Drinking experiences of first year female students: using narratives to explore the transition to university life.

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others

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ABSTRACT

Regular heavy drinking amongst university students continues to be a current mental health concern (The Royal College of Psychiatrist, 2011). There has been a rise in the number of female undergraduate students consuming dangerous levels of alcohol on a regular basis (Gill, Donaghy, Guise and Warner, 2007). Qualitative research that investigates the drinking behaviour of female undergraduates is limited, especially research that explores the individual's understanding of their harmful drinking. This research discovers how female undergraduates understand and experience their alcohol use within the context of their university life. Three female first year undergraduates who were drinking to harmful levels were recruited and selected via an online drinking behaviour questionnaire. A Free Association Narrative Approach was used (Hollway & Jefferson, 2000) to elicit biographical narratives from participants during face-to-face interviews. Common themes were identified using Free Association Narrative Analysis of the interview transcripts. Female undergraduates were found to understand their drinking behaviours by relating to their previous personal and family experiences and associating their drinking with the challenges of university life. All participants made reference to the positive benefits of social drinking and considered that their drinking was the 'norm' across the student population. Feelings of guilt, shame and embarrassment became apparent in participants' stories where they had recollected engaging in behaviours whilst drunk that they later regretted. All participants used strategies such as minimisation and denial to cope with the negative consequences of their alcohol use. Participants did not regard their drinking as being harmful as they anticipated that their drinking levels would reduce after leaving university due to changing lifestyles. Findings highlight the need for intervention packages to have resonance with female students who are exposing themselves to health and social risks through harmful drinking.

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1.0 INTRODUCTION

Chapter one outlines the initial background and rationale for this study. This chapter presents relevant research on alcohol consumption amongst British female undergraduates and discusses the implications. The final section of this chapter outlines the research aims and questions.

1.1 Personal Statement

As a clinician, I have worked in the field of substance misuse with both adults and young people, for several years. From my experience, it is evident that alcohol is the most widely used and preferred substance of choice for a high number of young adults, particularly students. The frequent use of alcohol at university is visible as promotions for cheap drinks and drink related activities are widely publicised. Given on-going media reports connecting longer term health concerns with heavy alcohol use, I considered that attaining a greater understanding about the female student population who put themselves at risk by consuming harmful amounts of alcohol on a regular basis, was important for both the individual and society in general.

From the personal perspective of being an undergraduate fourteen years ago, I recall that drinking was considered to be an acceptable part of university life. On reflection I did not consider that there could be any adverse consequences associated with my drinking behaviour. As the amount of alcohol being consumed has risen in the student population, so has the number of young female students reporting a range of other alcohol related health concerns. As a woman, I felt that to concentrate my effort on exploratory research, relating to female undergraduates' understanding of their alcohol use, would contribute to increasing the understanding of this behaviour. I therefore hope that the findings will add to the development of further support for individuals who request help relating to alcohol use.

1.2 Implications of Alcohol use on Society

British society has witnessed a steady increase in alcohol consumption over the past twenty five years, particularly in women and young people (House of Commons Health Committee, 2009-10; Joseph Rowntree Foundation, 2009). The National Health Service (NHS) has published figures estimating that alcohol abuse costs our NHS approximately 2.7 billion pounds per year (Department of Health [DOH], 2008). Statistics from the Institute of Alcohol studies (IAS, 2010) indicate that alcohol was approximately two thirds cheaper in 2007 than it was in 1980. Although the price of alcohol has risen, disposable income has also increased in line with inflation (IAS, 2010). The rise in the population's alcohol consumption has been associated

with an increase in health concerns, anti-social behaviour and crime (NACRO, 2008; DOH, 2008). There is evidence to suggest that an increase in alcohol associated risk-taking behaviour, particularly in women, has led to an increase in sexual diseases, unwanted pregnancies (Standerwick, Davies, Tucker & Sheron, 2007) and sexual assaults (Young, Morales, McCabe, Boyd & D'Arcy, 2005). Findings have illustrated that in certain circumstances women are more at risk than men of alcohol related consequences such as reduced tolerance levels, blackouts and injuries (Sugarman, DeMartini & Carey, 2009). This is primarily due to the higher Blood Alcohol Concentration (BAC) rates achieved by females in comparison to males when given the same amount of alcohol. This is affected by body size, composition and metabolic levels (Mumenthaler, Taylor, O'Hara & Yesavage, 1999, as cited in Sugarman et al., 2009)

Recent government concerns have focused on the increased amount of alcohol that women are consuming (House of Commons Health Committee, 2009-10). Recent statistics published by The NHS Information Centre (2011) showed that approximately 30% of females are drinking over the recommended daily allowance of 2-3 units of alcohol on at least one day in the week, with 15% reporting drinking over 6 units on at least one day. Alcohol intake in women has been linked with a high risk of health concerns, especially breast cancer and liver disease (Key, Hodgson, Omar, Jensen, Thompson, Boobis et al., as cited in The Health Committee, First Report: Alcohol, 2009). The General Household Survey (GHS, 2006) identified that women's alcohol consumption had increased by nearly a quarter from 1998 to 2000 (Office of National Statistics [ONS], 2008). More recent statistics have illustrated that although male 'binge'[1] drinking has reduced from 1998 to 2006, female 'binge' drinking patterns have increased (Joseph Rowntree Foundation, 2009). In certain sections of the population (such as medical students), female alcohol consumption has also shown to be higher than that of the general population aged 18-24 (Pickard, Bates, Dorian, Greig & Saint, 2000).

Plant (2008) reviewed a range of influences contributing to the increase in alcohol use amongst women in today's society. These influences included a lack of knowledge of recommended drinking limits, a change in the social context of drinking, and an increase in media advertising increasing social acceptance of women drinking. Although Plant (2008) acknowledged that alcohol use amongst young women is a growing problem, she noted that the majority of current research being undertaken is based on a bio-medical model, ignoring the social and psychological issues involved with alcohol consumption (Plant, 2008).

[1] 'binge' or 'heavy' drinking refers to females consuming over 6 units per day and males over 8 units per day

1.3 Alcohol use and Psychological well-being

The field of health psychology attempts to understand the behavioural and contextual factors that relate to a person's health and well-being. Psychologists have explored some of the psycho-social factors and treatments that may influence a person's drinking choices and behaviours (Miller & Wilbourne, 2002). It is rare that substance abuse occurs in isolation from other psychological issues; a large proportion of people who present with mental health problems have a history of substance misuse, most commonly alcohol (DOH, 2002; Crawford, 2001). Alcohol use has been associated with a range of mental health problems such as depression, anxiety, suicide and schizophrenia (Mental Health Foundation, 2006).

There may be neuro-chemical factors that pre-dispose individuals to develop alcohol related problems (Herz, 1997); it has been argued, however, that alcohol use is a behavioural response that is a reaction to psychological processes (Miller & Brown, 1997). For example, a person may still experience craving for alcohol even after they have overcome their physical dependency, indicating that psychological factors are likely to contribute to the way in which dependency is formed and maintained. The effectiveness of psycho-social based treatments on the treatment of substance misuse support this claim (Miller & Wilbourne, 2002). Research has suggested that alcohol intake can increase when an individual's psychological well-being is compromised, for example, when they become anxious or stressed (Mehrabian, 2001).

1.4 Epidemiological studies of Alcohol use in the Student population

Research into the alcohol use of undergraduates in Britain is limited; however, the cost of their drinking behaviour is contributing to the millions of pounds spent each year by the NHS on alcohol abuse as well as costs incurred by universities in safeguarding against excessive drinking and in promotion campaigns (Gill, 2002). Regular heavy drinking amongst the university student population continues to be a current mental health concern (The Royal College of Psychiatrists, 2011). The student population has been identified as high risk in terms of developing mental disorders and misusing drugs and alcohol; the vulnerability of the student population is heightened in comparison to other young people due to the high academic demand, workload, and adapting to a new environment (The Royal College of Psychiatrists, 2011).

Research from the USA investigating undergraduates' drinking habits is further developed than in the UK (Wechsler, Davenport, Dowdall, Moeykens & Castillo (1994); Dowdall & Wechsler, 2002) but there are methodological issues that should be considered when generalising these

findings to Britain. For example, drinking cultures and laws greatly differ between the USA and Britain, and it is illegal to consume alcohol under the age of 21 in the USA (National Minimum Drinking Age Act of 1984) as opposed to 18 in Britain. Despite differences in minimum drinking age, studies researching student drinking patterns across different countries have produced similar outcomes to other countries; for instance, students in both New Zealand and America were found to be up to three times more likely to regularly engage in 'binge' drinking behaviour than their non-student peers (Kypri, Cronin, & Wright, 2005).

Studies from the UK have also shown that the undergraduate population consume more alcohol than their non-student peers (Webb, Ashton, Kelly & Kamali, 1996; 1998; Gill, 2002). In a study examining the drinking behaviour of medical undergraduates from the University of Leeds, results showed that over 50% of both males and females were consuming in excess of the recommended[2] weekly allowance of alcohol (Pickard, Bates, Dorian, Greig & Saint, 2000).

In a cross cultural review examining existing research on the prevalence of alcohol use across European universities, a number of characteristics were found to be associated with alcohol consumption (Wicki, Kuntsche & Gmel, 2010). Students who resided in areas surrounded by a dense student population were more likely to drink heavily in comparison to students who resided at home with their families. They also highlighted that the majority of consumption takes place in social groups. Although a number of different factors have been linked to undergraduate drinking, these descriptive categories fail to provide explanations as to why a small number of the undergraduate drinking population remain drinking at high levels throughout their university life. In a longitudinal study examining the drinking habits of undergraduate students from a city-based university, undergraduate drinking behaviour was found in the majority of cases, to change over the course of study, with the highest level of consumption associated with the first year and declining by year three (Bewick et al., 2008a). For the majority of students, drinking habits change in relation to particular stages of university life. In year one, alcohol consumption is reported to be greatest, with the level of consumption gradually reducing throughout years two and three (Bewick et al., 2008a). There were however, a substantial number of undergraduates who were still continuing to consume harmful[3] amounts of alcohol on a weekly basis in year three. This highlighted the need for effective interventions to be targeted across all of the year groups.

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[2] Recommended weekly allowance is defined as 14 units for females and 21 units for males per week (Institute of Alcohol Studies, 2002).

[3] Harmful drinking is defined as 35 units or more for females and 50 units or more for males per week (Institute of Alcohol Studies, 2002).

1.5 Prevalence of Female Undergraduate Alcohol Use

The current research into the drinking behaviour of female undergraduates is extremely limited. A recent study examining alcohol use amongst undergraduates at English universities showed that 58% of undergraduate females were drinking over the recommend intake of alcohol (Heather et al., 2011). In a review of the UK's undergraduate drinking behaviour over the last 25 years, Gill (2002) suggested that around 40% of undergraduate females in Britain may be regularly exceeding the recommended weekly allowance of 14 units of alcohol. This is significantly higher than the figure shown for the female population aged 18-24, which is approximately 24% (The NHS information Centre; National Statistics on Alcohol, 2011). Evidence suggests that female students are less likely than their male counterparts to admit that they have an alcohol problem, although little explanation for this has been provided (Wechsler, Moeykens, Davenport, Castillo & Hansen, 1995).

In a study examining the prevalence and type of drinking disorders within English universities, results showed that 65 % of males and 58 % of females scored 8 or over on the Alcohol Use Disorders Identification Test ([AUDIT], Heather et al., 2011). This means that both females and males were consuming over the recommended daily amount of alcohol over a typical week, with their drinking disorders being classed as hazardous (40%), harmful (11%) or probable dependency (10%). No significant differences were found between the mean AUDIT scores of males and females. These were worrying findings given that women are more susceptible to the damaging health effects of heavy drinking (Sugarman, Demartini & Carey, 2009).

1.6 Student alcohol misuse and the transition to attending university

Research from Britain has identified that student drinking patterns can change over the course of a student's university life (Bewick et al., 2008a; Newbury-Birch, Lowrey & Kamali, 2002). As adolescents make the transition from residing at home with parents, towards a student lifestyle and gaining independence, they may be more at risk of increasing their alcohol consumption resulting from a reduction in parental monitoring (White, McMorris, Catalano, Fleming, Haggerty & Abbott, 2006). Throughout the transition period of leaving home and attending university, young people are more likely to test out their 'adult skills', one of which is possibly the drinking of alcohol as a symbolic practice related to 'seeking special acceptance in an adult society' (Sharp & Lowe, 1989 as cited in Hendry & Kloep, 2002). Hendry and Kloep (2002) suggest that as part of our psycho-social development, we acquire a pool of resources which help us cope with the challenges brought about by these new transitions. They propose that sensible alcohol use may help individuals to cope and may be considered as a successful aid, if it has a positive effect. However, they also argue that it may not be successful if the

effects adversely impact on the individual, such that they can no longer adequately perform all normal duties, in their entirety. Hendry and Kloep (2002) suggest that we acquire these resources from our early social and family experiences and in achieving a sense of success in mastering new tasks. This is similar to Erikson's (1968) model of psycho-social development where he proposed that we all have a subjective 'ego identity' that is developed through our everyday social interaction. He combined biological, psychological and cultural influences in his developmental theory towards understanding personality and self-esteem. He described eight developmental stages, ranging from birth to old age which related to the formation of a person's identity. Erickson assumed that personality formation was a progressive concept which continued throughout life and where experiences related to particular life stages, influencing our psycho-social identities (Erickson, 1968). Each stage outlines a 'developmental crisis' which provide learning opportunities in which individuals develop emotionally and socially (Erickson, 1968 as cited in Berger, 1998, p. 32). Relevant to this study are those stages that Erickson has named 'Identity vs. Role confusion' and 'Intimacy vs. Isolation'. 'Identity vs. Role confusion' describes adolescents discovering their identity and gaining acceptance from peers, whilst experiencing confusion about their expected roles away from the family environment; 'Intimacy vs. Isolation' refers to young adults developing relationships in their personal, work and social lives or becoming isolated and fearing rejection from others. Erickson (1968) acknowledges that for most people, these crises will be experienced somewhere in between.

Although not focused on the student population, a study by Paris and Bradley (2001) illustrates how developmental theories are relevant to understanding the importance of transitional stages which influence a person's drinking experiences. They used the psycho-social element of Erickson's developmental model in order to understand the narratives of three adult females describing their journey to recovery, from alcohol dependency. They analysed the meaning of the narratives in relation to Erickson's stages, identifying the stages of identity and intimacy as key developmental stages in the lives of the three participants. Through drawing upon the psycho-social aspect of the student experience, researchers may be able to gain an insight into the relationship between alcohol use and the transitional stage of leaving home and attending university by considering the cultural influence of the university experience. The impact of this transitional phase on students' alcohol use, has not been widely investigated within the UK; however a qualitative study examining the impact of transitions upon the alcohol use of young people aged 18-25 has recently been published (Seaman &

Ikegwuonu, 2011). The study explored the links between educational opportunities, socio-economic contexts and drinking practices within the transitions to adulthood. 'Grounded theory'[4] was used to analyse data from 35 young people, eight of whom were in higher education. Findings showed that intentional drunkenness and alcohol consumption was accepted behaviour by young people in a peer context as opposed to drinking excessively in a family environment, which was considered inappropriate by most young people. Young people associated specific developmental changes with changes to their alcohol consumption, which included autonomous decision making, learning about limits as well as developing other intimate relationships as part of 'maturing' (p.752). The differences in social and economic opportunities were found to have a direct influence on the drinking experiences of young people. Seaman and Ikegwuona (2011) suggest although there were shared experiences which were experienced by most young people, the student experience was quite specific, as the affordability and availability of alcohol is more common. Also the students who took part in the interviews linked excessive alcohol use with the transition of leaving home to attend university and with establishing new friendship groups.

1.7 Relevant Qualitative Research

The review of the qualitative literature is presented in two sections:

- The General Undergraduate population
- Female undergraduates drinking behaviour.

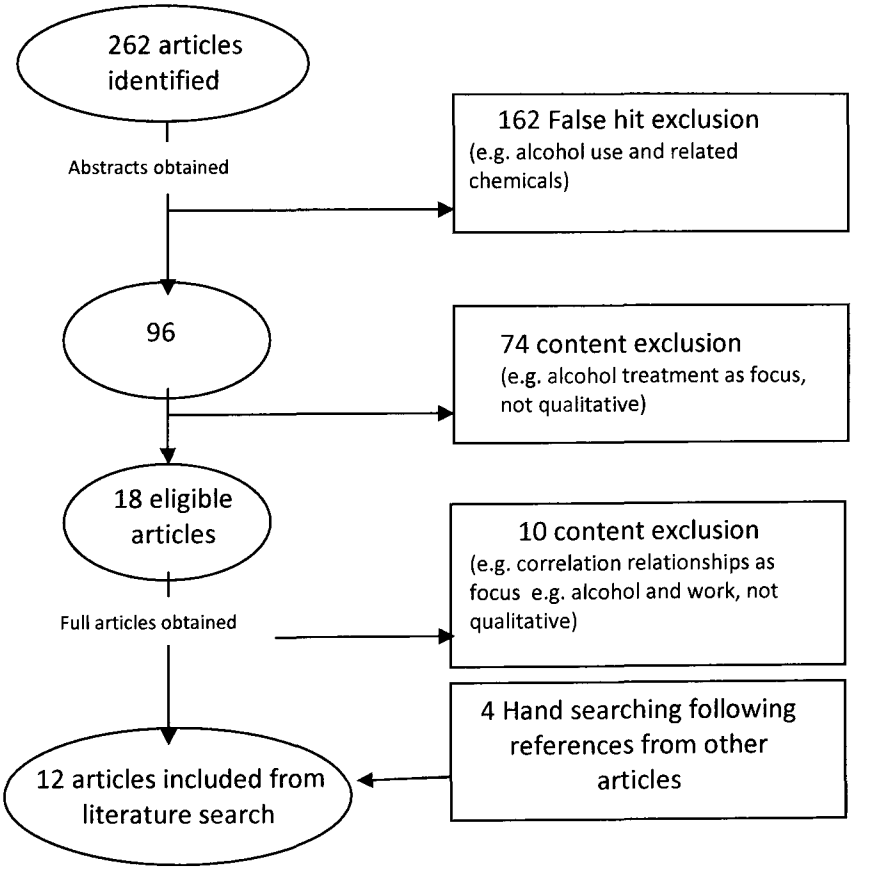
The literature search has been focused on qualitative studies with specific relevance to the female university population. Although there is a wide range of literature covering alcohol use in women and young people that could be relevant, it has not been covered in this literature review as the focus would have been too expansive.

The literature search was conducted using several methods to identify existing publications. The 'Ovid' search engine was used to search through the electronic databases of articles published post May 2002 of Medline, PsychINFO, Embase, CAB Abstracts, various search terms were used including 'Females', 'Undergraduates', 'Drinking', 'Alcohol' &'College', 'Qualitative', 'Narrative' and 'Substance ' which identified additional relevant articles. The Google search engine was also used to search for other related articles and information.

[4] 'Grounded theory is a qualitative methodology developed by Glaser and Strauss (1967), see section 2.2 for a further explanation

Searches were not limited by language; Google transcribe service was used to transcribe one foreign article (Balda-Cabello & da Silva, 2011). After the removal of duplicates, 262 articles were returned. References were also followed up from relevant identified publications. Abstracts were assessed and articles were included if 1) The focus was on drinking behaviour or alcohol consumption (as opposed to intervention) 2) The study was focused on student drinking or included references specific to student drinking 3) The study's main design was qualitative 4) The study was not focusing on the relationship between student drinking and another variable (such as student employment). From the abstracts, 18 of the 96 articles were deemed relevant. Ten were excluded when the full text was accessed as they failed to meet the inclusion criteria. Four studies were identified via existing references, therefore a total of twelve articles were included.

Fig 1.7 Selecting qualitative studies examining student drinking



1.7.1 Drinking behaviour of the general undergraduate population

The majority of research on undergraduates in Britain is produced from quantitative studies focusing on drinking habits and on the amount of alcohol being consumed (Heather et al., 2011; Bewick et al., 2008a; Webb et al., 1996). In contrast to these large scale survey-based

questionnaires, there were six qualitative studies identified that focused on understanding students drinking; two from the UK and four from other countries. Therefore the explanations and understanding as to how students understand their alcohol use is limited.

Qualitative studies from other countries (Australia, Mexico and Bolivia) have identified that alcohol consumption is regarded as a 'normal' activity by students during social activities at university. Investigations into the function of drinking games among Australian university students found that boredom and the need to develop 'camaraderie and community spirit' were the main reasons that students participated in drinking games and university (Polizzotto, Saw, Tjhung, Chua & Stockwell, 2007. p.474). Integrating individuals into the group, social unease and a social pressure to participate were also associated with participating in drinking games (Polizzotto et al., 2007). Although the study specifically focused on examining the type and context of drinking games, the findings highlight the importance of developing our knowledge of how students understand their participation in drinking games and how they incorporate alcohol consumption into peer related activity, whilst at university.

In a UK study, Orford, Krishnan, Balaam, Everitt, and Van der Graaf (2004) also found that peer pressure, having social networks which involved heavy drinking, and having an identified number of benefits associated with alcohol use, were all factors which correlated with students becoming heavy drinkers. In this paper several small scale studies were combined to identify potential motivational and social factors that university students associate with their drinking. The first two studies were quantitative studies concerned with identifying a relationship between motivational and social factors associated with heavy drinking. The final study however, used semi-structured interviews with 11 undergraduates (year of study not specified) to investigate motivations and social influences on students' drinking behaviour. Grounded theory was used to highlight key themes which included an increase in confidence and engaging in the same activities as peers. These themes were used to support Orford et al., (2004) maintenance model of student drinking and therefore, the researchers did not explore all areas of student's understanding of their drinking. Although the findings provide some insight into the factors associated with student drinking, further research, using an exploratory approach, may provide further information associated with students' understanding of their drinking.

Mitev (2007) used a narrative approach to analyse student's alcohol experiences in Budapest, which allowed for a deeper understanding of students' own meaning frames to be identified. Written stories from 146 students relating to their alcohol use were explored using a Fryeian analysis[5] and included plots revolving around themes relating to comedy, romance, tragedy and irony. Findings showed that both the comedy and romance stories were those associated with positive reencounters of alcohol fuelled evenings. These were idealised as being full of nostalgia relating to pleasure and fun and included themes of friendship and love. Alternative stories described tragedy and irony, and included scenarios of people struggling with alcohol-fuelled situations and failing to understand reality. Although Mitev (2007) did not identify specific themes, the narrative approach allowed her to identify stories of relevance as told by the students, which could then be used by marketing companies to make certain alcohol related products attractive to students (Mitev, 2007). The study also found that the time of year impacted on the students' behaviour patterns and experiences, highlighting the importance that research of this nature should consider the time of year as well as the type of experiences focused on.

In a study from Mexico, Quintero, Young, Mier and Jenks (2005) found that 59 college students associated a range of positive and negative psycho-social and physical effects with their experiences of drinking. The positive effects included reducing inhibitions in social circumstance, social integration, fun and relaxation. Negative aspects included physical problems, interpersonal conflicts, and getting hurt (Quintero et al., 2005). Although this research used semi-structured interviews to record participants' opinions, the 'free listing' method of analysis was based upon counting the number of 'effects' associated with drinking, as mentioned in each interview. Although this provided the reader with a list of positive and negative effects and the number of times these were mentioned, an in-depth understanding of how these effects impacted on student drinking would have been informative.

A Bolivian study focusing on eliciting students views of their alcohol use within the university environment identified that students associated a range of reasons to their drinking (apart from just seeing it as an aid for socialisation) which included family experiences, boredom,

[5] A Fryeian taxonomy classifies all myth narratives into the four categories of associated with natures seasons and life cycle; for example, comedy/spring (birth), romance/summer (growth), (Frye, 1973 as cited by Mitev, 2007, p. 211).

depression and as part of the environmental culture (Balda-Cabello & da Silva, 2011). Discussion groups were held with 46 third year students who were encouraged to talk about their values and drinking habits associated with their alcohol use, however details of the method and analysis used were not provided. Balda-Cabello and da Silva, (2011) made sense of their findings by separating them into four main categories which included the beliefs of social tolerance on alcohol consumption, the reasons for drinking, protective factors to minimise drinking and intervention strategies related to university prevention campaigns. Findings indicated that Bolivian society was found to be more tolerant and permissive of men who consumed excess alcohol, in comparison to women. Although the themes were not detailed and examples were limited, this study provided an insight, via discussion groups, into how students were making sense of their own alcohol use by including reference to the importance of values and family histories upon their drinking choices. This study highlights the importance for future studies in this area to consider the impact of factors, such as family experiences, that may contribute to the way in which students make sense of their alcohol use.

Drinking plays a major role in students' lives and alcohol can dominate social situations making it difficult for students to manage and change their drinking behaviour, challenging the 'norm' (Piacentini & Banister, 2006). By examining 160 short stories written by marketing students and interviewing 8 undergraduate students (4 student drinkers and 4 non-drinkers), Piacentini & Banister (2006) suggest that students from the UK (regardless of whether they drink or not) develop a range of coping strategies to manage their alcohol use. Students who drank had perceptions of students in general as being heavy drinkers, and understood their alcohol use as being part of their student identity. Many students described their behaviour as a 'typical' representation of student life and viewed alcohol as an aid to ease social integration (Piacentini & Banister, 2006). They found that some students struggled to cope with the difficulty of balancing their desire to drink within the university environment against coping with other demands apparent within this environment, such as fulfilling academic expectations. The method of analysis was not specified in this study, making it difficult to identify how the themes were derived and if these were shaped to 'fit' with the study objectives of establishing evidence of 'identity theories' and 'coping models' in the way students cope with alcohol-dominated situations. Also, there was no definitive measure of the levels of alcohol consumed by the students who took part in the research. This research however, illustrates how interviews can be an effective method to elicit the information necessary to provide a context in which individuals can understand their drinking behaviour.

Future research should include the positives of this type of approach together with a robust measurement process to record the levels of alcohol being consumed.

1.7.2 Female undergraduates' drinking behaviour

Despite evidence that female heavy drinking is increasing in the UK (Gill, 2002) only five of the twelve studies identified were specifically focused on female students and just three of these were based in the UK.

Qualitative research investigating female college students drinking behaviour from America found that the attitude of 'drinking like a guy' was identified as a factor for the increase in female drinking culture on American campuses (Young, Morales, McCabe, Boyd & D'Arcy, 2005). As well as concluding that females felt a pressure to 'keep up' with their male counterparts, they also found a consensus from men, that females who drank to excess were more attractive. Through using several focus groups and sub-dividing them in terms of drinking behaviour (high, stable, low etc), they specifically set out to explore how female students understood their drinking in terms of gender inequality and drinking like their male peers. However, the questions used in this study were specifically aimed at generating opinions on a magazine article concerning women's drinking habits becoming similar to males. Evidence exists suggesting that women from the UK make similar comparisons, by describing their drinking behaviour as 'keeping up' with their male peers, without acknowledging the harm of binge drinking (Carpenter et al.,2008). Carpenter et al., (2008) invited female focus groups from the University of Leeds, to discuss their alcohol use and comment on recent preventive alcohol campaigns on campus. They found a limited awareness of university led drink education campaigns. This study had limitations, as the information was based on the perceptions of two small focus groups and the method of data analysis was vague. Although the focus groups may have restricted the nature of the conversation (as people can be more reserved when sharing opinions in group situations especially when sensitive issues are discussed, Wilkinson, 1987) findings showed that females understood their increasing alcohol consumption through comparing their drinking habits to their male peers. This study supports existing evidence that female student drinking is an increasing problem (Gill, 2002) and the social pressure associated with drinking may warrant being explored further by using face to face interviews. Females may then be inclined to expand on this topic further without the added social pressure from the focus group situation. Carpenter et al. (2008) concluded that more research is required within this area to explore the social context of student life, which appears to impact greatly on the attitudes of students towards binge drinking.

