More Than Red Ribbons: Student Affairs Professionals Who Advocate for HIV/AIDS Issues in Higher Education

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MORE THAN RED RIBBONS:
STUDENT AFFAIRS PROFESSIONALS WHO ADVOCATE FOR HIV/AIDS ISSUES
IN HIGHER EDUCATION

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
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DEPARTMENT OF EDUCATIONAL LEADERSHIP AND POLICY STUDIES

BY

JOHN MICHAEL DURNIL

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I couldn't have done this alone. I have always used the personal quote, "accomplishments are those of many hands," to acknowledge the help and support of others on any project I have undertaken. It couldn't be more apropos. I appreciate the expertise of my dissertation committee. It is difficult to describe in words the respect and gratitude I have for Dr. Jennifer Grant Haworth, the director of my dissertation study. I must also acknowledge the help, encouragement and support of all my colleagues at Elmhurst College and Roosevelt University. These are colleagues who have offered a kind word, sparked motivation, or participated, willingly and unwillingly, in my diatribes about this research. Thank you to all. I am indebted to the seven advocates who were the integral part of this study. They shall remain nameless, but the work they do will not be unnoticed. I have learned from their compassion.

I owe so much to my entire family of parents, in-laws and siblings. The sacrifices, the help, the understanding, the gifts of time and talents cannot be quantified. Lauren Elizabeth and John Andrew will now have to figure out why their Dad is a doctor, but doesn't work at a hospital. I dedicate this work to the memory of my father, D. Dean Durnil, and to the love of my life, my wife, my partner, the mother of my children, and my advocate, Carolyn. I am everything I am because you love me.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGMENTS</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>vii</td>
</tr>
</tbody>
</table>

## Chapter

### I. INTRODUCTION

Introduction ....................................................................................... 1
Current status of HIV/AIDS on College Campus .......................... 3
Purpose of the Study and Research Questions ............................. 4
Definition of Terms ....................................................................... 5
Significance of the Study ............................................................... 6
Limitations of the Study ................................................................. 7
Organization of the Study ............................................................... 8

### II. REVIEW OF THE RELATED LITERATURE

Theoretical Framework .................................................................. 10
Selected Review of Relevant Literature ....................................... 13
  Student Affairs Practitioner Role ........................................... 15
  Psychological - Social Issues Surrounding HIV/AIDS Advocacy ... 19
  HIV/AIDS Education Training Programs and Guidelines .......... 22
  Voluntary Socialization and Indoctrination ............................ 24
Summary of Literature Review ...................................................... 28

### III. RESEARCH DESIGN AND METHODOLOGY

Multi-Case Study Research Design and Sample ......................... 30
Case Identification and Sample .................................................. 31
  Selection of Auxiliary Interviewees ...................................... 35
Data Collection Procedures ......................................................... 36
Data Analysis Procedures ............................................................. 38
Trustworthiness ........................................................................... 40
Summary ....................................................................................... 41

### IV. FINDINGS AND DISCUSSION

......................................................................................................... 43
Seven Lives, Seven Vignettes of HIV/AIDS advocacy ................................................................. 43
Vignette #1 ................................................................................................................................. 44
Vignette #2 ................................................................................................................................. 46
Vignette #3 ................................................................................................................................. 50
Vignette #4 ................................................................................................................................. 52
Vignette #5 ................................................................................................................................. 55
Vignette #6 ................................................................................................................................. 58
Vignette #7 ................................................................................................................................. 61
Cross - Case Comparison ........................................................................................................... 64
Experiences ................................................................................................................................. 64
Personal Attitudes, Values and Beliefs Influencing Advocacy ..................................................... 73
Actions and Outcomes ............................................................................................................... 78
Van Gennep’s “Rites of Passage”: An Analytical Story of HIV/AIDS Advocacy ....................... 87
Summary ................................................................................................................................... 91

V. IMPPLICATIONS OF THE RESEARCH .................................................................................. 92

Summary of the Study .................................................................................................................. 92
Key Findings of the Study ............................................................................................................ 94
Implications .................................................................................................................................. 97
Implications for Institutions and Student Affairs Department ......................................................... 97
Further Research .......................................................................................................................... 99

APPENDIX

A. Interview Protocol for Case Study ......................................................................................... 102

