THE SOCIAL NORMS APPROACH TO PREVENTING SCHOOL AND COLLEGE AGE SUBSTANCE ABUSE

A Handbook for Educators, Counselors, and Clinicians

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CHAPTER SIXTEEN

APPLICATIONS OF SOCIAL NORMS
THEORY TO OTHER HEALTH AND
SOCIAL JUSTICE ISSUES

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There is growing interest in applying social norms theory to issues of social justice and to health problems other than alcohol abuse, along with funding on the part of a number of federal agencies of social norms interventions to address sexual assault and violence prevention. In light of this interest, this chapter reviews the theoretical assumptions of the social norms approach; assesses the relevance of the theory to other health and social justice issues; and presents examples of social norms interventions for sexual assault prevention for men, eating problems among women, second-hand effects of high-risk drinking, and antibias programs.

Social norms theory describes situations in which individuals incorrectly perceive the attitudes or behaviors of peers and other community members to be different from their own. This phenomenon has also been called “pluralistic ignorance” (Miller and McFarland, 1987, 1991). Misperception occurs in relation to problem or risk behavior (which is usually overestimated) and in relation to healthy or protective behavior (which is usually underestimated), and it may cause individuals to change their own behavior to approximate the misperceived norm.

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(Prentice and Miller, 1993). This in turn can cause expression or rationalization of problem behavior and inhibition or suppression of healthy behavior. This pattern has been well documented for alcohol, with college students almost universally overestimating the frequency and quantity of their peers’ consumption (Perkins and others, 1999). Such misperception can facilitate increased drinking and may be used by problem drinkers to justify their own abuse. Similar misperceptions have been documented for illegal drug use (Perkins, 1994; Perkins and others, 1999), cigarette smoking (Chassin and others, 1984; Grube, Morgan, and McGree, 1986; Sussman and others, 1988), and eating disorders (Kusch, 2002; Mann and others, 1997). The research documenting the existence of misperceptions and their role in predicting behavior has been reviewed by Berkowitz (2001).

Social norms theory predicts that interventions correcting misperception by revealing the actual, healthier norm have a beneficial effect on most individuals, who will either reduce their participation in potentially problematic behavior or be encouraged to engage in protective, healthy behaviors.

Social norms theory can also be extended to situations in which individuals refrain from confronting the problem behavior of others because they incorrectly believe the behavior is accepted by their peer group. That is, individuals who underestimate the extent of peer discomfort with problem behavior may act as “bystanders” by refraining from expressing their own discomfort with that behavior. However, if the actual discomfort level of peers is revealed, these individuals may be more willing to express their own discomfort to the perpetrator(s) of the behavior. Recent research on homophobia, for example, suggests that most college students underestimate the extent to which their peers are tolerant and supportive of gay, lesbian, and bisexual students (Bowen and Bourgeois, 2001).

Decreasing the climate of tolerance for problem behaviors is a goal of all prevention programs. Thus application of social norms theory to bystander behavior is an additional focus of this chapter.

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**Assumptions of Social Norms Theory**

As noted, social norms theory predicts that people express or inhibit behavior in an attempt to conform to a perceived norm. This phenomenon of pluralistic ignorance can cause an individual to act in a way that is inconsistent with true beliefs and values (Miller and McFarland, 1991). Misperception of a norm discourages expression of opinions and behaviors that are falsely thought to be nonconforming, creating a negative cycle in which unhealthy behavior is expressed and healthy behavior is inhibited. It also allows abusers and perpetrators of prob-
lem behaviors to deny or justify their actions because of the (mis)perception that their behavior is normative (Baer, Stacy, and Larimer, 1991), a phenomenon called "false consensus" (Pollard and others, 2000). This cycle can be broken or reversed by giving individuals correct information about the actual norm. All individuals who misperceive the norm contribute to the climate that allows problem behavior to occur, whether or not they engage in the behavior. Perkins (1997) coined the term "carriers of the misperception" to describe these individuals. These are the assumptions of social norms theory (portions adapted from Miller and McFarland, 1991; and Toch and Klofas, 1984):

- Actions are often based on misinformation about, or misperception of, others' attitudes or behavior.
- When misperception is defined or perceived as real, it has real consequences.
- Individuals passively accept misperception rather than actively intervene to change it, hiding from others their true perceptions, feelings, or beliefs.
- The effects of misperception are self-perpetuating, because it discourages expression of opinions and actions that are falsely believed to be nonconforming, while encouraging problem behaviors that are falsely believed to be normative.
- Appropriate information about the actual norm encourages individuals to express those beliefs that are consistent with the true, healthier norm, and inhibit problem behaviors that are inconsistent with it.
- Individuals who do not personally engage in the problematic behavior may contribute to the problem by the way in which they talk about the behavior. Misperception thus functions to strengthen beliefs and values that the carriers of the misperception do not themselves hold and contribute to the climate that encourages problem behavior.
- For a norm to be perpetuated, it is not necessary for the majority to believe it, but only for the majority to believe that the majority believes it.