Gill, Donaghy, Guise and Warner (2007) found that female undergraduates in Scotland did not relate their binge drinking habits to the number of alcohol units they consumed per week. Instead they used the physical and psychological effects induced by excess drinking to determine if they had been drinking heavily. Students also justified their drinking by describing it to be an 'accountable practice', meaning a behaviour led by societal norms (p.32). Inconsistencies between an individual's estimation of their weekly alcohol consumption and their actual self-reported level of alcohol consumption were also apparent. Semi-structured interviews were used in conjunction with a 'self-reported' drinking diary to determine students' actual drinking amount and to elicit participants' understanding of 'binge drinking'. Students were found to provide contradictory messages regarding their alcohol use, with 69% estimating their alcohol consumption to be 14 units or less (within the government recommended safety guidelines) but, in actual fact, 70% of the participants had reported consuming 7 units or more on a single day (which could be deemed as harmful drinking). Findings showed 31% of respondents were drinking over the recommended guidelines for females per week (14 units) and 8 % exceeded the weekly recommendation for males (21 units). When asked to pour one unit of alcohol, Gill et al., found the majority of participants poured two units. Gill et al., (2007) found that the range of methods used across research can greatly influence how much people admit to having consumed; therefore it is difficult to ascertain an accurate level of female undergraduate drinking. Although this survey sample was small and was focused on second year undergraduates (who are reported to drink less than first year students), it still provides some evidence to suggest studies may under-report drinking levels unless these are structured to collect accurate data.

Research has shown that female undergraduates do not define their binge drinking in units but by the behavioural effects associated with drinking heavily (Guise and Gill, 2007). Guise and Gill (2007) found that female undergraduates regarded binge drinking as a social activity and described it as 'harmless fun', generalising their own behaviour as the 'norm'. Nineteen second year female undergraduates from the UK were interviewed to determine their understanding of the term 'binge' drinking and identify triggers for excessive alcohol consumption. Identified discourses included alcohol use as having benefits by suppressing inhibitions and increasing social 'fun'. Alcohol use was also regarded as being a 'general feature of student life'. Discourse analysis was used to illustrate that participants expressed concern about how others may interpret their interview responses, especially when they were asked about episodes of heavy drinking and number of drinks consumed. Participants

explained how their drinking was 'fun' allowing them to behave foolishly, but Guise & Gill (2007) suggested they were detracting from the realisation of becoming serious drinkers. Respondents also preferred to refer to how much their peers drank, instead of talking about their own consumption. This supports the idea that the methods used for research into this area should not always assume that the data emerging from the interviews reflects the actual experience of the interviewee as their responses may reflect how they wish to be portrayed, in comparison to their peers, rather than reflecting their own behaviour pattern. Although this study provides insights into female undergraduates' perceptions of their own drinking, the study did not provide details of the drinking levels consumed by the participants, therefore it was difficult to know if the participants' were partaking in binge drinking on a regular basis. The study focused on how participants' recognised binge drinking within a university environment and did not aim to provide detailed accounts of how participants' understood their drinking choices. The study illustrates that future research should consider the meaning of the data produced beyond the assumption that the participant is able to recount their own drinking experiences accurately, especially as participants may not consider themselves to be serious or harmful drinkers.

In a recent study Smith and Berger (2010) found that females had different motives for drinking in comparison to males. A range of themes were identified in the narratives of female undergraduates from an American university which focused on drinking motives, relationships and consequences. Drinking was described as a 'ritual' experience that took place within groups of females consisting of close friends and alcohol added to group cohesion as the shared experience of drinking solidified their friendships. Consequences linked to alcohol use included academic struggles, as well as mood and physical changes. Grounded theory was used as an exploratory approach to interview 10 females who were classed as high risk drinkers (consuming 4 or more drinks in row at least once over a two week period). Using alcohol to have fun, communicate with males and to deal with emotions were understood as being motivators for an increase in alcohol use. Smith and Berger (2010) also identified that females continued to drink even though they had suffered what could be deemed as negative consequences. These appeared to be minimised as opposed to the positive ones being over emphasised. Although the research only provided limited examples of each theme, it illustrates that using an exploratory approach to encourage participants to tell their stories can be an effective method to gain an in-depth understanding of women's drinking within the university culture. Although the American drinking culture is different to that of the UK's, this

is the closest study to this current research that has been identified to date, hence findings may be considered as useful comparisons (Smith & Berger, 2010). As the study used a grounded theory method, the themes were not discussed in detail as to how student's understood their drinking but were used to formulate a 'relational ritual reinforcement' model (R3), created by the authors which explained a maintenance model of drinking. Although they highlight that the negative consequences were minimised, they did not explore this further. Therefore a study using an exploratory model specifically focused on individual biographical cases would provide a greater understanding. Free association narrative enquiry is a method that would allow for further interpretation and consideration of an individual's own experiences and understanding and allow for an in-depth analysis expanding the knowledge base in this area.

The research literature has confirmed that an increasing number of female undergraduates are consuming dangerous levels of alcohol throughout their university attendance (Heather et al., 2011; Bewick et al., 2008; Gill, 2002) the implications of which could be both long-term and short-term effects on their health and well-being. The existing qualitative research studies have used various methods to investigate female undergraduates' perceptions about binge drinking and potential gender issues relating to alcohol use. There has been limited research which has provided the interviewee with an opportunity to talk about their drinking experiences in relation to adapting to university life. Although some research has suggested that female undergraduates' drinking is influenced by an increased pressure to keep up with male peers (Carpenter et al, 2008; Young, Morales, McCabe, Boyd & D'Arcy, 2005) further evidence to date suggests that this is not the only factor which may influence female drinking choices (Guise & Gill,2007; Smith & Berger, 2010). Previous research from the USA and UK has suggested that the increase in alcohol misuse amongst college students should be considered as part of a transitional period that a young person experiences, from leaving the home environment with parental control, to living independently (White, McMorris, Catalano, Fleming, Haggerty & Abbott, 2006). The majority of the existing qualitative research has used focus groups and therefore detailed accounts exploring the individual's experience has not been widely investigated. Excessive alcohol consumption can be a sensitive subject and hence it can be difficult for the researcher to elicit meaningful individual accounts within a focus group setting. Previous research using interviews as a method of investigation, do not explore how females understand their harmful drinking within the context of the transition from home to university, which is integral within this study.

1.8 Research Aims & Questions

The objectives of this research have been developed from an interest in gaining an insight into the way that female undergraduates understand their drinking behaviour, during the transition period of leaving home and attending university. Of particular interest are those females who consume alcohol to harmful levels, by engaging in regular binge drinking sessions. By drawing upon the concepts of the psycho-social individual, the narrative approach will allow the researcher to elicit biographical accounts and consider the psychological and cultural factors which influence a participant's understanding. The method of narrative enquiry will offer female undergraduates an opportunity to recollect their drinking experiences whilst allowing the researcher insight into how they understand their heavy drinking. Narrative research has been used as an effective methodology in which to elicit individual's experiences in relation to substance use (Etherington, 2006). Although there is currently a lack of narrative research involving students and their alcohol use, the narrative approach has been effective in eliciting the stories of adults who have been dependent on alcohol throughout their lifetime (Paris & Bradley, 2001).

This research used an interview technique, referred to as the 'Free Association Narrative Interview (FANI) method' developed by Hollway & Jefferson (2000) and examined the psycho-social influences on female undergraduates who regularly consume harmful levels of alcoholic drinks. The internal and external dynamics that are present in an individual's narratives, relating to their alcohol use, are analysed in order to achieve a greater understanding of the differing experiences of undergraduates.

The study includes interviews of female undergraduates between the ages of 18 and 21 years in their first year of study who have left home to attend university.

The research aims were:

- To obtain a sample of suitable participants from which female undergraduates who reported drinking to harmful levels could be recruited
- To elicit accounts of female undergraduate drinking behaviour in the context of leaving home and adapting to university life

- To understand the way in which female heavy drinking students explain their drinking in the context of their lives
- To explore female undergraduates' perceptions of the risks associated with harmful drinking
- To understand how female undergraduates envisage their future drinking behaviour after leaving university

The following research questions were generated:

1) How do female heavy drinking students understand their drinking in the context of the transition of leaving home and adapting to university life?
2) What influences do they ascribe to previous and current life experiences?
3) What do the participants narratives inform us about:
    a. Periods of Abstinence
    b. Perception of Risk
4) How do participants anticipate alcohol to appear in their futures?

1.9 Research Design

The main aim of the current research was to obtain personal narratives from female students who were consuming harmful levels of alcohol during their first year at university. Research has indicated that students who are consuming harmful levels of alcohol (35 units or more over a typical week) may not necessarily regard themselves as heavy drinkers (Guise & Gill, 2007). The study therefore adopted a methodology to ensure that actual levels of alcohol consumption could be accurately recorded; the initial stage of the study (Study 1) was a survey-based questionnaire with the primary purpose being the recruitment of appropriate participants for the narrative interviews. The questionnaire was distributed to all first year females living in the halls of residences maximising the possibility for heavy drinkers to be recruited into the study. The second stage of the study (Study 2) was focused on conducting three pairs of in-depth interviews aimed at gaining an insight into how female undergraduates understand their drinking behaviour using the method of Free Association narrative interviews (Hollway & Jefferson, 2000). Suitable participants were recruited from the questionnaire if

they met the inclusion criteria and provided consent to take part. Participants were then contacted in order of suitability, with those participants who reported drinking the most, being contacted first.

Table 1.0 – Summary of the design and methods proposed

Study	***Method***	***Purpose***	***Analysis***
1	*Online Questionnaire*	*Identify participants for stage 2*	*Descriptive statistics*
2	*Narrative Interviews*	*Generate narratives reflecting individuals experiences and understanding of their alcohol use*	*Free Association Narrative Analysis*

2.0 THEORETICAL METHODOLOGY

This chapter outlines the rationale for using a qualitative approach and the theoretical methodology underpinning the research. It will also explain the method of investigation adopted for the design of the study.

2.1 Rationale for using qualitative methods

Using a qualitative approach allows participants to share their experiences without their account being constrained by a structured quantitative measure. Qualitative research in psychology aims to explore, describe, and interpret the experiences of the participant whilst attempting to understand 'what it is like' to experience particular conditions (Willig, 2001, p.9). Qualitative methods are appropriate either when it is an exploratory study into a new or under-researched area or where numbers alone cannot answer the research questions (Smith, 2003). As this is an exploratory study and cannot be understood by statistics, a qualitative approach is appropriate.

2.2 Alternative methodological approaches considered

Methodologies such as Interpretative Phenomenological Analysis (Smith, Flowers & Larkin 2009) and Grounded Theory (Glaser & Strauss, 1967) were considered as alternative philosophical approaches for this type of study, but were not adopted due to their limitations, as explained in the following section.

Phenomenology is widely used to in qualitative research to study experiences from the perspective of the individual (Husserl, 1859-1938). Phenomenology focuses on a person's knowledge and subjectivity; the individual perceptions of a situation. These structures of experiences, processed through our consciousness, are known as the 'phenomena'. In phenomenological approaches, the method of Interpretive Phenomenological Analysis (IPA) is used as one method of approaching data collection and analysis, with the aim of the analysis focusing on exploring the person's personal experiences or perceptions of an event (Smith & Osborn, 2003). It does not aim to establish truth or fact but considers that things are experienced through consciousness on an individual basis. This approach has been criticised for being one dimensional, by only focusing on the person's individual perceptions of the phenomena and failing at times to consider how the 'interpretive' aspect of the researcher influences the data produced (Brocki & Wearden, 2007). IPA also assumes that the participant is able to verbalise and articulate their experiences accurately as they were perceived (Smith, Flowers & Larkin, 2009). As previously suggested from research within this area (Guise & Gill, 2007) the subject topic in interview situations (for example, experiences of alcohol use) may

generate anxieties and prove difficult for participants to discuss. Anxiety may lead the participants to distort their answers. Guise and Gill (2007) found that interviewees' often referred to the experiences of 'their friend' and not their own experiences.

IPA depends on the categorisation and the emergence of themes in order to make sense of the data. This can be an advantage, as the guidance for IPA analysis is documented clearly in several references (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) and can be carried out by the researcher with little previous experience of this method. The disadvantage of analysing the data into themes and categories is that there may be a risk of losing both the richness and context of the data.

An alternative method of qualitative enquiry considered was Grounded Theory. This approach was developed by sociologists Glaser & Strauss (1967) and is based on the idea that researchers' activity will lead to developing a 'grounded theory', where a new theory deriving from social research is discovered. This was developed in opposition to existing ideas that research was theory driven and focused on testing hypotheses. In a grounded theory approach the researcher should be free from any preconceptions or theories inferred by existing literature until after analysis is carried out (Glaser & Strauss, 1967). The researcher should "reserve from formulating hypotheses" until the analysis is complete (Charmaz, 2003, p.83). Although this is an attempt to achieve objectivity, it has been argued that in order for the researcher to formulate any 'theory', a researcher should draw upon what they have learnt previously from existing sources (Thomas & James, 2006). Grounded theory also uses categorisation and line by line coding to fragment and impose a structure on the data which can de-contextualise an individual's account (Hollway & Jefferson, 2000). The methodology of grounded theory has been criticised, as it 'implies a dismissal of the direct validity and import of people's accounts' (Thomas & James, 2006, p. 790).

2.3 Emergence of the Free Association Narrative Method

As qualitative research methodologies have developed, researchers (Hollway & Jefferson, 2000; Clarke, 2002) have commented that more traditional approaches to qualitative research are limited to producing a 'detailed description' of the data. Qualitative approaches have traditionally assumed that there is a shared meaning attached to language between participants and researchers. They assume that the Interviewee is a 'rational' individual, who will provide a truthful account i.e. recount the narrative accurately to represent a true picture of what happened in reality and take that experience as the reality to the individual (Hollway & Jefferson, 2000). Hollway and Jefferson (2008. p.299) challenge the notion of the 'rational,

unitary' subject, in that it assumes the person's experience can be expressed as a single concept and that both the researcher and participant share the same meaning. They propose that language is not 'transparent', in that people may verbally express a similar worded statement, but the meaning can differ amongst individuals depending upon the context and circumstances in which they are spoken. As a result, the Free Association Narrative Interview (FANI) Approach has been developed by Hollway and Jefferson (2000) as a way of understanding the psycho-social subject, by where an individual's experiences and associated meaning are influenced by both their 'inner' world (psyche) and their experiences of their 'outer' world (social). Hollway and Jefferson (2000) used the statement of 'being alone in the dark in a public place' to illustrate how a described experience can have different meanings for different groups of people, for example, an elderly lady may associate this with the potential for mugging, where as to a group of young males, it could be suggestive of fighting. The FANI approach allows for these meaning frames to be considered in relation to how a person constructs their meanings through their psycho-social experiences.

The FANI method challenges the traditional assumptions of the 'rational unitary' subject by describing research subjects as 'meaning making' and 'defended subjects' (Hollway & Jefferson, p.26). The concept of the 'defended' subject depicts how individuals take up 'defended positions' in their narratives, which are driven by unconscious motivators in order protect themselves from memories or events which provoke anxiety (Hollway & Jefferson, 2009, p. 1.). It uses psychodynamic concepts which assume that accounts provided are shaped by unconscious logic and that the subject and researcher may not share the same meaning frames.

Hollway and Jefferson (2000) describe how this defensive position can have a significant influence on the way that individuals recall memories and events, and suggest those which provoke anxiety can be forgotten or changed to become more acceptable. They draw on the work of Melanie Klein's (1988a, b) object relations theory, which assumes anxiety is innate in the human condition. Klein (1988a, b) proposes that an individual can take up various 'positions' in relation to an internal 'object' (this could be a real object or internalised concept). This position is an unconscious state which serves to defend against threats to the self. Klein suggests that this anxiety can be observed from infancy and that we cope by mentally 'splitting' off the 'good' from the 'bad' in order to act as a defence in relation to anxieties. This tendency to 'split' off the good from the bad, unconsciously serves to protect our 'self' and preserves our identity. Although, at other times in our lives, we can learn to cope and adapt our 'position' by accepting that the good and the bad can exist in the same

object or person. In relation to the FANI approach where narratives are elicited from individuals, inconsistencies and contradictions may arise, providing evidence of splitting or where individuals have acknowledged that there is good and bad which exists in a single object (or person). Klein also suggests that the relationship in which these concepts are played out, is not just reflective of the 'self 'as a single unit but are inter-subjective (where a concept is being communicated and understood between individuals). Therefore the FANI method assumes that the relationship between the researcher and interviewee is likely to influence the way in which unconscious processes are expressed. The FANI method also considers that the anxieties experienced within this relationship influence how the person motivates to provide a 'rational' account to the researcher, including the wish to present oneself in a specific way, omitting the less desirable aspects of the self (Hollway & Jefferson, 2000).

2.4 FANI: From Principles to Practice

Using FANI interview methods allows the researcher to elicit accounts from individuals by encouraging them to talk freely, forming a narrative in which the participant will make free associations. The concept of free associations was developed by Freud (1906) as a therapeutic technique which attempted to identify hidden anxieties by encouraging the individual to talk freely; uncovering thoughts and feelings that are suppressed in the unconsciousness. These free associations are thought to be shaped by emotional motivators and unconscious logic (as opposed to a conscious discourse). By drawing on free associations and from using *Gestalt* principles in eliciting and analysing the accounts in their entirety, the researcher is able to consider the individual's holistic view of how they see the world and portray their self.

As well as concentrating on the meanings and themes being derived from the data produced, the method of Free Association Analysis within research, allows the researcher to make links between what is and what is not spoken. Hollway and Jefferson (2000) suggest that by exploring inconsistencies, avoidances, change of themes and contradictions within the interview process, the meanings attached to incoherent narratives can be considered, in relation to potential anxieties.

The position of the researcher is also highlighted as being fundamental in eliciting the meaning from narratives. The relationship between the researcher and interviewee is likely to influence the way that these unconscious processes are played out, as Klein (1996) argues, defences against anxieties are inter-subjective (where a concept is being communicated and understood between individuals). Therefore, Hollway & Jefferson (2000) suggest that the dynamics in the relationship between the researcher and interviewer should also be considered in relation to

the meaning constructed and to the data produced. The FANI Approach considers that the researchers themselves are defended subjects who are subjective in the research process (bringing their own motivations and unconscious thoughts to the research process). They use the psychoanalytic terms of transference[6] and counter transference in the analysis process to encourage the researcher to reflect on the dynamics of this relationship.

Although Hollway and Jefferson (2000) use psychoanalytic concepts in order to understand and make sense of an individual's experiences and meaning frames, they are clear that this methodology does not involve psychoanalysing the subject during the interview. It does however encourage a new way of approaching qualitative research in that it re-theorises the 'rational 'subject and provides a further dimension to the analysis by considering the implications of the defended subject.

2.5 Eliciting Narratives

The narrative interview method embraces social and cultural influences when making sense of how people construct their stories (McCormack, 2004). For those who have experienced difficult life transitions or trauma, narratives or 'stories' can be an effective way for people to make sense of their own experiences (Reissman, 1993). Frank (2000, p.354) suggests the formation of stories can be particularly useful when topics are difficult to discuss as it enables people to 'keep a distance'. The use of stories in this research was particularly appropriate as the interviewees could talk about their alcohol use in a non-threatening manner. Hollway and Jefferson (2000) draw on several approaches that have assisted in developing a narrative interview which focuses on eliciting the stories of individuals. They identified aspects from clinical case study approaches and biographical-interpretive methods (Shultze, 1992) that emphasise that a person's *Gestalt* (where the whole is greater than the sum of its parts) is foremost in understanding a person's experiences as a 'whole' and not restructuring and fragmenting them (Mishler,1986, as cited in Hollway & Jefferson, 2000). The key to eliciting narratives is that the context in which the narratives are told must be preserved and analysed as a whole in order to understand how respondents construct meanings from their experiences (Riessman, 1993). Four key strategies are proposed by Hollway and Jefferson (2000) to assist with eliciting the interviewee's narratives. These principles include using open ended questions, eliciting stories through grounding in examples, avoiding 'why' questions and using follow up questions replicating the participant's own words. These principles were

[6] Transference refers to the way in which a client (or interviewee) can project unconscious feelings, often experienced in their past, towards a therapist (or researcher). In contrast, counter transference refers to the therapist's unconscious feelings towards the client (Bateman, Brown & Pedder, 2010).

considered in more detail in the development of the interview schedule used in this study (see section 4.4). The brief semi-structured interview schedule for the FANI allows for a general introduction to the subject by using open ended questions and prompts, whilst allowing the researcher to use their autonomy to amend the format depending upon the individual narratives.

2.6 Quality and Generalisation

Qualitative research has been criticised for its lack of rigour, particularly its attention to the issues of reliability, validity and generalisation. These concepts are however rooted in the positivist research paradigm and are normally applied to quantitative research (Mays & Pope, 1995). Guidelines which are more applicable to determining the rigour of qualitative research have been proposed by Elliott, Fischer and Rennie (1999). Seven recommendations are included in the evolving guidelines, these include owning one's perspective, grounding in examples, providing credibility checks and outlining general versus specific research tasks, (Elliott, Fischer & Rennie, 1999). These concepts are explored further in relation to this research.

If one's perspective is clearly defined, the reader should be able to identify the personal reasons that have led the researcher to undertake a specific piece of research (Elliott, Fischer & Rennie, 1999). I have attempted to outline my reasons in section 1.1 in order to inform the reader of my motivations and related experiences.

The FANI method encourages the researcher to make the analysis transparent. Using examples and quotes enables the reader to decide for themselves if they believe the research findings to be trustworthy (Hollway & Jefferson, 2000). Examples and quotes are used throughout the case analyses, providing the reader with an animated and accurate account as provided by the participants. Through grounding research in examples, the reader can also derive alternative meanings from the data (Elliott et al., 1999).

The issue of credibility has been addressed as an experienced practitioner specialising in the psychoanalytic method was consulted to assist with checking the stages of the research process, including the formation of the interview schedules, listening to the interview recordings and checking the data analysis. Hollway and Jefferson (2000) state that by making the analysis transparent and sharing the process of the analysis with the reader, the reader can decide for themselves if they believe the research findings to be accurate. Transparency has been provided in this research, by providing detailed examples and explanations as to how

individual cases were analysed. Pen portraits have also been provided, to allow the reader to understand the context of the experiences described by the participants.

The main research aim is to understand how an individual young woman's unique history and experiences have influenced their drinking decisions and behaviour during their first year of university life. Qualitative research aims to capture multiple perspectives as opposed to making a single interpretation, and does not aim to generalise. Generalisation however, can be useful, by using the common experiences identified by case-comparisons and comparing these to existing research findings. Hollway and Jefferson (2000) suggest that for generalisation to be useful, a case comparison can be helpful that focuses on both biographical and demographical factors. They warn that a person's *gestalt* (the case as a whole) should be kept in mind throughout this stage because even if individual profiles and demographic data look similar, the meaning frames underlying each individual's narratives can differ extensively. Providing enough data description for the *reader* allows for them to be more informed about the case comparisons (Stake, 1994). A level of transferability can also be achieved through comparing and contrasting findings with other studies so wider conclusions can be drawn.

3.0 STUDY 1: QUESTIONNAIRE

This research study was implemented in two stages; the preliminary questionnaire and the Free Association Narrative Interviews. Chapter 3.0 presents the method, results and discussion from the questionnaire. The subsequent chapters outline the method (Chapter 4.0) results (Chapters 5.0 and 6.0) and discussion (Chapter 7.0) from the Free Association Narrative (FAN) Interviews.

This section summarises the design of the questionnaire and the methods used to identify suitable participants for the FAN Interviews.

3.1 QUESTIONAIRE METHOD

3.1.1 Design

The first stage of the study used an online questionnaire to facilitate recruitment for the main study. The questionnaire provided an opportunity for female undergraduates to self-report on their alcohol use. The questionnaire was not designed to generate a representative sample across the population of undergraduates but to identify a purposive group of participants who would be suitable for the FAN interviews.

3.1.2 Participants

A purposive volunteer sample; a sample with a purpose (Patton, 2001) was used to specifically focus on female undergraduates in their first year of university. All participants were female undergraduates in their first year of study at the University of Leeds. To be eligible participants were required to be aged 18 years or over and living in University Accommodation.

3.1.3 Recruitment and Procedure

Stage one of the study asked participants to complete an online questionnaire. An e-mail containing an invitation for first year female undergraduates to complete a brief questionnaire about their experiences of drinking alcohol was distributed to all first year undergraduates living in the University Halls of Residence. The invitation was e-mailed to them by the Manager of the Halls of Residents Association at the beginning of June 2010 after ethical permission had been granted. The e-mail included an embedded url link to the online questionnaire. The questionnaire was available to all undergraduates living in halls of residence but only female undergraduates in their first year of study, who resided in the halls of residence, were invited to complete the questionnaire. The advert included details about a prize draw (to win retail

vouchers) and the survey was open for three days. As part of the questionnaire an 'opting in' statement was added which allowed participants to agree to be contacted as part of the main research project.

3.1.4 Ethical Considerations

Ethical Approval was provided by the Leeds Institute of Health Sciences and the Leeds Institute of Genetics, Health and Therapeutics joint ethics committee. Ethical approval was granted by May 2010.

Participants were provided with information about the study on page two of the questionnaire, where information regarding consent was also provided. Participants were told that by proceeding with the questionnaire, they were consenting to take part in the research. They were informed that they could opt out of completing the questionnaire by closing the browser window at any time. Participants were also informed that they would be unable to withdraw their results from the study as individual results could not be identified once submitted. Details of support services within the University of Leeds were provided on the first and final pages of the questionnaire.

Participants who completed the questionnaire had the choice to be entered into a prize draw for an opportunity to win one of several prizes (1 x £30 prize or 4 x £5 prize) in retail vouchers. This incentive generated a large number of responses to the questionnaire without a high cost per individual. It did not discriminate between those who did or did not drink, as all respondents were eligible if they opted into the prize draw.

The prize draw information (i.e. consent to take part in the prize draw and contact e-mail addresses) was downloaded separately from the survey responses to a secure drive to ensure confidentiality.

3.1.5 Data Collection: Screening Questionnaire for first year female undergraduates

Participants were asked to complete a questionnaire about their drinking behaviour and thoughts about university drinking. This data was used to recruit participants and assist with contextualising the narratives generated from the interviews. The questionnaire included both demographic information and questions about the individual's drinking behaviour (see appendix 2). Questions were included specifically to implement the exclusion criteria for the second stage of the study (see section 4.2).

Table 3.1 – Demographic Questions

Demographic Questions
1. *Are you Male or Female?*
2. *How old are you?*
3. *Are you an undergraduate from the University of Leeds?*
4. *Please select your current year of study:*
5. *Where do you live in term time?*
6. *Where did you live before attending university?*

The questionnaire asked a further ten questions that focused on assessing drinking behaviour (see Table 3.3, Q. 8 – 17). Questions 8 to 10 consisted of the three questions from The Revised Alcohol Use Disorders Identification Test Consumption (AUDIT-C). These three questions were originally used as part of the AUDIT (a 10 item self-report questionnaire focusing on alcohol consumption) and have been shown to be an effective screening tool to identify heavy drinkers or/and those who are actively alcohol dependent (Bush, Kivlahan, McDonell, Fihn & Bradley, 1998).