REFERENCES ............................................................................................................................... 106
VITA ........................................................................................................................................... 111
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Theoretically-Relevant Sampling Criteria</td>
<td>33</td>
</tr>
<tr>
<td>2. Characteristics of Student Affairs Professionals by Case</td>
<td>34</td>
</tr>
<tr>
<td>3. Van Gennep’s Stages and Corresponding Analytical Categories</td>
<td>88</td>
</tr>
</tbody>
</table>
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MORE THAN RED RIBBONS:
STUDENT AFFAIRS PROFESSIONALS WHO ADVOCATE
FOR HIV/AIDS ISSUES IN HIGHER EDUCATION

The issues of HIV/AIDS have affected higher education since the beginning of the epidemic in the early 1980's. Increasingly large numbers of students in higher education must confront the issues associated with the disease. Student affairs professionals are charged with responsibility for student welfare, and some student affairs professionals have become involved in advocacy for HIV/AIDS issues. The purpose of this study was to examine the lived experiences of student affairs professionals who advocate for HIV/AIDS issues.

A multi-case design methodology (Conrad, Haworth and Millar, 1993) was utilized in this study. Research questions focused on student affairs professionals in the areas of (1) background personal history; (2) characteristics and personal assumptions; and (3) advocate actions and activities. Participants in the study were student affairs professionals who held membership in the Illinois Post-Secondary Consortium on HIV Prevention or were certified HIV/AIDS instructors through the American Red Cross.
Participants varied by gender, race/ethnicity, level of job responsibility, and institutional type. Additionally, auxiliary interviews were conducted for each student affairs professional included in the study. In total 37 interviews were conducted. Data were analyzed through the constant comparative method (Glazer and Strauss, 1967) with the end product being an analytical story of student affairs professional's advocacy for HIV/AIDS issues. The study’s theoretical framework was a cultural model proposed by van Gennep (1960).

The findings and discussion section of the study contain seven vignettes of student affairs advocates for HIV/AIDS, a cross-case comparison of the factors contributing to each professional's advocacy and an overall analytical story describing participants' advocacy in light of van Gennep's theory of rites of passage. The study concludes that the analytical categories of personal connection and induction experiences are pivotal in the life of student affairs professionals who advocate for HIV/AIDS. Implications for student affairs departments and further research are also addressed.
CHAPTER I

INTRODUCTION

As the world quickly approaches the year 2000, drastic changes are taking place on college campuses. Perhaps one of the most dramatic is the increasing demographic diversity of today's college students. As time honored traditions give way to new and emerging educational strategies, institutions and educators in higher education must find ways to prepare for, cope with, and support all students who make their way to college campuses. These students include those who take for granted space exploration, computer technology, touch tone phones, MTV, one-parent families and a host of other post-1970 innovations. The academy struggles to adjust. Educators must be prepared to engage a new population of students with vast demographic and cultural differences.

Today's college students have grown up in and been assimilated into a society much different from those of previous generations. One striking difference of the current student population is the social and cultural issues surrounding the Human-Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic. AIDS is a strange and powerful disease that has invaded the fabric of our society infecting people of all races, socioeconomic classes, genders and ages.

First identified in the early 1980s, the pandemic can be characterized from the ramifications it has created in public policy, community health, personal behavior, commerce, language and education. According to reports from the United States Centers
for Disease Control and Prevention (CDC) (1993), if screened, approximately 1 in 250 persons living in the United States would test positive for the Human Immunodeficiency Virus (HIV). More shocking is a report by Phillip Rosenberg (CDC listserve, 11/25/95) that estimates 1 in every 92 young American men may be infected. The numbers are even more alarming for people of color. Rosenberg estimates that 1 in 33 African-American young men and 1 in 60 Hispanic young men may be infected with HIV. Since 1991, the number of AIDS cases attributed to heterosexual contact has increased 26 percent, while the cumulative number of reported AIDS cases for 18 to 24 year olds has increased 50 percent. HIV infection and AIDS are now the sixth leading causes of death for persons between the ages of 15 and 24 (CDC, 1993). As of October 1995, the CDC reports that the cumulative number of diagnosed AIDS cases in the United States stood at 501,310; they estimate that cumulative deaths from the fatal virus will reach almost 400,000 by the end of 1995. Together, these numbers represent the ultimate death of 900,000 people (CDC, 1995). A CDC report from June 1995 states that women, African-Americans, Latinos, persons in small to moderate metropolitan areas, and persons infected through heterosexual contact are among the fastest growing groups testing positive for HIV. Governmental mistrust and belief that AIDS is part of a genocidal plot are often cited as reasons that members of the underserved populations do not get tested, practice safe sex, or participate in risk reducing education (CDC listserve, 11/3/95).

