

**DRIFT IN, CONVERT OUT: CLINICAL SOCIOLOGY TO TREAT COLLEGE ALCOHOLICS****Craig J Forsyth and Nancy M Schulte, Louisiana State University, Baton Rouge****INTRODUCTION**

The clinical sociologist is a change agent who uses a sociological perspective as a base for intervention (Fritz 1979). The clinical sociologist, as change agent rather than researcher or evaluator, has a therapeutic aim which includes not merely the study of the case, but the formulation of a program of adjustment and treatment (Wirth 1931).

Clinical sociology is the kind of applied sociology or sociological practice which involves intimate, sharply realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems (Lee 1979).

As clinicians counseling in a *university residence in life program*, we try to foster change in student attitudes and behaviors through intervention. Our task is to help students cope with their situation and guide them to self determinism, human value and human dignity (Strauss 1979). Intervention should end with the self-initiated action of the client. Helping the individual or group, the clinician using a sociological perspective must have positive regard for people and a belief that the client can change, and be the director of that change (Freedman 1982). The authors have developed and are applying a sociological model of the stages involved in *getting into* and *getting out of* alcoholism.

**THE ALCOHOL PROBLEM**

University officers are increasingly concerned about alcohol abuse among students (Roberts 1983). From 76 to 92 percent of all college students drink alcohol. Like other Americans, they make alcohol the drug of their choice. Today, alcohol is more heavily used than aspirin. Nearly a third of all college students will experience some difficulty resulting from drinking alcohol during the academic year (Jessor, Jessor 1975).

One out of three students will fail an exam, destroy a friendship, commit some infraction of college policy, or violate the law as a direct result of drinking behavior. More serious criminal acts take the form of assault, damage to ... property, driving while intoxicated, or attempted suicide. (Blimling, Miltenberger 1981 136)

Some universities contend that up to 60

percent of cases of academic failure may be related to student drinking problems, and 70 percent of colleges now offer some form of alcohol education program (Roberts 1981)

**Alcohol Problems in Residence Halls.**

Increased use of alcohol in university residence halls all over the country is well documented (Thomas et al 1977). The increase is magnified in states with a young drinking age and a culture putting alcohol in a central position. Alcohol is the drug of choice at most social gatherings of college students. Because social mores support alcohol use, students give little heed to any type of alcohol education. These interacting factors result in a drastic increase in alcohol related problems in residence halls at our University. Lack of knowledge concerning the effects of alcohol can cause irresponsible use of the drug, and the result can be destructive to the student and to the university environment.

Social processes involved in alcohol and other chemical dependencies must be recognized as important contributing factors in both the development and the treatment of addiction. The attitude of social groups and persons closest to the pre-alcoholic can hasten or retard the downward spiral to addiction. The role of the community and others in the life of the person developing alcoholism is subtle and unconsciously self-defeating (Bacon, Straus 1953; Jellinek 1952). The role that others play can be further broken down into stages in the drift into and conversion out of alcoholism.

An identity change does not occur in a "social lacuna." Stable personal identities are concomitant with stable social structures. Conversely, rapid social change and poorly integrated social systems are characterized by higher incidence of poorly integrated identities (Durkheim 1951; Sorokin 1941). Some social structural conditions become associated with serious symbolic disturbances in self-identities resulting from some members constructing alternative identities and commitments which are radical departures from their previous identity (Parsons 1951 520; Thronton 1981) But not all members are "... equally potential for this identity change, even if exposed to

similar influences. The self is not mechanical." (Bankston et al 1981 280)

The college years mark the end of a period of rapid change in terms of intellectual growth of the individual and in terms of society's expectations. The major task in this period of human development is that of establishing a personal identity (Erikson 1963). Students are defining who they are, where they are going, and how they are going to get there. Conflicts and stress develop as the student confronts this task. Today's students are facing increasing competition and are facing a world of work with fewer options (Roberts 1983). The many conflicts imposed on adolescents in our culture can also enhance the apparent value of drinking, since action of alcohol on the body provides temporary relief from anxiety, and helps ease inhibitions (Bacon, Straus 1953).

