Related%20Deaths%20in%20the%20United%20Kingdom.pdf> (Accessed 14th March 2016)
- ONS (2016b) *Childbearing for Women Born in Different Years, England and Wales, 2014*. Available at: http://www.ons.gov.uk/ons/dcp171778_422289.pdf (Accessed 23 Feb 2016).
- ONS (2016c) *large increase in 20-34 year olds living with parents since 1996*. Available at: <http://www.ons.gov.uk/ons/rel/family-demography/young-adults-living-with-parents/2013/sty-young-adults.html>. (Accessed 23 Feb 2016).
- Ormerod, P. and Wiltshire, G. (2009) Binge drinking in the UK: a social network phenomenon. *Mind and Society*, 8: pp135-152
- Parahoo, K. (2014) 3rd edition *Nursing Research: principles, processes and issues*. Basingstoke: Macmillan Press.
- Peoples, J. and Bailey, G. (2009) *Humanity: an introduction to cultural anthropology*. 8th edn. USA: Wadsworth Cengage Learning
- Petit, G., Kornreich, C., Verbank, P., Cimochovska, A., Campanella, S. (2013) Why is adolescence a key period of alcohol initiation and who is prone to develop long term problem use? A review of current available data. *Socioaffective Neuroscience and Psychology* 2013 3:21890
- Piacenitini, M.G., Chatzidakis, A., Banister, E. (2012) Making sense of drinking: the role of techniques of neutralisation and counter-neutralisation in negotiating alcohol consumption. *Sociology of health and illness* Vol 34 No 6 pp841-857
- Pilkington, M. (2010) *Past, present and future*. High Wycombe: Buckinghamshire New University.
- Pioneer Association (2016) *The Pioneer Association* Available at: <http://www.pioneerassociation.ie/> (Accessed 21st April 2016).
- Pope, A. (1899) *The Iliad of Homer - translated by Alexander Pope*. Flaxman's designs.
- Popper, K. (2002) *The Logic of scientific discovery* London, Routledge

Potter, K. and Wright, J (2013) Chapter 8 IN Sines, D., Aldridge Bent, S., Fanning, A., Farrelly, P., Potter, K., Wright, J. (2013) *Community and Public Health Nursing*, 5th Edn. London: Wiley-Blackwell.

Prohibition (2010) *Prohibition in the United States*: Available at: <http://www.1920-30.com/prohibition/> (Accessed 28th November 2012)

Public Health England (PHE) (2015) *Improving young people's health and well-being: A framework for public health* London: PHE

Ravitch, S.M. and Riggan, M. (2017) *Reason and Rigor* London, Sage

Radcliffe, P. (2004) *Race, ethnicity and difference: imagining the inclusive society*. Open University Press.

Reeves, R. (2010) *A Liberal Dose? Health and Well-being – the Role of the State: An independent report* London: Department of Health

Reimer, F. J. (2008). Ethnography Research. *Ethnography Research 2008* (pp. 203-221).

Research Ethics Guidebook (2016) *Legal requirements* available online from: <http://www.ethicsguidebook.ac.uk/Legal-requirements-76> (Accessed 23rd Nov 2016).

Ritchie, J. and Lewis, J. (2003) *Qualitative Research Practice*. London: Sage.

Ritchie, J., and Lewis, J. (2011). *Qualitative Research Methods a guide for social science student and researchers*. London: Sage.

Robson, C. (1993). *Real world research*. Oxford: UK: Blackwell.

Roche, J., Tucker, S., Thomson, R., Flynn, R. (2010) 2nd Edn *Youth in Society* London: Sage

Room, R., Babor, T., Rehm, J. (2005) Alcohol and public health. *The Lancet* 365:519-30

Room, R. (2006) Addiction concepts and international control. *The social history of alcohol and drugs 20 (spring 2006)* pp276-89.

Saks, M. and Allsop, J. (2010) *Researching Health: qualitative, quantitative and mixed methods* London, Sage.

Scott, P. (2015) *Its 20 years since polytechnics became universities and there's no going back*. Available at: <https://www.theguardian.com/education/2012/sep/03/polytechnics-became-universities-1992-differentiation> Accessed August 15th 2016.