HIV and AIDS also have economic consequences. By the year 2000, for instance, it is estimated that the global economy will have lost nearly $514 billion dollars because of AIDS, of which nearly $100 billion dollars will have been lost from the U.S. economy
alone (CDC listserve, 10/14/95).

The mortality associated with AIDS accounts for the widespread fear and panic surrounding the disease. A plethora of misinformation and prejudice exists. Negative responses to individuals with the disease are magnified by the stigma associated with early behaviors believed to be central to transmission of HIV. A recent CNN/Prevention magazine poll reported that 30 percent of parents viewed AIDS as the single most important health and safety issue facing their children. In contrast, the next closest issue was driving with a drunk driver, identified by roughly one-fifth of survey respondents (CDC listserve, 10/10/1995).

Current Status of HIV/AIDS Education on College Campuses

The American College Health Association (ACHA) has provided a set of guidelines and recommendations to assist institutions in formulating a response to HIV/AIDS issues (1989). Most institutions have some form of policy statement which deals with HIV/AIDS, even if it is only in the context of communicable diseases. These guidelines address issues such as housing policies and clinical testing. At the campus level, student affairs professionals are called upon to implement these guidelines and recommendations; as such, they frequently are expected to be experts on HIV/AIDS education. This is problematic since students with HIV/AIDS do not fit the common model for services typically needed by college and university students nor generally provided by student affairs professionals. The isolating circumstances of HIV/AIDS distance students from their peers who are non-affected. Their isolation presents a new, explosive intersection of
issues around sexuality, mortality, and morality which rarely intersect for a college student. Such a juxtaposition creates a dilemma for the student with HIV/AIDS. When and if this student seeks the services of a college or university student affairs professional, the professional, unless specifically prepared, may be unable to help the individual student in adequately reconciling many complicated issues around quality of life and the pursuit of an academic degree.

HIV and AIDS education has taken various forms on college campuses. Many institutions have responded by establishing policies to deal with a student or staff member who is infected (Illinois Consortium on Post-Secondary HIV/AIDS Education, 1995). These policies focus on the institutional response to the reaction to the individual with HIV/AIDS. Some institutions have developed peer or staff education programs which deal with issues surrounding transmission and communicability of HIV/AIDS (Kauth, Christoff, Sator & Sharp, 1993). Other institutions have established protocols for dealing with the counseling needs of those individuals with HIV/AIDS (Triggs and McDermott, 1991).

**Purpose of the Study and Research Questions**

The issues of HIV/AIDS have affected higher education since the beginning of the epidemic in the early 1980's. The number of individuals affected by HIV/AIDS continues to grow. Increasingly large numbers of students in higher education must confront the issues associated with the disease. Student affairs professionals on campuses are charged with responsibility for student welfare, and some student affairs professionals have become
involved with advocacy roles in HIV/AIDS issues. The purpose of this study was to examine and understand the lived experiences of student affairs professionals who advocate for HIV/AIDS issues on campus.

In particular, this study sought to explore how the varied experiences of a select group of student affairs professionals contributed to their decision to adopt and act out an advocacy role. Additionally, the study sought to understand the consequences that this advocacy had on administrators' professional lives as well as on the lives of those for whom they advocated.

The following research questions guided the study:

1) What kinds of experiences lead selected student affairs professionals to become advocates for HIV/AIDS education and/or serve as advocates for students with HIV/AIDS issues?

2) What characteristics, assumptions, or perspectives do these individuals share that contribute to their decision to serve as advocates for HIV/AIDS?

3) How do these individuals advocate for HIV/AIDS issues in their roles as student affairs professionals? What consequences do their actions have for them professionally, as well as for the students with whom they interact?

Definition of Terms

The term “advocate” can have multiple definitions and connotations for student affairs practitioners. According to Webster's New Collegiate Dictionary (1977), an advocate is one who pleads, defends or maintains a cause or proposal for another. A more current student affairs-oriented definition of an advocate may be located in the literature associated with gay, lesbian and bisexual issues. Washington and Evans (1991) define an advocate as:
A person who is a member of the 'dominant' or 'majority' group who works to end oppression in his or her personal and professional life through the support of, and as an advocate with and for, the oppressed population. (p.195).