The assumptions of social norms theory have been supported by empirical research (Baer, Stacy, and Larimer, 1991; Miller and McFarland, 1987; Perkins and Berkowitz, 1986; Perkins and others, 1999; Prentice and Miller, 1993) and interventions (Haines and Spear, 1996; Haines, 1996; Johannessen, Collins, Mills-Novoa, and Glider, 1999; see also other chapters in this volume) with respect to college student alcohol use (for a recent literature review, see Berkowitz, 2000). These assumptions lead to a number of questions that can be used to determine the applicability of the theory to other health issues, such as eating disorders, sexual health, and sexual assault, or to bystander behavior. Thus, the following questions
assess whether a particular health or social justice behavior issue is amenable to a social norms intervention:

- What misperceptions exist with respect to the behavior in question?
- What is the meaning and function of misperceptions for individuals and groups?
- Do the majority of individuals in a group or community hold these misperceptions?
- Does the target group function as a group with respect to the behavior in question (that is, do the individuals in the group exert an influence on each other's behavior)?
- What is the hypothesized effect of misperceptions?
- What changes are predicted if misperceptions are corrected?
- What healthy behaviors already exist in the population that should be strengthened or increased?

These questions establish the parameters or conditions for health promotion interventions based on social norms theory. If these questions are not adequately addressed, a social norms intervention may not be appropriate. Keeling (1999) has noted that uncritical application of the model can lead to failed interventions because of incorrect assumptions about students and their behavior. Thus, a critical first step is to determine if a social norms intervention is appropriate for a particular problem.

If a particular problem does meet the criteria I have just outlined, an intervention can be designed that is appropriate to the target population for the issue in question, taking into account three "cultures": the culture of the issue, the culture of the message delivery system, and the culture of the target population (Berkowitz, 1999a). For example, health problems may carry different meanings for specific groups, and these meanings must be addressed when designing an intervention. Native Americans have a unique relationship to the issue of alcohol abuse because of the way alcohol was used as a tool of genocide. Similarly, the meaning of sexual assault among African Americans has been shaped by how sexual assault was a feature of slavery. In addition, groups may have their own cultural practices regarding acquisition and dissemination of information. Thus, for a social norms intervention to be effective, one must take into account the culture of the issue, the culture of the message delivery system, and the culture of the target group, and adapt the intervention to all three.

Enthusiasm about the success of the social norms approach in reducing alcohol use and its negative consequences may also result in the naive assumption
that the same approach can be applied to other issues without change or adjustment. This would be possible if the etiology and dynamics of other problems were identical to those of substance use and abuse. However, as I have noted, each problem has its own history, meaning, and associated culture, and although the social norms approach may help address other issues, it cannot be applied indiscriminately or simplistically. The case studies that follow illustrate some of the complexity and limitations of the model as they apply to other issues.

**Sexual Assault Prevention for Men**

Sexual assault is an acknowledged problem on college campuses and in communities. Interventions designed to reduce its prevalence either focus on teaching women risk awareness and deterrence strategies to decrease the chances of an assault, or they emphasize men’s responsibility for ending violence against women (Berkowitz, 1998a, 2002). Because men are responsible for the overwhelming majority of sexual assaults perpetrated against children, other men, and women, it is reasonable to expect that men should take responsibility for prevention (Berkowitz, 1992, 2002). In the past decade, a variety of strategies for working with men have been developed from this assumption. These programs may focus on empathy induction (Foubert and Marriott, 1997; Foubert and McEwen, 1998; Schewe and O’Donohue, 1993), on defining and understanding consent (Berkowitz, 1994a), on discouraging bystander behavior (Mahlstedt and Corcoran, 1999; Katz, 1995; Berkowitz, 1994a), and on resocialization of men (a theme common to most programs). I have previously recommended a social norms approach to sexual assault prevention for men, suggesting that it would complement these other approaches while addressing many of the dynamics of male socialization and peer influence that cause sexual assault to occur (Berkowitz, 1998a, 1998b, 1999b, 2002).