For professional counselors in college residence halls, the most crucial element in meeting the needs of students is to recognize their development, since the counselor contributes to this development in a 24-hour environment. College presents a unique set of demands during a period in which the student is struggling with the transition to adulthood. Alcohol has a central position in this transition. Because of the problems with increased irresponsible use of alcohol, college administrators must rely more on the residence hall staff members who have direct contact with students. These staff members can see the problem as it develops and can help students realize that their use of alcohol is a problem (Sautter 1981). Some incidents have made the problem so acute that residence life staffs have begun hiring full-time alcohol counselors to assist students to understand the effects of alcohol so they will be able to make responsible decisions concerning it. Because the student's environment has an effect on development, and the residence hall staff has such direct influence on that environment, any *symbolic disturbance* in a student's development becomes the responsibility of the staff. Alcohol abuse is a potential disturbance.

## THE MODEL

Older models of the social processes of alcohol addiction treat the *road to alcoholism* and the *recovery process* merely as mutual inverses (Jellinek 1952). Our model

recognizes these as two distinct processes: 1) drift, and 2) radical conversion. This model is based on research done on radical conversion from which a "conceptual typology for forms of identity change" was developed (Bankston et al 1981).

Drift and radical conversion may be differentiated on the basis of one dimension: time. The degree of the change in self identity is the same in both cases. Each involves a dramatic change in master status and a reorganization of the self about a new core identity trait (Hughes 1945). Conversion, though precipitated by biographical history, involves a relatively sudden identity change. Drift involves the same extensive identity change, but is acquired gradually rather than suddenly. Socialization into a college subculture with drinking as one of its focal points involves drift into its characteristic behavior (Matza 1964).

Historically, conversion is less likely than drift. Our approach is to understand these processes as a sequence of stages. In the case of drift, each step decreases the potential for a return, but in conversion, each stage increases the potential for a sudden and extensive change in identity.

**Drift: Getting into Alcoholism.** There are four stages in drifting into alcoholism: 1) **Occasional user.** Infrequent use starts with friends during free time. Client may be defying authority figures, or wanting to feel adult. The prospective alcoholic soon experiences rewarding relief in the drinking situation, but attributes it to the situation rather than to drinking. Others notice a change in the client's personality and this is usually perceived as unpleasant and irritating. Others gradually start to associate this behavior with the client's drinking. Gradually, others begin to avoid the client when s/he drinks.

2) **Regular user.** Use spreads from drinking during free time to creating free time in order to drink, unknown to others. Classes are skipped, and grades fall. Client may take pride in amount of consumption. Plans for activity center around getting drunk. Parents may react with penalties at this point. Client may lie to get money for alcohol. In this stage, friends begin to change. Becoming a drinker, the client is labeled *drunkard*. Significant others do not want the client in their groups now.

3) **Problem drinker.** Alcohol is seen as the answer to the client's problems, as no alternatives are recognized. Being high becomes normal. Use of alcohol becomes part of every activity. The client stays convinced that s/he can quit at any time by keeping a well devised alibi system. Trouble starts at school, and with other authorities. The client, all of whose friends are now drinkers, eventually begins to drink alone. When the client does try to quit, significant others, such as parents, are very skeptical, and have little confidence in the client's ability. A self-fulfilling prophecy emerges as the client perceives a low level of ability. The client can no longer control the amount of alcohol intake, nor when nor where drinking resumes.

4) **Alcohol dependency.** The client is constantly high, starts to look like a drunk; physical condition worsens; loss of memory; loses track of time. School work is dropped entirely. Others label the client *sick*, and one to be avoided. Significant others give up on the client, whose condition gradually worsens. There is loss of alcohol tolerance, indefinable fears, and tremors. Drinking becomes obsessive. Intervention at this point may require protective institutionalization away from the college residence hall.

When significant others have dismissed the alcoholic from emotional or mental consideration and turn the case over to an institution, the alcoholic becomes truly concerned about the problem and may go through brief periods without drinking. After trying to quit, and failing several times, the alcoholic's self perception becomes congruent with that of society — a hopeless, crazy, *unperson*.

At this stage, the alcoholic hopefully starts to deal with alcoholism and begins the difficult path to recovery. S/he no longer rejects the world, but confronts it by finding new associates and by taking on new hopes, ideals, and aspirations (Jellinek 1952). The return from alcoholism is the reverse of the drift into it, and the client must change the labels acquired on the downward track. In effect, the client creates a favorable self-label, and then convinces others that the label is indeed deserved. The *converting process* involves acquiring a support system of significant others who will enable the client to attain a new identity.