For questions 11 to 14, Participants were asked to complete a retrospective drinking diary. The diary questions were taken from a website that allows students to monitor the amount of alcohol they are consuming (www.unitcheck.co.uk, developed and evaluated by Bewick, Trusler, Mulhern, Barkham & Hill, 2008b).

Question 11 was concerned with identifying if the participant drank alcohol in the previous week. If they answered 'Yes', participants were then asked in Question 12 to complete a 7 day drinking diary and to estimate how many alcoholic drinks they had consumed per day. A list of common alcoholic beverages was provided (for example, 1 pint of Strong Lager, 250ml bottle of alcopop) to aid accuracy so that participants were only required to enter the number of each drink they had consumed over the previous week on each day. Question 13 determined whether the alcohol consumption listed in question 12 could be generalized as a 'typical' week. This needed to be established to control for the effects of external events such as exams and celebrations that may have affected the previous week's alcohol consumption.

Question 14 was a drinking diary for participants to complete if their answers to question 12 did not reflect a 'typical' week.

Three questions (15 to 17) were focused on eliciting participants' thoughts and experiences of alcohol designed for the purpose of the research study. Question 15 was concerned with identifying whether participants felt that their drinking behaviour had changed since attending university. Question 16 was added to identify whether participants had experiences any positive or negative consequences relating to their drinking. Question 17 provided an opportunity for participants to add any comments which they had not been asked about throughout the questionnaire.

Once the questionnaire was completed, there was a further question (18) which asked if participants wanted to be entered into the free prize draw. Participants were asked to indicate 'YES' or 'NO' and provide an e-mail address for contact purposes.

Question 19 explained about the opportunity to take part in the main research and what would be involved. Participants were asked to indicate 'YES' or 'NO' if they wanted to receive more information about the future research project. If they entered 'YES' they were asked to provide contact details in the form of a valid e-mail address. The information stated that although participants may be willing to receive further information about taking part in the study, there was no commitment to participate. It also explained that because only a limited number of participants were required for the research, there was no guarantee that interested parties would be selected for the study.

Table 3.2. – Questions included in the questionnaire

Question	Reference/ Source
7. *How often do you have a drink containing alcohol?*	Alcohol Use Disorders Identification Test Consumption (AUDIT – C, Bush, Kivlahan, McDonell, Fihn & Bradley, 1998)
8. *How many drinks containing alcohol do you have on a typical day when you are drinking?*	AUDIT - C
9. *How often do you have six or more alcoholic drinks on one occasion?*	AUDIT - C
10. *Did you consume alcohol last week?*	www.unitcheck.co.uk (Bewick, Trusler, Mulhern, Barkham & Hill, 2008b)
11. *How many alcoholic drinks have you consumed per day over the **last week**?*	www.unitcheck.co.uk (Bewick et al., 2008b.)
12. *Does your last week of drinking reflect what you would typically drink in term time?*	www.unitcheck.co.uk (Bewick et al., 2008b)
13. *How many drinks you would you consume per day over a **typical week** in **term time** - excluding exam periods and freshers' week?*	www.unitcheck.co.uk (Bewick et al., 2008b)
14. *Leaving home and attending University can influence drinking choices. Do you feel your drinking has changed since coming to university?*	Developed for the study
15. *Research has suggested that for some people drinking can have both positive and negative consequences. Have you have experienced any of the following in the last 6 months from drinking alcohol:*	Developed for the study
16. *If you would like to say anything related to female undergraduates' drinking in general, please use the space below.*	Developed for the study

3.1.6 Data Analysis

The data from completed questionnaires was automatically stored securely using Bristol Online Survey. The data was then downloaded to the computer software package Excel and then into SPSS Version 17, for further analysis. The data was 'cleaned' in SPSS to exclude participants who were not eligible to take part in the questionnaire, for example, males and non 1st year students.

SPSS computer software was used to calculate how many units had been consumed for each day for a typical week by using the SPSS compute function to calculate the number of alcohol units per the number of drinks reported. This computation was carried out by day (Mon-Sun) and typical week.

The data was then used to identify a sample of participants who would be appropriate to take part in the second part of the study (the interviews), (see figure 3.6). The total number of participants (n=466) were divided into three groups (as listed below) depending upon whether participant's met the inclusion criteria for taking part in the interviews (see Chapter 4.0).

1. Participants who were eligible to take part in the questionnaire only (n=398)
2. Participants who were eligible to take part in the questionnaire and interviews and provided consent (n=32)
3. Participants who were eligible to take part in the questionnaire and interview but did not provide consent (n=36)

Participants from group 2 (eligible and provided consent) were then further separated to provide a main pool of participants who were consuming harmful levels of alcohol (>35 units per week) on a regular basis.

Descriptive analysis was undertaken to provide results for groups 1-3. Although a large amount of data was generated by the questionnaire, for the scope of this study, analysis was limited to providing descriptive statistics. The average amount of alcohol consumed over a typical week and the number of heavy episodic episodes consumed during the week was calculated for each group. The number of participants who felt their alcohol consumption had changed since attending university was also calculated from the analysis.

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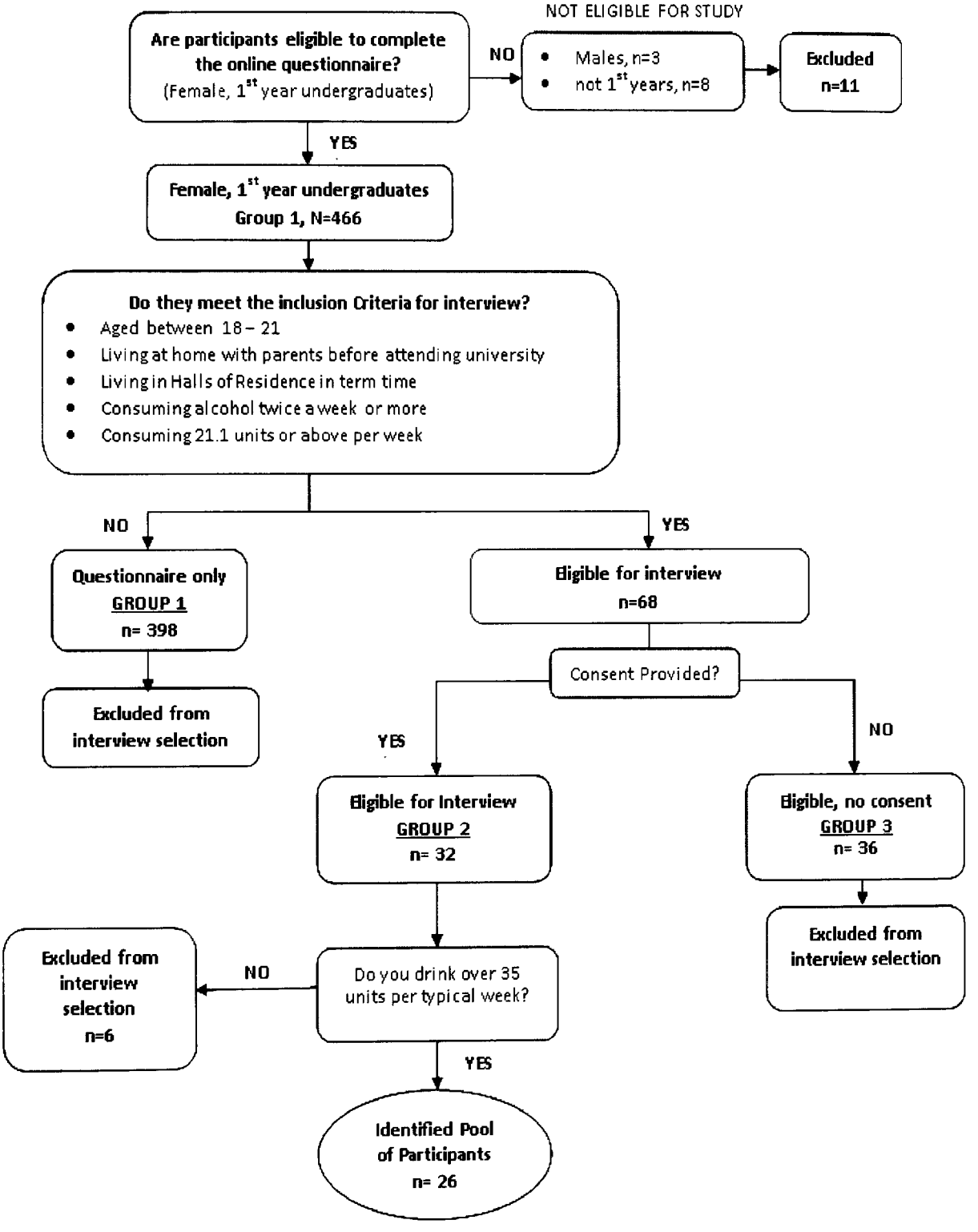
Figure 3.1.6 – Chart illustrating the selection process



3.2 QUESTIONNAIRE RESULTS

This section presents the results from the online questionnaire.

Data were returned from 477 participants, however 11 participants were excluded as they did not meet the inclusion criteria (3 were males and 8 were not in the first year of their studies).

The number of total number of participants who were eligible to take part in the study was 466 (100%). All of these participants were female in their 1st year of undergraduate studies at the University of Leeds. The results from the data are presented in the three groups as identified in section 3.6.

3.2.1 Demographic Results

The following tables (3.2.1-3.2.6) show the demographic data from the participants who took part in the online questionnaire.

Table 3.2.1- Age of participants in years

Age in years	Questionnaire only n (%)	Interview - no consent n (%)	Interview and consent n (%)	Total no. of participants n (%)
18	70 (17.6%)	5 (13.9)	7 (21.9%)	82 (17.6%)
19	232 (58.3%)	22 (61.1)	20 (62.5%)	274 (58.8%)
20	76 (19.1%)	9 (25%)	5 (15.6%)	90 (19.3%)
21	14 (3.5%)			14 (3.0%)
22	2 (0.5%)			2 (0.4%)
23	4 (1.0)			4 (0.9%)
Missing	-	-	-	-
Total	398 (100%)	36 (100%)	32 (100%)	466 (100%)

Table 3.2.1 shows the number and % of participants in each age category for each of the four groups. All participants who completed the questionnaire were aged between 18 and 23. The majority of participants were between the age ranges of 18-20 years.

Table 3.2.2 - Mean age in years

Age in years	Questionnaire only	Interview - no consent	Interview and consent	Total no. of participants

Minimum	18	18	18	18
Maximum	23	20	20	23
Mean	19	19	19	19
Std. Deviation	0.83	0.62	0.61	0.80

Table 3.2.2 shows the mean age of the participants was 19 years across all of the groups.

Table 3.2.3- Ethnicity of participants

Ethnicity	**Questionnaire only n (%)**	**Interview - no consent n (%)**	**Interview and consent n(%)**	**Total no. of participants n (%)**
White/ White British	362 (91%)	36 (100%)	26 (81.3%)	424 (91%)
Asian/Asian British	11 (2.8%)		1 (3.1%)	12 (2.6%)
Black/Black British	4 (1%)		1 (3.1%)	5 (1.1)
Chinese	5 (1.3%)		1 (3.1%)	6 (1.3%)
Mixed	15 (3.8)		1 (3.1%)	6 (1.3%)
Missing	1 (0.3%)		2 (3.3%)	3 (0.6%)
TOTAL	398 (100%)	36 (100%)	32 (100%)	466 (100%)

Participants were from a range of ethnic groups although the majority of participants who responded (n=424, 91%) were White/White British. The fewest number of participants were Black/ Black British (n=5, 1.1%).

Table 3.2.4- Participants subject faculty

Faculty	**Questionnaire only n (%)**	**Interview no consent n (%)**	**Interview and consent n (%)**	**Total no. of participants n (%)**
Arts	109 (27.4)	9 (25%)	11 (34.3%)	129 (27.7%)
Biological Sciences	49 (12.3%)	1 (2.8%)	6 (18.8)	56 (12%)

Business	11 (2.8)	1 (2.8%)	1 (3.1)	13 (2.8%)
Education, Social sciences & Law	26 (6.5%)	8 (22.2%)	3 (9.4)	37 (7.9%)
Engineering	16 (4.0%)	1 (2.8 %)	2(6.3)	19 (4.1%)
Environment	25 (6.3%)	1 (2.8 %)	3 (9.4)	29 (6.2%)
Mathematics & Physical Sciences	34 (8.5%)	6 (16.7%)	1 (3.1)	41 (8.8%)
Medicine & Heath	73 (18.3%)	4 (11.1%)	2 (6.3)	79 (17%)
Performance, Visual arts & communication	52 (13.1%)	5 (13.9%)	3 (9.4)	60 (12.9%)
Missing	3 (0.8%)			3 (0.6%)
Total	398 (100%)	36 (100%)	32 (100%)	466 (100%)

Table 3.2.4 shows the largest percentage of participants who completed the questionnaire were from the Arts faculty (n=129, 27.7%) and the lowest percentage of participants were from the Business faculty (n=13, 2.8%). Over 34% of participants from the Arts faculty were eligible to be interviewed and provided consent.

Table 3.2.5- Participants living situation before attending university

Accommodation type	**Questionnaire only n (%)**	**Interview no consent n (%)**	**Interview and consent n (%)**	**Total no. of participants n (%)**
Parental or Family home	379 (95.2)	36 (100%)	32 (100%)	447 (95.9%)
Other private rented	8 (2%)			8 (1.7%)
Boarding school	5 (1.3%)			5 (1.1%)
Own flat	1 (0.3%)			1 (0.2%)
University halls	3 (0.8%)			3 (0.6%)
Missing	2 (0.5%)			2 (0.4%)
Total	398 (100%)	36 (100%)	32 (100%)	466 (100%)

Before attending university 447 (95.9 %) of the total number of participants were living with their parents. All of those participants eligible for the interviews were previously living with their parents as this was a requirement of the stage 2 inclusion criteria.

Table 3.2.6- Participants living situation during university term time

Accommodation type	Questionnaire only n (%)	Interview no consent n (%)	Interview and consent n (%)	Total no. of participants n (%)
University Halls	391 (98.2)	36 (100%)	36 (100%)	459 (98.5%)
University Flat	2(0.5%)			2 (0.4%)
Other private rented	1 (0.3%)			1 (0.2%)
University house	2 (0.5%)			2 (0.4%)
UNIPOL controlled	1 (0.3%)			1 (0.2%)
Missing	1 (0.3%)			1 (0.2%)
Total	398 (100%)	36 (100%)	32 (100%)	466(100%)

During term time 459 (98.5%) of the total participants were living in university halls. All of those participants eligible for the interviews were also living in Halls of residences as this was a requirement of the study 2 inclusion criteria.

Table 3.2.7- Participants perception of alcohol change since attending university

Alcohol changed	Questionnaire only n (%)	Interview no consent n (%)	Interview and consent n (%)	Total no. of participants n (%)
Yes, drink more	245(61.6%)	28 (77.8%)	27 (84.4%)	300 (64.4%)
No, the same	104 (26.1%)	8 (22.2%)	5 (15.6%)	117 (25.1%)
Drink less	36 (9.0%)			36 (7.7%)
Do not drink	11 (2.8%)			11 (2.4%)
Missing				2 (0.4%)
Total	398 (100%)	36 (100%)	32 (100%)	466 (100%)

Table 3.2.7 shows whether participants felt that their alcohol consumption had changed since attending university. Over 64% (n=300) of participants believed that their drinking consumption had increased since attending university. Those participants who were eligible to take part in the interview process either believed that their drinking had increased or stayed the same since attending university.

Table 3.2.8- Mean no. of units consumed in a typical drinking week

Alcohol units per week	Total number of participants	Questionnaire only	Interview no consent	Interview and consent
Minimum	1.00	1.00	21.6	25.7
Maximum	109.2	109.2	100.00	75.8
Mean	27.7	16.5	44.3	46.4
Std. Deviation	16.2	10.83	18.2	11.6

Table 3.2.8 shows the mean number of alcohol units consumed over a typical week for each group. The mean number of units is higher for those who were eligible to take part in the interview process both with (46) and without consent (46) than the mean for the total number of participants (27). The maximum that a person self-reported to consume in a typical week was 109 units of alcohol.

Figure 3.2.1- Number of heavy episodic episodes (consuming over 6 units per drinking session) over a typical week

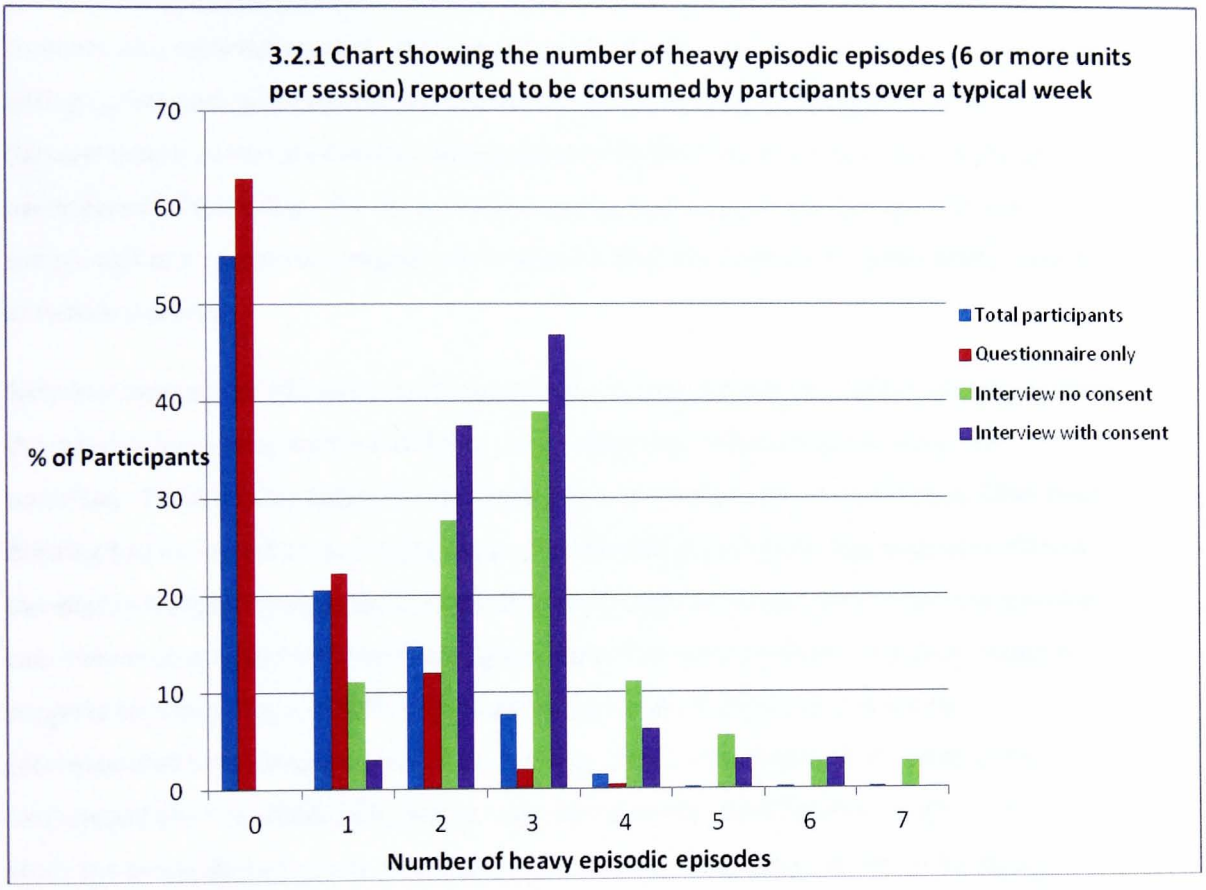


Figure 3.2.1 shows the high percentage of participants who were eligible to be interviewed (consent group: 48%, no-consent group: 39%) reported on average to have engaged in at least three heavy episodic episodes (6 or more units per session) of drinking per week. In comparison, of the participants who completed the questionnaire only, 64 % did not report engaging in any episodic episodes per week. Overall, 45% of the total number of participants who took part in the questionnaire (N=466) reported to have engaged in one or more heavy episodic episodes in a typical week.

3.3 QUESTIONNAIRE DISCUSSION

The quantitative questionnaire was designed to identify a collective pool of first year female students who reported regularly drinking at harmful levels over a typical week who were also willing to take part in the interviews. The survey was therefore not designed to provide a comprehensive overview of female undergraduate drinking but as a means of identifying participants for interview. The survey results can be used to contextualise the interview sample and as a comparison against other research findings which have used a similar sample of female students.

Sixty four percent (n=300) of the total number of first year female participants who completed the questionnaire believed their drinking consumption had increased since attending university. Participants eligible to take part in the interview process either believed that their drinking had increased or stayed the same since attending university. Approximately 60% of the eligible first year female participants who completed the questionnaire reported drinking over the recommended UK government guidelines of 14 units per week. Previous research suggests between 16% and 58% of undergraduate female students exceed weekly recommended limits (Heather et al., 58%; Hannay, 1998, 58%; Bewick et al., 2008a, 51%; Underwood and Fox, 2000, 38%; Norman, Bennett & Lewis., 1998, 16.9%). In the current study the proportion of survey participants who reported exceeding weekly limits (60%) is slightly higher than those reported in the most recent large scale studies (Bewick et al., 2008a; Heather et al., 2011; 51% and 58% respectively). Therefore, the participants who were selected for interview were chosen from a sample of female undergraduates whose reported drinking levels were typical in comparison to other studies. The percentage of females (17%) who reported consuming 35 units or more in a 'typical' week is higher than some older studies (Webb at al., 1998, Pickard et al., 2000 & Newbury-Birch et al., 2000) that reported figures between 5%-12% (Gill, 2007), but close to more recent studies suggesting that up to 21% of females were drinking at harmful levels (Heather et al., 2011). Cross-study comparisons should however be carefully considered as there are differences in the way that individuals are asked to self-report on their alcohol intake; different assessment methods can lead to discrepancies across findings. A systematic review examining the data collection methods used to measure student drinking, showed that the majority of studies have assumed that 1 drink is equivalent to 1 unit (Gill, 2000). This method fails to distinguish between the amount of drink consumed and the strength of a particular drink. More recently, drink diaries listing a range of drink types and specific amounts have been used to produce specific unit measurements, in order to

lessen these discrepancies (Gill, 2000). In this current study, units were calculated by asking participants to report the type and amount of drinks. These values were then converted in to units of alcohol.

4.0 STUDY 2: INTERVIEW METHOD

Chapter 4.0 outlines the method for the main study; the Free Association Narrative Interviews (FANI).

4.1 Design

I used Free Association Narrative Interviews (FANI) (Hollway & Jefferson, 2000) to elicit the drinking experiences of female undergraduates. This enabled me to gain an in-depth account relating to the way in which female undergraduates understand their drinking choices. I was particularly interested in female undergraduates who were drinking to harmful levels, with the potential of adverse effects of alcohol together with the transitional influence of leaving home and attending university. The accounts from three participants was considered a suitable number based on the practical demands of exploring and analysing each individual as a separate case study and in order to fulfil the research aims. A greater number would increase the diversity such that cross comparisons between cases would exceed the scope of the study.

4.2 Participants and Recruitment

Participants who volunteered to take part in the study were considered suitable if they met the following inclusion criteria:

First year female undergraduates, aged between 18-21, who resided in Halls of Residences and regularly engaged in binge drinking (drinking more than 6 units in a day at least twice a week and consuming over 21 units a week). Participants were only included for selection if they were living with their parents or carers prior to attending university and had agreed to be contacted with further information about the interviews.

There were 32 possible participants who met the criteria. In order to select the pre-determined number required of three, I was in a position where I could introduce further criteria which reflected my theoretical interests. This was focusing on those female undergraduates who consumed harmful amounts of alcohol (35 units or more). This additional criteria reduced the participants considered suitable to 26. The 26 participants were ranked according to their typical weekly reported alcohol consumption. The three participants who were consuming the highest number of alcohol units over a typical week were contacted via e-mail with further details relating to the research, together with the Participant Information Sheet (see appendix 3). Two of these participants confirmed they would take part in the interviews, the third participant failed to reply. The individual ranked fourth was contacted and agreed to take part. All of the participants were recruited in their first-year; Two

participants (Susan and Amy) were interviewed during the summer break and one participant (Helen) was interviewed at the beginning of the second year.

The three participants selected for interview were given the pseudonyms Susan, Amy and Helen to protect their identity.

4.3 Ethical Considerations

Due to the exploratory design of this research, participants could disclose information of a distressing or personal nature that they would not normally discuss. The Participant Information Sheet was explicit about the nature of the research and participants were informed that this could occur. I endeavoured to treat personal material sensitively and conduct the interviews collaboratively and with respect.

It was important to be aware that female undergraduates might have experienced serious alcohol or mental health problems or have known a family member who suffered from these problems. Participants were informed that if they felt distressed at any time, the interview could be terminated. Participants were 'debriefed' after completion of the interviews and were given the opportunity to ask questions and discuss any concerns. Participants would be excluded from this stage of the study if they appeared to be under the influence of substances when being interviewed.

Participants were given £20 in retail vouchers on completion of the final interview. Some researchers criticise the method of payment in research, suggesting it can compromise a participant's willingness to take part (Bentley & Thacker, 2004). However, as these interviews took several hours of a participant's time (valuable study time for an undergraduate) the vouchers were provided as a goodwill gesture for the time dedicated.

4.3.1 Interview Consent

Formal consent for taking part in the interviews was obtained verbally and by completing a consent form (see appendix 4). Consent was also discussed at the beginning of the second interview. I provided participants with an information sheet detailing the main aims and expectations of the study together with a list of relevant questions about the research. They were informed that they could withdraw interview data that they had provided up to two weeks after the interviews were completed and were given details of how to do this. Details of support services within the University of Leeds were provided, on a separate sheet, for participants' retention.

4.4 Materials

Hollway and Jefferson (2000) identified methods from clinical case study approaches and biographical-interpretive methods to develop a 'free association narrative interview', with an emphasis that participants' free associations become apparent throughout the interview process. A range of interview techniques which should be incorporated into a successful qualitative interview have been suggested (see table 4.4). Although some of these are more specific to the free association method, other qualitative researchers such as Rubin and Rubin (2005) advise similar techniques.

Table 4.4 – Illustrating interviewing techniques for the qualitative study taken from Hollway and Jefferson, 2000.

Interview Techniques	
Open-ended questions	*This encourages the participants to be open in their narratives and make associations that are personal to them, in which individual meaning can be expressed.*
Avoid 'why' questions	*The free association method recognises the irrational defended psycho-social subject, who is not fully capable of understanding themselves. 'Why' questions elicit expectations that a person is able to provide logical explanations for their behaviours and understand the meaning of these – as commonly assumed by other research methodologies.*
Use participants' terminology	*This encourages the interviewers to recognise and acknowledge the participants meaning frames and assists to facilitate a shared understanding within the relationship between the interviewer and interviewee.*
Elicit Stories	*Though eliciting the participant's stories and actual examples, participants meaning frames are anchored by actual events.*

Riessman (1993) suggests that in the majority of research, stories will be told in a lengthy and detailed fashion if they are not interrupted by numerous questions, and therefore interview schedules should be formulated on the specific topic but be open to interpretation and change. Within this research, I felt it was important to have an interview schedule to 'guide' the interview and meet the overall aims of the research. I did not want the schedule to detract from the participants' narrative or limit their ability to 'freely associate'. The participants' narratives needed to be somewhat unconstrained in order to incorporate the wide range of potential influences that shaped their individual understanding of their alcohol use.