Seaman, P. and Ikegwuonu, T. (2011) 'I don't think old people should go to clubs': how universal is the alcohol transition amongst young people in the United Kingdom. *Journal of Youth Studies, Vol14 No 7 Nov 2011* pp745-759

- Shachtman, T. (2007) *Rumspringa: to be or not to be Amish*. New York: North Point Press
- Sharma, M. and Romas, J.A. (2012) *Theoretical foundations of health education and health promotion* 2nd edn. Sudbury MA: Jones and Bartlett Publisher
- Sheron, N., Hawkey, C., Gilmore, I. (2011) Projections of alcohol deaths—a wake-up call. *The Lancet* 2011; 377: pp1297–9.
- Sidell, M., Jones, L., Katz, J., Peberdy, A., Douglas, J. (2003) *Debates and dilemmas in promoting health*. London: Palgrave MacmillanGidden
- Silverman, D. (2011). *Interpreting Qualitative Data* 4th edn. London: Sage.
- Silverman, D. (2013). *Doing Qualitative Research*. London: Sage.
- Sines, D., Aldridge Bent, S., Fanning., A., Farrelly, P., Potter, K., Wright, J. (2013) *Community and Public Health Nursing*, 5th Edn. London: Wiley-Blackwell.
- Slade, T., Chapman, C., Swift, W., Keyes, K., Tonks, Z., Teesson, M., (2016) Birth cohort trends in the global epidemiology of alcohol use and alcohol-related harms in men and women: systematic review and metaregression. *BMJ Open Journals* Available online from: <http://bmjopen.bmj.com/content/6/10/e011827> (Accessed 25th Oct 2016).
- Snow Society initiations (2016) *The Snow Soc initiations* Available at: <https://www.youtube.com/watch?v=zL9GZQCH64o> (Accessed 29th Feb 2016)
- Snowdon, C. (2015) *Alcohol and the public purse: do drinkers pay their way?* London: The Institute of economic affairs (IEA)
- Somerville, M., Kumaran, H., Anderson, R. (2012) *Public Health and Epidemiology at a glance*. Wiley-Blackwell.
- Somerville, P. (2011) *Understanding communities: politics, policy and practice*. Bristol: Policy Press
- Spada, M., Moneta, G.B., Wells, A., (2007) The relative contribution of metacognitive beliefs and expectancies to drinking behaviour. *Alcohol and Alcoholism* doi: <http://dx.doi.org/10.1093/alcalc/agm055> pp567-574 First published online: 1 August 2007
- Stake, R. (1995). *The Art of Case Study Research*. London: Sage
- Stein, D.J. (2002) Obsessive Compulsive Disorder. *The Lancet*, volume 360, Issue 9330. Pp397-405
- Stickley, A., Razvodovsky, Y., McKee., M (2009) Alcohol mortality in Russia: A historical perspective. *Public Health Vol 123, Issue 1, Pages 20-26*
- Student Numbers (2016) *Student Numbers*. Available at: http://bucks.ac.uk/about_us/numbers/ (Accessed August 16th 2016)

Suggs, S.L., McIntyre, C., Warburton, W., Henderson, S., Howitt, P. (2015) *Communicating health messages: a framework to increase the effectiveness of health communication globally*. World Innovation Summit for Health

Swanborn, P. (2012). *Case Study Research what, why and how*. London : Sage.

Singer, M. (2012) Anthropology and addiction: an historical review. *Addiction* 107, 1747-1755

Social Issues Research Centre [SIRC] (1998) *Social and Cultural aspects of drinking: a report to the European Commission* Oxford, Social Issue Research Centre

Szmigin, I., Griffin, C., Mistral, W., Bengry-Howell., Weale, L., Hackley, C. (2008) Re-framing binge drinking as calculated hedonism – empirical evidence from the UK. *International Journal of Drug Policy*, Vol19 pp359–366

Taylor, A., Nestel, P. (2014) The need and opportunities to manage drinking among undergraduates at an English university. *Education and Health* vol 32 No 4 p130

Temple, K. and Burns, T. (2012) *Thats what she said*. London : NUS.

