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

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There is growing interest in the application of social norms theory to issues of social justice and to health problems other than alcohol abuse, along with funding of social norms interventions to address sexual assault and violence prevention by a number of Federal agencies. In light of this interest, this chapter will review the theoretical assumptions of the social norms approach, assess the relevance of the theory to other health and social justice issues, and provide examples of social norms interventions for sexual assault prevention for men, eating problems among women, second-hand effects of binge drinking, and anti-bias programming.

Social norms theory describes situations in which individuals incorrectly perceive the attitudes and/or behaviors of peers and other community members to be different from their own. This phenomenon has also been called "pluralistic ignorance" (Miller & McFarland, 1991). These misperceptions occur in relation to problem or risk behaviors (which are usually overestimated) and in relation to healthy or protective behaviors (which are usually underestimated), and may cause individuals to change their own behavior to approximate the misperceived norm (Prentice & Miller, 1993). This in turn can cause the expression or rationalization of problem behavior and the 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 et. al., 1999). Such misperceptions 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 et. al. 1999), cigarette smoking (Chassin et. al., 1984; Grube, Morgan & McGree, 1986; Sussman et. al., 1988) and eating disorders (Kusch, 2002; Mann et. al., 1997). The research documenting the existence of misperceptions and their role in predicting behavior has been reviewed by Berkowitz (2001A).

Social norms theory predicts that interventions which correct these misperceptions by revealing the actual, healthier norm will 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 & Bourgeois, 2001).

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

Assumptions of Social Norms Theory

As noted, social norms theory predicts that persons 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 ways that are inconsistent with their true beliefs and values (Miller & McFarland, 1991). Misperceptions of a norm discourage the expression of opinions and behaviors that are falsely thought to be non-conforming, creating a negative cycle in which unhealthy behavior is expressed and healthy behavior is inhibited. It also allows abusers and perpetrators of problem behaviors to deny or justify their actions due to the (mis)perception that their behavior is normative (Baer, Stacy & Larimer, 1991), a phenomenon called "false consensus" (Pollard, et al, 2000). This cycle can be broken or reversed by providing individuals with 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. The assumptions of social norms theory are presented in Table 1.

(Insert Table 1 here)

The assumptions of social norms theory have been supported by empirical research (Baer et al., 1991; Miller & McFarland, 1987; Perkins & Berkowitz, 1986; Perkins et. al., 1999; Prentice & Miller, 1993) and interventions (Haines & Spear, 1996, Haines, 1996, Johannessen et al, 1999; see also other chapters in this volume) with respect to college student alcohol use (for a recent literature review, see Berkowitz, 2000A). 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? (i.e., do the individuals in the group exert an influence on each others' behavior?)
- What is the hypothesized effect of these misperceptions?
- What changes are predicted if the 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 based on 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 outlined above, 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 the way in which sexual assault was a feature of slavery. In addition, different groups may have different cultural practices regarding the 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 naïve assumption that the same approach can be applied to other issues without changes or adjustments. This would be possible if the etiology and dynamics of other problems were identical to those of substance use and abuse. However, as noted above, 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 its prevention (Berkowitz, 1992, 2002). In the past decade, a variety of strategies for working with men have been developed based on this assumption. These programs may focus on empathy induction (Foubert & Marriot 1997, Foubert & McEwen, 1998; Schewe & O'Donohue, 1993), on defining and understanding consent (Berkowitz, 1994A), on discouraging bystander behavior (Mahlstedt & Barody-Corcoran, 1999; Katz, 1995; Berkowitz, 1994A), and on the re-socialization 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 (2000) and Kilmartin et al. (1999), in separate studies, documented that most college men underestimate the extent to which other men feel uncomfortable with language or behavior which objectifies and/or degrades women. In addition, other misperceptions have been documented that may enable sexual assaults 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. Misperceptions have 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 Schwarz, 1993). Finally, Schewe (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 over 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 et al. (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 we are not (Katz & Jhally, 1999). Heterosexual sex, in particular, is seen as a way of proving one's "manhood" and accomplishing the ideal of masculinity.

> …consider 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. (p. 305-6, Miller & McFarland, 1991).

This in turn provides unintentional encouragement to the more hyper-masculine men who engage in inappropriate behaviors, providing them with the belief (i.e., false consensus) that their actions are normative and are 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 provides 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 social norms marketing campaigns through residentially- 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, 2001B). 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 include the following: 1) men's misperceptions of other men's sexual activity, 2) incorrect beliefs about other mens' support of rape myths, or 3) false assumptions about other men's comfort with degrading language towards women. In an exploratory study described in more detail later in this chapter, Kilmartin et al. (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 increases in men's willingness to confront other men's behavior and in men's likelihood to rape.