*Radical Conversion of Self.* The model for conversion is adapted from a critical review of Lofland's *Doomsday Cult* (1966). While Lofland's model was religion-specific, the revised model was generalized to all radical conversions, regardless of specific content. There are six stages (Bankson et al 1981):

1) **Tension** is a necessary element in the conversion experience, and is axiomatic in any conscious identity change.

2) **Failure of current action to establish an acceptable self-identity.** The alcoholic looks to alternatives to the problem solving orientation, and is dissatisfied with the current lifestyle. There is a tension between the current status of *sick person* and what the client would like to be. The discrepancy causes deep anxiety. The client may feel that s/he can no longer be an alcoholic, but significant others have not changed their definition of the client.

3) **Seekership.** The client does not want this identity, and seeks a new one in a non-alcoholic environment. The client feels that taking this new role will facilitate redefinition of self-identity. Redefining self becomes the individual's chief problem-solving experience. The seekership may take several alternatives, such as religious rebirth, or psychiatric treatment. Straus (1976 254) calls this a *process of creative bumping* in which the individual searches for an orientation.

4) **Turning Point.** The client decides on a legitimate way to redefine self-identity, and must be given the opportunity to use this way. Others play a significant part here, as the individual must accept this new identity attempt as legitimate. The client begins to appreciate the characteristics of this new legitimate identity, seeing the fallacies and true status of the former lifestyle. The client gears a new lifestyle toward attainment of this new status. At this point there is no more use of alcohol.

5) **Low stakes in maintaining current identity.** The alcoholic now breaks all ties with the alcoholic social world. These ties are no longer functional. But the client is extremely vulnerable at this point because s/he feels no kinship with either world. If the client fails in the attempt to join the straight world, the stakes become higher to retain the former alcoholic identity. If the client can find new friends accepting this new identity, the stakes

favor continuation on the path to recovery (Becker 1960). This is a crucial stage.

The conventional world has great difficulty in sensibly understanding relapse. For conversion to occur the client must define the identity stakes in the old line of action as *low* in comparison to the benefits of self-reorganization. The client is on a fence, and can fall on either side. Significant others are most important here, as they will ultimately be the ones to increase the stakes for identity change. If the relative stakes in conversion are high, the potential convert will likely move to the stage of intensive interaction with this "new agent" for identity change (Lofland 1966 57).

**6) Intensive Interaction.** The client becomes intensely involved in this new lifestyle, interacting with others with whom identity is sought. The client has few, if any "old" friends.

**Conversion.** The client no longer considers her/himself a part of the alcoholic world. The possibility of sliding back is no longer part of the individual's thinking, nor more important, is it part of any problem-solving perspective. The client no longer feels anxious when discussing this former status. In fact, the client may find status in being an ex-alcoholic, a *charismatic deviant* (Warren 1980).

## CASE STUDIES.

**Case 1.** The client first entered treatment the day after his dormitory sponsored an alcohol education program. The freshman talked with a counselor about his uncontrollable drinking. He appeared thin, pale, and lethargic. He said he was from a small rural town in northern Louisiana, had a good family relation, and had never tried alcohol. At college he soon became involved in a daily routine of social activities. His premise regarding the fact that he was dropped from the tennis team and that his grades had declined significantly was that his room mates pressured him into the drinking habit. He admitted that he admired the popularity of one room mate. As a new student at the large university, he soon discovered that attending parties and consuming beer was an essential response to the expectations of his peer group.

Initially, the client felt guilty about drinking alcohol, but soon found that drinking with his friends decreased his inhibitions and allowed

him positive means of social integration. As the client attended more parties and consumed more alcohol, it seemed to reduce his anxiety associated with the conflict over drinking and non-drinking.