The Big Deal (2014) *The Big Deal* Available at: https://www.aspire-he.co.uk/live/case-studies/Case_Study_Bucks_New_University_October_2015.pdf (Accessed August 15th 2016).

The British Museum (2016) *Bacchus* Available at: <http://www.britishmuseumshoonline.org/page/search?q=Bacchus> (Accessed 30th March 2016)

The Charity Awards (2016) *The Charity Awards* Available at: <http://www.charitytimes.com/awards/> (Accessed August 15th 2016).

The Guardian Awards (2016) *The Guardian University Awards* Available at: <https://www.theguardian.com/higher-education-network/2016/mar/17/guardian-university-awards-2016-winners> (Accessed 7th August 2016).

The National Social Marketing Centre (NSMC) (2016) Available at: <http://www.thensmc.com/> (Accessed August 15th 2016).

The NHS confederation briefing (2010) *Too much of the hard stuff: what alcohol costs the NHS*. Available at: http://www.nhsconfed.org/Publications/Documents/Briefing_193_Alcohol_costs_the_NHS.pdf (Accessed 4th January 2014).

The Russell Group (2016) *Russell Group Universities* Available at:
<http://russellgroup.ac.uk/> Accessed 7th August 2016.

The Structure (2016) *The Structure* Available at:
http://bucks.ac.uk/about_us/how_we_are_structured/ (Accessed 1st Oct 2016)

The University Strategic Plan (2016) Available at:
http://bucks.ac.uk/content/documents/Communications/Strategic_Plan/strategic_plan_summary2016_2021.pdf (Accessed 29th Sept 2016)

Thomas, F., Babor, J.C., Higgins-Biddle, J.B., Saunders, M.G. (2001) *AUDIT: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care*. The World Health Organization

Tran, M. (2014) Alcohol blamed for 40% rise in liver disease deaths in 12 years.
The Guardian Mon 20 Oct 2014

The Stationary Office (TSO) (1998) *The Data Protection Act* London, The Stationary Office.

Tutenges, S. and Sandberg, S. (2013) Intoxicating stories: The characteristics, contexts and implications of drinking stories among Danish youth. *International Journal of Drug Policy*, Issue 6, Pages 538–544 <http://dx.doi.org/j.drugpo.2013.03.011>

Twelvetrees, A (2001) *Community Work (Practical social work)*. UK: BASW - Practical Social Work.

University rankings (2016) *University Rankings*. Available at:
<http://www.thecompleteuniversityguide.co.uk/league-tables/rankings> (Accessed 7th August 2016).

University Guide (2016) *The University Guide*. Available at:
<http://www.thecompleteuniversityguide.co.uk/buckinghamshire-new> (Accessed 7th August 2016).

University Partners (2016) *University Partners*. Available at:
<http://bucks.ac.uk/newsroom/2016/Partners> (Accessed August 15th 2016).

UCAS [University and College Admission Services] (2016) *Mature students* Available at:
<https://www.ucas.com/ucas/undergraduate/getting-started/mature-students> (Accessed 19th Feb 2016).

Van Gennep, A. (1960) *The Rites of Passage* The University of Chicago Press

Vander Ven, T (2011) *Why College Students Drink too much and party so hard: Getting Wasted* New York University Press.

Watson, H., Whyte, R., Schartau, E., Jamieson, E. (2006) Survey of student nurses and midwives: smoking and alcohol use. *British Journal of Nursing*, Vol 15 No 22. Pp.1212-1216,

Weatherburn, G., Shaw, D., Gandy, J., Wright, J. (2009) *An investigation of alcohol consumption in children* [unpublished]

Which University (2014) Which University. Available at:
<http://university.which.co.uk/buckinghamshire-new-university-b94> Accessed 15th August 2016.