It is important to note that advocacy is presumed to have a greater impact when the supporter is a member of the majority group. The argot of the field of sexual orientation has developed and crossed over into overlapping meanings for HIV/AIDS issues. However, caution must be used not to perpetuate the stereotypical response that HIV/AIDS is only an issue for gay, lesbian, or bisexual individuals. In this study, an "advocate" was defined as a person who, through action and demonstrated commitment, worked personally and professionally in the areas of education, support, and policy to end oppression of individuals affected by HIV/AIDS.

Significance of the Study

Institutions of higher education can be viewed as microcosms of society at large. As new populations of students enter the campus community, they bring their cultural attitudes, beliefs and practices to campus. Student affairs professionals play pivotal roles in helping students have successful learning experiences within the campus environment. Inherent in the role of the student affairs practitioner is the ability to perceive the needs of and provide services for students. Students with HIV/AIDS are a new population for higher education. On some campuses, there are student affairs professionals who address the needs of these students. Some, of course, do this with greater vigor than others. Why do some student affairs professionals become stronger advocates for HIV/AIDS issues than others?
This study provided answers to this question and, in doing so, offers student affairs practitioners with at least two useful insights into how they can better serve this particular student population. The first of these centers around the role that student affairs practitioners can play in addressing the needs of students with HIV/AIDS on campus. To be sure, student affairs practitioners conduct their roles based upon certain values and assumptions (Young & Elfrink, 1991). These values and assumptions have shifted over time as more and different students have entered higher education. Just as student affairs professionals have attempted to meet the needs of women, racial and ethnic minorities, non-traditional, and international students as these groups have entered American higher education, new research is needed to identify the roles that student affairs professionals play in addressing the needs of students with HIV/AIDS. This study offers evidence that certain roles, namely being an advocate, are especially valuable in serving students who are involved with issues associated with HIV/AIDS.

The results of this study are also useful for student affairs professionals for a second reason. Due to the uniqueness of the AIDS epidemic and associated experiences, college and university students who are infected with HIV or have diagnosed AIDS have presented an unusual challenge to student affairs professionals in higher education. While research concerning the experiences of students with HIV/AIDS exists in the student affairs literature, (Biemiller 1987a, 1987b, 1988; Carroll, 1988; Durnil, 1991; Ferri, 1993; Kain, 1987; McMillens, 1986; Newman, 1988; Triggs & McDermott, 1991; Verner, 1991), little, if any, research exists on the roles that student affairs professionals play in attending to HIV/AIDS education on college campuses. Moreover, the research is largely
silent on how student affairs professionals think, feel, struggle, experience and deal with HIV/AIDS issues in their daily practice. This study begins to fill these voids.

This study offers insight into why student affairs professionals become advocates and how they act on their advocacy, as well as the effects that their advocacy has on their own lives and the lives of others. The study's results are relevant for the development of policies and practices that can further educate student affairs professionals and lead to the development of policies and programs aimed at improving HIV/AIDS education and services for all college students.

Limitations of the Study

This study had two primary limitations. First, due to the qualitative design and method of the study, study results were not generalizable across all student affairs professionals at all types of institutions. Second, as an exploratory study, this research did not intend to produce a systematic analysis of the activities associated with advocacy nor did it attempt to create a step-by-step approach for becoming an advocate for HIV/AIDS issues. In the broadest terms, this research sought to provide an important foundational understanding of the advocacy roles assumed by some student affairs professionals. As such, the intent of this study was to provide a beginning point for future research on the topic.

Organization of the Study

This study examined the experiences of a select group of student affairs
professionals who served as advocates for HIV/AIDS issues, education and students on college campuses. This chapter included an introduction to the study, background context on HIV/AIDS education on college campuses, and a description of the purpose and significance of the study. Chapter Two provides a review of related literature, including a description of the theoretical framework that guided the study. A description of the design and method used in the study is provided in Chapter Three. The findings are presented in Chapter Four. Finally, in Chapter Five, the major themes of the study are summarized and policy recommendations are offered for enhancing student affairs practitioners' roles as advocates for HIV/AIDS education and students on college campuses.
CHAPTER II
REVIEW OF THE LITERATURE

This chapter explores the literature on HIV/AIDS in university and non-university settings and, in doing so, provides a contextual backdrop for this study. The first section begins with an explanation of the study’s theoretical framework. Then, literature significant to the study is reviewed, including research on: (1) the roles of student affairs professionals; (2) the psychological-social aspects of HIV/AIDS; (3) HIV/AIDS education training; and (4) voluntary socialization and induction. The chapter concludes with a summary of the literature surveyed.