Using a survey based on the College Date Rape Attitudes and Behavior Scale (Lanier & Elliott, 1997) and Kilmartin's research (Kilmartin et al, 1999), Bruce (2000) implemented a social norms media campaign at James Madison University to change men's intimate behavior towards 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:

- A Man Always Prevents Manipulation: Three our of four JMU men think it's NOT okay to pressure a date to drink alcohol in order to increase the chances of getting their date to have sex.

- A Man Talks Before Romance: Most JMU men believe that talking about sex doesn't ruin the romance of the moment.

- 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, concerns 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 Chachelin (1999, p. 86), 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." Some studies have suggested that up to two-thirds of college women may have disordered eating patterns, with a smaller percentage (approximately 7%) meeting the clinical criteria for an eating disorder (Mazzeo, 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 & 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 & Bazzini, 1999). As a result, many professionals have wondered if a social norms approach might be effective, especially in addressing cultural, interpersonal, and/or social causes of the problem. Any attempt in this direction remains speculative, however, due to the lack of relevant data. In addition, because the etiology of disordered eating is complex and multifaceted, the impact of an intervention based on social norms theory is uncertain.

What misperceptions of protective and/or risk behaviors exist that may encourage disordered eating? In a summary of research on body size, Fallon (1987, p.79) concluded that women "tend to overestimate their own body size and underestimate what others find attractive," thereby creating pressure to diet. Women may thus believe that they need to be thinner than is necessary in order 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 et al. 1997). Results from two studies suggest that prevention programs on eating disorders may actually exacerbate these misperceptions (Carter et. al., 1997; Mann et al., 1997). Such an increase in pluralistic ignorance regarding the prevalence of eating disorders (i.e., 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 to issues of body size and disordered eating confirms predictions 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 heights and weights. 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 (McCreary & Sadava, 2001).

These studies suggest that a social norms intervention for eating disorders 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 over-concern 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 the development of eating problems. How do women make judgements about what is physically attractive? As noted above, 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 based on what they think is attractive to women and/or men, engaging in disordered eating if they are not able to accomplish this by healthier means. The fact that women misperceive what male and/or female peers find attractive suggests that a social norms intervention could focus on reducing pressure to diet by providing women with 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 et al., 1991) have noted that our culture teaches girls to devalue themselves and to overvalue boy's opinions as they get older, which contributes to many mental health problems, including eating disorders in later life. Thus, the proposed social norms intervention focusing on women's misperceptions of what men find attractive could exacerbate a fundamental problem for women by reinforcing women's privileging of men's opinion. This speculative example suggests that correcting misperceptions alone may not be desirable for all health problems and could even be detrimental.

A more effective workshop utilizing 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 a discussion of the reasons why women are encouraged to place importance on men's opinion and the role of peer pressure among women to be thin. The workshop could conclude with a 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 utilized to illustrate a negative cultural dynamic (i.e., 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 perceptions of attractiveness here serves as a means to an end but is not the final step. This example reminds us that social norms interventions for different issues may have a different form and process.

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 et al. (1995), for example, coined the term "second-hand effects of binge drinking" to describe how frequent heavy drinkers cause problems which 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 public positions that are in conflict with their private opinions. 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 & 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 may 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, which is 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 emergencies, for example, 55% of individuals offered help when alone, while only 22% did so in a group (Latane & 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' concerns 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 actions that 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 while 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 towards 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 & Bourgeois, 2001). This misperception was greater and more influential for students in general than friends.

Not acting on personal beliefs can prevent the accomplishment of 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 one's 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 & 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. Table 2 suggests possible interventions appropriate for each stage of bystander behavior. Recently, Berkowitz (2002) suggested that these stages of

bystander behavior fit well with the stages of change theory developed by Prochaska (Prochaska & Velicer, 1997).

(Insert Table 2 Here)

Monto et al. (1994), studied these stages in an analysis of bystander behavior with respect to driving while intoxicated (DWI). They determined that passing through each stage significantly increased the likelihood that a student would intervene with a drunk driver. For example, while 51% of students in general had reported trying to intervene in a DWI situation in the last year, 65% of those who noticed the event intervened, 73% of those who thought the situation was serious intervened, and 82% of those who felt they had the skills to act intervened with a drunk driver, thus providing empirical support for 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 will already be 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 some intervention skills, it may be necessary only to provide the information that they are not alone in order 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 & Mazza, 1991, 1997) that can be adapted to stage four of the bystander model.

A trial intervention to reduce bystander behavior with respect to second-hand 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 increases in drinking during the first year of college (Ketcham, 1999). The intent of the campaign was to empower students to act on their discomfort about second-hand 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 the following 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% who babysat this weekend speak up, maybe you'll only have to say something once. After all, you're adults, *right?* SPEAK UP.

- 67% 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 stated: "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 based on comments from students indicated that they felt support for engaging in conversations with their roommates or friends about the second-hand effects they were experiencing. Students informed staff that they hadn't really thought of themselves as having the "right" to speak out.