Whitehead, D. (2004) In pursuit of pleasure: health education as a means of facilitating the 'health journey' of young people. *Health Education Vol 105 No 3 pp 213-227*

WHO (2005) *Promoting Mental Health: concepts, emerging evidence and practice*. WHO publication

WHO (2011) Global status report on alcohol and health (2011) The World Health Organisation

WHO (2014) *Global status report on alcohol and health (2014)* The World Health Organisation

WHO (2015) *Definition of adolescence* Available at:
http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/
(Accessed 16th March 2016)

WHO (2016) *Heavy Episodic Drinking definition* Available at:
http://www.who.int/gho/alcohol/consumption_patterns/heavy_episodic_drinkers_text/
(Accessed 16th March 2016)

Wilsnack, R.W., Vogeltanz, N.D., Wilsnack, S.C., Harris, T.R. (2000) Gender differences in alcohol consumption and adverse drinking consequences: cross-cultural patterns *Addiction (2000) 95(2), pp 251-265*

Wiles, R. (2013) *What are qualitative research ethics?* London, Bloomsbury.

Winkelman, M. (2009) *Culture and health: applying medical anthropology*. USA Jossey-Bass Books

Winograd, R.P., Steinley, D., Sher, K. (2015) Searching for Mr Hyde: A five-factor approach to characterizing 'types of drunks' *Addiction research and theory*, Vol 24 (1) pp1-8 doi 10.3109/16066359.2015.1029920

Wright, J., Shaw, D., Weatherburn, G., Gandy, J. (2009). The binge drinking Culture: Fact or fiction? *British Journal of School Nursing* Vol 4 No 8 pp379-384

Wright, J. (2011) Looking at the history of alcohol consumption. *British Journal of School Nursing* Vol 5 No 10. Pp514-515

Yeomans, H. (2011) What did the British Temperance Movement Accomplish? Attitudes to Alcohol, the Law and Moral Regulation. *Sociology* 45(1) 38-53. DOI: 10.1177/0038038510387189

Yin, R. (2009). *Case Study Research Design and Methods*. London : Sage.

Yin, R. (2014) *Case Study Research: Design and Methods*. 5th Edition. London Sage

Young Minds (2016) *Young adult's statistics*. Available at: http://www.youngminds.org.uk/training_services/policy/useful_statistic/young_adults_statistics (Accessed 16th March 2016).

Zamboanga, B.L., Schwartz, S.J., Ham, L.S., Borsari, B., Van Tyne, K. (2010) Alcohol expectancies, pregaming, drinking games and hazardous alcohol use in a multi-ethnic sample of College students. *Cognitive Therapy Research*, 34: pp 124-133

Appendix 1 The recruitment poster, 2012

Get involved in Research and boost your CV

We are looking for volunteers for an alcohol study, which will explore student drinking behaviour over their three years at university.

We need students to:

take part in one of our focus groups where we will be discussing attitudes to alcohol and drinking behaviours

Or

volunteer for the main study by taking part in individual interviews every 6 months.

For more information and to
take part please contact:
jane.wright@lough.ac.uk

Appendix 2 The focus group questions

Introductions/explain purpose of focus group etc.

- Why do you think young people come to university?
- What do you think about drinking alcohol generally for everyone, not just young people? (attitudes and understanding levels, may be what they have seen in the media, read etc. - give an idea of what age people may start drinking)
- Do you think drinking is part of the social life at university? Why?
- Why do you think people drink? (taste or the effect/rite of passage)
- How do you think drinking makes you feel immediately and in the future? (understanding of health risks etc.)
- If people feel really bad after a drink, why do you think they drink again? (Understanding of addiction etc.)?
- How do you know if someone is drunk, have you seen anyone drunk, how did they act? (experience of drinking or observation of drinking)
- What do you think about people who get drunk?
- What do you think most young people drink and where? (?confirmation of vodka as drink of choice)
- Who do you think has the biggest influence on people's attitudes towards alcohol? (Is it from the home, friends, media, etc.)
- What do you understand by safe drinking? (where was this learned from)
- If you had the power and/or the desire to stop young people drinking, what do you think would work?