Theoretical Framework

From preliminary study and research, the idea of "transitions" or "passages" into the HIV/AIDS culture emerged as a guiding framework for this study. Specifically, van Gennep's (1960) theory of rites of passage was used to examine and understand why and how student affairs practitioners became advocates for HIV/AIDS issues. Throughout the study, the working assumption was that a set of critical experiences had brought these advocates through a period of "transition," or a type of "passage," which allowed them to meaningfully share some of the same feelings and experiences as those effected by HIV/AIDS.

Van Gennep (1960) introduced the concept of "rites of passage" to illustrate the
complex and dynamic patterns that individuals follow in becoming participating members of specific cultural groups. This "passage" nomenclature is a result of studies of territorial passage where navigation was required for successful negotiation of geographical space. In his work, van Gennep translated these geographical metaphors to the process of cultural socialization.

The process involved in rites of passage served as a structure for understanding both ceremonial and cognitive patterns by which people pass from one circumstance to another. Van Gennep used the theory to explain the developmental process of individuals who moved from one cultural group to another cultural group. In his work, van Gennep provided a meta-analysis of cultural rites from African and Far Eastern societies. He observed that in most societies there were similar rites for identical purposes. The outcome of these rites was a change in social position. Van Gennep concluded that this succession of rites was a typical pattern in all cultural settings.

Van Gennep's rites are divided into three overlapping stages. They include (1) separation referred to as "preliminal" rites; (2) the threshold or transitional rites, referred to as "liminal"; and (3) those of subsequent incorporation as "post-liminal" rites (Van Gennep, 1960). These three stages provide a model for understanding how one individual moves from outside a certain social group into belonging to a specific social group.

The "preliminal" rites are those involved in the individual's initial separation from his or her current standing. These rites may be apprenticeship in nature, where the individual may be introduced to and sample the rights of the group that he or she is aspiring to join. The individual's primary membership is not altered, but he or she will
have started a series of steps or activities that will separate him or her from others.

The "liminal" rites are the those in the transitional period of the developmental process. The individual is no longer a member of the first group and not yet a full member of the aspired to group. Yet, the "old" and "new" peers are cognizant of the change and both groups are aware of the direction of the change. The individual is perceived to be on a threshold of entering into a new cultural group.

The "post-liminal" rites mark the conclusion of the process. It is through these rites that the individual becomes fully incorporated into the new social group. The individual has made a full and complete transition into the new group. The individual has crossed the threshold and entered into a new setting. Van Gennep points out that this is a permanent change and once done can rarely be undone.

This theoretical framework was identified for this study because it provides a structure for understanding the process and experiences that a student affairs professional may potentially move through in becoming an advocate for HIV/AIDS issues. A student affairs professional just doesn’t wake up one morning and decide to become an advocate for HIV/AIDS issues. Something happens. Conceptually, the student affairs professional must connect with the issues of HIV/AIDS in order to understand the issues associated with the epidemic. Based upon assumptions of personal credibility, students or others in the higher education community allow those who advocate for HIV/AIDS that position only if they are found -- or perceived -- to be credible. Such credibility is grounded in some type of experience or cultural understanding. It is not innate, nor simply gained by wearing a red ribbon.
Van Gennep’s work provides a potential structure for understanding the experiences that student affairs professionals who advocate for HIV/AIDS issues may report about the development of their own advocacy. Such advocacy has been developed over a time period and results from several personally relevant experiences that add meaning to their advocacy. Those experiences often serve as a transition into the culture associated with HIV/AIDS issues. Van Gennep’s rites of passage can help to identify the order and process in which those experiences fit and affect the student affairs professional’s advocacy.

The concept of passage provides a useful framework for the study, offering a foundation upon which meaning of experiences can be compared and fixed. Although van Gennep may not have imagined his research being applied to HIV/AIDS, his theory discusses the way in which an individual can gain full admission into a differing culture without having to belong initially to that culture. As such, the theory provides a pertinent explanatory structure for understanding how various experiences, or rites of passage, may shape and influence an individual student affairs practitioner’s decision to serve and act as an advocate for HIV/AIDS issues on a college campus.