An interview schedule should consist of lead questions, follow-up questions and probes designed to encourage conversation (Rubin & Rubin, 2005). The 'conversational' style of interviewing favours the use of probes throughout the interview process to help elicit the information required without distorting the interviewee's narrative (Hollway & Jefferson, 2000; Rubin & Rubin, 2005). By incorporating the conversational approach and using 'open ended' questions to introduce the participant to the subject matter, I was able to elicit narratives that would allow the interviewee opportunity to lead in expressing their narratives about their drinking experiences. Using probes such as "tell me what happened when...." or "tell me more about your experiences of..." enabled me to ground information through extracting specific examples from participants, allowing for a more detailed account. Before the interview was implemented, a pilot interview took place, with a fellow research colleague.

4.4.1 The First Interview

Question 1 was designed to set the social context of the story and encourage the participant to think about the transition of leaving home and attending university. The second question aimed to elicit specific stories concerning how the participant adapted to university life and whether the role of alcohol featured as part of this. Questions 3 and 4 were developed to elicit specific narratives about the meaning of alcohol within the context of university life. The objective was to encourage participants to explain what drinking meant to them and express their views concerning their alcohol consumption. Question 5 invited participants to describe internal and external influences which affect their drinking behaviour (it also attempted to elicit reflective views of the person when sober). Question 6 was designed to elicit narratives relating to a person's anticipated future drinking behaviour and to determine possible anxieties or uncomfortable feelings that may be of concern, relating to their current drinking behaviour. Question 7 provided the participant with an opportunity to make further contributions and to comment on the interview process.

Interview Schedule 1: Female Undergraduates experiences of Alcohol

I am interested in finding out about your personal experiences relating to drinking alcohol together with how your drinking may have changed since attending university. I am really interested in hearing about your experiences in your own words. You may find that the discussion feels more like a conversation than an interview.

1. **Would you like to begin by telling me about your decision to study at university?**
   - **Expectations about what university was going to be like**
   - **Decision to attend Leeds**
   - **Leaving home - family/friends?**

2. **(Can you) tell me how you have found university life?**
   - **Changes to independence**
   - **Example of a typical week (Prompt for social activities and going out)**
   - **Can you tell me about a time when you have felt quite stressed? What made things easier? (elicit examples of coping strategies)**

3. **a) (Can you) tell me about your experiences of alcohol?**
   b) How have your drinking habits changed since attending university?
   - **Can you talk me through a typical social evening out with friends?**
   - **What kind of effects do you get from drinking? (Positive/negative feelings, thoughts, behaviours)**
   - **How do you feel about the changes in your alcohol use?**

4. **Can you tell me if you pre-decide to drink on a night out?**
   - **What could influence your decision to have a drink or not?**
   - **Can you tell me about a time when you have expected a night to go well?(elicit pre-expectations of the effects of drinking)**

5. **Are there any circumstances or particular times that would affect how much you would drink?**
   - **Could you give me some examples of these?**
   - **Can you tell me about a time when the boundaries you set for yourself about your alcohol consumption were changed or influenced in some way? (by others/circumstances)**
   - **Can you tell me about a time when you were aware of deciding not to drink?**

6. **Can you tell me if you expect your drinking habits to change after you graduate from university?**
   - **Could you explain why you feel it may or may not change?**
   - **Could you give me some examples of this?**

7. **Conclusion – We have talked quite a lot about your experiences of alcohol...**

   - **Additional information: Is there anything else you would like to say or add?**
   - **Omissions: Is there anything else that I did not ask which you expected me to raise?**
   - **Reflection on interview process: Would you like to comment on how this interview process has been for you?**
   - **Consent: Is there anything you have told me in this interview that you do not want me to use in the analysis?**
   - **Second interview: Are you still happy to take part in a second interview to expand on some of the things we have been talking about today?**

   Thank you for taking part in this research. All of the information you have shared will be treated with respect and will be remain confidential as explained in the information sheet.

The narrative interview was open to change and development as the interviews commenced. After the first interview with Susan the interview was changed to incorporate a more open

question at the beginning: Would you like to begin by telling me about your drinking experiences at university? This was because, on reflection, it felt as if Susan was being influenced by the format of the initial questions and it took time for Susan to introduce narratives relating to her drinking.

4.4.2 The Second Interview

A second interview is used in the free association method as an opportunity to validate potential themes or issues that have become apparent in the analysis from a first interview. Hollway and Jefferson (2000) explain how it provides an opportunity to explore 'hunches' and hypotheses' derived from the first interviews and it provides a chance for the interviewees to expand and express their views relating to the first interview. From a brief analysis of the first interviews, issues of tension, contradictory information or changes in emotional tone were noted and explored further by constructing relevant questions for the second interview. Although each of the second interview schedules were adapted depending upon participants' first interview responses, they incorporated some generic questions for the core structure as outlined on the Interview Schedule 2. These questions allowed the participants to comment on how they had found the previous interview and to share any further views which had not been covered and allowed me to record whether participants were familiar with recent alcohol preventative campaigns. The second interview also provided an opportunity for clarification of any unresolved questions issues from both the researcher's perspective and the participant's.

Interview Schedule 2; Female Undergraduates experiences of Alcohol

Introduction

The previous time we met we talked about your experiences of drinking at university. Would it be helpful to remind you about some of the things we spoke about.....

1) **Are there any thoughts or comments that you would like to make about the interviews from last time?**

2) **I wonder if you have any thoughts or feelings about returning to take part in this second interview?**

I have some more questions that we did not fully cover in the last interview which would be helpful to talk about.

(Questions 3 + will be developed from the brief analysis from interview one)

7) Is there anything else you would like to say about the subject of drinking at university?

8) Please could you indicate if you recognise any of the following alcohol education campaigns?

- **Could you explain anything you know about them**

- **Unit 1421**
- **Unitcheck**
- **Drinkaware**
- **Talk to Frank**

Conclusion – Thankyou for sharing your experiences with me.....

- **Omissions: Is there anything else that I did not ask which you expected me to raise?**
- **Reflection on interview process: Would you like to comment on how this interview process has been for you?**
- **Consent: Is there anything you have told me in this interview that you do not want me to use in the analysis?**

Once again, thank you for taking part in this research and for meeting me for a second time to take part in this final interview. If you have any questions about the research you can contact me via e-mail. Please except these vouchers as a gesture for giving up your time to take part in this research.

4.5 Procedure

Participants were invited to take part in the interviews via e-mail and asked to provide their contact details if they wanted to take part. If they had had not responded via e-mail within one week, it was assumed that they no longer wished to take part in the interview process and the next participant was contacted (in one case). A suitable time and date for the interview

was arranged once a participant had replied with their contact details. All the interviews took place in the Leeds Institute of Health Sciences at the University of Leeds.

When participants attended the interview they were asked to re-read the Participant Information Sheet and were given a copy to keep. Written and verbal consent was also sought at this time. At the beginning and end of both the interviews, participants were provided with the opportunity to ask any questions or share any concerns.

During the interviews participants were encouraged to take the lead. Prompts were used as a way of 'guiding' participants without distorting the context of their story. All of the interviews were between 60-90 minutes long. A proforma was completed at the end of the second interview with each participant. This allowed me to ensure that all of the basic information required, relating to the participant, had been recorded. The first and second interview took place within a two week time frame, to ensure that the interview topic remained familiar to both the interviewee and the interviewer. On completion of the interviews I made notes in the form of a reflective diary, recording the information about the interview process. The audio data was then transcribed using codes to aid transcription, as outlined in table 4.5.

Table 4.5 - Transcription codes

Description of Text	***Code***
Expressions or different tones of voices	[*laugh*] or [*whisper*]
Pause up to three seconds	...
Pause over three seconds	[Pause]
interviewer talking	C:
Recording not clear	[?]

4.6 Data Analysis

Data analysis began after the first interview had been completed. The first stage of the analysis was to listen to the recordings and immerse myself in the data, re-reading the full transcripts several times. This provided me with an opportunity to relate to the participant's current circumstances and understand their past lived experiences, allowing me to produce a summary that encompassed the main stories. I made notes throughout this process documenting the relevant points such as inconsistencies, hesitations, changes in emotional tones and avoidances. These prompted further questions and allowed me to begin to formulate hypotheses about potential areas that required further exploration in order to achieve a sense of meaning about the individual's narratives. These potential hypotheses were discussed with

my supervisor who had also listened to the audio recordings. A further set of questions were derived for the second interview which allowed me to develop specific areas of interest and fill out gaps within the data. On completion of the second interviews, I transcribed all of the interviews verbatim, re-listened to the audio recordings repeatedly and made further recordings of my observations. Through using my process notes and reviewing the data, I composed individual pen portraits for each participant. This allowed me to present a person's *'gestalt'* allowing the reader to understand the story. I began the case analysis by considering the information and explanations provided by the participants. This allowed me to begin making connections throughout the text and to understand the meanings frames as explained by the participant. I noted changes in voice tone and the context of what was being expressed at this precise point. This enable me to formulate hypotheses about the implications of what was (or was not) being told. Contradictions and inconsistencies began emerging in the narratives which further allowed me to dismiss or consider probable explanations. Awkward hesitations, sudden changes in topic and a reluctance to talk, all became clues which helped to identify potential defences against underlying anxieties. The examples provided by each individual were used to further evidence my analysis. The notes I had made immediately after the interview process, and on listening to each recording, were helpful in reflecting upon the interview experience. Consultation with an experienced practitioner specialising in the psychoanalytic method assisted me to consider how the researcher/ interviewee relationship may have shaped the narratives of the participants.

Although the Free Association Narrative (FAN) approach should incorporate both psychological and social dimensions in the analysis, the FAN analysis is subject to the influence of the researcher. As a Psychologist, the psychological element in the data analysis was therefore more prominent than the sociological element; hence less attention was given to the social discourses. During the data analysis a greater emphasis was placed upon understanding the impact of the defended subject on the individual's personal understanding rather than considering the social discourses that may have existed within the university context. By drawing upon existing psychological knowledge and theories, I was able to generate hypothesis about potential themes throughout the analysis.

5.0 RESULTS: INTERVIEWS

This section will present the individual case results from the narrative interviews. The three cases will be discussed individually. In order to protect anonymity, personal details have been changed. In order to further protect identity, the descriptive information of each participant has been provided in the participant information below and has not been specifically linked to each case.

Participant Information

All three participants were female undergraduates in their first year of study when they were recruited although one participant (Helen) was interviewed at the beginning of the second year. The participants were aged 18-20 years and had resided with their parents before leaving home to live in the University Halls of Residences. Participants were studying a range of subjects from the following faculties; the Arts, Education, Science & Law and Medicine & Health. All three participants regularly engaged in harmful drinking and reported drinking between 54 and 78 units of alcohol across a typical week.

5.1 SUSAN

Pen Portrait

Susan showed a keen interest in taking part in the first interview but appeared anxious when she attended the second interview as she was starting a new part time job, after the interview.

-Early experiences of alcohol

Susan grew up on the suburbs of a large city, where there were a large number of secondary schools in close proximity, allowing her to build up a wide network of friends. Susan first began to drink when she was 16 and did *the house party thing*. Susan's parents would buy most of the drinks for her to take to parties under the impression it would be *divided between 10,* when actually her friend's parents would do the same so they had a *bottle each*. House parties were *the norm* in her area as it was *pretty hard to get in anywhere if you're underage*. Susan did not begin to go out to bars and clubs until she was 18 because *you would be lucky to get in anywhere*. She would then go out into the *local town centre* to a club which, on looking back was *tacky and a bit horrible*.

-Leaving for university

Susan reported that she is q*uite close to her parents* and coming to university was *scary* as it meant leaving home. Before university Susan lived at home with her mother, father, twin sister and younger brother. Susan described how it was *hard* leaving home as she had previously experienced a pretty *rough 3-4 years* when she had an eating disorder. She had had *a lot of problems at home* and had been *depressed for a couple of years*.

- *Adapting to university life*

Susan found it *difficult* in her first year at university and described various challenges. Leeds University was *everything* she had wanted from a university *I love my course, I love the city and lots of places to go out* but her first year of living in halls was *pretty harsh* at times. When in the Halls of Residences, she was surrounded by international students who *really didn't like* her as they would *tend to sit in talking to each other* but did not understand the need for social drinking. Susan *didn't do great* on her course.

Susan found it *hard* to adapt to her new gained independence as her *parents had previously been watching* her *24/7*but found that she *needed* it [more independence]. It was *weird* as no one at university knew what she had *been through* (referring to her eating disorder). She *did*

not want them to not know and then have a *breakdown or something*. If this happened Susan feared that they would think she was a *psycho*.

- Effects from alcohol

Susan's *memory loss* is quite *severe* and she has *some nights* where she has a *complete lack* of memory. Susan went out *a few weeks ago* and was in *too much of mess* to know where she was going. She *remembered* her *Dad commenting* on *me calling him* at *4 o'clock in the morning* but *otherwise* she *would not have* remembered the phone call or coming home at this time. Susan's memory of events is *quite patchy* and she will depend on seeing *photos* taken by friends to fill her in. When she sees them she thinks *'oh wow, how did I end up looking that rough*?' Susan woke up once in a bed of a young man who she *did not know* but who was *a friend of a friend* and wondered *where the hell am I?* She didn't *remember getting there* (to the house). Her friends will *tell her* what has happened (the night before) and will ask *do you remember this?* Susan is often unable to but finds this *funny* as there is *no harm done*.

- *Expectations regarding future drinking*

Susan will not have as much *time to drink* because she has *realised the amount of work* that she completes *correlates* with her results. Susan described her drinking experiences at university as *pretty standard*. Susan's body could not *handle years and years of going out 3 times a week and a little part* of her *worries* about alcohol being bad for her, but she is *not going to do this for the rest of my life*.

Case Analysis

Three themes emerged from this analysis. These were: Susan's lack of acknowledgement of the negative effects of her drinking, her low self-efficacy and her struggle with finding an identity.

The following extract demonstrates these themes. Susan was telling me about her experience of excessive drinking on a night out:

...we had all had like pre drinks and stuff but apparently I had drank more than everybody else so I was just like really, really drunk and then we were going to go where we had been a couple of weeks before, and it was shut, it was only like midnight so we were like 'urrh'..... umm.. I don't remember any of this but 'hey'...umm. And then..... we were going like 'where are we going to go to' and it was a bit of a rubbish night out, like, for student nights, I don't remember when it was, but there wasn't really any, well it was a night that we didn't usually have gone out, so we didn't really know what would have been good apart from the place we were expecting.. we just kind of gave up and then, we were going to go like somewhere else but then my housemate who I was with was like (to my home friend) like 'you can't go anywhere else, like you have to take Susan home' cause I was like in too much of a mess to even try and work out where we should even have gone so.. That was just like... an absolute fail of a night out cause even if we could have gone somewhere else, my housemate wouldn't have let us, because I was like falling all over the place, I shouldn't like that make out cause that's like really bad [whisper]...(C: Did you say that you couldn't remember?)

No umm.. I [pause] remember coming home, remember being at home, cause everyone got food afterwards and just sat in the lounge and stuff and I remember that... and I must have been speaking to people and that I guess and then before like, before we went out, umm.. I kind of..(C: so you said you were a bit of a mess, can you tell me about that?)

[Laugh] they probably found it funny...I don't know, I don't really know, It wasn't like bad, I was not on my own or anything, there were quite a few of us, so I think they were would just find it funny like, cause I was in a mess.

Theme 1 - lack of acknowledgement

Throughout the interview, Susan often failed to finish her sentences. This became more apparent when she spoke about difficult subjects or her own alcohol consumption. She ended a lot of sentences with 'hey..' For example, she mentioned how she was '*really, really drunk* but *I can't remember any of this* [the night out] *but...hey.* My assumption was that there was possibly more that Susan could say when she failed to complete her sentences. Susan appeared to have difficulty with *acknowledging* some of the negative effects associated with her own excessive alcohol use. For example, Susan was unable to verbalise some of the negative experiences associated with her drinking, this was reflected in her whisper when she

was explaining how she was *'failing all over the place'* and that she *shouldn't be telling* me that because *'that's like really bad..[whisper]..'*

Theme 2 - lack of self efficacy

Susan depends on others to inform her about her drinking and look after her when she has been drinking, introducing the second theme of low *self-efficacy* which I believe has lead her to form dependency on others when she has been drinking. She explains how in this instance her housemate wouldn't let her go anywhere else and told her friend to *'take Susan home'.* Susan's lack of belief that she can cope, taking responsibility for herself, may affect the way in which she copes with dealing with acknowledging the negative effects of alcohol.

Theme 3 - Identity and adapting to change

The third theme is Susan's struggle to find her own identity; wanting to fit in and feel accepted as part of a group. Susan seems to adapt this sense of fitting in by normalising her drinking across her peers, for example, *I was not on my own, there were a few of us*. Further evidence of these themes are discussed in Susan's case analysis.

Transition from home to university

I observed evidence to suggest that Susan had encountered difficulties with coping emotionally when she was growing up. She explained how she had suffered from an eating disorder as well as experiencing periods of anxiety and depression. Susan explained how before attending university, she had not had to cope on her own due to being a twin. Susan's low self-efficacy could have impacted upon her ability to cope with adapting to university life. Susan explains how coming to university at first was *really horrible* and that sometimes a way of managing the stress would be to go out:

> *first semester particularly I did get really stressed. .so obviously the whole uni change thing..well sometimes I would get really down and get really stressed out and stuff and sometimes it meant that the last thing I wanted to do was go out.. But then, my friend would chat to me and cheer me up and go 'let's go out' so it sort of cheered me up but sometimes it probably was not a good idea.*

Susan described how leaving home was *scary*. She spoke about the difficulties of leaving her sister and father, but failed to mention her mother. She went on to explain that her mother had been unable to cope with her problems in her teenage years. Susan explained that she found it difficult to talk to her about personal issues and difficulties, including previous difficulties with her own psychological health:

> *Umm... I am closer to my Dad than I am my mum, I don't know why... I just am...when I upset and stuff I always talk to my Dad and he will always be the one that I talk to cause I think my mum, like, doesn't find it easy to deal with me being upset and stuff*

Susan's perception of her mother's inability to cope may have impacted on Susan's capacity to develop alternative coping strategies. The perceived availability of this relationship may have been limited, with Susan's father becoming the person who she depends upon. In the following story Susan talks about a night out two weeks ago when she had too much to drink and her Dad came to pick her up:

> *I got really drunk just before we went out and then was like really, really drunk and then ended up.. Somehow leaving the club on my own, and ended up in a hotel lobby like, with like 2 policeman trying to look after me on the phone to my Dad... so they were like on the phone to my Dad, trying to get my Dad to like come and rescue me*

Susan refers to her Dad as her 'rescuer' throughout this story, making at least five or more references to him 'rescuing' her in times of need. She makes reference to phoning him regularly when she is drunk, after returning from nights out at university. I also observed from Susan's narratives that, when she goes out drinking, she often depends on others to get her home safely.

It appeared throughout her narrative that Susan is heavily reliant on both her father and friends to 'look after her' and may lack faith in her own abilities to cope alone. Susan seemed to suggest that she felt she needed to be more independent by stating that she *needed it* (referring to having more independence).

Family and drinking

Susan's narratives illustrate there have been many times when her parents receive mixed messages regarding her drinking. Susan suggests that that her family are unaware of the extent of her drinking and although her father has seen her at her *worst*, he thinks this is a *one off*. This was contradictory to earlier statements in which she had explained that she gets so drunk her father has had to pick her up and that she calls her Dad from university when she is drunk.

Susan described how she believed her parents were unaware of the extent of her drinking. Here she talks about drinking to keep her parents happy as she wants them to believe she can have a drink without getting drunk, driven by her feelings of having to hide her level of drinking from her parents:

> *when I am out with my family and stuff, I will drink... like they will be like....'oh do you want a glass of wine?' sometimes I don't really ever like drinking that much unless I am going out but [pause] sometimes I say yeah just because it stops them from being like' oh you only ever drink to get drunk', so like when we are on holiday and stuff.. Cause I don't want them to be like...mm 'well you just drink to get drunk'..which is kind of true but I would rather them not get like funny about it.*

Based on the contradictions, my interpretations are that Susan finds it difficult to acknowledge that her parents are probably aware of her drinking habits. Susan also gives a limited example about her families reactions towards her drinking, explaining that when her mum sees she has a hangover, her reaction is to laugh about it.

> *my mum and sister where just laughing at me because I was just talking shit, because I was obviously still drunk...umm.. and they were just like 'shut up, you're just talking rubbish' umm..*

Susan's drinking behaviour may be anxiety provoking for both her of her parents (hence the laughing it off), and therefore they may also be experiencing difficulties in acknowledging the extent of Susan's drinking. I felt that Susan's relationship with her parents and their reactions to Susan's drinking may have influenced Susan's lack of ability to talk about and acknowledge her excessive drinking, contributing to maintaining her position of denial.

Understanding current drinking

Susan experienced difficulties when she was explaining how often she drank and inconsistencies were apparent within her narrative. For example, she initially stated that she went out twice a week, but later said that she went out 3 to 4 times a week. Susan was also hesitant when discussing the amount of alcohol that she had consumed on a specific evening out, stating that she drank a bottle of wine and then later said she also had half a bottle of cider. These inconsistencies appeared to reflect Susan's reluctance to admit to the extent of her drinking.

Susan described how her drinking reduced her inhibitions, allowing her to express her emotions and feelings more easily. When Susan paused in her narratives and failed to complete her sentences, a feeling or emotion of some type appeared to be omitted, so for example, when she talks about her twin sister she finds it difficult to tell me about the feelings or emotions associated with this, as illustrated in the following paragraph:

> *Then my twin sister is my twin sister so.. Unless you have a twin it hard to understand how... a lot of people say how do you get so close to one person but its... we are really similar...*

She explained how expressing her emotions and thoughts to others in the university environment was one of the challenges she felt she could overcome by using alcohol:

> *but it eventually came out.. When I was drunk and got upset, but hey.. It's all good now*

Susan's drinking was an aid for socialising the purpose of which was to fit in. Although Susan described herself as a confident, sociable person, I did not form the impression that she could easily socialise without drinking. Several times she mentioned how she expected the night to be 'boring' and less enjoyable if she stayed sober, and how people are 'boring' who do not drink. The following extract is an example of what would happen if Susan met with some friends and they had not been drinking:

> *Usually if we were just like sitting together just chatting it would be like all sitting around staring at the floor like awkward, but when you're like out, everyone, like, it's easier to talk to people and stuff..*

From this description, Susan did not appear as someone who would be at ease, in a group of people without drinking. Although Susan described herself as someone who is outgoing (perhaps her 'ideal self'), her narrative reflected someone who feels awkward in social situations. She provides another example of this when she spoke about going out and meeting boys:

> *Yeah, I mean if I was sober I wouldn't really, I wouldn't usually have enough confidence. .but when you're...[drunk]..it does...makes you more at ease around people and boys*

These inconsistencies suggests that alcohol served several important functions for Susan in that it reduced her inhibitions, allowing her to express her emotions and socialise easier than when she is sober.

Consequences related to drinking

Susan was reluctant to talk about some the negative consequences occurring as a result of her drinking, for example, following explanations of a night out, she would often say *I can't remember.*

It became apparent that Susan's drinking was also affecting other aspects of her life at university. Again, although Susan did not directly admit to the drinking affecting her academic and occupational work, there were several references to drinking too much and the consequences of this:

> *....in first semester I was going out a lot more ,and then it started to not do very well and then it was like 'oh dear', I knew it wasn't just because I was going out cause I wasn't going out all of the time*

Susan stated that she stayed sober on Friday nights in order to attend her volunteer job with children in the morning. However, later she gave the following example which contradicted her previous statement, being another example of behaviour that she may have experienced as shameful:

> *..I mean I did go out on my Fridays and didn't make it in because I use to drive and I was like... I am definitely not in a fit state to drive so sometimes I missed it, but I did try not to.*

Susan maintained that she had little regret about her drinking experiences and about what she felt like in the morning. There were however, frequent pauses when she attempted to talk about these:

> *..Yeah... it's never ended badly... really... umm so... kind of just... yeah...like... I just kind of forget stuff*

I considered that these pauses could represent some negative feelings for which Susan was finding it difficult to verbalise. Through Susan's change of voice tone together with what was being omitted from the narrative, it became suggestive that Susan struggled to acknowledge consequences or events that could be related to uncomfortable feelings:

> *...Don't usually really remember half the people that I talk to when I am out but I do (pause), umm. (Pause) if you're referring to boys...then yeah sometimes if you meet people on nights out but...but... (Pause)...yeah*

Susan seemed unable to talk further about this further when probed in the second interview:

> *I mean I do regret but at the same time like I have been to uni, stuff happens, like there is no point, thinking, like worrying about it, cause no, it's already happened, there's nothing you can do..*

Susan was talking about how she felt in the morning after a night out drinking but was not referring to being *physically sick* but to other negative feelings:

> *...sometimes I feel like urhh, if only I could just be sick and throw up the vileness inside of me*

I wondered if this was a reflection of how she feels about herself, after a night out, and whether some of the 'vileness' could be associated with a feeling of shame or disgust relating to her drinking behaviour. Through throwing it up, she may want to get rid of the feelings she experiences as a result of her drinking.

Managing feelings and anxieties

Susan appears to manage some of the uncomfortable feelings, arising from her excessive drinking behaviour, by minimising the consequences. When Susan stated on various occasions that she was unable to remember the night's events, I considered that this memory lapse may serve to support Susan's position of denial, therefore avoiding some of the feelings of shame associated with her 'drunken' behaviour. Denial that an incident has happened can be one way in which an individual learns to cope, as the associated feelings of shame can be too much to tolerate.

Susan explains her drinking experience as a *pretty standard* university experience and that her drinking is *generic student drinking.* She states that her friends are all drinking the same and yet does not provide any examples of when they have been drunk or when she has had to take them home. For Susan, feeling her excessive drinking is more 'normal', than it is, across the student population, could provide a more acceptable position instead of acknowledging the difficult anxieties that may arise if she admitted that her drinking was excessive in comparison to that of her peers. It also provides a sense of 'identity' for Susan in terms of being part of a group and portraying herself as a sociable, likable person and she provided an example of how drinking in her first year was almost a necessity in order to meet friends and socialise. Susan may find these challenges particularly difficult as she has always been a twin and a part of her identity, up until the current time, may have included being an 'other' of a 'pair-bond'. She explained that it is difficult for others to *understand* what it is like to be a twin unless you are one.

The Interview Process

At the end of the first interview Susan commented that she had found the interview process *quite exciting* as she *could never sit and talk about something like that to my parents.* Susan commented that she thought I would be judgemental by *looking at it in a bad way.* I felt she may have been probing my reactions towards her drinking. I wondered if she saw me as an older figure, someone who was similar to her parents, rather than a peer. She commented that *people talk about post grad people, like being boring and stuff and I know a few that are,* leading me to believe that she associated me with being a post-graduate student who no longer drinks and is therefore boring. Her last comment at the interview was that she did not think alcohol was a problem for her at this time. This made me wonder if she had become

more aware of her drinking pattern, through the interview process but wanted to justify her drinking, hence leaving me with this message.

The Interviewer experience

This was the first interview and because there was anxiety and reluctance from the participant, I was also anxious about my role as the interviewer. As a result I failed to follow up with some of the hesitations and avoidances expressed by the participant as I was also reacting from my anxiety.