My own experiences as an adolescent inform my thinking about this issue:

As a teenager I was frequently uncomfortable with the language my friends used to describe women’s bodies, or the sexual relations they claimed to have had with women. Often in all-male groups someone would use language that objectified or put down women, or describe alleged sexual exploits in graphic detail. In some cases, I knew from private conversation that what was being described had not happened at all, or that it was being exaggerated. In each one of these situations, I kept my discomfort to myself, assuming that others enjoyed or at least did not mind the conversation, and that I was in the minority.
Research on men's discomfort with other men's language suggests that this experience is common for most men. Berkowitz (1994b), Bruce (2002), and Kilmartin and others (1999), in separate studies, documented that most college men underestimate the extent to which other men feel uncomfortable with language or behavior that objectifies or degrades women. In addition, other misperceptions have been documented that may enable sexual assault to occur. Berkowitz and Perkins (cited by Berkowitz, 1993; Morgan, 1997; and White, 2002), for example, found that college men and women commonly believe that other students are more sexually active than themselves. Misperception has also been documented with respect to rape myths, with most students assuming that other students are more likely to believe in rape myths than themselves (Boulter, 1997; Caruso, 1996; and Ray Schwarz, personal communication, Fall 1993). Finally, Paul A. Schewe (personal communication, Sept. 9, 1999) found that most college men would not enjoy forcing a woman to be sexually intimate but thought that most other men would. All of these misperceptions encourage men to suppress their discomfort with other men's behavior and may result in men feeling pressure to be sexually active whether or not they want to. Muehlenhard and Cook (1988), for example, found that more than two-thirds of men engaged in unwanted sex with women at some point in their lives as a result of pressure they felt from other men. More recently, Kilmartin and others (1999) found that men overestimated the extent to which other men engaged in unwanted sex in comparison with themselves.

Miller and McFarland (1991) have suggested that pluralistic ignorance is strongest when fear of social disapproval motivates behavior. For men, the need to fit into a masculine ideal and be accepted by other men may result in suppression of behavior inconsistent with this ideal and foster the assumption that other men, unlike oneself, actually live up to it. As a result, men operate under what Jackson Katz has referred to as the "tough guise" syndrome, pretending in most cases to be something they are not (Katz and Jhally, 1999). Heterosexual sex, in particular, is seen as a way of proving one's "manhood" and accomplishing the ideal of masculinity. Consider, for example,

... how this process might operate in the development of gender-typed beliefs among males. Initially, young boys may act or speak in a sexist manner around their peers because they do not wish to be embarrassed by not appearing appropriately masculine. They may not understand why a boy should not play girls' games or like girls' activities but they may act as though they do so as not to seem deviant. Over time, however, they may internalize the gender-typed rhetoric to which they originally just paid lip service because they thought everyone believed it [Miller and McFarland, 1991, pp. 305-306].
This in turn unintentionally encourages the more hypermasculine men who engage in inappropriate behaviors, giving them the belief (that is, false consensus) that their actions are normative and condoned by others.

This understanding of male behavior is consistent with integrative models of sexual assault proposed by Berkowitz (1992) and Schwartz and DeKeseredy (1997), which emphasize the role of male peer support as a facilitator of coercive sexuality. If male peer pressure is based on pluralistic ignorance rather than actual behavior, then a social norms approach might be effective in reducing men's proclivity to sexual assault and encouraging men to express their discomfort with other men's behavior.

Revealing the true norm of intolerance among men can occur informally or formally. Berkowitz (1994a) has described a peer-facilitated rape prevention program in which men are given permission to share their true feelings about the issue in the presence of older, respected students who model honesty and willingness to confront inappropriate behavior. Creating a safe space for men to discuss the issue fosters an opportunity for the true norm to surface and encourages men to speak honestly about their disapproval of opportunistic and coercive sexuality. This is perhaps the most important component of rape prevention programs for men (Berkowitz, 2002).

This type of traditional workshop intervention can incorporate social norms information and be reinforced and supplemented by a social norms marketing campaign through residential and campus-based media presenting the true norm for men. A number of studies suggest that small group applications of the social norms model can be effective (Berkowitz, 2001). Far (2001) has presented a prototype for a small group norms-challenging intervention for alcohol that can be adapted to issues of sexual assault. It can be implemented with relevant data in fraternities, athletic teams, and other groups of men.