Selected Review of Relevant Literature

Research on HIV and AIDS is documented in the disciplines of medicine, law, political science, and the behavioral sciences. Most studies center on the individual with HIV/AIDS or other biological manifestations. In comparison, relatively few studies delve into the shared experiences of the people who work with individuals with HIV/AIDS or
their motivations for addressing HIV/AIDS related issues. The areas of research most salient for this study include: (1) the student affairs practitioner role in higher education and how it predisposes individuals for advocacy roles; (2) the psychological-social issues surrounding HIV/AIDS as they relate to why and how individuals choose to become advocates for HIV/AIDS issues; (3) HIV/AIDS education training programs; and (4) socialization and cultural induction studies associated with volunteerism and advocacy.

The criteria used to select the studies in each category varied. In the areas of student affairs work, scholarship was included that addressed the role of the student affairs professional. More specifically, the literature selected reflects how the act of advocacy is inherent in the role of student affairs professionals. The studies reviewed in the psychological area delineate the vastness of the issues associated with HIV/AIDS. Since the psychological manifestations and the social implications associated with HIV/AIDS are many, this section referenced only those studies that provided an understanding of the entanglement between HIV/AIDS issues in the lives of service providers and those with the disease. The limited information on HIV/AIDS education training was included to help identify the salient themes covered in the training of HIV/AIDS educators. Finally, socialization and cultural induction studies related to volunteerism were selected to establish a context for understanding why people became involved in an issue, such as HIV/AIDS. The studies reviewed focused on various sociological and cultural explanations for volunteerism, and more specifically among those who advocate for HIV/AIDS.
Student Affairs Practitioner Roles

Student affairs practitioners have historically assumed several roles in the higher education community. Central to the student affairs professional's concern has been the improvement of campus life to support student learning and development. This section reviews how various authors have discussed the student affairs professional's role, examines the profession's ethical values and identifies studies related to advocacy in differing student affairs areas.

Student affairs professionals have been called upon to play several roles on college campuses. Among these include: counselor, administrator, student development educator, campus ecologist (Delworth, Hanson and Associates, 1989), "institutional integrator" someone who serves both as an "advisor" and "advocator" for students (Garland, 1985), and "experts on students and their environments" (NASPA, 1987, p. 14). In these specific roles, student affairs practitioners must know how students perceive the institution, must be intentional in their actions, and must provide services to the student.

In their 1989 policy document, "Points of View," the National Association of Student Personnel Administrators outlined several basic assumptions of the student affairs profession. These included that: "each student is unique"; "each person has worth and dignity"; "bigotry cannot be tolerated"; "feelings affect thinking and learning"; "personal circumstances affect learning"; and a "supportive and friendly community life helps students learn" (pp. 15 - 17). These critical values of the student affairs profession, especially those of dignity and tolerance, support HIV/AIDS advocacy of the student affairs professional.
A Perspective on Student Affairs, the 1987 NASPA reexamination of the 1937 American Council on Education statement concerning the student personnel point of view, stated that "effective" student affairs practitioners utilized "personal persuasion and collegial participation" in resolving campus problems and issues. The statement further illustrated a student affairs professional's ethical values by stating:

In a pluralistic campus community, the manner in which policies are made, decisions are reached, and controversial issues are handled may be as important as the results themselves...Student affairs assumes the major role in encouraging and establishing open and humane methods of campus decision making and the rational resolution of conflict. (p.14-15)

Knowledge, values, and beliefs of student affairs practitioners have a direct influence on the way in which they associate with students and carry out their roles. As role models for students, student affairs professionals must make a concerted effort to engage those students who are marginalized. In the case of HIV/AIDS issues, student affairs professionals who address these issues practice the open and humane decision making and conflict resolution methods outlined by this professional standards statement.

Garland and Grace (1993) further charge student affairs professionals not only with the traditional student affairs roles, but with the responsibility to be a leader in adapting and adjusting institutional goals which satisfy the emerging needs of students as well as other constituencies of the institution. Garland and Grace (1993) carefully formulate the importance of the societal context of higher education and the impact that this context and shifting demographics can have on the response and role of a student affairs professional. As institutional environments evolve so then will the perspectives used
to deal with students. So then, as HIV/AIDS has become an institutional issue, some student affairs professionals have risen to the challenge of adapting the institution’s environment, through their advocacy, to better reach those students effected by HIV/AIDS.