Summary

- Susan talked about a range of 'normal' challenges that she faced when adapting to university life including adapting to the course expectations and her own independence.

- Susan understood her drinking to be the 'norm' across the student population

- Susan appeared to be struggling to find her own sense of identity. She portrayed herself as an outgoing and sociable individual, although this did not appear to be the case when she was sober.

- Susan appeared to struggle with expressing emotions and feelings. She inferred that she was only able to express her emotions with her friends and family when she had been drinking.

- Susan appeared to experience some shame around her drinking that affected her narratives about her drinking experiences. She appeared to cope by avoiding thinking about some of the negative consequences which have happened as a result of her drinking.

- Susan did not describe an emotionally close relationship with her mother, stating she was closer to her father.

- Susan's relationship with her father appeared positive and he was the person that Susan relied upon to 'rescue' her in times of difficulties, including when she had been drinking.

- Susan appeared to depend on others to look after her when she has been drinking and to inform her about the consequences of her actions, to which she frequently could not remember.

5.2 AMY

Pen Portrait

Amy described the week of the interview *as a bit of a crazy one* as she had been *drinking constantly* and had drunk at least a *bottle of wine every evening.* Amy was nervous when she attended the interview, and said she *feels nervous* when she attends anything new.

-Early experiences of alcohol

Alcohol has always featured in Amy's life. Amy's father nearly died from alcohol abuse and Amy describes how he went *right to the bottom* before recovering. Amy went to *AA meetings* with her father and remembers listening to other people's stories which were *quite horrible and quite shocking.*

Amy first tried alcohol at a wedding when she was aged 10, having *strawberries that had been put in champagne, my mum was like, 'Oh, my goodness!'.* Her mother would allow her diluted wine, although she remembers how she *didn't actually like it.* For Amy's father this was a *big 'no, no'.* Amy recalled her mother buying her and friends a bottle of wine when she was a teenager saying '*There you go girls. You can share this*'. Amy was introduced to alcohol *in a nice way.* She started drinking around her GCSEs when she started going to the local park *where people just drank.* She describes how *boys went there* and there would be a lot of *alcohol and cigarettes* and *maybe like a joint or something.* Amy does not feel that she *properly started drinking until sixth form* when she would use her friend's Identity Card and went to *pubs and stuff.*

-Leaving home for university

Amy found it *scary leaving home* to attend Leeds University, especially as she originally chose a university closer to home, and was *absolutely terrified* about *meeting everyone.* She is *really enjoying it now* and is really *happy* to have moved as she feels *more independent away from home.* Amy is now able to do what she wants to do *so that's good.* Following persuasion, her boyfriend also came to Leeds but they decided not to see each other *during Freshers' week* because they thought they would *meet new people and everything* but Amy described how *it was nice to have that comfort there.*

Before attending university Amy lived at home with her mother and half brother. Her parents separated when Amy was young and although she *doesn't see that much* of her father, both parents have been *around for her quite a lot.* Her parents have now got different partners

although her mother's partner does not live with them. Her father visits her at home but not as often as he used to. Amy is careful about her drinking when she returns home; her brother has a developmental disorder which makes it difficult for him to tolerate people being drunk and *out of control*. Amy describes how she had problems with low self-confidence. She described how the transition of going to secondary school was *horrible*. She was *afraid of people looking* at her and she struggled to do things on her own. When she met new people she would get *really nervous* and *shaky*.

- Drinking at University

Amy explained how, quite soon after moving to the halls of residence, *everyone's knocking at your door saying, 'Do you want to go out?'* Amy found Freshers' week *really fun* but *so expensive.* Although she feels she *drank a lot* before coming to university, she describes how this *escalated a lot during Freshers'.* She went out *every single night* and *drank a ridiculous amount* which on looking back she thinks they *over did it a bit*. She found drinking in Leeds, *a lot more like hardcore [than home] and everyone's completely wasted*. As it is *quite extreme* Amy felt *quite bad* for people who did not drink in Halls. After Freshers' week Amy still went out a lot in the first year and thinks it *may have affected her studies* in the second semester as she *just stopped going to stuff* and it was *too tempting to stay in bed when you're hung over*. Amy explained that it was not only her course that had been affected by her drinking but also her health. On one occasion last year, she *shattered her elbow* whilst drunk, after falling on the floor. As she was so drunk, the paramedics *did nothing and left* as they thought she was *making it up.*

-Current Drinking Behaviour

Amy recalled that in her second semester her friendship group was still *changing* and *you get with people who have quite similar interests*. For example, she is part of the *heavy drinkers group* and so far this year *there has been a massive pressure to go out*. Amy associates the effects of alcohol with providing her with the *confidence* to interact with people and, when drunk, *it makes you feel good about yourself*. She describes how she enjoys the social aspect of reflecting upon the night out; *'Oh, do you remember when you did this?!'* and reminiscing about *the crazy things that happen*. Amy believes that *if you are in a club and you're sober you're just not really feeling it*.

Amy also recognises that as well as feelings of elation, alcohol can also lead you to feel the *opposite* in that, if you get drunk when *you're unhappy* you can end up crying and *feeling even*

worse. Amy worries about the morning after, *wasting so much of the day just getting up at 3 o'clock* which for her is *really horrible.*

Amy is in university for eight hours a week but *doesn't have time* for other hobbies except for *watching TV,* as it is *a social thing in her house*. Amy envisages that her drinking will *tone down a bit in the future* after leaving university as she will not be going to organised events at the university.

Case Analysis

Amy's narratives described her experiences of alcohol use, with the dominant theme reflecting her long standing anxiety. Her low self-confidence appears to influence her decision making ability and her ease at relating to others in social situations. In the following narrative, Amy explains how the use of alcohol helps her to express emotions and relate to her peers:

> *And also like if someone's like really annoying me or upsetting my friend, then normally I just wouldn't say anything; you wouldn't cause a scene; like have it out with them. But 'cause I'm drunk, 'why did you do that?!' Like and like have it out with them, which can actually be quite good 'cause it also brings to the surface like I remember, my friend had really upset me and we just weren't talking about it. And then I got drunk and I just told her and like she was like, 'Oh, I thought you were angry with me!' And it was like it was really good to get it out in the open. So now we're friends so it's quite good. I think the level of the socialising bit is like such a strong point because um, when it came to Freshers' I was really, really nervous about meeting new people. When you got a couple of drinks in you just like it's okay and you can talk to everyone. Which I think the main thing for me is talking to people without feeling very self-conscious 'cause I get really self-conscious when I'm just like talking to new people that I don't know.*

Theme 1- social anxiety relating to low confidence

Throughout the interview Amy referred to feeling anxious in new or social situations. She explained how her anxiety had been long standing since school:

> *..yeah! [Laughs] well, like all through school when I wasn't drinking. If you'd meet like boys – 'cause I went to an all girls' school – well you could meet new people like up on the [area] and I used to get like really nervous and like really shaking.*

Theme 2 – Worries about being 'good enough'

Amy described being self-conscious and she worries about what other people think of her. Throughout her narratives she suggests that she has difficulties in making the 'right' decision, concerned about not being able to meet the expectations of her parents.

These themes will be explored further by considering Amy's upbringing and how this has influenced her personal characteristics, as well as how she has managed the transition to university.

Transition to university

Throughout her narratives, Amy said that she struggled with meeting new people as a result of feeling anxious. This was Amy's main concern prior to attending university:

> *I was absolutely terrified because I get quite nervous about like...like well even like this. I was like really nervous about it um, so, yeah, definitely. It wasn't too much the leaving home. It was the kind of meeting everyone...and like the first day at uni and stuff like that. But I have a boyfriend of like five years. Also, he's come to [city] and so he was like around, that was nice to have that like comfort there; so it wasn't...it wasn't too bad. I don't remember very much of it!*

Although Amy stated she was not nervous about leaving home, I felt this may have been a more difficult transition than if her boyfriend had not come with her. Amy had been instrumental in encouraging her boyfriend to attend the same university although he had previously shown no interest. Amy had stated that in the past she was unable to go into town alone and that she needed someone to go *everywhere* with her, obviously Amy felt more reassured by the presence of others.

Amy described how she settled into university but does not enjoy her course, however, has chosen not to change. Although initially, Amy said she dropped a module due to her work load, she later contradicted this and said that she dropped the module in order to have the same days off as the other 'heavy drinkers' in her household:

> *like especially because...well like going out a bit... ridiculously, quite a lot and I think now I've dropped that module (that's a Friday module) so it means I've got Thursday/Friday off. I've just got a four-day weekend, which I think is really good because I can still go out... And also, my...the three people I call like 'the heavier drinkers in our house', now that I've dropped Thursday/Friday off, they have exactly the same as me*

Amy appeared embarrassed, when admitting to the reason for rearranging her course modules, which was to facilitate her desire for increased drinking and socialising. She stated that she was not enjoying her course, evident by her lack of interest, and was considering her choices:

> *But I haven't really come to any conclusions! so it's not that good!*

Amy explained that she has always struggled with making decisions which is likely to be influenced by her lack of self-confidence.

Family relationships and High expectations

Amy stated that her parents had high expectations for her, which included performing well at university:

> *um, yeah, like it's because I started off with quite good grades, well not amazing but quite good, they didn't expect them to go down or anything. Um, and then like my mum seems to think that anything lower... she's never been to university; she doesn't even understand how it works, and she seems to think like anything below a first is like really bad – like a C or a D or something. A 2:1's really...that's fine, I can get a 2:1! [Laughs]*

From the above narrative, it appears that Amy's mother has always held the high expectation that Amy would achieve. Further discussion, also revealed that Amy's father was of the same opinion:

> *But um, yeah, with my dad like when I got three A's at A-level he was like, 'Why didn't you get any stars?' 'Well, you couldn't get any stars on A A-levels! Thanks Dad!' [Laughs a little] But I think if you kind of like joke about it and obviously 'cause my parents didn't go to university but I think the fact that I have, this seems like a really big deal*

Amy told me she felt that both parents would have liked to have attended university and that this, together with their expectations of her, produced feelings of not wanting to *disappoint* others. I felt that her laughing was a reflection of some of the anxieties she felt about meeting expectations. My perception was that the parental pressure on Amy, to succeed, added to the anxiety caused by attending university. Her focus appeared to be on achievement so as not to disappoint others, as opposed to personal ambition.

Family influence and alcohol

As Amy's father was an alcoholic, Amy explained that he struggled with the concept that she was going out drinking. Her mother, however was more tolerant:

> *I was so tentative about ordering a glass of wine. And then I was like, 'That's a bit silly,' 'cause I needn't but it does...it does upset me.., so I do kind of try and keep it on bit of a leash...You could always tell he like disapproved of it and I don't want...I wouldn't want my dad to disapprove of me.*

Parental influence may encourage Amy to become more covert in her drinking behaviour, especially as Amy explained that her mother has made several comparisons to her father's drinking:

> *She does kinda pressure me. Occasionally she'll go, 'Oh...' like, 'Are you turning into an alcoholic like your father?' And it's like, 'No mum, I'm just young!'*

This contradicted Amy's previous comment relating to her mother's views that *it's your Dad's problem*, I considered that Amy's mother may have become aware that Amy's drinking had increased. Amy has some insight that her drinking levels may be concerning and reflects back on her family experiences:

> *um, well 'cause, as I've said, my dad was an alcoholic, that's played a lot on the back of my mind a lot. At the moment I'm okay. But I remember last summer, I'd come in and I'd be alone and I'd have a glass of wine. And that used to freak me out 'cause I don't want to be one of those people who just drink...just because I can.*

Amy's accounts indicated that her drinking pattern differed, depending on circumstances. Her drinking level appeared to be less, when in the presence of her father, than when at university. Although she considered that her drinking was under control, references to not wishing to become dependent on alcohol, like her father, indicated some concern.

Drinking at university

Amy exhibits a certain amount of ambivalence as to whether her drinking is a problem or not. She contradicts herself throughout her narratives, sometimes stating how she wishes her drinking would *calm down* and that it is affecting her course and other times suggesting that she is *enjoying herself too much*.

Amy has relied on drinking in the past, as a strategy to overcome her social anxieties and to increase her confidence when talking to boys. This was how she met her current boyfriend:

> *I was drunk the first time I spoke to him actually..and we'd all been drinking cider.*

Amy provides further evidence to suggest that drinking, whilst at university, provides a familiar and accessible way of coping with the social aspect of adapting to university life and meeting new friends. Amy explains that she is persuaded by peer pressure:

> *there was a massive pressure to go out and so even though like I knew I'd be at uni in the morning like still sometimes you still go out 'cause you didn't want to miss out on like the night and like...and also everyone starts drinking in your flat and you've had a couple and then you're like, 'Oh all right I'll go out' and then 'as long as I make it to my 9 o'clock,' and then you never do!*

Amy explains that she is easily influenced by others and their expectations and that it is a relatively easy decision to go out drinking, even though she has got course work to do. Although she is aware of the implications of this (as she states she never does her work when she returns), she infers that she feels bad about such decisions by stating that she says it to *feel better*.

> *someone will say 'Oh, do you wanna drink? Do you wanna go out?' 'Alright...' Like...and I'll be like, 'I'll do it when I get home.' Which just is...it never happens. I just say it to make me feel better but then, I mean in the morning there's no point going because I haven't done the work!*

Identity

Alcohol has featured in Amy's life since she was a young girl. She explained how she started going to *Alcoholics Anonymous with her father,* aged five, on a weekly basis when she went to stay with him at weekends. She recollects taking her *toys in the hall to play* whilst listening to people's stories. Amy explains how she cannot imagine life without alcohol and when she described her experiences at university, most involved going out and drinking:

> *If I hadn't drunk at all? I think it would be really different. I don't know 'cause I can't imagine. Because for me, it's not like just the drinking, it's the going out...and I think I'd find it really hard to go out if I wasn't. And if I wasn't and we were dancing and like meeting new people there um, so I think it would like make me a different person to who I am. So I guess I'd find that quite difficult to answer because it's such a like...I can't really...such a...part and parcel [laughs a little] it's like all part of it*

Listening to Amy, it was evident that she found it difficult to clarify her thoughts about her drinking as she frequently failed to complete a sentence before starting the next. She describes how drinking is 'part and parcel' of her normal life:

> *'hopefully it will calm down. Um, I saw...this is the thing with my dad is that um, because he was extreme with his level of alcohol intake, he's now gone to a point where he can't have any. So, that's something I want to avoid because I didn't want to get to the extreme where the only way for me to get over that is to completely stop'*

When I asked about other hobbies and interests, Amy was unable to identify any. She also told me her father had asked the same question:

> *My Dad kind of asked me this the other day.. I don't know. 'Cause he wants me to join a rowing team. I was like 'I've never rowed in my life! What are you thinking of!'*

It was apparent that Amy's father was aware of Amy's interests apart from drinking and this was of concern, probably due to his personal history.

I felt that as a result of Amy's early life experiences, alcohol had become integral in forming her identity, which is still evolving.

Consequences of drinking

Amy recognises that some of the consequences of drinking heavily on a regular basis can lead to health issues but on face value she does not appear to be overly concerned:

> *we just like don't eat so we can like drink quite a lot more...which is quite dangerous but um...and also you get way more drunk and like throw up and stuff, which is not very nice...oh yeah, have also like I'm permanently shaking...and I don't know if that's 'cause ?..(Note: At this time Amy held out her hands to illustrates how much she as physically shaking)*

I considered that the reason as to why Amy appears to be only a little concerned about these effects and felt this could be that it is easier for her to because she does not wish to reduce her drinking consumption:

> *So I find it really difficult 'cause like obviously you want to keep drinking. But now I've started thinking, 'It...it's not too bad'. But my main...my main health thing for me is like...like putting on weight*

Amy explains that she feels that she is in control of her drinking, as she has an *inner moral line* which prevents her from doing anything to feel *embarrassed* about. Amy feels that this is good *because it makes me think there's some part of my integrity still intact (when she is drinking).* Amy later reflects on an occasion when this perceived self-control was disregarded:

> *um, well with this um, guy. He's my best friend's boyfriend and they'd just broken up. And I remember him getting really, really weird with me. And like to trying to touch me and stuff and then I do not remember this until like a few days later. I started having little flashbacks and it was horrible. So I don't really know like...you know it makes you feel quite guilty but then you're not quite sure that it's right. That kinda thing. I guess I shouldn't have been so drunk! [Chuckles]*

As a consequence of being under the influence of alcohol, Amy realises that her 'inner moral line' is sometimes compromised. Amy repeated this scenario during the second interview and was clearly uncomfortable with the admission:

> *so I know I talk about my moral line so [laughs a little] but I think if I hadn't drunk that much or let him give me as much alcohol, then I definitely would have been able to react more to what was going on.*

Managing anxieties

Amy often refers to feeling depressed after having a night out and although she specifically highlights that this is not a feeling of being a*shamed*, it appears that Amy may indeed be experiencing some type of shame regarding her drinking. Amy explains how she feels after a night out:

> *I often wake up after a night out and feel like, not ashamed but quite sad and my life is just a bit decrepit! [Laughs] Which is like really depressing like to think, I was talking to my friend about it saying like you wake up after a night out and think, 'Oh, my life's just ridiculous' like, 'What am I doing?' But then you just get back on it, I guess.*

Although Amy was laughing, I believe that this was an unconscious automatic response to minimise the anxieties associated with the reality of the situation. She explained how she has feelings of regret and how she asks herself *What was I doing last* night? This leads her to think *what's the point*. Amy appears to be ambivalent towards the negative consequences of drinking. She seems to have accepted that the negative consequences are unchangeable, almost taking a 'helpless' stance towards them. She minimises the negative consequences by talking herself around stating *you just get back on it* [alcohol].

The Interview Process

Amy explained that she felt nervous attending the interviews, which was normal for her when meeting people for the first time. When more relaxed, she was happy to describe her experiences without the need for prompts. Amy did not appear guarded when disclosing her experiences but continuously reflected on what she was saying and at the end of the interview asked whether she had said the right things. This I considered was reflective of her lack of self-confidence and the need for re-assurance. When asked if she was willing to return for the second interview she answered, *'if you still want me',* as if again she was checking to see if she had met expectations.

The interviewer experience

I observed that on several occasions, Amy would laugh when describing the consequences of her drinking habit. I was conscious that after the first interview, we had discussed Amy's drinking behaviour in detail but little about Amy's life in general. Based on the content of the second interview, I realised, that alcohol was such a large part of Amy's life, that this was her main topic of conversation, in terms of her experiences, whilst at university. After the second interview, I felt concern for Amy. She described that, at times, she had felt depressed and in despair and she appeared 'stuck' in a situation in which she did not appear to be happy.

Summary

- Amy did not have the confidence to mix socially with the opposite sex from her teenage years unless under the influence of alcohol, this continued when she began university.

- Amy is aware that both of her parents had expectations that she would complete university and appears to feel under pressure about not letting them down.

- Amy's low self-confidence impacts on her decision making process suggesting that she does not see herself as master of her own destiny or in control, hence the reliance on drinking, may be reflection of the 'entrapment' she feels in her current situation (Hendry and Kloep, 2002 refer to this as 'Stagnation).

- Amy puts herself into the category of 'heavy drinkers' in her current household but still maintains that this is the norm in comparison to other university students.

- For Amy, alcohol is an integral part of her life and she cannot envisage this changing. Although she explains she is avidly aware of her father's previous alcoholism, hence changes her normal drinking behaviour in the presence of her father.

- Amy appears ambivalent to whether her heavy drinking is a positive or negative.

5.3 HELEN

Pen Portrait

Helen was enthusiastic about taking part in the interview process as she had an interest in the subject; her chosen subject of study was related to health. Helen appeared confident and was quick to begin telling me about her experiences relating to drinking.

-Early experiences of alcohol

Helen began to drink as a teenager when she was *about age 13.* Her friends from school began meeting in the park after school and this *would always involve alcohol.* The first time she went she took 4 litres of cider and *ended up just giving it all away* because she was not sure whether to drink it or not. Helen then started *hanging around in subways* after school with *older lads and girls* her age and feels that she *nearly gave* her mother *a nervous breakdown*. Helen cannot recall her mother *having a drink;* she may occasionally have *a glass of wine* but only to be *polite at a party*. Helen's father *drinks wine with dinner* but no one in the family *really drinks*. Helen describes these as her *chavy days* where the boys *were really old* and *absolute scum drinking everyday down railway tracks and subways.* Helen *drank a lot* until aged 17, *just before university*, and *worked in three bars* which *didn't help* as there were *free drinks and customers buying you drinks all the time*. At aged 17 her drinking reduced as she *was working late* and *completing her A-levels.*

-Leaving home for University

Helen was *a hundred percent looking forward* to attending university and did not feel *nervous*. It is only a *50 minute journey* if she wanted to go home; Helen reflected *it's far enough to be away* but *close enough* when she *wants to go back*. As her father and brother visit the University frequently, she sees them regularly but she does not *miss* her family. Helen makes an effort to return home for friends' birthdays or when she has been ill at university but explains that she finds university *really, really good* so when she returns home she is *eager to come back.*

-Home life

Helen grew up in a *mining town* with her mother following the *breakup* of her parents, moving back there to be closer to her grandparents. Her father left them when she was three years old but as he *lives near*, Helen sees him regularly. *W*hilst her mother was at work, Helen's grandparents *brought her up*. Although she has a stepbrother, she does not think of him as

part of her family as he lives with her father. Helen is *close* to her mother and feels she can *share anything* with her. She enjoys going back home to visit to see her grandparents and extended family. Occasionally she visits her father's house but finds this *hard*. She used to feel uncomfortable visiting her father when she was younger, which often resulted in her *crying throughout the night*, although this improved. Helen feels that her parents express very different views in their attitudes to work and life.

- *Drinking at University*

There are *very few things* that Helen has *not enjoyed about university*. Before she left home she made *contact* with a girl via an internet social networking site so *straight away* they met up and went out. Helen *didn't hang around with other girls* as she gets on with the boys better and therefore found herself drinking *quite a lot* in order to *hang around with boys* at university. Helen found that the *pressure to drink* was *not apparent straight away in freshers' week*, but this changed during the year. Helen resided *in halls* and access to the *common room* meant that it was a *meeting place to play drinking games before you went out*. Helen *expected* a bit of *peer pressure* to drink and *looked forward to it,* feeling that you were *pushed to your limits at times* but *not in a bad way; in a fun way*. Helen explains how she went to university with the mentality *'It's my first year of uni and I'm just going to do anything'*. As soon as freshers' week started Helen went out *seven-days-a-week, sometimes up to fourteen nights in a row*. Helen explains how she would drink *most of a litre bottle of vodka* with squash or orange juice so she *could down it (so it's not fizzy)*. They would then go out *as late as possible* to save money.

Helen still goes out but has found that she is *not drinking as much* this (second) year. She has not *been out recently* as she has *loads of work to do*. Helen *fully expected last year* to be the *year* of her *life* in terms of drinking and explained how she *intended after* that point, to *never drink anywhere near that much again*. Helen explained that her commitments to work alongside joining several committees within the university, has already meant she has become more involved in university life. Helen described how drinking games are still popular and that *we do create games, which are basically, sit in a circle with a crate of 15 in front of you and you don't leave the circle apart from going to the toilet um, until you've drunk all of them.* Helen still drinks *way over what I should be drinking* and explains that she feels *binge drinking is a term used too loosely.* Helen thinks *every student binge drinks and therefore you shouldn't call that binge drinking, it should be much higher.*

Case Analysis

There were several themes that became apparent throughout Helen's narratives relating to her drinking. In the following theme Helen identifies herself as being working class and spoke about how she felt that drinking was a part of this way of life:

> *I didn't really know why it was at first but from talking to people, I guess I...I don't like to say there's a divide (like a class divide and stuff) but I'm almost definitely working class and from a like community school (state school) in which like there was like there was loads of drinking; loads of everything.*

Theme 1 – identify confusion

Helen appeared to exhibit some confusion about her identity, not just in terms of university life and her drinking choices but also making sense of the differences in attitudes that exist between her parents with respect to gender roles.

Theme 2 – low self confidence

Helen appeared as a confident outgoing individual, however inconsistencies within her narrative indicated that her confidence and self esteem were compromised in particular situations. These themes are discussed further throughout the case analysis. The next section will consider how Helen's perception of her own identity may have influenced her current drinking characteristics and how she linked this to adapting to university life. These themes are explored further in the analysis of Helen's narratives.

Transition to university

Throughout her narratives Helen referred to her class as a way of explaining how she understands why she feels different from others at university and why she gets on better with boys. She stated that class did not mean *anything* before she attended university, but after mixing with *upper class people* Helen feels there is a class divide which people do not acknowledge. Helen explains that this has contributed to her difficulties with getting on with girls because *they are not like* her. Although she describes herself as being *proud,* inconsistencies later appear when she changes her terminology to describe people as being from 'upper and lower' backgrounds.

> *Not that you need to be working class to go to state school but you know they're from...lower...poorer background families; er, and then there's high-up – a lot more rich people in my house*

From this I attributed that Helen's awareness of being different to others may have made it more difficult for her to adapt to university life. This is apparent in the following paragraph where she explains how she actively went out looking for people she could identify with, referring to her class background.

> *I remember we [Helen and her friend] went round trying to find people like us, if you get me; um, but the girls definitely were not clicking with us. I remember my neighbour at the time um, the first girl I met at uni. She popped her head round and introduced herself and she was called [name] Not that nothing against that name but er, it did like make me realise that I was with people that I didn't stick with, you know what I mean.*

This paragraph illustrates how difficult it was for Helen to feel like she fitted in. As part of her struggle to find 'people like her' it appears that she found herself more comfortable in the presence of boys. Throughout the narrative Helen makes several references to identifying more with boys, describing herself as *quite laddie* and *boyish*. She feels that *definitely one of the reasons I didn't get on with girls was that they were not used to girls like me* who are *very open* and *very bolshie* because you had *to stick up for yourself*. In the following paragraph Helen refers to how she feels she needs to drink in order to *hang around with boys:*

> *Um, I got on with the boys a lot better and therefore had to, not had to but um, found in order to hang round the boys, I had to drink quite a lot ..... um, although it's...it's never...never bothered me. I...I never would if I didn't want to drink, I'd say, 'I didn't want to drink.*

Helen views drinking as a way of being accepted by boys and throughout her narratives, provides many examples of her nights out with 'the boys' and how these are fuelled by heavy consumption of alcohol. Although she stated, on several occasions, that she would say if she did not want to drink, she later contradicts this by explaining that she felt pressured into taking part in drinking games, as she did not want to be seen not to be joining in.

Throughout Helen's narrative she attributed some of her difficulties regarding adapting to university life with her self-identified working-class upbringing. As a result, this appeared to cause some conflict for Helen in that her new lifestyle posed challenges to Helens pre-existing identity and expectations.

Family life and the impact on identity and confidence

Helen always associated drinking with growing up and as part of her working class background. It appears that this message was rarely challenged by her parents, who accepted Helen drinking at 13 as part of growing up. Helen explains how her mother adopted *the leave her to do it* way, instead of taking a *stricter* approach. She explains how she has a *best friend* relationship with her mother and can tell her anything but thinks that her mother never worried about her drinking, as she never knew how much she was drinking. However this was later contradicted by Helen who explained that her mother now sends her newspaper articles about heavy drinking. From this evidence and other contradicting examples, it seemed likely that Helen's parents were aware of her drinking (as Helen explained how she would often be out late drinking after school *every single day)*, but her mother did not appear to challenge her daughter's drinking choices. Helen reflects as to why she drank so much at a young age. The changes in Helen's tone and long hesitations may be indicative that Helen finds it difficult to think about:

> *That was [lowers voice] ?... like I said, um, going a bit AWOL and definitely er, I don't know why I did it. I mean people would probably say if I told them, 'Oh, you're rebelling?' No, I don't think so! Um, wasn't ever like...wasn't like my mum said, 'Don't do it.' I would do it. She never commented on it at all I don't think. Um...*

Helen describes how she has *not got 'it'* (drinking) off her parents as they rarely drink but there does, appear to be little in Helen's life that does not involve drinking. Helen explains that alcohol helps to fit in with the culture at university, and even on her academic course, she is on the social committee organising nights outs. Her part time job at university also provides the opportunity for her to drink most nights.