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

Kilmartin et al. (1999), as noted earlier, designed an intervention to reduce bystander behavior among men who observe sexist language about women. This intervention was based on the assumption that men's silence about sexist language serves to enable violence towards women, as noted by Thorne-Finch (1992):

> 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. (p. 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 all-male peer groups, including examples of sexual objectification of women, coercive sexuality, and sexist stereotypes. Participants were asked to rate the level of discomfort for themselves, a close male friend, and the average male student on campus. Results were consistent with social norms theory: all men underestimated their friends and other men's discomfort with sexist language in all-male peer groups. 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 the following:

- All men feel some level of discomfort with men's sexist behavior.

- Over half (60%) overestimate the “typical male” MWC student’s level of comfort with men’s behavior.

- Over half (60%) 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.

- 81% 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 students’ discomfort with sexist language and behavior, although there was no reduction in the misperception of friends’ discomfort. A future phase of this project will assess whether a reduction in misperceptions 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. 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 Ally Building Project acknowledges the egalitarian yearnings of the majority of students, alleviates their concern that other students do not share similar concerns, and teaches ally-building skills through posters, a web site, and a series of three workshops. The workshops are sequenced to advance ally building. The skills are taught in four steps: a) awareness, b) information, c) intervention skills, and d) action. The workshops are titled, "Flash Judgments: Acknowledging Learned Stereotypes," "Speaking Up: Awareness into Action," and the finally, the National Coalition Building Institute’s workshop on "Building Community and Reducing Prejudice” (Brown & Mazza, 1991, 1997). The project has been met with great enthusiasm and interest from students.

The Gay Alliance of the Genessee Valley (Smolinsky, GAGV, 2001) has used the small group norms challenging model in a workshop to increase heterosexual ally behavior. The goal of the workshop is:

- To provide people with accurate information about their peers’ attitudes towards lesbian, gay, bisexual and transgendered (LGBT) people,

- To empower people to act as allies towards LGBT people by correcting misperceptions,

- To encourage people to see themselves as allies, and

- To reduce people's shame and guilt about not speaking up as an ally for fear of social ostracism and/or being perceived as LGBT themselves.

Workshop participants fill out a survey assessing perceptions and misperceptions of attitudes towards 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 Genessee Valley provide models and preliminary data supporting predictions of social norms theory with respect to bystander behavior. Although none of the interventions evaluated the effect on actual bystander behavior, anecdotal data all four interventions indicate that a bystander intervention would need to take place in stages. First, information about the true norm would be provided. This encourages students to share their discomfort with peers (providing validation for the feelings of discomfort.) Second, those students who have the skills to respond could then do so on their own, but others may need opportunities to learn those skills.

In summary, both theory and research suggest that social norms interventions can be designed to address second-hand effects of high-risk drinking and expressions 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.

Summary and Conclusions

This chapter has extended social norms theory to prevention of sexual assault among men, disordered eating among women, and bystander behavior in relation to second-hand effects of binge drinking, sexist language by men, homophobia, and ally behavior. Predictions based on the theory are supported by data on misperceptions 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 the development of carefully designed interventions that can be more fully evaluated.

Much has been learned from the 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 be simply 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, due to the unique culture and history of each educational institution. Interventions need to be tailored to the target population in a way that is comprehensive and relevant, based on 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 monograph 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 and/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 the design of these interventions.

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Table 1: Assumptions of Social Norms Theory

1. Actions are often based on misinformation about or misperceptions of others' attitudes and/or behavior.

2. When misperceptions are defined or perceived as real, they have real consequences.

3. Individuals passively accept misperceptions rather than actively intervene to change them, hiding from others their true perceptions, feelings or beliefs.

4. The effects of misperceptions are self-perpetuating, because they discourage the expression of opinions and actions that are falsely believed to be non-conforming, while encouraging problem behaviors that are falsely believed to be normative.

5. Appropriate information about the actual norm will encourage individuals to express those beliefs that are consistent with the true, healthier norm, and inhibit problem behaviors that are inconsistent with it.

6. 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. Misperceptions thus function to strengthen beliefs and values that the "carriers of the misperception" do not themselves hold and contribute to the climate that encourages problem behavior.

7. 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.

(Portions of this table are adapted from Miller & McFarland (1991) and Toch & Klofas, 1984).

Table 2: Social Norms Interventions for Reducing the Causes of Bystander Behavior

Strategies for overcoming obstacles at each stage of bystander behavior are described below.

1. Notice the event.

   Provide examples or call attention to 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 different types of problem behaviors and determine if they have been a victim of these behaviors or have 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 social norms marketing campaigns.

   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 and/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 second hand effects of binge 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 provide the motivation to intervene.

4. Possess the necessary skills to act.

   Provide training in intervention skills including how to talk to others who were present, how to approach and talk to the perpetrator, and how to defuse the situation through humor, exaggeration, or appealing to a positive standard of behavior.

5. Intervene. Respond when incidents occur.

(Adapted from Berkowitz, 1998A)

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