Moore (1990) edited a monograph that provided a forum in which evolving perspectives on gender, age, sexual orientation, and ethnicity were framed. This series of articles developed a philosophical framework that students in higher education can have membership in groups other than the traditional-aged student group, and by that membership have different needs. The content in each of these perspectives focused on the unique needs of a specific group of students and how these unique differences needed to inform the response and delivery of service to those students.

Stage and Manning (1992) introduced the conceptual model of "cultural brokering" as a way to attend to the diverse needs of the ethnically and culturally diverse students on campus. This monograph focused on multicultural students and the academic environment with the overall theme of inclusiveness. The studies urged that each cultural group must be recognized as a distinct entity, and responded to in an intentional manner. Stage and Manning proposed a model of student services that included the concepts of thinking conceptually about students with different cultural backgrounds, spanning cultural boundaries, reaching optimal performance of all students, and taking action to insure student’s participation in activities. While not specifically mentioning HIV/AIDS, these studies established the premise that students with HIV/AIDS issues have a distinct set of needs unlike that of any other group, and that student affairs professionals play a critical
role in advocating for their needs.

Rhoades and Black (1995) built upon Stage and Manning's thesis by establishing a "critical cultural perspective" as a new way of theorizing about the development of students. Their work provided an engaging review of the development of the theories which guide student affairs work and provided a case for considering an emerging perspective. This perspective made cultural understanding central to a theory of working with students. This emerging perspective for student affairs work is important because it helps to support the activity of student affairs professionals who advocate for HIV/AIDS issues on campus. It upheld the legitimacy of their actions and provided a grounding of their role in a context of the broader professional activity. Advocacy is, therefore, not just an isolated response by a few individuals seeing a need, but rather an appropriate activity supported in the theory and philosophy of the profession in which they work.

Student affairs professionals are called upon to perform many tasks within the higher education community. While this has not been an attempt to chronicle the development of the student affairs professional role, this review has examined the advocacy role played by student affairs professionals. These works establish that student affairs professionals have a predisposition for advocacy for students on campus. It has been shown that some student affairs professionals channel this advocacy toward certain cultural groups, women or athletes. HIV/AIDS advocacy is a challenge due to the plethora of issues associated beyond routine delivery of institutional services to students. Ultimately, the mortality associated with HIV/AIDS sets these issues apart from others normally dealt with by student affairs professionals. What can be established is that student
affairs professionals are uniquely poised in their institutions of higher education to be the ones to address HIV/AIDS issues and that their intentional actions are supported by their roles outlined in the literature reviewed.

Psychological - Social Issues Surrounding HIV/AIDS Advocacy

At no other time in history has a medical crisis had such far reaching ramifications for American society. The psychological and social impact of HIV/AIDS arises from the interaction of issues around sexuality, morality, and mortality. Specifically, HIV/AIDS raises psycho-social issues related to death and dying, sexuality, sex education, drug usage and, often, broader societal issues such as discrimination and apathy. These issues are discussed in empirical research studies, exhortatory essays, and performance-based creative art forms. In this section, a review is conducted of those writings, particularly as they relate to those who render services to people with HIV/AIDS. These writings provide insights into the lived experiences of individuals outside college and university settings who have served as advocates for people with HIV/AIDS.

Death, dying, and suffering are inherent in confronting the issues of HIV/AIDS. Kubler-Ross (1987) provided a first-person account of AIDS through the concepts of death and dying. Her observations noted the roles that caregivers played, including confidant, companion, medical advocate, power of attorney, nursemaid and friend. Her research emphasized that caregivers must be attuned to the multitude of psychological and social needs of those with HIV/AIDS.

Hitchens (1992) compiled the views, perceptions and experiences of over 100
people dealing with HIV/AIDS. These individual portraits allowed readers to gather insights into individuals touched by the epidemic. Many of the stories dealt with the apocalyptic nature of the disease, while also exploring the perceptions of hope and survival. In the stories that included information about caregivers, the timbre of the story was more positive than the ones that did not mention the caregiver or support. Caregivers were referred to as friends, partners, buddies and companions. Caregivers assumed roles that included legal advocate, family mediator, social worker, power of attorney and meal provider. Caregivers were viewed as a critical lifeline to necessary social services and resources in the community. Other works that chronicle the experiences of people with HIV/AIDS or their caregivers include Cox (1990), Glaser and Palmer (1991) and O'Brien (1992).