Confidence and self esteem

In the following paragraph, Helen explains that she is a confident individual and, as a result of the way that she openly portrays herself, gets mixed reactions when meeting people for the first time:

> *I hung about with boys a lot at school and then I found when I came to university there's a...there's a few girls that I get on with very well; although I met most of them on my course rather than um, in my house. I found the girls in my house and on my floor, quite taken back with me when I first met them... cause I was used to from school...like very openly talking about anything, pretty much. Um, and I'm quite loud; quite confident and I...I talk about anything...*

In the preceding paragraph Helen mentions how her confident nature may have influenced her personal development with respect to relationships with others and her drinking behaviour.

Although she describes herself as a confident individual, examples throughout her narrative contradicted this. For example she comments that she does not like being on her own or going to new places alone:

> *Although it doesn't really make sense 'cause I'm...I'm...as I say I'm very confident. But um, I still don't like going anywhere on my own. I don't even like walking to uni particularly on my own.*

She also comments that being drunk gives her a lot more confidence, especially when talking to boys in clubs:

> *I think I'm confident anyway but maybe just feel a little bit...[pause]..normally er, like when you see someone who's really good looking and you think I just wish I just asked because the worst thing that can happen is they would have said 'no' and I just wish ? 'cause I'm never gonna see him again; when I'm drunk if I see someone good looking, I'll approach him and probably ask....*

Although Helens maintains that she is a confident person, there are inconsistencies that challenge this for example, although she suggests she is a confident person (in the paragraph above), she also stops and takes a pause as if to admit that this is not always the case. She then goes on to say how alcohol helps her to approach males which she would have otherwise avoided.

Family Experiences

Helen states she is proud to be working class; however, there is some confusion about how she understands this aspect of her identity in regard to her family relationships. She describes how her parents are polar opposites and explains how she has been left confused, as both of her parents have differing perspectives in terms of parental guidance:

> *Like my mum's very much family over career. And my Dad's career and family, sounds horrible but career-focused um, and I'm definitely in the middle but I'm definitely um, I'm really in the middle, like having polar opposite parents...my dad's so money orientated and my mum's not...they're so opposite as well as my mum was working class; quite a lot of debt and not well off at all. My dad's very rich and um, I'm sure this annoys her [laughs a little]*

As a result Helen explains that she feels in the *middle* and that she is uncertain as to what choices she will make in the future, indicating that she needs to choose between them; success in her career or having a family.

Helen explains that she is often left confused about her father's expectations of her and his love for her. Although she saw her father on a regular basis after he left the family home when

she was young, she explained how she was still confused about her feelings for him, especially with respect to leaving the family home 20 years ago and beginning a family with someone else. She had recently read a letter from her mum written 20 years ago explaining what had happened between them

> *At the minute it's a bit weird talking to my dad. 'Cause although he hasn't done anything, obviously recently. He hasn't done anything different from say last week to this week. It's just that I've read the letter so it's a bit weird for me. Like I probably wouldn't go and stay with him. There were a few bits in that were a bit upsetting like quotes from my dad and stuff. Like she'd um, she'd put that he'd said that he'd um, he was glad that I was a girl because it was easier to leave. Which was a bit hard to read*

Where Helen has said that her mother found it hard to read, I felt that Helen was also experiencing difficulties with making sense of what her father had said. I wondered what impact this had on Helen's identity formation and her self esteem.

Helen regularly referred to her father's expectation of her for the future. She explained how they are always arguing and how if she talks to her father about how she feels, he blames it on her *female hormones*. She goes on to explain that she *had a father figure in my granddad* but recently had realised that herself and her father have a *shallow relationship.*

Helen explains how she felt hurt about him not being able to tell her that he loved her:

> *I said to him um, that [pause]I said I love you in the conversation and he didn't, which, like I don't usually bother 'cause I know he doesn't [pause] like...I know he loves me but he doesn't say it. Um, and I threw in that I'd said, 'Oh, you say it to [brother] and not me!' Which is probably a really bad thing to say now!*

Helen compared herself to her brother in this account, taking several long pauses which appeared to reflect the painful nature of the feelings associated with possibly feeling unloved by her father. It is evident that Helen's view of her father is that he is much closer to his step-son than her. This is likely to have affected the way in which Helen's self -esteem has developed.

Current Drinking

Helen's drinking has been continuous from a young age but has increased since attending university. She explains how she fully intended to drink a lot in her first year:

> *I never thought, 'Oh God. I'm drinking too much.' I probably maybe should have Um, I don't know but I just thought if I'm...maybe because I fully expected last year to be the year of my life that I drank the most and I also do not intend after that point, to ever drink anywhere near that much again*

When Helen described her drinking, there was a sense that she felt she was in control, and therefore was not concerned about the harmful effects. She explained how she set out to *push it and push it* past her limits. Although she appeared to be confident about her drinking choices, stating that she believed any damage caused over the year she would recover from, she later contradicted this, stating that she had regrets about how she spent the year. Helen reflected that she spent *9 times out of 10 drinking* and feels that she would now like to have a *more productive year to make up for last year.*

Consequences of drinking

Helen identified that one of the positive effects of drinking was *increased confidence* and she commented that *I don't know any girls that would drink if there was just girls there,* indicating that she feels the presence of boys is important.

Helen admitted that there have been consequences to drinking excessively that have led her into situations that she has later regretted; particularly sleeping with a boy who shares her flat. There were connotations that indicated that she felt disappointed with herself:

> *...there's a boy in our house. .my housemate this year, who I slept with last year and um, I...like I don't even...like I don't even know why I did it.*

Helen acknowledged that her drinking had led her to have an *unproductive* first year, and therefore she was intending to change her drinking patterns in her second year by joining sports clubs and other associations.

Managing feelings and anxieties

Although Helen described herself as a confident individual, it was evident that in certain situations her confidence appears to be compromised. Helen described herself as confident; however, this may be a mechanism for protecting a more vulnerable self from others. She spoke about being bullied in her early years at school and learning to protect herself. She also indicated that alcohol increases her confidence and allows her to do things that she would not otherwise in engage in such as dancing and talking to boys when she is out. These factors in

association with the evidence to suggest Helen felt rejected and unloved by her father, may have contributed to her need to portray herself to others as a confident person.

Helen has a strong sense of identity which she describes as working class. Although she is proud of this, Helen appeared to feel like she needs to be *boyish, bollshie* and drink more in order to be liked and accepted by the boys she lives with.

Although she said she feels equal to her peers from public school, I felt she may have been intimidated by this, therefore seeking out *like-minded people* to mix with.

The interview process

Helen was eager to tell me everything about growing up and her experiences of drinking at university. She expected the interview to just focus on the amount she was drinking, but found that it had been interesting and enjoyable. She reflected that it was like a counselling session in terms of her own self-learning and she had probably learnt as much from it as I had. She ended the interview by commenting that she was not planning to carry on drinking to such an extent and that it *was just a university thing*.

The Interviewer experience

I found Helen to be open throughout her interview and easy to talk to. I assumed from her presentation in the first interview that she was an outgoing and confident person. Following inconsistencies in her narrative from the second interview, I realised that Helen's confident persona was likely to be a way of managing her anxieties and indicated an element of self-doubt.

Summary

- Helen self-identifies as being working class and proud, but feels that this has contributed to some of her difficulties in adapting to university life.

- Helen understands that when growing up, drinking was part of her way of life.

- Helen is still trying to understand why she drank so much at a young age.

- Her upbringing has contributed to developing the personality traits described as confident and bolshie, which she believes makes it difficult for other girls to accept her.

- It appears that Helen experiences an increased pressure to drink and keep up with the boys so she can be accepted.

- Although Helen maintains she is a confident person, she appears to depend on alcohol to increase her confidence in certain situations.

- Helen's parents did not appear to challenge Helens alcohol use when she was younger.

- Helen's relationship with her father is difficult and as a result often feels that he is unavailable for her.

- Helen explains that she had planned to drink a lot in her first year which appeared to make it more acceptable when she reflected back.

6.0 GROUP ANALYSIS

Throughout my research, I have focused upon presenting and understanding the data by adhering to the biographical uniqueness of each individual's account. It is however, important to consider the relevance of any shared themes in order to utilise conclusions derived from previous research. In this section, shared themes will be identified across all three participants and contradictions that have emerged throughout individual accounts will be explored further.

6.1 Understanding their drinking; current challenges and anxieties

-Autonomy versus dependence

Helen, Susan and Amy provided similar accounts of how they first experienced alcoholic drinking as a young teenager. They reflect on their early alcohol use as a way of experiencing a level of autonomy and independence, away from parental control. Susan and Amy spoke about how their parents brought them their first bottles of alcoholic drink around the age of 14. All of the participants spoke about how they understood their parents struggle with 'getting it right' in terms of managing their child's exposure to alcohol use in the early years. For example, Amy was aware that her mother was happy for her to try alcohol but her father was against it, often resulting in arguments between her parents. Susan described having a *best friend* relationship with her mother and that her mum *left me to it* as she *didn't know how else to manage it.* She reflected that if her mother had told her *'don't go out'* and *'don't drink'* she would not have listened and would have drank anyway.

Within the context of understanding their first experiences with alcohol, all participants felt parental attitudes to drinking did not influence their drinking behaviour directly, all however relayed different parental attitudes towards drinking. From the narratives it was evident that all were striving to achieve a balance between their use of alcohol when socialising after gaining independence and freedom from parental control. Achieving this balance appears to be a continuing theme throughout the narratives. Susan's parents like to drink in moderation and she can feel under pressure to show that her drinking habits are 'normal' when in their presence. Amy still feels pressure not to drink when she is out with her father and avoids ordering the glass of wine (which she would do if she was on her own). Amy finds it difficult to exert her autonomy in the presence of her father as he does not like her drinking and she does not want to *disappoint* him. Helen's mother regularly sends her articles about drinking alcohol at university indicating that she may be concerned about her daughter's drinking, therefore Helen is careful not to worry her further (about her drinking).

-Socialisation and making friends

All participants considered drinking to be an important part of university life and described a similar typical night out: meeting at a friend's house or common room early on in the night, drinking heavily before going out (often playing drinking games), and going into town later. This enabled them to go out feeling drunk without incurring the high costs of paying for drinks in clubs. Both Helen and Amy spoke about how they had *expected* to be drinking a lot at university. All of the participants spoke about the initial challenge of making friends and the pressure of fitting in. There was a collective view that drinking was part of the normal socialisation process at university, in that it reduces inhibitions and increases confidence in social situations. These findings support Hendry and Kloep's (2002) view that partaking in a social shared activity such as drinking, encourages people to make new friends and is a normal part of the socialisation process of leaving home and going to college. However, all of the participants describe a level of social anxiety whereby they find it difficult when sober to talk with people, especially males. For example, both Susan and Helen described how they struggled to communicate comfortably with boys. A personal reliance on having to drink to reduce inhibitions in social situations could be an added motivator to drink in excess.

-Adapting to academic challenges

The adverse impact of drinking on academic performance within the first year of university life, was common throughout all three accounts. Susan initially denied that nearly failing her first year was related to regular harmful levels of alcohol use although she later contradicted this, explaining that she felt she had to take her second year more seriously and would not go out as much. Susan also commented that she realised the amount of work she submits *'correlates with how I do'.*

Amy spoke openly about how she had struggled to complete her studies explaining that her drinking has affected her studies more during the second semester. Amy only had 8 hours of lectures per week, but still regularly missed lectures and tutorials as she felt a *massive pressure to go out*. In Amy's second interview a week later Amy had opted to drop several of her modules giving her Thursdays and Fridays off so she could have an *extended 4 day weekend.* She explained that this was good as *everyone is in the same boat now* and that *the three people I call the 'three heavy drinkers' have exactly the same off as me now.* Unlike Susan, Amy appeared to accept the influences of alcohol on her ability to be productive at university and directly linked this to the negative feelings that she has about herself in terms of under-

achieving. Helen did not directly talk about the impact of her drinking upon her work but stated that she completed all of her work, but not to the standard she would have liked.

The use of alcohol also impacted on the participants' 'university' experience as a whole. Helen felt that as she had spent the majority of her first year drinking, leading to a feeling of being *unproductive*. Helen and Amy both explained how they felt they had wasted the year through drinking. Although Amy appeared less inclined to want to change, stating that she was too tired to engage in alternative activities, Helen had already taken on a number of different roles this year (joining sports teams and committees) *to make up for last year.*

6.2 Consequences of harmful drinking

Feelings of guilt, shame and embarrassment became apparent across all three participants as they provided examples of engaging in behaviours when drunk which they later regretted. When Susan was prompted about her encounters with males when drunk she quickly moved on stating that there were *regrets but there is no point in worrying about it as you can't take stuff back*. Changes in her tone resulting in uncomfortable laughter and incomprehensible whispers appeared to reflect the uncomfortable feelings she experienced when she was re-iterating stories (for example she laughed when recounting how she was accompanied by the police when drunk). She described that although she is rarely sick from alcohol, on one occasion she woke up wishing she could *throw up all of the vileness inside*. In contrast Amy spoke openly about how she would be left feeling ashamed of herself after a night out and how this in turn left her feeling depressed. She also provided several examples of when she felt guilty; on several occasions this involved getting intimate with men, one was her friend's boyfriend. Amy was exposed to the message that drinking was a shameful activity from a young age, as she attended AA meetings with her Father. As a result, Amy held the view that I *will never drink*. Engaging in heavy drinking behaviour now however, opposes this early view, which appears to have left Amy with other uncomfortable feelings relating to shame about drinking. Amy acknowledges that her drinking causes her to feel *disappointed* in herself. Helen also expressed feelings of being ashamed of her behaviour with males when drunk. Although she said she said she never has regrets, she contradicted this with explaining how she felt used after an encounter with her flatmate.

Underlying feelings of shame and embarrassment together with the anxieties associated with these, became apparent from all of the participants when describing their experiences. The contradictions emerging in the narratives illustrate how the participants' accounts of their behaviours are likely to have conflicted with their ideal self. The free associations participants

conveyed, provided an insight into the feelings of shame and anxiety which were being 'defended', examples being Susan whispering and Helen's denial of experiencing uncomfortable feelings. Further evidence of the defended subject is discussed with relation to the coping strategies that participants draw upon in order to manage these conflicting feelings and 'threats to the self' (Hollway & Jefferson, 2008, p.299).

6.3 Coping with anxieties associated with drinking

- Shared group meaning

When all three participants spoke about how they understood their drinking experiences they referred to drinking as part of a group. Being part of a group can provide a sense of belonging and universality (Yalom, 1995). Amy and Helen explained how they drank as a homogeneous group; all were students at the university who were heavy drinkers. Hudson (1990) suggests that being part of a homogeneous group can assist people with validating a particular area of experience (in this case drinking). This helps to make experiences that could otherwise be 'unthinkable', into something that can be consciously thought about and integrated into a person's personality. All three participants appeared to talk about their own excessive alcohol use more comfortably when relaying their experience (as being a collective norm) within the groups they identify themselves with. Susan describes how all of her friends *are all alike and really quite similar*, and how we *just kind of like having a good time together.* Amy was part of *the heavy drinkers group*. She spoke about other house mates who do not drink as much as *not really being in our group* and that *we're definitely like quite hard core drinkers which is um.. pretty bad.* Helen explains that she felt she needed to seek out people similar to herself; as result she admits that in order to *hang around with boys* she would drink *a lot*. Drinking as part of group may be contributing to re-enforcing their harmful drinking choices through the process of de-individualisation (Deiner, 1980). De-individualisation occurs when a person's behaviour takes place as part of a group and the individual becomes less concerned about their normative standards and consequences related to this behaviour. As a result, the perception of control over their behaviour reduces.

Garland (1991) suggests that an advantage of a homogenous group is that individuals who have shared similar experiences can provide support and containment for each other. All three participants comment on how the experience of sharing stories the 'morning after the previous night' was a regular occurrence. Susan explained that she often relied upon photos and friends accounts to help fill in the 'gaps' which is just *funny*. Amy felt that sharing

anecdotes was one of the enjoyable aspects of going out drinking and that it was *nice to jump on each other's beds in the morning and go: Oh do you remember when you did this or that happened?* For Susan and Amy, sharing stories were seen to strengthen group cohesion and provide a positive sense of belonging to a group.

There is evidence throughout their narratives, that Susan and Amy share similar 'all or nothing' thoughts when thinking about the choices of being sober or drinking. Susan explained that people who do not drink or go out are *boring* and that she was *generally a sociable student* whose drinking was *pretty average*. Amy struggled to understand why several of her housemates chose not to drink and felt sorry for them. I interpreted these thoughts to be reflective of both Susan's and Amy's own anxieties about what it would be like to be always sober and not part of a group. Helen explained that she sometimes felt pressure from others to drink but then said that she would not drink if she did not want to. She later however went on to explain how she had to 'cheat' at a drinking game, pretending she had had more to drink than what she actually had. This indicated that Helen did not feel comfortable expressing herself when not wanting to drink, possibly due to a fear of being rejected from the group. Susan, Amy and Helen provided an insight as to how they perceived their own group identity and behaviour, portraying their experiences as something that was exciting, fun and positive in comparison to other people who were not part of a drinking group. Social identity theory (Tajfel & Turner, 1986) suggests that aspects of self concept and identity derive from group membership and as a result, most individuals will view their group as positive when comparing themselves to other groups. This could also be used to explain why Susan and Amy felt the need to portray their own group behaviour as almost being superior to those people who were not in their group and choose not to drink. Susan, Amy and Helen all appear to have used alcohol as an aid to making friends and to gain a sense of belonging to a specific social group. Without the continuance of drinking to harmful levels, they may have feared exclusion from the group.

- *Minimising and Denial of consequences*

There was evidence that participants minimised and denied the negative implications associated with their harmful drinking behaviours in order to cope with the anxieties associated with maintaining their defended position. Susan, Amy and Helen had shown an element of concern about the impact of drinking upon their health. These thoughts however, were later minimised as they all continued to describe how they believed that their heavy

drinking was short-term, being limited to their attendance at university. There was limited acknowledgement of alcohol dependency, and all felt their consumption levels would reduce, as a matter of course after leaving. Through comparisons with others (Amy: *there's people that drink more than me)* and by justifying the current context of the drinking behaviour (Helen: *it's not like I'm going to do this for the rest of my life)* participants were drawing upon both psychological and social understanding as a way of defending their current position.

Susan, Helen and Amy all reflected that their alcohol use would be more concerning if they were drinking on their own. Susan explained *it's not like I will sit at home and get drunk on my own, so it can't be that bad for me,* minimising the effects of her current behaviour.

This short extract from Amy explains that when she started to drink on her own, she became more concerned:

> *my dad was an alcoholic, that's played a lot on the back of my mind a lot. At the moment I'm okay. But I remember last summer, I'd come in and I'd be alone and I'd have a glass of wine. And that used to freak me out 'cause I don't want to be one of those people who just drink...just because I can.*

They all had a similar understanding in that someone who is dependent on alcohol drinks alone and therefore dependence was not of concern to them at the current time.

There was evidence within the three accounts that all of the participants had experienced regret as a result of their behaviour whilst drinking. Throughout the interviews the participants portrayed, that they were in control of their behaviour whilst drunk and that they set boundaries for themselves, which provided a sense of security and being in control. They all, however contradicted themselves by reciting how they compromised their personal boundaries, and they would 'reframe' or extend their boundaries within their narratives in order to justify their behaviour, therefore defending their position.

In the following extract, Susan explains how she found herself in bed with a man after she had passed out:

> *yeah... so we carried on drinking there and then I literally passed out and woke up and was like.. Where the hell am I? And he was like 'shit', yeah that was kind of like really weird because I didn't like, well we were drunk when we got there and I didn't even remember getting there so ..I woke up and I was like oh 'hia', so I ended up here last night....umm, yeah it's never like... I have never woke up on a park bench or anything...*

Susan suggests that there could have been a worse outcome (ending up on a park bench instead of at a stranger's house) and was therefore minimising the event. This could be

considered as evidence that she was defending against possible uncomfortable feelings that may have been associated with her actions. This was further evidenced as she explained that she never had a night that has ended badly, attempting to justify that drinking has not led her to experience adverse consequences. Amy also explained that she was in control and has an *inner moral line*, providing her with a *sense of integrity and* stopping her from doing anything that put her at risk. Although Amy's *line* stops her from approaching other men (as she has a boyfriend) she explains how this can be compromised:

> *I guess when I'm not with him and go out sometimes, they're a bit...like you don't get with anyone but you let your guard down a bit more...um, but, yeah, my lines are basically my morals and probably let them go a little bit! ? so I do some things which are like not really appropriate.*

Amy provides several other examples where her boundaries have been compromised and she has felt exposed to risk; once a man followed her into the toilet and refused to leave, and on a different occasion, she went to find her friend at a cash point and was followed by a man who tried to push her on the floor but she ran away. Helen also explained how she feels that no matter how drunk she gets, she *always keeps a sensible head;*

> *No matter how drunk I got that's another reason I guess I drink a lot 'cause I always... I never need to worry that I'd do something seriously stupid if...if I do anything stupid it's just like falling over or something. Nothing actually dangerous.*

Helen feels like she is in *full control* when she has been drinking and its other friends who put themselves at risk.

Despite providing a range of examples of risk taking behaviour, all of the participants held the view that they were in control of their behaviour and held the view that 'it won't happen to me'. Amy explained that because nothing bad has happened to her so far, this was likely to be the case in the future. Helen explained how she had reoccurring memory loss when she tried to recount what had happened in various situations. Through maintaining the position of denial, all of the participants can maintain their drinking levels without having to consider the implications of these risks on their drinking behaviour.

Helen's, Amy's and Susan's alcohol intake for a typical week was recorded as reaching harmful levels at the end of their first year. They attempted to make sense of their own excessive drinking habits through reflecting on a range of experiences from which similarities emerged, including how they felt about their drinking at the current time. All three participants referred to the stress caused by the transition of leaving home and attending university, adapting to independence away from home and reduced parental involvement. They all explained how

alcohol was a key part of the socialisation process during freshers' week and that their drinking continued throughout the rest of the year. All of the participants presented a common view in that they perceived their alcohol use was not problematic and that it was the 'norm' across the student population. Feeling of guilt, shame and embarrassment were evident from the participants' narratives where they recalled engaging in various behaviours whilst drunk and on occasion, later regretted. There was evidence that Susan, Amy and Helen used strategies such as minimisation and denial to unconsciously defend against the possible feelings of anxieties associated with recounting the negative consequences of their alcohol choices.

7.0 DISCUSSION

In this section, I will discuss how the results answer my research questions. I will reaffirm the research aims followed by a core narrative structure. The main findings will then be developed and discussed in relation to existing research and psychological theories. Strengths and limitations of the study will be presented, followed by a discussion of clinical implications, and recommendations for future research within this area. I will conclude with a personal reflective paragraph and a statement of the overall conclusions.

7.1 Research Aims

The aims of this research were:

- To obtain a sample of suitable participants from which female undergraduates who reported drinking to harmful levels could be recruited
- To elicit accounts of female undergraduate drinking behaviour in the context of leaving home and adapting to university life
- To understand the way in which undergraduate students explain their drinking in the context of their lives
- To explore female undergraduates' perceptions of the risks associated with harmful drinking
- To understand how female undergraduates envisage their future drinking behaviour after leaving university

7.3 Core Narrative Structure

A core narrative structure has been provided to allow the reader to identify the key findings that emerged from combining both the individual and group analyses. The themes identified that have been included, are those that were identified from all three of the participants. There were however, obvious differences in the way individual's recalled their individual experiences. The structure is divided into four sections relating to how female undergraduates understood their drinking with the general themes highlighted in bold italics.

7.3.1 Pre-existing factors before transition; What participants bring to university

Particular features of family histories, social life as teenagers and particular personality characteristics that existed pre-transition were all identified as common factors which may

contribute to the way participants use alcohol. The first shared factor illustrated similarities between all of the participants in the way in which they ***disconnected from the family script***:

> *I don't think anyone in the family really drinks! ..So I definitely haven't got it off them! (Helen)*

All three participants had previously reflected upon their drinking behaviour and tried to identify explanations from their family histories, which may have influenced their alcohol use. Although all of the participants provided similar accounts of their early experiences of drinking, they did not make explicit links between their early exposure to drinking and their current drinking choices. Helen commented that she didn't know how she *ended up here*. She briefly questioned whether her mother's parenting style was right but feels she would have *done it anyway*. Amy attempted to understand why, after her experiencing her father's journey with alcohol, her own drinking had escalated to its current level. All of the participants were trying to consider how their previous life experiences and upbringing had influenced their drinking choices but were unable to make links between them. If they are unable or unwilling to make such links, they may be unable to consider alternative ways to use alcohol.

All participants described experiences of ***Anxiety and low self-confidence*** that appeared to be a characteristic of their personality which existed pre-transition phase:

> *I was absolutely terrified because I get quite nervous about like...like well even like this. I was like really nervous about it um, so, yeah, definitely. It wasn't too much the leaving home. It was the kind of meeting everyone...(Amy)*

Susan referred to several examples of anxiety provoking situations in which she struggled to cope when she was younger. She found it difficult in the interview to explain some of the consequences of her alcohol use, being concerned about the opinions of others if she admitted what had happened. Amy described herself as an *anxious* person who experienced anxiety attacks since she was young, as a result of feeling that people were looking at her. Amy was initially very nervous in the interview situation and expressed anxiety about saying the right thing, this diminished as she began to recite her experiences. Helen, however, described herself as a *very confident and outgoing person.* During the interview process she was confident and concise in explaining her beliefs and opinions. Contradictions began to emerge in the analysis, however, suggesting that Helen may not be as confident as she would like others to believe, as she talked about her fears about going to new places on her own and depending upon alcohol to ease her inhibitions when talking to men. Helen's portrayal to

others of her confident and outgoing 'ideal self' sounded contradictory to her 'actual' experiences in social situations. From the narratives, it was evident that Susan, Amy and Helen all experienced difficulties with low self-confidence and anxiety that were pre-existing prior to attending university. These aspects of a person's persona may be heightened in stressful circumstances such as moving to university. Although most people are likely to experience some anxiety and low confidence throughout such a life transition, these findings suggest that experiencing anxiety in normal everyday situations, such as going to new places, may contribute to these individual's' difficulties in dealing with anxiety provoking situations without the aid of alcohol.

7.3.2 Beginning university; the challenges and anxieties experienced

All three participants experienced a range of challenges when adapting to university life. Alcohol was widely referred to as an aid which assisted in overcoming anxieties associated with 'fitting in' and making new friends, decision making without family influence, and fulfilling academic expectations. The first theme was associated with ***developing a social life at university*** which was driven by concerns about being accepted by new friends. Susan, Amy and Helen all spoke about how their drinking played a significant role when making new friends and achieving a sense of belonging to social groups. As alcohol was the focus of their group activity and socialising, drinking was identified as the primary way (for these participants) to make friends and be accepted. Susan explained that it was *difficult* living in halls as she was surrounded by international students who did not drink, so drinking enabled her to meet new people and feel less isolated. Amy was similarly concerned before attending university and relied on going out and drinking, acquiring a friendship group of *likeminded* people. Helen considered that drinking was her only option *if I want to join in with anything* living in a house with all boys.