Examples of information on men's pluralistic ignorance that can be included in workshop presentations or social norms marketing media are (1) men's misperception of other men's sexual activity, (2) incorrect beliefs about other men's support of rape myths, and (3) false assumptions about other men's comfort with degrading language toward women. In an exploratory study described in more detail later in this chapter, Kilmartin and others (1999) used a poster and media campaign that documented the majority of men's discomfort with inappropriate language about women. Following the campaign, men reported a reduction in their misperception of other men's level of comfort with such language. Future studies are needed to determine if this reduction can be replicated and if it translates into an increase in men's willingness to confront other men's behavior and in the likelihood to rape.
Using a survey based on the College Date Rape Attitudes and Behavior Scale (Lanier and Elliot, 1997) and Kilmartin's research (Kilmartin and others, 1999), Bruce (2002) implemented a social norms media campaign at James Madison University to change men's intimate behavior toward women. Data was collected revealing positive attitudinal and behavioral norms among men regarding sexual intimacy, and a poster campaign was developed to advertise these norms. Three messages were developed:

1. A man always prevents manipulation. Three out of four JMU men think it's not OK to pressure a date to drink alcohol in order to increase the chances of getting their date to have sex.
2. A man talks before romance. Most JMU men believe that talking about sex doesn't ruin the romance of the moment.
3. A man respects a woman. Nine out of ten JMU men stop the first time their date says no to sexual activity.

This campaign was successful in improving behavior in a positive direction among the treatment group for two of the ten outcome variables, including a significant increase in the percentage of men who indicated they "stop the first time a date says no to sexual activity," and a significant decrease in the percentage of men who agree that "when I want to touch someone sexually, I try and see how they react." Results were in the predicted direction but not significant for four of the remaining eight outcome variables. This campaign suggests that a social norms media campaign can be successful in changing heterosexual men's attitudes and behaviors regarding sexual intimacy with women.

**Disordered Eating Among Women**

For women, concern about physical appearance and eating may serve to affirm femininity just as men's concern with sexual activity is a way of proving masculinity. Striegel-Moore and Cachelin, for example, noted that "by being concerned with her appearance and making efforts to achieve our culture's beauty ideal, a girl affirms for herself and for others that she is feminine" (1999, p. 86). Some studies have suggested that up to two-thirds of college women may have disordered eating patterns, with a smaller percentage (approximately 7 percent) meeting the clinical criteria for an eating disorder (Mazzolo, 1999). In this chapter, the term disordered eating is used as inclusive of both disordered eating patterns and clinically definable eating disorders.
Most of the strategies for primary prevention of disordered eating have been concerned with risk factors, with little attention to possible protective factors (Striegel-Moore and Cachelin, 1999). These focus on individual, familial, social, or cultural issues thought to be etiologically significant in creating risk. However, none of the strategies designed to eliminate or reduce disordered eating among college women have been demonstrated to be successful (Martz and Bazzini, 1999). As a result, many professionals have wondered if a social norms approach might be effective, especially in addressing cultural, interpersonal, or social causes of the problem. Any attempt in this direction remains speculative, however, because of the lack of relevant data. In addition, since the etiology of disordered eating is complex and multifaceted, the impact of an intervention based on social norms theory is uncertain.

What misperception of protective or risk behaviors exists that may encourage disordered eating? In a summary of research on body size, Fallon concluded that women “tend to overestimate their own body size and underestimate what others find attractive,” thereby creating pressure to diet (1987, p. 79). Women may thus believe that they need to be thinner than is necessary if they are to be seen as attractive to others. This conclusion is consistent with research reported by Martz and Bazzini (1999) suggesting that appearance (as defined by body weight) is a more important determinant of dating behavior for women than it is for men. Women also overestimate the percentage of their peers who have eating disorders (Mann and others, 1997). Results from two studies suggest that prevention programs on eating disorders may actually exacerbate the misperception (Carter, Stewart, Dunn, and Fairburn, 1997; Mann and others, 1997). Such an increase in pluralistic ignorance regarding the prevalence of eating disorders (that is, unintentionally teaching women that eating disorders are more common then they really are) could potentially normalize the behavior—a clearly undesirable result.

One of the first studies to apply the social norms model to issues of body size and disordered eating confirms predictions that are based on the theory. Kusch (2002) had a sample of 163 college women and 136 college men identify ideal female body size using Stunkard silhouettes ranging from extreme thinness to obesity. Subjects answered a second set of questions about actual and ideal female height and weight. Female participants used both of these measures to identify their own actual size, their self-ideal, the size they believed their female peers would select as ideal, and the size they believed their male peers would select as ideal. The study determined that women significantly overestimated the degree of thinness that their female and male peers selected as ideal. These overestimations were found to positively correlate with measures of body dissatisfaction, disturbed eating, and concern with appearance.
Another recent study found that adult men and women both misperceive their own weight and attractiveness, with men likely to be overweight but misperceive themselves as more underweight, and women likely to be underweight or normal weight but misperceive themselves as more overweight (McCleary and Sadava, 2001).