Appendix 3 Individual participant questions

(Demographic data collected at this stage)

Example questions for the first interview:

- Why have you come to university? What course are you doing and why?
- What are you looking forward to the most while you are at university?
- Do you know anyone at the Case University?
- Do you drink alcohol? Have you ever tried alcohol in the past?
- What sorts of things do you think have influenced you in drinking or not drinking in the past?
- What has been your experience of drinking alcohol before starting university?
Can you describe your first drinking experience? / Have you had friends who drink?
- Would anything stop you from drinking? / Would anything make you start drinking?
- What do you understand by the term binge drinking? / Do you think young people drink too much? Do you think drinking alcohol is a problem?
- Have you ever had a hangover? What was it like? Why do you keep drinking?
- What do you hope to do in the future? Where do you see yourself in five years' time?

Appendix 4 The participant information sheet

UNDERGRADUATE ALCOHOL STUDY.

Participant Information Sheet

Research working title: Undergraduate drinking: an exploration of the factors that affect drinking behaviour in a university setting.

Introductory paragraph.

I would be grateful for your help with some research which I am doing for my thesis. Before you decide whether you would like to take part I would like you to understand why it is being done and what it would involve for you. I can go through this information sheet with you if necessary which will take about 10 minutes. You will have the opportunity to think about whether you want to participate or not in this research over the next 24 hours. Please let me know after that time whether you would like to participate.

Purpose

The purpose of the research is to explore the drinking patterns and behaviours of undergraduates at Bucks New University over their time at University. This is to consider the meanings that you place on drinking behaviour and monitor any changes to your attitudes as you progress through your course. It is also to explore any differences between courses or demographic groups. There is also an educational purpose as it will be my thesis for my PhD.

Why have you been chosen?

You have been chosen because the Case University has given permission for me to approach you and you meet the inclusion criteria.

Do you have to take part?

It is up to you to decide whether to join the study. I can discuss it with you and if you agree to take part I will ask you to sign a consent form.

You may decline to take part without giving a reason. This will have no implications for you and your decision will remain anonymous.

You may withdraw at any point without giving a reason. This will have no implications for you and your decision will remain anonymous.

What will happen to you if you take part?

A series of meetings will be carried out with you and the researcher named below. Within the meetings, you will be encouraged to share your experiences with a few open questions. You may be prompted at some points to ensure that you discuss all areas. The interviews will be recorded and written down and then common themes which arise will be considered. The interview will take approximately 1 hour and can take place at a suitable place convenient to you.

Benefits

If you take part you will not benefit directly but the information gained will be used in a PhD thesis and it will be useful for you to be involved in primary research that you can include on your CV. It will benefit the Case University to gain better understanding of the factors that influence drinking behaviour in the setting.

Confidentiality

Your name will **not** be included when the study is written up; you will be allocated a pseudonym or a number in order to maintain confidentiality.

If you feel that you are interested in participating please continue and read part 2.

Part 2

What happens if you start but do not want to carry on with the research?

If you leave the Case University, you will be asked if you would do a final interview and then permission to interview you again six months later. You do not have to agree to this if you do not want to.

Complaints

If you have any complaints about the research please discuss them with me. If you feel unable to do this please follow the Case University complaints procedure.

How will the data be stored?

All collected data both recordings and transcripts will be kept securely on a password protected computer. The recordings will be made digital Dictaphone and will be deleted as soon as the recording has been downloaded on to a protected computer file. You will not be able to be identified by anyone other than the researcher as your name will not be stored on any documentation or on any recordings. Access to the data will be restricted to the researchers and educational supervisor (although the educational supervisor will not be able to see your name).

Results If you would like, the results will be shared with you when the study is completed.

Appendix 5 The consent form

CONSENT FORM

Title of Project: Undergraduate drinking: an exploration of the factors that affect drinking behaviour in a university setting.

Name of Researcher: Jane Wright

Contact number:

E mail:

1. I confirm that I have read and understand the information sheet dated (version) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

3. I accept that any data relating to me will be kept safely and not shared in an identifiable form by anyone other than the researcher

4. I agree for the interview to be recorded.

5. I agree to take part in the above study.

Name of Participant	Date	Signature
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Name of Person taking consent	Date	Signature
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(If different from researcher)

Researcher	Date	Signature
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Appendix 6 The approval from the ethics committee

Content removed on data protection grounds