The participants gave little consideration to other means of socialising, such as joining groups or participating in university activities. They also used negative connotations when talking about alternatives to drinking, and perceived other students who did not drink as *boring* and *shocking*. Utilising theories from cognitive therapy, their thought processes could be described as 'all or nothing thinking'. They appeared to be unable to think flexibly about other options and saw things in black and white categories (Beck, 1975). For Helen, Amy, and Susan undergraduates who drank were viewed as sociable and alcohol was the only perceived method for them to make friends and to fit in.

The participants' narratives highlighted the challenge of ***living away from parental control*** and they found managing without parental support difficult, especially when making decisions and in maintaining self-care:

'I am not feeling like they are watching over me the whole time' (Susan)

All described elements of stress whilst trying to adapt to independent living without depending on their parents. Amy described how she previously relied on her parents to prompt her to do things and now struggled to organise herself on her own. Susan said she had never had to cope alone before and missed her twin, with whom she had done everything. She experienced the move to university as stressful compared to what she was used to *getting completely thrown off course.* A sense of loneliness and isolation dominated Helen's narrative as she described finding herself alone with only one housemate when she first moved to university until the other students came after the summer.

From these findings, it is impossible to determine whether alcohol consumption actually increased among any of the participants during this transition stage, but participants recognised that their alcohol use had changed away from the influence of parental supervision. All participants described the transition of moving to university and leaving their families for the first time as being stressful; they also expressed, however, a sense of freedom as they moved away from parental constraints. For example, Amy stated that *it's nice to have your own space and be able to do what you want to do.* Acquiring this new level of independence led to an increased autonomy in making decisions and in needing to develop personal coping strategies to cope with new challenges. Some of these strategies, such as heavy alcohol use, may not have been acceptable in the family home. The findings suggest the challenge of coping alone and developing an increased independence may contribute to the stress of transition for susceptible individuals and therefore potentially increase alcohol usage.

The third challenge identified was the concern with ***meeting new academic expectations,*** *underpinned* by anxieties about failure. The perceived increase in academic pressure produced feelings of stress linked to working hard and adapting to course demands. Susan and Helen both explicitly linked the effects of their alcohol use with their course performance. Susan explained that the pressure of coping with academic demands led her to go out drinking, in order to relax. Helen identified that she spent most of her spare time drinking, and although

she had completed her academic work, acknowledged that she *didn't do it well.* For Amy, drinking had offered her a way of escaping from her course work; she had dropped modules on her course in order to devote more time to going out drinking. She openly acknowledged that alcohol helped her to manage in situations where she felt under pressure to achieve. High academic expectations from her parents contributed to her feelings of anxiety and stress due to not wanting to *disappoint them.*

It is not possible from this study, to ascertain as to whether the stress induced by academic pressures was the main catalyst for heavier drinking. It is however, indicated that subsequent drinking may have been affecting academic achievement, potentially causing further stress.

The findings also suggest that participants have identified that academic demands add to the stress of transition and this in turn may be linked to alcohol use as a coping strategy. There was also evidence that all the participants shared an understanding that they would need to change their drinking habits if they were going to achieve academic success.

7.3.3 Consequences associated with harmful drinking during the first year

The perceived primary benefit of excessive alcohol consumption throughout the first year was in ***reducing feelings of anxiety*** resulting from some of the new challenges experienced in the transition stage (as outlined in section b).

Alcohol was also identified as a strategy which assists with easing social integration *by* ***reducing inhibitions*** and ***increasing confidence***. Participants explained how they depended on alcohol to aid socialisation and increase their self-confidence. Susan and Helen explained how alcohol *reduces inhibitions* and provided them with *confidence,* allowing them to freely talk to members of the opposite sex. For Amy, alcohol gave her the confidence to do things that she would otherwise avoid and to integrate socially, into university life. Amy provided examples from being aged 14 of how she has used alcohol to reduce the stress when communicating with boys and admits that she met her current boyfriend when drinking heavily. The narratives from this study support the notion that alcohol is used as a way to increase confidence and reduce inhibitions, and this may be more applicable to those female undergraduates who have low self confidence in social situations. This was deemed an important effect by the participants, as it was *easier to talk to people who you wouldn't otherwise* (Helen).

There was however, a less desirable outcome linked to the reduction of inhibitions. All three participants explained that when under the influence of alcohol, they were likely to participate in less desirable and sometimes risky behaviour, often leaving them with ***feelings of shame, embarrassment and guilt*** the morning after. Although the participants all describe the effects of their alcohol use in the short term as being relatively positive, receiving immediate gratification (for example an increase in confidence), they went on to describe how the physical and emotional effects linked to heavy alcohol use were also experienced. Susan talked about the shame she felt, on reflection, after a night out, in relation to her behaviour when drunk. She expressed feelings of guilt for wasting the next day hung-over and missing lectures. Amy appeared to internalise feelings of shame, leading occasionally to periods of depression; *I often wake up after a night out and feel like, not ashamed but quite like sad and my life is just a bit decrepit!* Instead of detailing what happened, she went on to say how the best way of coping was to not think about what had happened the night before, *which is really depressing* but to *just get back on it* [going out again]. Helen was not explicit about the shame she felt as a consequence of drinking too much but, this became apparent from the analysis, where on reflection, she had talked about engaging in some behaviours she regretted (including sleeping with her flat mate) which appeared to leave her experiencing difficult emotions and justifying her actions.

7.3.4 The need to manage consequences of harmful drinking

A range of coping strategies were referred to throughout the participants narratives which were used to justify and understand their behaviours. Some of these strategies were more explicit than others.

As drinking was the focus of all of their group activities and socialising, the participants considered it ***'the norm'*** for university students to drink to excess. Participants did not explicitly recognise that their drinking was different from the average student. Susan used the term *generic student* to describe how she understood that her level of alcohol consumption was not significantly different from any other student. Amy felt that she drank more than the 'typical' student but no more than the 'heavy drinking group' with whom she identified herself. Helen described that she *binged* on alcohol like *every* other student. There was however, evidence in all the narratives that they were all likely to be consuming more than their close peers and that they appeared to recognise this, reframing their stories to justify their drinking

choices. Susan's understanding was that she must be more susceptible to the effects of alcohol, as her friends did not exhibit the same behaviours during a night of drinking. Helen felt that the effects of drink were personal and she had to drink a lot because *if I drank what I'm recommended to drink I might as well not drink anything 'cause I wouldn't feel it at all.* Therefore the usual 'rules' associated with drinking heavily were not considered to apply by Susan and Helen and by ***comparing themselves to others***, they were able to justify their drinking behaviour as being the norm and not excessive.

When all three participants used the terminology of 'we' drink, they went on to describe their drinking taking place in a group. This indicates that they view their drinking as a ***shared-group activity*** and as being similar to their peers. Amy spoke about her experiences of drinking as part of a *heavy drinking group.* It is difficult to comment on whether Amy's drinking was influenced by 'peer pressure' with Amy conforming to her new friendship group or whether Amy sought out a particular friendship group which met her needs. Amy adapted her perception of her drinking to 'fit' with her rational story of why she drinks and to the behaviour of others, rather than considering her own responsibility in controlling her drinking.

There is evidence throughout the case analyses that Susan and Amy and Helen all used ***denial as a way of coping*** with the negative effects associated with heavy drinking, in order to avoid recounting the feelings of shame and guilt associated with their drinking behaviour. Susan's inability to openly acknowledge the consequences of her drinking was characteristic throughout the interview, during which she regularly failed to complete her sentences about her own alcohol consumption. She ended sentences with 'hey..' or by whispering and had difficulty discussing emotions that were related to the consequences of her drinking. Similar to Susan, Amy also found it difficult to think about the consequences of her behaviour when she had been drinking. Unlike Susan, Amy was able to acknowledge some of the consequences of her drinking but was ambivalent about the impact of these. Helen denied that her drinking had any negative effects on her and justified this by the fact that a health check had showed she had no obvious physical damage. She did however acknowledge that her drinking had been heavy but that this was acceptable as she had 'expected it to be' during the first year.

This theme illustrates how all of the participants are attempt to justify their drinking behaviour providing a 'rationalised' story in which they can understand their behaviour and 'defend' their position. There was evidence that all participants used ways of managing their feelings about the consequences of drinking, albeit to different degrees and in different ways.

From the interview findings excessive alcohol use appears to be a subject with which females may associate feelings of guilt and embarrassment and therefore use denial as a means of coping. The process of denial is recognised as a way in which people can effectively defend themselves from feelings or thoughts which may be too difficult to tolerate. The morning after the night before is the time when they all provided examples of 'not thinking about what happened'. The narratives from all three participants provide evidence that denial is used as a way of coping with the consequences of heavy alcohol use. It is unlikely therefore, that at this current time participants would seek support and assistance to help reduce their heavy alcohol use, as participants are defending their current position. It is important to recognise that the existence of shame or embarrassment relating to alcohol use, especially in females, could be an important factor in eliciting a true depiction of a person's drinking.

Although all three participants had an awareness of risk when under the influence of alcohol, there were underlying connotations of 'it won't happen to me '. All of the participants ***minimised the consequences*** of their behaviour, whilst under the influence of alcohol, considering risky behaviour as being something that was expected. The participants 'reframed' their own stories by suggesting that their behaviour was either anticipated or that the consequences were not as bad as they appeared. Festinger's (1957) model of cognitive dissonance can also be used to assist with understanding individual's need to reframe their stories, where two conflicting thoughts or behaviours occur at the same time, leading to cognitive tension for the individual. For example, Susan felt that she did not put herself at risk but went on to explain that she woke up one morning in a man's bed, following a night out, but could not remember how she got there. She justified her behaviour by stating that it could have been worse; *it was not as if I ended up on a park bench or anything*.

Participants spoke about their risky behaviour and apparent loss of control in their behaviour by creating a narrative which portrayed them as being in control. The assumption of control contradicted the stories they told about putting themselves at risk. Helen provided examples of how her and her friends *always* meet up and go home together but then recalled that on one occasion she found herself alone and drunk, under the care of police officers following a night out. Amy also explained how she had never done anything *too bad* but then stated that on one occasion she was followed into a toilet by a stranger (male) one night, but could not recall the details. Helen described being *really aware* of safety and that although she drinks *a lot*, she would *always* be in control. All three recognised that they may have exposed

themselves to 'risky situations', but felt they were in control, hence did not appear to allow this to influence their drinking choices.

The final way in that participants seemed to justify their drinking behaviour was by ***assuming automatic changes in the future.*** This thought appeared to be used as a way for participants to justify their current drinking; by assuming that it would reduce as soon as they left the university environment. Participants understood that that their alcohol intake would reduce, to correlate with changing life styles; for example, Helen described her drinking as *very much a one off university thing* and felt that her drinking levels would significantly change once she left the university environment.

7.4 Answering the Research Questions

1) How do individuals understand their drinking in the context of the transition of leaving home and adapting to university life?

As illustrated in the core narrative structure, there are similarities across participants' narratives in the way they all described their early experiences and family histories that have influenced their drinking choices. Participants identified the positive effects of alcohol, allowing them to overcome their social anxieties, having fun and having a 'shared interest' amongst friends. The associated negative effects did not appear to be influential in changing the drinking choices of the participants. These included experiencing hangovers and health worries as well as participating in behaviours that appeared to generate subsequent feelings of shame and embarrassment. The participants appeared reluctant to discuss the negative consequences experienced in detail and I theorised that this was probably as a result of their need to 'defend' against intolerable feelings and anxieties which may be associated with these. It is these feelings that are likely to have driven individuals into developing particular coping strategies in order to manage associated anxieties. The evidence suggests that in order to maintain the stance of the 'defended subject', stories provided by the participants portrayed a position of psychological safety, but using defences such as denial, participant's unconscious anxieties can remain mobilised at this level (Hollway & Jefferson, 2009). It is unlikely that participants would seek support and assistance to help reduce their heavy alcohol use as they are 'defending' their current position. There was a resonance throughout the narratives that drinking alcohol was not deemed problem for them at this time. The viewpoint held by all of the participants was that heavy drinking is just *part and parcel* of everyday life at university. For these three participants the associated effects of alcohol, particularly those related to easing social anxieties, meant that there was limited desire to change drinking choices in the immediate future.

There were both commonalities and individual differences in the way that participants understood their alcohol experiences. Although all participants shared similar experiences through the transition stage to university, they brought with them different life experiences which contributed to their own understanding of drinking. Important differences existed between how participants spoke about their alcohol use. For Susan, alcohol provided a way in which she could achieve her 'ideal self' in front of others. Amy spoke about her long standing 'relationship' with alcohol since attending AA meetings with her father from the age of five. In contrast Helen viewed alcohol as something integral to her 'working class identity'.

The narratives reflected differences in the level of acknowledgment of each participant towards considering the effects of their alcohol use and in their desire to want to change their alcohol consumption. Although participants' stories ended with 'predicting' how their drinking would reduce in the future, this reduction was assumed to be an automatic change associated with maturing and acquiring new responsibilities. Helen was the only participant who spoke about her intention to change her drinking choices in the near future.

The findings illustrated a shared consensus that none of the participants considered their drinking behaviour as harmful or excessive. All relied on comparisons with their peers in order to justify this perception and failed to acknowledge that their drinking levels were indeed higher than most other students. The Free Association Narrative Analysis provided a greater in depth understanding as to how the participants 'distanced' themselves from the negative consequences related to heavy drinking, where feelings of shame became apparent. Participants understood that their drinking was 'manageable', for example, they provided examples of how they would change their drinking behaviour in certain situations (during exams or in the presence of parents). Conflicting associations were highlighted throughout the analysis; these suggest that participants were not always able to manage their drinking in the way they 'idealised'.

2) How are drinking choices influenced by previous and current life experiences?

All participants attempted to reflect on the past to understand their drinking behaviour, but they had been unable to make conclusive links. The free association narrative allowed for further hypothesis to be developed, and possible links between family experiences and alternative coping strategies were explored. There was a consensus across all the participants that drinking as young teenagers was part of growing up. Parents had often bought alcohol for them when they were young under the illusion that this alcohol was for sharing within a group and was not just for the sole consumption of their daughters. Concealing the extent of their alcohol use from parents was common; Susan, Amy and Helen all provided different reasons as to why they still minimise the extent of their alcohol use when they are around their parents. The reasons cited for this centred on 'protecting' their parent's unnecessary emotional reactions rather than being concerned about the consequences themselves.

For all participants the role of alcohol in their upbringing was an important contributor to shaping their family 'scripts' around alcohol use. For example, Susan's parents drank socially and therefore she associated drinking sensibly with becoming old and boring whereas Amy had had expectations that she would not drink as a result of living with a father who was dependent on alcohol; this somewhat unrealistic expectation led to feelings of self-disappointment.

Evidence also suggests that family life and parental attachment style can contribute to the development of coping skills and the ways in which we respond to stressful situations (Cooper, Shaver & Collins, 1998). All three participants detailed experiencing difficult emotive parental relationships with either their mother (Susan) or father (Helen and Amy). Using the concept of Ainsworth, Blehar, Waters and Wall (1978) 'Secure base', Hendry and Kloep (2002) suggest that attachment style can influence whether the person has a safe base from which they can explore and gain new skills and resources they need in which to cope with challenges through life, especially in the transition to university. The difficult family relationships described may have contributed to individuals developing inherent factors (as identified in each case analysis) such as low self-efficacy and high anxiety, which in turn may have influenced their reliance on alcohol use.

3) What do participants narratives inform us about periods of Abstinence?

Helen identified that her drinking decreased when sitting her final A' level exams. This was the only one period of abstinence referred to within any of the narratives, supporting the findings that alcohol use was consistent amongst all three participants since attending school.

Although at times of increased pressure, when performance is important, individuals like Helen may be able to reduce their drinking, others appear to be less inclined. This may be linked to a range of factors, such as minimising the effects of drinking to harmful levels, and the perception of being considered boring if not wishing to participate.

4) What do participants narratives inform us about perception of risks?

Although the participants had an awareness of potential risks, they did not regard themselves as being susceptible. This viewpoint appeared to be a way of distancing themselves psychologically, from potential risks, although all of the participants provided examples of situations where they exposed themselves to risk.

There were contradictions within the accounts linked to the participants' understanding of risk, for instance, they spoke as if they were in control of the situation but they were in fact, obviously placing themselves at risk. As a result of these dilemmas, all of the participants appeared to reframe their own stories by suggesting that their behaviour was either anticipated or that the consequences were not as bad as they seemed. Boundaries or *moral lines* that these individuals had once set for themselves, appeared to be easily changed or adapted depending upon the circumstances. Cognitive dissonance (Festinger, 1957) can be used to assist with understanding individual's need to reframe their stories, where two conflicting thoughts or behaviours occur at the same time, leading to cognitive tension for the individual. For example, Susan stated that it [finding herself in a stranger's bed] could have been worse; it was not as if she ended up on a park bench 'or anything'.

It appeared that all of the individuals recognised that they may have exposed themselves to what others may perceive as being 'risky situations' but considered that they were in control. The level of risk that they perceived was minimal and therefore did not appear to influence their drinking behaviour.

5) How do participants anticipate alcohol to feature in their future?

Although all three participants felt this change would be a natural process on leaving university, they all gave examples of how alcohol would feature in their lives in the future, particularly in relation to socialising. Susan reflected that just because she would be older when she left university, it should not mean that *life has to get boring*. Amy was the only individual that expressed concern in case her alcohol use increased, leading to dependency like her father. Therefore, her motivations for cutting down on her alcohol intake in the future were driven by the idea that she could actually maintain her drinking at a controlled level.

Helen was the only participant that referred to making changes both short term and long term and unlike Amy and Susan, it was apparent that Helen had already made changes to her lifestyle by taking part in other activities that she felt she may have *missed out* on in the first year, due to her focus on *drinking and going out*. Helen described her drinking as *very much a one off university thing* and felt that her drinking levels would significantly change once she had left this environment. This was interesting, however, in respect to how Helen had previously described that alcohol consumption was common place within the working class community, in which she had been brought up.

The participants' perception that their alcohol intake will reduce in the future, to correlate

with changing life styles may be wrongly assumed, as evidence suggests that binge drinking at college may be an indicator that continued high levels of alcohol consumption are likely, post university (Jennison, 2004). Also, the perceived benefits associated with drinking, may still be sought after university studies have been completed.

7.5 Links to Existing Research

Previous research has shown that female students regard alcohol as a 'social lubricant' by increasing group cohesion (Smith & Berger, 2010, p. 39) and relate the shared context in which drinking takes place as that which may encourage excessive alcohol consumption (Guise and Gill, 2007). One of the main benefits associated with student drinking identified within this study, was that female undergraduates' regard alcohol as an aid for socialisation and described their drinking as a shared-group activity, which fulfilled a purpose; to fit in and be accepted in new friendship groups, thus supporting previous findings. American research with female undergraduates (Smith and Berger, 2010, p.38-40) described this as 'ritualistic behaviour', where by females would drink in all-female groups before going out in a 'pack'. Although there was evidence that this occurs in the UK, findings from this study did not suggest that this was something exclusive to females, as the participants regularly referred to drinking in mixed groups, where drinking games could be carried out and where the purpose of pre-drinking was to increase confidence and decrease social inhibitions, especially aiding communication with male peers. Guise and Gill (2007) also provided examples where social confidence was also an incentive to drink in a shared-group context.

Previous literature (Guise & Gill, 2007, Piacentini & Banister, 2006) found that students describe their drinking as being 'normal' student behaviour, generalising their alcohol consumption across the student population. Similar findings were found within the narratives of all three participants within this research, where participants had normalised their drinking by comparisons with their friends and with the student population in general. Previous qualitative research has often failed to provide evidence to illustrate how much alcohol participants were consuming (in Piacanti's & Bannister's research, no measures were used to evidence the amount participants were drinking). Therefore the participants could have been making an accurate assumption in that their drinking levels may have been similar to the 'normal' drinking patterns expected for students (accounting for the year of study and time of research).

This current research differed in that it specifically identifies those students who reported drinking to harmful levels of alcohol, at the end of the first year and who exceeded the 'norm', however, the misconception that they were drinking the same as their peers was still held by all three participants. These findings illustrate that although there may indeed be a shared view across the majority of students that their drinking behaviour is 'normal', these misconceptions are unlikely to be helpful for those people who are drinking harmfully but are unable to recognise that their consumption is not the 'norm'.

Qualitative research in the area of female student drinking (Guise & Gill, 2007; Smith & Berger, 2010) has failed to consider fully the individual context in which females draw upon their past and current experiences which may shape their 'family script' relating to alcohol. This study illustrates that it is important to consider these existing factors and their influences, especially in considering the development of alternative resources to cope with stressful transitions. Seaman & Ikegwuonu (2011) highlighted how individual developmental changes and different experiences influencing the transitions to adulthood, should be to be taken into account when considering a young person's drinking behaviour. The accounts provided in this current research support these recommendations in that it is important to consider the impact of individual differences and developmental attainments on challenging transition periods such as leaving home and attending university. Although all three participants in the study described similar experiences to how and when they first began drinking, their stories about how alcohol had featured in their family histories were personal and provided an insight into their interfamilial relationships. There was some evidence that these relationships were likely to influence the resources they had acquired throughout life to cope with more challenging situations. For instance, Susan specifically linked her difficulties with adapting to life on her own, without the presence of her twin sister, Hendry and Kloep (2002) suggest that our biological dispositions, for example, being a twin, may influence how, as children, we meet daily experiences and challenges. It is an individual's acquired learning from coping with these challenges in early life, which Hendry and Kloep (2002) suggest is key for developing our potential resources enabling us to cope effectively in meeting future challenges.

Research has shown that students utilise a range of methods to cope with alcohol focused social activities at university (Piacentini & Banister, 2006) although this is mainly focused on how students avoid or participate in alcohol fuelled social situations. Distancing and denial

strategies were identified as being used by students who did not view their alcohol use as a problem, although examples of these were limited and not substantiated with evidence of the individuals drinking levels. This current research expands these findings by exploring how females, who we know are reporting to drink at harmful levels, cope with attempting to rationalise some of the negative effects associated with their drinking including using strategies such as denial and minimisation, as well as making comparisons to others. Other research with female students (Guise & Gill, 2007) found that participants wanted to 'distance' themselves from negative consequences and would use methods of 'deflection' in order to do this. Generalising one's behaviours, using expressions of uncertainty and positioning themselves outside the categories of being an excessive drinker, were apparent strategies identified from the interviews. Similar findings from this research can support the notion that young female undergraduates are likely to 'distance' themselves from negative consequences; however the reasons for this remain speculative. Guise and Gill (2007) suggest that participants may have problems admitting to harmful drinking levels as they may be concerned about how this is interpreted by the researcher; they fail, however, to offer any evidence for their findings. The Free Association Narrative method used in this study allows for further interpretations to be made by accounting for the co-production of data between the interviewee and the researcher (Hollway & Jefferson, 2000). Through considering omissions and inconsistencies within the participants' narratives, feelings of shame and embarrassment were identified. These feelings, along with underlying anxieties related to alcohol use, may be difficult for the individual to tolerate, leading to the individual to provide an alternative, 'rational' account for their behaviour.

7.6 Strengths and Limitations

7.6.1 The questionnaire

The design of the questionnaire (Appendix 2) focused on eliciting information relating to the drinking behaviour of first year undergraduate female students. Questions were incorporated from pre-existing sources, the advantage being that they had been previously validated (with the exception of three qualitative questions that were added, as the initial view was that these may have provided data that would complement the study, should the volume of quantitative data be insufficient). The online delivery of the questionnaire enabled easy distribution via e-mail to the target audience and ensured that all female first year undergraduates could take part.

The 'on-line' recruitment tool was a definite strength, as demonstrated by the success,

measured in numbers of responses (N=466), which exceeded expectations. This was probably due to the initial anonymity provided by this type of approach, allowing participants to take part without feeling under pressure.

The questionnaire was also a successful in fulfilling the recruitment requirement, in that it provided a large pool of suitable participants, who met the interview criteria, and provided the necessary consents.

As a consequence of the high volume of data collected, it was unnecessary to include the information generated by the three qualitative questions. It was always envisaged that this would be complimentary to the interview study, by possibly adding contextual information. As the targeted number of three participants were recruited successfully to the main study, the need for additional qualitative data was not required.

As the number of responses was high, the questionnaire only remained 'live' for two days, as the number that could be usefully analysed, within the time constraints of the study, had been reached. This means that some individuals who would have liked to have participated may have been excluded.

In terms of analysis, the online nature of the questionnaire meant that responses were accurately recorded and the results were easily transported to a spreadsheet by using computerised software packages, minimising human error. The results from the questionnaire were dependent on participants 'self-reporting' their alcohol intake, which has been criticised in previous studies for being an inaccurate measure (Midanik, 1988). However, the 'self-reporting' drink diary incorporated within this study, was designed to minimise the probability of inaccurate reporting by requesting that participants record specific amounts and drink types, as opposed to 'units of alcohol'.

7.6.2 Free Association Narrative Interview

The use of an online questionnaire allowed the participants who met the inclusion criteria and who agreed to participate in the study, to be easily contacted. Although part of the inclusion criteria required participants to consent to taking part in the further research, approximately half (50%) of the participants who drank harmful amounts (35 or more units over a typical week) chose not to take part in the research interviews. Unfortunately, individuals who are unwilling to discuss their drinking habits further will always be a limiting factor in terms of the overall results, as the result will only reflect the understanding of those participants who are willing to talk about their alcohol use. From the participants who volunteered, the inclusion

process was effective in filtering the responses generated by the questionnaire, leading to the recruitment of the three participants who met the inclusion criteria for the study.

The free association procedure of carrying out two interviews with the same individual within a two week time frame meant that the pen portraits were not completed until after the second interviews. This meant that there was the potential for gaps in the personal information collected. However, comparison of the data collected during the interview process, with that contained within the pen portraits, produced a good correlation and was therefore considered comprehensive.

The nature of the FAN method for data collection, through semi-structured interviews, allowed the participants to speak freely about their alcohol use. This was a strength as it encouraged participants to provide an in-depth insight into their attitudes towards alcohol use how they managed anxieties, without the influencing effect of a structured approach.

As part of the Free association analysis, the researcher is expected to lead the analysis, making the process followed dependent on my subjective interpretations. As a novice user of the free association approach, I found that this posed some difficulties due to my lack of experience. However, I was able to consult with a practitioner who had familiarity with this methodology, meaning the 'process' could be monitored to ensure that I remained faithful to the method.

In section 2.0 – 2.7 I have outlined the theoretical and methodological foundations of this research and have documented principles which can be used to evaluate qualitative research of this nature in section 2.7 (Elliott et al., 1999). One strength of this research was that I had outlined my own perspective and motive for engaging in this area of research. This is particularly important when using the FAN method, as Hollway and Jefferson (2000) suggest that both the interviewee and researcher are psycho-social subjects who are co-producing the data generated. As a result of collecting detailed personal information from each of the participants, the presentation of the information, which has included direct quotes and biographical information will allow the reader to easily understand the interpretation of the author. Regular debriefing sessions from a trained psychoanalytic practitioner followed each initial interview to discuss potential hypotheses and themes emerging from the narratives.