These studies suggest that a social norms intervention for eating disorder prevention could be developed. It would require documentation of misperceptions of body size and attractiveness, healthy norms and behaviors of the majority of women, and protective behaviors that women engage in to prevent overconcern with attractiveness and eating problems. If women were found to underestimate the prevalence of healthy or protective behaviors, a social norms media campaign could be used to correct the misperception, and information on protective behaviors could be included in workshops as well, thus fostering health and resilience among women.

Understanding the issues involved in designing an intervention to address concerns about body image can illustrate the complexities and difficulties of adapting the model to this topic. For example, concern about attractiveness is one of the many factors contributing to development of eating problems. How do women make judgments about what is physically attractive? As I have noted, women are taught that attractiveness is associated with thinness and is a sign of femininity. In addition to the media, there seem to be two possible pathways for this influence: what women believe other women define as attractive, and what heterosexual women believe men define as attractive. Thus, women may try to achieve a standard of feminine beauty that is based on what they think is attractive to women or men, engaging in disordered eating if they are not able to accomplish this by healthier means. The fact that women misperceive what male or female peers find attractive suggests that a social norms intervention could focus on reducing pressure to diet by giving women accurate information about what is actually attractive to their peers. This is an empirical question that can be tested in future studies.

However, this social norms intervention—teaching women to correctly perceive what men think about body size—could have unintended consequences. Carol Gilligan and her colleagues (Gilligan, Rogers, and Tolman, 1991) have noted that our culture teaches girls to devalue themselves and to overvalue boys' opinions as they get older, which contributes to many mental health problems, including eating disorders in later life. Thus a proposed social norms intervention focusing on women's misperception of what men find attractive could exacerbate a fundamental problem for women by reinforcing women's privileging of men's opinions. This speculative example suggests that correcting misperception alone may not be desirable for all health problems and could even be detrimental.
A more effective workshop using social norms theory could be designed to incorporate both of these components, including information on healthy, protective behaviors and information on what men and women perceive to be attractive to women. The first half of the workshop would focus on women’s perceptions of what other women and men find attractive, encourage discussion of the pressures women feel to be seen as attractive by women and men, and present campus data on misperceptions. This would be followed by discussion of the reasons women are encouraged to place importance on men’s opinions and the role of peer pressure among women to be thin. The workshop could conclude with discussion of healthy, protective behaviors actually employed by women that reduce the risk of eating disorders. The data on protective behaviors presented in the workshop could also be disseminated as part of a social norms marketing campaign.

In this intervention, a social norms analysis can be used to illustrate a negative cultural dynamic (women’s overvaluing of men’s opinions) relevant to the etiology of disordered eating, but once this dynamic is revealed it is critiqued and deconstructed and replaced by information about healthy, protective norms among women. A social norms intervention regarding perception of attractiveness here serves as a means to an end but is not the final step. This example reminds us that the form and process of social norms interventions differ with the issue.

**Responding to the Problem Behavior of Others**

When problem behaviors occur in the college environment, students often witness them directly or know about them from other students. Yet even when students experience the negative effects of others’ drinking-related actions they may not speak up or confront these behaviors. Wechsler and others (1995), for example, coined the term “second-hand effects of binge drinking” to describe how frequent heavy drinkers cause problems that interfere with the lives of other students. Similarly, students who observe prejudicial comments may be bothered but not say anything.

In these examples, individuals take a public position that is in conflict with their private opinion. How can students be taught to express their discomfort with problematic behavior? This section summarizes relevant research, reviews some of the causes and stages of bystander behavior, and uses results from four experimental interventions to speculate on the design of a social norms intervention to reduce bystander behavior.

The literature on bystander behavior suggests that most people want to respond but may not do so do for three reasons (Latane and Nida, 1981). Individuals
may see that others are not doing anything and assume that there isn't a problem (social influence), may fear doing something that could cause embarrassment (audience inhibition), or may assume that if they don't do anything someone else will (diffusion of responsibility). Social norms theory predicts a fourth factor contributing to bystander behavior: the belief that others, unlike oneself, are not bothered or concerned about the problem behavior. Thus pluralistic ignorance is an additional cause of bystander behavior.