The client's comic behavior became a focal point at parties, and despite his increased alcohol tolerance, his drinking was not conspicuous either to his peers or to himself. Several warning signs began to appear which the client did not want to recognize. His academic and athletic performance in school declined sharply. He complained of fatigue and headaches, while his peers taunted him about his behavior of previous nights. He began to worry when he could not recall events which his peers related. He felt that his peers were turning against him, and became defensive toward them. Although he continued to attend social events with peers, he began drinking alone in his room. He felt this drinking in the afternoons would help in preparation for the evening's social activities. He feared that if it were known that he drank more than others he would be misjudged. He rationalized that a mockery of his behavior by his peers could not occur. But his peers began to notice his aggressive behavior, and scorned such behavior, increasing his hostility toward his environment. He dropped many of his friends and his classes. He was now concerned about how activities might interfere with his drinking rather than how drinking might affect his activities.

The precipitant to the client's realization that alcohol may be the root of his problems occurred one night after his parents had withdrawn financial support for his college expenses. Feeling much resentment and self-pity, he needed alcohol "to steady his nerves." Having exhausted his own supply of alcohol, he stole a bottle of gin from a bar, was caught, and faced with criminal charges.

The client was seen twice a week during the semester, as he had much remorse for the behaviors exhibited under the influence of alcohol. There was anxiety that the client could regress to his previous alcoholic state. Though his initial contact for treatment was motivated by fear of legal action, he realized that he could not afford to gamble what he valued in life. He made the difficult choice to abstain from alcohol. He sought support of his

family and the peers he had first met in college. He focused his energy on strenuous games of tennis and long hours of studying. He continued to have some problems with low self-esteem, but the value he placed on humility was constant encouragement to a greater objectivity regarding himself.

The client in this case exemplifies the rare result of a student having insight into his problem,, and with support of friends, family, and staff, being able to turn to a new way of life. The client eventually felt comfortable discussing his experiences with alcohol to freshman students.

**Case 2.** This case identifies a more typical client, with whom a favorable learning milieu could not be established, and the counselor fell short of providing intervention conducive to recovery. The client was a young out-of-state freshman in her first semester. Family relations were strained; her parents were separated; and she had a previous problem with alcohol. She was referred to the residence hall counselor several times during the semester due to disruptive behavior in the dormitory. When she drank any type of alcohol, she did not necessarily consume much, but did become very aggressive and caused damage. Once, after consuming two beers, the client put her fist through a dormitory window, and was sent to the hospital.

This client experienced problems with alcohol complicated by her inability to cope with the freedom and responsibility of college life. She was very resistant to treatment, and although she admitted that things could be better with her college life, she was not open to any help. Her defensiveness blocked communication, allowing her control of her environment, but keeping the reality of her alcohol problems at a distance. She would not connect her dormitory vandalism and aggressive behavior to the alcohol she consumed. The client remained so aloof that little therapeutic progress was gained. She continued the use of alcohol for symptom relief with continued assaults on the environment. She claimed that she could abstain from alcohol any time, and since she was able to perform this task by day, she earned a night of drinking. The client blamed her bad temper on problems encountered under the influence

of alcohol. She simply lacked insight in failing to understand how alcohol controlled her behavior.

It was difficult for residence hall staff to continue allowing this student to be so disruptive simply because she could not come to terms with her own alcohol management. The staff attempted intervention through education and discipline. However the client continued to disregard efforts to help, as she was not dissatisfied with her disruptive college life style, although she had no particular goals established. The client was found unconscious one evening in a campus park. The next day she could only recall the fact that she went out with a friend for a few drinks. Friends, relatives, and teachers revealed no remorse or concern on the client's behalf. The mother's only recourse was to commit her to the local chemical dependency unit and hope that she could set a course for herself in the right direction.

## DISCUSSION

Our job as clinicians is that of a helping agent, to guide the clients through their alcohol related problems so that they may successfully reorganize their identity around a viable social role. Intervention can only be a positive, productive experience if the students are aware of how alcohol affects their lifestyle and are willing to work toward valuing alcohol in a responsible manner. Counselors should recognize that only the student can make the transition toward an alcohol-free environment. Educators should also realize that using alcohol on campus is a pervasive cultural phenomenon; a phenomenon involving society's support of using alcohol for recreation without accepting the consequences of its use.

A comprehensive approach is needed by today's society to unravel the hypocrisy which surrounds alcohol use. Education is needed at all levels to relate alcohol facts to the public. Effective rehabilitation is needed, and enforceable legal action should be taken regarding those who endanger the lives of others due to alcohol intake. It is also time for society to re-examine its own attitudes regarding alcohol consumption.

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