Analysis using the narratives from the three participants was sufficient to provide an insight

into how female undergraduates understand their drinking choices, with the group analysis further supporting the themes identified. With the limited number of interviews, the objective was not to produce results of a general nature but to gain an in depth understanding of the experiences of individuals. Stake (2003) advises that research involving case studies are focused on what is particular about that case which completely opposes to concept of generalisation;

> "Their designs aim the inquiry toward understanding of what is important about that case within its own world, which is seldom the same as the worlds of researchers and theorists (Stake, 2003, p. 140).

As health care is personal to the individual, the FAN approach taken was appropriate when aiming to understanding the behaviour choices of individuals, on a one to one basis, as detailed personal experiences could be explored.

7.7 Clinical Implications

The findings from the questionnaire and interview support previous findings that a number of students continue to report drinking heavily beyond the initial freshers' period. Therefore there is a need for active interventions to be focused continuously on all students attending university, and not just at the initial first few months. The responses from the questionnaire also show that there are a number of individuals who may be drinking harmfully but do not want to talk about their experiences directly. These participants may however be willing to engage through other online methods, for example, through using self-assessment tools such as www.unitcheck.co.uk (a self-assessment guide to calculate whether the number of units that one is consuming is a risk to health, Bewick et al., 2008b) to increase their awareness of harmful drinking. This study shows that the themes of guilt and shame are linked to excess alcohol use, therefore making it difficult for females to talk directly to people about their drinking. The online method of assessment may provide a way of finding out more information about their drinking choices without having to speak to a person directly about their alcohol use. This could be promoted to students when they access other student services such as counselling or welfare, to provide them with information about their level of drinking and the potential risks associated with drinking. It may be enough for some individuals to be presented with the evidence showing how much they are drinking , this, alongside promoting harm minimisation strategy's (for example advice about how to drink more safely), may help students feel more empowered to change their drinking.

The findings also show that interventions should be aimed at those who regard themselves as 'normal' drinkers, as all of the participants who were interviewed, felt that their drinking was representative of student life in general and was the 'norm'. Other research in this area (Guise & Gill, 2007 and Quintero, Young, Mier and Jenks (2005) have found similar results and have also highlighted the fact that many students who binge drink or drink harmfully underestimate their level of consumption and do not regard themselves as drinking to excess. None of the three participants who took part in the interviews acknowledged any of the drink awareness campaigns promoted at the university. The way in which intervention campaigns are being presented should be considered in order to target those females who are drinking harmfully but believe their drinking behaviour is normal across the university population. The generic response from all three participants, when under the influence of alcohol, was to minimise the consequences of their behaviour, which could place them at risk. Identifying that people are less likely to be in control when under the influence of alcohol, regardless of their own perceptions, could be an effective message to be emphasised within future interventions campaigns. Although including this information may be a useful addition to effective campaigns, the findings from this study show that individuals may experience anxiety when confronted with this information, resulting in the individual remaining defended and upholding certain beliefs such as 'it will not happen to me'. In order to overcome these defences, information should be presented to the individual in a way that is less dictatorial and easier for the person to process, therefore less threatening to the self. Using 'real life' stories from female students who have experienced both positive and negative consequences from heavy drinking, may make campaigns more balanced and less threatening for people to associate with.

The findings from this research also showed that females identified a range of challenges associated with the transition of leaving home and attending university such as making friends, becoming more autonomous and adapting to new academic expectations. The findings also indicated that there may be particular individual characteristics such as low self-confidence and anxiety in social situations which could influence a person's ability to cope with certain situations. In terms of direct interventions, basic problem solving techniques and information relating to ways of coping with these known challenges could be included in self-help guides and in the introductory information provided to students when they enrol.

Results from the interviews showed that despite similar themes being identified in terms of

understanding their drinking, each participant described different experiences by illustrating psychological and social reasoning, linked to their harmful levels of drinking. Therefore results from this study highlight the need for specific individual support to be available and for specialised services to be easily accessible for students who may be worried or concerned about their drinking. Although the participants, within this study, did not feel that their drinking was a problem (hence they were seeking no support or assistance) they all actively wanted to participate in the interviews about their current drinking. This could be interpreted as help-seeking behaviour, where participants were seeking validation about their drinking choices. Susan, Helen and Amy all reflected that they found the interview process had made them think about their alcohol use, with Helen reflecting that the process felt like a therapy session as she could talk freely without being judge. The interviews were conducted using the free association approach which left the agenda open for participants to make their own associations. The fact that these interviews were not associated with drinking services, could have been a contributing factor as to why people were willing to engage. As Plant (2008) identifies, there is often a social stigma attached to alcohol services. Therefore the provision of an 'outreach' facility for interested students may be beneficial which instead of focusing on drink awareness campaigns and support, could promote 'healthy lifestyle support' where both psychological and physical well-being are considered. This could provide a confidential service for individuals to talk about any concerns (including their alcohol use if they required) using a client-centred interview structure where the individual can talk freely without being judged. Individuals could then be referred to specialised alcohol intervention services if they requested further support.

7.8 Future Research

There is a need for further qualitative research within this subject area, specifically around the impact of shame and guilt. Research exploring how these concepts may affect an individuals' coping strategies, especially in relation to the university environment, would provide a further insight into the ways in which female undergraduates understand their harmful drinking behaviour. The impact of shame and the perceptions of female students who drink to excess may contribute to the social stigma that appears to be associated with accessing support and would benefit from being explored further. Also, the way that female students relate to the negative consequences associated with drinking may also warrant further consideration. The participants in this study only spoke briefly about their concerns about the impact of alcohol on their health and personal safety, indicating that consequences are deemed minimal. This is important as the long term health effects of harmful alcohol use are widely publicised and

have been associated with various organ damage including liver disease, cancer, heart disease and infertility problems in later life (NHS Choices, 2011).

Future studies may need to give more consideration to the research methods used to gather information from this specific population. The free association analysis method allowed for the researcher to explore in-depth the deeper meanings of the presented narrative, which went beyond the subjective account of the participant. This proved to be invaluable when researching the topic of alcohol, as the subject of heavy drinking appears to have alternative connotations which relate to guilt, shame, social acceptance and stigma.

7.9 Conclusion

Helen's, Amy's and Susan's alcohol intake for a typical week was recorded as reaching harmful levels at the end of their first year. They attempted to make sense of their own excessive drinking habits by reflecting on a range of experiences, which showed similarities. The transition period of leaving home and attending university was experienced as stressful and alcohol use was an acceptable way of easing the anxiety associated with the expectations of university life. All of the participants presented a common view in that they perceived that their alcohol use was not problematic and regarded their drinking behaviour as the 'norm' across the student population. Feelings of guilt, shame and embarrassment became apparent from subsequent contractions in the participant's narratives, where they had recounted engaging in various behaviours whilst drunk that they later regretted. There was evidence that all participants used strategies such as minimisation and denial to unconsciously defend against the possible feelings of anxieties associated with recounting the negative consequences of their alcohol use.

Participants did not regard their drinking levels as being harmful as they anticipated that their drinking levels would reduce after leaving university due to changing lifestyles. Although there were similarities in the way participants understood their alcohol use, different family experiences and personal characteristics were apparent throughout the individual narratives which reflected their personal experiences with alcohol. In summary, this study has established that some female undergraduates are choosing to drink to harmful levels exposing themselves to health and social risks. Intervention campaigns need to have resonance with the female students who are exposing themselves to health and social risks by minimising the consequences relating to their harmful drinking choices.

8.0 REFLECTIVE STATEMENT

I feel privileged that Susan, Amy and Helen shared their stories with me in such an honest and open way. This permitted me to collate data of a personal nature, allowing the reader to gain an animated and informative insight into certain aspects of these women's lives. Listening and submerging myself within the narratives has often felt like a journey without an ending where I have been left wondering what the outcome will be for these young women. My anxiety during the first interview was evident as I listened back to the recording; the impact of this on my own perception of the situation and my follow up questions may have influenced the stories that Susan was able to share with me.

Although there was likely to be a relationship between my own anxieties and the perceived anxieties that I interpreted in Susan's narrative throughout the first interview process, I believe the impact upon the analysis was minimal. Susan's anxiety was further evidenced following the second interview, and examples in the data were used to illustrate this. The reflective process during the analysis allowed me to separate the influence of my own anxieties about 'getting it right' and my fears about the narratives not emerging.

As my confidence with using the FAN method grew, I was able to use a more flexible approach in the later interviews with Amy and Helen, therefore not feeling constrained by the interview schedules, which I felt encouraged both Amy and Helen to talk more freely and provide greater in-depth examples relating to their experiences. Although I attempted to be non-judgmental throughout the interview process, I found it difficult to avoid feeling hopeful that these young women's drinking habits would change in the future. I am optimistic that this project will contribute towards students re-evaluating their drinking choices in the future and would encourage others to consider the importance of recognising the individual nature of the female student drinking experience.

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10.0 APPENDICES

Appendix 1 – Ethical Approval

Faculty of Medicine and Health
Research Office

Room 10.110, Level 10
Worsley Building
Clarendon Way
Leeds LS2 9NL

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UNIVERSITY OF LEEDS

Miss Cheryl Barrass
Doctorate of Clinical Psychology
Institute of Health Sciences
Charles Thackrah Building,
University of Leeds.
101 Clarendon Road, Leeds.
W Yorks, LS2 9LJ

29 June 2010

Dear Cheryl

Re ref no: **HSLT/09/026**

Title: **How first year female undergraduates understand their drinking experiences during integration into university life: A qualitative study**

I am pleased to inform you that the above research application has been reviewed by the Leeds Institute of Health Sciences and Leeds Institute of Genetics, Health and Therapeutics (LIHS/LIGHT) joint ethics committee and following receipt of the amendments requested, I can confirm a favourable ethical opinion on the basis described in the application form, protocol, supporting documentation and your response to the reviewers' previous comments.

In addition to storing data for this study on the M: drive once it has been anonymised as described in the application, the researchers recommend that the secure word file that links the email address to the record ID is kept on a University file server limited to on site access. Your local IT Manager will be able to arrange for you to have access to the Secure Area (or any other University server space that that meets the criteria of password protected and only available from within the place of work).

Please notify the committee if you intend to make any amendments to the original research as submitted. Approval is required prior to any change being implemented.

We would like to remind you that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I wish you every success with the project.

Yours sincerely

Laura Stroud

Mrs Laura Stroud
Chair, LIHS/LIGHT REC

Appendix 2 – Online Questionnaire

Please note: this has been imported from an online package for reference only; it did not appear online in this reduced format.

About BOS | Support | Contact Us

FEMALE UNDERGRADUATE'S DRINKING CHOICES

UNIVERSITY OF LEEDS

My SurveysCreate SurveyMy DetailsAccount DetailsAccount Users

Page 1 of 7

Welcome: Survey on the drinking experiences of female undergraduates

Information for participants

Before you agree to take part in this research, it is important that you understand what the study entails so you are able to make an informed decision about your participation. Please read the following information carefully.

What is the research about?
This questionnaire is part of a larger research study into the drinking experiences of female undergraduates. Previous studies have suggested alcohol consumption among some female undergraduates is changing but we need to know more.

What will taking part in this research involve?
It will involve you completing a short questionnaire about your experiences relating to alcohol. During the completion of the questionnaire you will be invited to take part in some further research involving being interviewed about this subject.

Do I have to drink alcohol to take part?
No, you do not have to drink alcohol in order to take part in this questionnaire. We are interested in your views about alcohol use among female undergraduates regardless of whether or not you drink.

How long will this questionnaire take to complete?
The questionnaire will take approximately 5 minutes to complete.

Do I have to take part?
There is no obligation for you to take part.

Do I have to complete the questionnaire?
You are not obliged to complete the questionnaire. If you would like to withdraw from the study at any time you can close the questionnaire by clicking on the red cross on the corner of your screen. This will close the questionnaire immediately.

Can I withdraw my results once they have been submitted?
You will not be able to withdraw your results from the study once they have been submitted.

Are the results confidential?
Yes, the results will be kept confidential. Your results will remain anonymous unless you agree to be interviewed-at this stage we will seek your permission to identify your survey results.

What will happen to the results?
The results will be written up and used to inform part of a larger research study. Results may be published but confidentiality and anonymity will remain.

What is the prize draw?
The prize draw is available to all eligible participants who complete the questionnaire. If you would like to take part you will be entered into to a prize draw for a chance to win some retail vouchers. These vouchers can be selected by the winner from the following list of retail outlets: Amazon, Boots, I-tunes, Debenhams or Waterstones.
There will be five prizes on offer (First prize:1 x £50 vouchers, Runner up prizes: 4 x £5 vouchers).

How can I take part in the prize draw?
On completion of this questionnaire you will have the opportunity to be entered into the prize draw. You will be required to provide your e-mail address in order for us to inform you if you are a winner. This e-mail address will not be linked to the answers that you submit.

What happens if I become distressed when answering the questionnaire?
If you become distressed or worried about your answers during the completion of the questionnaire or want to access more information about this topic, a full list of internet sites and help agencies are provided at the beginning and end of the questionnaire. Alternatively, you can contact your GP or other agencies which are based within the university, such as the Leeds student counselling service on 0113 343 4107 for further advice and information.

If you have any queries or concerns regarding this study please contact:

Cheryl Barnes, Trainee Clinical Psychologist on umcjm@leeds.ac.uk. This Research project has been approved by the University of Leeds Ethics Committee, Ref No:

List of support agencies

Leeds Student Medical Practice
0113 295 4488
www.leeds.ac.uk/lamp

Leeds University Unions Nightline Listening
01133801380

Leeds Alcohol & Drug Service
0113 247 01111
www.alcoholanddrugservices.org.uk/centres/leeds/html

Leeds Student Counselling Centre
http://www.leeds.ac.uk/studentcounselling/
0113 343 4107

Drinkline
(confidential national alcohol helpline)
0800 917 8282

UNITCHECK
www.unitcheck.co.uk

Leeds Sexual Health Services
http://www.leedssexualhealth.com/

Continue >

Page 2 of 7

CONSENT

This page will register your consent to take part in the study

1. "I have read the participant information sheet and understand that my participation is voluntary and that I am free to withdraw from the survey at any time during completion, without having to give a reason. I can withdraw from the study by clicking on the red cross on the right hand corner of the screen".

I have read and understood the information provided and by continuing with this survey I am agreeing to take part in this project.

Continue > | Check Answers & Continue >

Page 3

ABOUT YOU

This section asks you to provide some information about yourself

ABOUT YOU

Please tell us about yourself

2. Are you?

○ Female ○ Male

3. How old are you?

Select an answer

4. Please select your ethnic group from the drop down list:

Select an answer

If you selected Other, please specify:

5. Are you an Undergraduate at the University of Leeds?

○ YES - Please select your course from the relevant faculty list below ○ NO - Please continue to the next page

a. 'FACULTY OF ARTS'
Select an answer

b. 'FACULTY OF BIOLOGICAL SCIENCES'
Select an answer

c. 'FACULTY OF BUSINESS'
Select an answer

d. 'FACULTY OF EDUCATION, SOCIAL SCIENCES & LAW'
Select an answer

e. 'FACULTY OF ENGINEERING'
Select an answer

f. 'FACULTY OF ENVIRONMENT'
Select an answer

g. 'FACULTY OF MATHEMATICS & PHYSICAL SCIENCES'
Select an answer

h. 'FACULTY OF MEDICINE & HEALTH'
Select an answer

i. 'FACULTY OF PERFORMANCE, VISUAL ARTS & COMMUNICATIONS'
Select an answer

6. Please select your current year of study:

○ 1st Year ○ 2nd Year ○ 3rd Year ○ 4th Year

7. Please indicate your main living accommodation....

	Universi ty halls of residenc e	Universi ty flat	Universi ty house	UNIPOL-controlled accommodati on	Other private rented accommodati on	Parental/Fa mily home	Other (please specify)
a. Before you came to university	○	○	○	○	○	○	○
b. During university TERM time	○	○	○	○	○	○	○
c. Outside of university term time (i.e the holidays/vacation time)	○	○	○	○	○	○	○

Continue > | Check Answers & Continue >

DRINKING CHOICES

This section will ask you about your drinking choices.

9. How often do you have a drink containing alcohol?

- Never (go to question 15)
- Monthly or less
- 2 - 4 times per month
- 2 - 3 times per week
- 4+ times per week

9. On a typical social night out, how many drinks containing alcohol would you consume?

1-2 | 3-4 | 5-6 | 7-9 | 10 or more

10. How often do you have six or more alcoholic drinks on one occasion?

Never | Less than monthly | Monthly | Weekly | Daily or almost daily

11. Did you consume alcohol last week?

Yes- please continue to question 12 | No - please continue to question 13

12. How many alcoholic drinks have you consumed per day over the last week? (please specify how many of each drink you have consumed on each day-if the answer is 0 please leave the space blank).

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
a. 1/2 pint Standard Lager/Beer (Carling, Fosters, John Smiths)							
b. 1/2 pint Strong Lager/Beer (Stella, Kronenbourg 1664, Fullers ESB)							
c. 1 pint Standard Lager/Beer (Carling, Fosters, John Smiths)							
d. 1 pint of Strong Lager/Beer (Stella, Kronenbourg 1664, Fullers ESB)							
e. 330ml Bottle of Premium larger/ Beer (Becks, Budweiser)							
f. 1/2 Pint Regular Cider (Woodpecker)							
g. 1/2 Pint Strong Cider (Strongbow, Magners, Blackthorn)							
h. 1 Pint Regular Cider (Woodpecker)							
i. 1 Pint Strong Cider (Strongbow, Magners, Blackthorn)							
j. 175ml Glass of wine (small glass)							
k. 250ml Glass of wine (large glass)							
l. Bottle of wine (750ml)							
m. Single 25ml Shot of Spirit (Vodka,Whiskey,Rum)							
n. Bottle of Alcopop (WKD, Hooch, Bacardi Breezer)							

13. Does your last week of drinking reflect what you would typically drink in term time?

Yes - Please continue to the next page | No - Please continue to question 13

14. How many drinks you would you consume per day over a typical week in term time - excluding exam periods and freshers week? (Please specify how many of each drink you would consume on each day - if the answer is 0, please leave the space blank)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
a. 1/2 pint Standard Lager/Beer (Carling, Fosters, John Smiths)							
b. 1/2 pint Strong Lager/Beer (Stella, Kronenbourg 1664, Fullers ESB)							
c. 1 pint Standard							

Lager/Beer (Carling, Fosters, John Smiths)							
d. 1 pint of Strong Lager/Beer (Stella, Kronenbourg 1664, Fullers ESB)							
e. 330ml Bottle of Premium larger/ Beer (Becks, Budweiser)							
f. 1/2 Pint Regular Cider (Woodpecker)							
g. 1/2 Pint Strong Cider (Strongbow, Magners, Blackthorn)							
h. 1 Pint Regular Cider (Woodpecker)							
i. 1 Pint Strong Cider (Strongbow, Magners, Blackthorn)							
j. 175ml Glass of wine (small glass)							
k. 250ml Glass of wine (large glass)							
l. Bottle of wine							
m. Single 25ml Shot of Spirit (Vodka,Whiskey,Rum)							
n. Bottle of Alcopop (WKD, Hooch, Bacardi Breezer)							

Continue > | Check Answers & Continue >

YOUR THOUGHTS & EXPERIENCES

15. Leaving home and attending University can influence drinking choices. Do you feel your drinking has changed since coming to university?

○ No, I don't drink alcohol ○ No, I drink the same ○ Yes, I drink more ○ Yes, I drink less

If you would like to tell us more about this, please use the space below to explain further:

16. Research has suggested that for some people drinking can have both positive and negative consequences. Have you have experienced any of the following in the last 6 months from drinking alcohol:
(select all that apply)

- ☐ Vomitted
- ☐ Being more sociable
- ☐ Increased forgetfulness
- ☐ Engaged in sexual liaisons that I would not have normally
- ☐ Had a better night's sleep
- ☐ Said or done embarrassing things
- ☐ Had more energy
- ☐ Increase in confidence
- ☐ Other *(please specify)*:

If you would like to tell us more about this, please use the space below to explain further:

17. If you would like to say anything related to female undergraduates' drinking in general, please use the space below.

Continue > | Check Answers & Continue >

PRIZE DRAW

This section will provide you with the opportunity to be entered into a prize draw.

PRIZE DRAW

18. Thank you for completing the questionnaire. If you would like to be entered into the prize draw to win either one of 5 prizes (First Prize: 1 x £30 or Runner up prizes: 4 x £5 of retail vouchers from Amazon, I-tunes, Waterstones, Debenhams or Boots) you need to provide an e-mail address so we can notify you if you win.

I would like to be entered into the prize draw:

○ YES-Please use the e-mail provided below ○ NO - Please continue to question 19

If yes, please enter your e-mail address in the box below:

To ensure we have the correct e-mail address please re-enter your e-mail address in the box below:

FUTURE RESEARCH OPPORTUNITY

19. Opportunity: £20 in vouchers for interview participation.

We are interested in talking to female undergraduates who drink alcohol on a regular basis and reside in Halls of Residence in term time and would like to interview 3-5 female undergraduates about their alcohol experiences.

PLEASE NOTE: As only a small number of participants are needed for this research, we cannot guarantee that candidates who volunteer to take part in interviews will be selected.

If you are selected to take part, on completion of the interviews you will receive a thank you gift of £20 of vouchers for your time.

If you are interested and would like more information please answer YES below. This does not mean you have committed to taking part, only that you have agreed to be contacted via e-mail with more information about the research.

I would like to receive more information about being interviewed:

○ YES, I would like more information about taking part in the interviews

a. Please use the same e-mail address as provided for the prize draw.

○ YES ○ NO- Please specify an alternative e-mail address below.

Alternative e-mail address:

b. The majority of the interviews for the next stage of the research will be conducted in October 2010 when undergraduates return from the summer. It would be helpful however if you are able to indicate the months you would be available to attend an interview. Interviews will be held on campus.

I am likley to be availible for interview during:
(select all that apply)

☐ June 2010 ☐ July 2010 ☐ August 2010 ☐ September 2010 ☐ October 2010 ☐ November 2010

Continue > | Check Answers & Continue >

THANK YOU

Thank you for completing this questionnaire. Your views are important to us.

You will be contacted via e-mail if you have been successful in the prize draw.

If you have been affected by any of the issues raised in this questionnaire, or would like to find out more information about safe drinking guidelines, you may find the following agencies and websites helpful:

Leeds Student Medical Practice
0113 295 4488
www.leeds.ac.uk/lsmp

Leeds University Unions Nightline Listening
01133801380

Leeds Alcohol & Drug Service
0113 247 01111
www.alcoholanddrugsservices.org.uk/centres/leeds/html

Leeds Student Counselling Centre
http://www.leeds.ac.uk/studentcounselling/

Drinkline
(confidential national alcohol helpline)
0800 917 8282

UNITCHECK
(allows you to check your drinking amount)
www.unitcheck.co.uk

Leeds Sexual Health
http://www.leedssexualhealth.com/

Appendix 3 - Participant Information Sheet

Invitation to participate in a research study –

Understanding Female Undergraduates Drinking Experiences

You have been invited to participate in this research study, however, before you decide to take part, it is important that you understand what the study entails so you are able to make an informed decision as to whether you would like to take part in the research. Please read the following information carefully.

- **Who is conducting the research?**

My name is Cheryl Barrass and I am carrying out the research as part of my Doctorate in Clinical Psychology at the University of Leeds.

- **What is the purpose of the research?**

The purpose of this research is to increase our knowledge about how first year female undergraduates understand their drinking experiences and the boundaries they develop during integration into university life. The aim of this research is to provide an opportunity for you to share your own experiences about the subject by being interviewed. If you decide to take part in this study, you will be encouraged to talk freely about this subject using any relevant examples.

- **Why have I been chosen?**

This research is about female undergraduates that live in the University Halls of Residence at Leeds and drink on a regular basis. You have been chosen to take part in this research through volunteering on the online questionnaire and meeting the research criteria.

- **Do I have to take part?**

You are under no obligation to take part in this study and can withdraw from this study at any time. Any information you provide can also be withdrawn from the study up until two weeks after the interviews are complete.

- **What will the study involve?**

The study will require you to be interviewed twice at a mutually convenient time and place about your experiences of drinking. Interviews will last approximately 1 1/2 hours and will be audio-recorded. After the first interview is completed the time for the second interview will be arranged. The purpose of the second interview will be to talk more in depth about some of the issues raised in the first interview and will allow an opportunity for the researcher to clarify any outstanding questions you have.

- **Will the information I provide be confidential?**

After the interviews are audio taped they will be transcribed by the researcher (Cheryl Barrass). At this time all identifiable information such as names and places will be changed for confidentiality purposes. It is still possible that you may recognise yourself in the research when published, although all information will be anonymised.

- **What will happen to the information I provide?**

The data collected from this study will be written up in the research document and submitted as part of a thesis study to the University of Leeds. All data will remain anonymous and all personal details will be changed. The research may be presented at academic conferences or used in articles in academic journals.

- **What happens if I feel upset or distressed?**

If at any time during or after the interviews you feel distressed or upset, a list of suitable agencies are attached and are available to offer support. You can also contact your GP if you feel that you need to access other services.

- **Who can I contact if I have any further questions or concerns about this research?**

You can contact Cheryl Barrass, Trainee Clinical Psychologist via e-mail at uncjm@leeds.ac.uk or alternatively Bridgette Bewick via B.M.Bewick@leeds.ac.uk or Carol Martin via C. Martin@leeds.ac.uk. This research has been approved by the University of Leeds Ethical Committee, REF

List of support agencies

If you have been affected by any of the issues raised in this research, or would like to find out more information about safe drinking guidelines, you may find the following agencies and websites helpful:

Leeds Student Medical Practice
0113 295 4488
www.leeds.ac.uk/lsmp

Leeds University Unions Nightline Listening
01133801380

Leeds Alcohol & Drug Service
0113 247 01111
www.alcoholanddrugsservices.org.uk/centres/leeds/html

Leeds Student Counselling Centre
http://www.leeds.ac.uk/studentcounselling/

0113 343 4107

Drinkline
(confidential national alcohol helpline)
0800 917 8282

UNIT 1421
www.unit1421.co.uk
unit check
(allows you to check your drinking amount)
www.unitcheck.co.uk

Leeds Sexual Health Services
http://www.leedssexualhealth.com/

Appendix 4 - Consent Form

Understanding Female Undergraduates Alcoholic Drinking Experiences

Researcher: Cheryl Barrass, Trainee Clinical Psychologist. University of Leeds

You have been invited to take part in the research study into how female undergraduates understand their drinking behaviour. In order to consent to taking part in the research, it is important that you have read the participant information sheet. If you are still willing to participate in this research please read the statements below and tick the box if it applies. By providing consent this does not mean that you cannot withdraw from the study at any time.

1) **I have read the information sheet provided** ☐

2) **I fully understand my involvement in the research** ☐

3) **I have had the chance to ask questions about the study and these have been answered to my satisfaction** ☐

4) **I am happy for the interviews to be audio-taped** ☐

5) **I understand I can withdraw from the study at any time** ☐

6) **I understand that I can withdraw the information that I have provided two weeks after the interviews have been completed and without reason.** ☐

7) **I understand that all names and places will be changed to protect my identity and guarantee confidentiality.** ☐

8) **I understand that if I disclose intentions to cause harm to myself or others, confidentially will be broken. At all times confidentiality will be maintained within the research.** ☐

I agree to take part in this study and understand that there will be two interviews that will each last between 1 hour-1 ½ hours.

Participant:
Name .....Date:.....
Signed.....

Researcher:
Name .....Date:.....
Signed.....

- Clients copy
- Researchers copy