For all of these motivations, the presence of other people inhibits the desire to help because of potentially false assumptions about others' positions. In studies of individuals witnessing an emergency, for example, 55 percent of individuals offered help when alone, while only 22 percent did so in a group (Latane and Nida, 1981). Thus incorrect beliefs about how others view the situation and whether they define it as a problem may cause individuals to inhibit healthy behavior, as predicted by social norms theory.

Is there evidence that individuals underestimate others' concern about problem behavior? A number of studies of pluralistic ignorance suggest that this is a widespread phenomenon. O'Gorman (1975) found that in 1968 most white Americans grossly exaggerated the support among other white Americans for racial segregation, and that this misperception reduced their willingness to act on behalf of integration. Matza (1964) observed that gang members engaged in action they personally disapproved of because they incorrectly believed that others supported the behavior. In one of the first studies on pluralistic ignorance, Katz and Allport (1931) found that although most fraternity members favored greater diversity in their houses, they excluded those who were different because they believed their brothers were less tolerant than they were. In each of these examples, healthy behavior was inhibited as a result of pluralistic ignorance, while intolerant, problematic, or unhealthy behavior was expressed or overlooked.

A more recent study of attitudes toward lesbian, gay, and bisexual students found that most students incorrectly perceived their friends and the average student on campus to be less accepting of LGB students than they actually were (Bowen and Bourgeois, 2001). This misperception was greater and more influential for students in general than friends.

Not acting on personal beliefs can prevent accomplishing normal developmental tasks such as achieving congruence between values and behavior (Chickering, 1978). Social norms interventions to reduce bystander behavior may thus contribute to emotional well-being and enhance psychological growth by helping individuals resolve the cognitive dissonance associated with acting against their beliefs.

The first step in a social norms intervention to reduce bystander behavior is to document the true norm of intolerance for the behavior in question. This would
be followed by dissemination of this information to the target population with the hope that revealing the norm of intolerance will increase the number of individuals confronting the perpetrator(s) of the behavior.

In a review of the literature on bystander behavior, Latane and Darley (1970) identified five stages in the transition of individuals from passivity to action: (1) notice the event, (2) interpret it as a problem, (3) feel responsible for finding a solution, (4) possess the necessary skills to act, and (5) intervene. Particular interventions could be designed for each stage to remove the causes of bystander behavior and help individuals move on to the next stage. Encouraging individuals to feel responsible for the solution should be accomplished without exacerbating or exaggerating the misperception regarding the problem to be corrected. Here are possible social norms interventions appropriate for reducing the causes of each stage, of bystander behavior (adapted from Berkowitz, 1998a):

1. *Notice the event.* Offer examples or call attention to the problem behavior of the minority or to positive attitudes of the majority. Document the actual and perceived incidence of problem behaviors and healthy attitudes and behaviors.

2. *Interpret it as a problem.* Design a survey to obtain data about how respondents feel about types of problem behavior and determine if they have been a victim of these behaviors or observed others experiencing their effects. Educate participants that the behavior in question occurs and is upsetting to most people by presenting responses informally in workshops or through a social norms marketing campaign. Give workshop participants blank cards and ask them to describe how they would feel if they observed an incident. Collect the responses and read them aloud. Ask students or student leaders to interview bystanders when they learn of an incident of problem behavior and assess the bystanders' feelings about what happened. Collect a number of examples and discuss them with students to show that many other peers are uncomfortable with such behaviors.

3. *Feel responsible for the solution.* Help participants understand how they are personally hurt by problem behaviors and how they can intervene to prevent these effects. For example, document how secondhand effects of high-risk drinking interfere with their lives, how men are hurt by sexual assault, or how prejudice can hurt them personally. Understanding how we are personally hurt by others behavior can promote the motivation to intervene.

4. *Possess the necessary skills to act.* Offer training in intervention skills, including how to talk to others who are present; how to approach and talk to the perpetrator; and how to defuse the situation through humor, exaggeration, or appeal to a positive standard of behavior.

5. *Intervene.* Respond when incidents occur.
Recently, Berkowitz (2002) suggested that these stages of bystander behavior fit well with the stages of change theory developed by Prochaska (Prochaska and Velicer, 1997).

Monto, Newcomb, Rabow, and Hernandez (1994) studied these stages in an analysis of bystander behavior with respect to driving while intoxicated (DUI). They determined that passing through each stage significantly increased the likelihood that a student would intervene with a drunk driver. For example, although 51 percent of students in general reported trying to intervene in a DUI situation in the last year, 65 percent of those who noticed the event intervened, 73 percent of those who thought the situation was serious intervened, and 82 percent of those who felt they had the skills to act intervened with a drunk driver; thus empirically supporting the stages of the model. The authors also found that students were more likely to intervene if they reported having a conversation with others about the problem.

Individuals and communities may begin at different places in the model. For example, most individuals are already uncomfortable with problem behavior and need to begin working at a later stage. Others may be motivated to act by discovering through informal conversation that friends share their concerns. Because some students already possess intervention skills, it may be necessary only to impart the information that they are not alone to motivate action. This encouragement could come from respected peers who model appropriate use of intervention skills and who share information about the true norm, or from social norms media. If, on the other hand, students do not have the skills necessary to intervene appropriately, an additional skill-building step would have to be incorporated. The National Coalition Building Institute has an excellent model for teaching individuals to interrupt prejudicial remarks (Brown and Mazza, 1991, 1997) that can be adapted to stage four of the bystander model.

A trial intervention to reduce bystander behavior with respect to secondhand effects of high-risk drinking has been conducted by the Student Health Service at the University of Iowa. The “Say Something” campaign was designed to complement a social norms media campaign already in place in first-year residence halls that had successfully prevented an increase in drinking during the first year of college (Pat Ketcham, personal communication, December 1, 1999). The intent of the campaign was to empower students to act on their discomfort about secondhand effects of other students’ drinking. The campaign had two components: a social norms marketing campaign and intensive training of residence life staff in support of the effort. Media developed for the campaign included posters with these messages:

- If you’ve been babysitting a friend who drinks too much, maybe it’s time you said something. Think about it: if you and the rest of the 54 percent who babysat this weekend speak up, maybe you’ll only have to say something once. After all, you’re adults, right? SPEAK UP.
Sixty-seven percent of UI students have had their studying or sleep interrupted by a loud, obnoxious, drunken student. Say Something!

Tired of losing sleep after a friend’s night out? SAY SOMETHING . . . the next day . . . nonjudgmental . . . and clear the air. (You’ll all sleep better.)

In its second year, this campaign focused on teaching residence hall staff, residents, and off-campus students skills to provide feedback to problem drinkers. One poster said, “When your friend goes out and you end up with a headache . . . say something . . . the next day; be objective, clear the air.”

Although the program was not formally evaluated, anecdotal information in comments from students indicated that they felt support for engaging in conversation with their roommates or friends about the secondhand effects they were experiencing. Students informed staff they hadn’t really thought of themselves as having the right to speak out.

In any attempt to address secondhand effects, it is important to emphasize that, even when most individuals experience the secondhand effects of high-risk drinking or other behaviors, the problems are caused by a minority. Otherwise there is a danger of exacerbating the misperception that causes bystander behavior in the first place.

Kilmartin and others (1999), as noted earlier, designed an intervention to reduce bystander behavior among men who observe sexist language about women. It was based on the assumption that men’s silence about sexist language serves to enable violence toward women, as noted by Thorne-Finch: “A large number of men continue to be silent about male violence against women. Men need to recognize that by not criticizing their sexist and abusive male peers, they help to perpetuate the tradition of male violence . . . it would appear that many men are afraid to risk suspicion among their peers that they are not hegemonically masculine men. Speaking out against male violence demands a critical approach to one’s real and mythical peer group” (1992, pp. 217–218).

As part of a course at Mary Washington College (MWC), students designed a survey containing twelve scenarios in which sexist behavior was exhibited within an all-male peer group, including examples of sexual objectification of women, coercive sexuality, and sexist stereotypes. Participants were asked to rate the level of discomfort for themselves, for a close male friend, and for the average male student on campus. Results were consistent with social norms theory: all men underestimated their friend’s and other men’s discomfort with sexist language in an all-male peer group. In the next phase of the intervention, a social norms marketing campaign was conducted to publicize the true norm of discomfort among men. Messages incorporated into a variety of campus advertisements and posters included:

- All men feel some level of discomfort with men’s sexist behavior.
- Over half (60 percent) overestimate the “typical male” MWC student’s level of comfort with men’s behavior.
The Social Norms Approach to Preventing School and College Age Substance Abuse

- Over half (60 percent) overestimate a male friend's level of comfort with men's sexist behavior.
- Sexist behavior feeds the attitude behind sexual assault. Challenge this attitude with your male friends—they may be as uncomfortable as you.
- Eighty-one percent of MWC male students report some level of discomfort when men use terms like "bitch" and "slut" to refer to women.
- Most MWC male students report some level of discomfort with sexist attitudes towards women.

A survey conducted one month after the social norms marketing campaign revealed a reduction in the misperception of the average male student's discomfort with sexist language and behavior, although there was no reduction in the misperception of a friend's discomfort. A future phase of this project will assess whether a reduction in misperception can increase men's ability to confront other men's problematic language and behavior.

At Western Washington University, this model is being used to help students take action as "allies" to end the oppression of other groups (Fabiano, 2000). Focus groups conducted as part of the Ally Building Project indicate that most students are concerned about intolerance on campus. However, students also assume that peers are less concerned than themselves and that friends may disapprove if they act to end prejudice. The project acknowledges the egalitarian yearnings of the majority of students; alleviates their belief that other students do not share similar concerns; and teaches ally-building skills through posters, a Website, and a series of three workshops. The workshops are sequenced to advance ally building. The skills are taught in four steps: (1) awareness, (2) information, (3) intervention skills, and (4) action. The workshops are titled "Flash Judgments: Acknowledging Learned Stereotypes," "Speaking Up: Awareness into Action," and "Building Community and Reducing Prejudice" (Brown and Mazza, 1991, 1997). The project has been met with great enthusiasm and interest from students.

The Gay Alliance of the Genesee Valley, New York (Smolinsky, 2002) has used the small group norms-challenging model in a workshop to increase heterosexual ally behavior. The goals of the workshop are:

- To give people accurate information about their peers' attitudes toward lesbian, gay, bisexual, and transgendered (LGBT) people
- To empower people to act as allies toward LGBT individuals by correcting misperceptions
- To encourage people to see themselves as allies
- To reduce people's shame and guilt about not speaking up as an ally for fear of social ostracism or being perceived as LGBT themselves
Workshop participants fill out a survey assessing perception and misperception of attitudes toward LGBT people and then discuss the results in the workshop. A stage model of heterosexual ally behavior is presented and discussed.

These examples from University of Iowa, Mary Washington College, Western Washington University, and the Gay Alliance of the Genesee Valley present models and preliminary data supporting prediction of social norms theory with respect to bystander behavior. Although none of the interventions evaluated the effect on actual bystander behavior, anecdotal data from all four interventions indicate that a bystander intervention would need to take place in stages. First, information about the true norm would be offered. This encourages students to share their discomfort with peers (validating the feelings of discomfort). Second, those students who have the skills to respond could then do so on their own, but others may need an opportunity to learn those skills.

In summary, both theory and research suggest that social norms interventions can be designed to address secondhand effects of high-risk drinking and expression of prejudicial behavior. Preliminary data indicate that the adequacy of a social norms intervention to reduce bystander behavior may depend on the skill level of the student population. For some individuals, a social norms intervention may be adequate, but for others further skill-building steps may be needed to accomplish the desired outcome.

This chapter has extended social norms theory to prevention of sexual assault among men; disordered eating among women; and bystander behavior in relation to secondhand effects of binge drinking, sexist language by men, homophobia, and ally behavior. Predictions from the theory are supported by data on misperception and by results from preliminary interventions, suggesting that the social norms approach holds promise for other health issues in addition to alcohol. Further confirmation awaits development of carefully designed interventions that can be more fully evaluated.

Much has been learned from successful application of social norms theory to alcohol abuse prevention. Adjustments are necessary, however, when interventions are designed for other health and social justice issues. First, the problem must be assessed to determine if a social norms intervention is appropriate, because interventions that have been successful in reducing alcohol abuse cannot simply be transferred to other issues. Second, each intervention must be adapted to the culture, etiology, and context of the problem in question. Thus interventions developed on one campus cannot be adopted elsewhere with the expectation of similar results, because of the unique culture and history of each educational institution. Interventions must be tailored to the target population in a way that is comprehensive and relevant, using survey data from questions that are carefully designed to reveal healthy norms and protective behaviors (Berkowitz, 1997).
Finally, research and interventions described in other chapters of this volume suggest that the social norms approach alone can be successful in reducing alcohol abuse and related problems. Applications discussed in this chapter, however, indicate that for some issues or communities a social norms intervention may not be adequate by itself and should be complemented by parallel interventions, such as skills training for interrupting oppressive remarks.

In conclusion, social norms interventions hold considerable promise for addressing a variety of health and social justice issues. It is hoped that this chapter will stimulate thinking in this direction and encouragement for designing these interventions.

References


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