Nixon (1991) utilized photography and text to chronicle the progression of HIV/AIDS and the role service providers play. The text accompanying the pictures provides first-person accounts that discuss the hope, despair and resolve of a person with HIV/AIDS and the support and determination of caregivers. These accounts help to isolate the issues that caregivers must deal with in their advocacy. These issues include homophobia, drug culture awareness, family dynamics, and mortality. The intensity of the bond between caregivers and those with HIV/AIDS is evident in the pictures that include both parties. The caregivers are physically close to and touching the person with HIV/AIDS. This message was poignant given the early leper-like status of HIV/AIDS. This study reinforced the human needs of those effected by HIV/AIDS, and the vital link that advocates provided for these individuals.
Works by Altman (1986), Corea (1992), Joseph (1992), McKenzie (1991), Pierce and VanDeVeer (1988) and Shilts (1987) all provide historical perspectives on the development of HIV/AIDS and the social impact caused by the epidemic. Shilts’ (1987) encyclopedic description of the HIV/AIDS epidemic recounted the fear and hatred that often accompanied the early stages of the epidemic. It also described how early researchers and groups such as the Gay Man's Health Crisis Center in New York worked against popular opinion and advocated for more research while also developing safe-sex guidelines. While a journalistic account, Shilts’ book outlined the courage, tenacity, and entrepreneurship needed by early advocates to respond to the epidemic. The book also discussed the development of the activist response when government and society failed to respond.

It is important to note that many of the issues brought about by HIV/AIDS are not specific to a college or university campus. The role of the student affairs professional is mirrored in the broader social setting by other service providers. Understanding the gamut of HIV/AIDS issues, and how those effect an advocate are important. It is not a neat and tidy step-by-step process and surpasses the traditional practioneer-student relationship outlined earlier. While this review does not provide an exhaustive list of issues which might confront the student affairs professional, it does describe the arena for which advocacy must take place. The review suggests that advocates must be prepared to play many roles, even vigilant at times, when responding to HIV/AIDS issues on campus.
HIV/AIDS Education Training Programs and Guidelines

This section contains a review of the literature as it pertains to HIV/AIDS educational training programs. These training programs are an initial step for many who chose to become involved in advocacy roles. The content, delivery and certification of the programs vary widely.

The American College Health Association, for example, published a special report in 1989 that offered recommendations for HIV/AIDS services, policies and guidelines for college and universities. Among others, these included appropriate policies on non-discrimination, counseling support, virology, universal safety precautions, and the ability of a student with HIV/AIDS to continue in an university environment. These policy guidelines were not a training manual, per se, but constituted the first response from a collegiate-focused professional organization to the HIV/AIDS epidemic.

Curriculum-based educational and training programs also address the issues of HIV/AIDS. These programs present information in the form of competency based training to help individuals understand and react to the issues associated with HIV/AIDS. The only national certificate program in HIV/AIDS training is offered by the American Red Cross. In conjunction with experts from the disciplines of medicine, education and sociology, the American Red Cross (1991, 1992, 1995) has authored extensive training manuals which delineate several issues associated with HIV/AIDS. These manuals provide the basic training materials for all American Red Cross sponsored HIV/AIDS instructor courses.

The American Red Cross manuals address the issues of tolerance and cultural sensitivity as training topics for support of people with HIV/AIDS. These themes include:
(1) that HIV/AIDS does not discriminate; (2) HIV/AIDS is transmitted by specific rather than non-specific means; (3) individuals can take precautions to protect themselves; and (4) education is currently the most effective means of lowering transmission rates. Also highlighted in the materials are the conclusions that religious, cultural and ethnic beliefs can be factors which perpetuate the spread of HIV/AIDS through lack of factual understanding about the virus and associated syndrome. The American Red Cross training program is not designed to train caregivers; rather it has been designed to create facilitators for the delivery of HIV/AIDS information in specific community-based forums. The training manuals and associated videos also provide information for further advocacy activities. These include participating in local support groups, volunteering at an AIDS hospice, or becoming involved with a local, regional, or national advocacy network such as Stop AIDS-Chicago.

The National PTA (1993) curriculum kit, completed with the support of the Centers for Disease Control, addresses the role of school officials in providing education to students, parents and the broader community. This self-paced, self-monitored program provides pragmatic steps by which HIV/AIDS education can be implemented. Specifically designed for parents and educators in elementary and secondary schools, the kit emphasizes the universal health precautions when dealing with blood and body fluids, self-esteem issues, sexuality, abstinence, and empathetic responses for those infected with the virus.

The Illinois Post-Secondary HIV Consortium (1995) has also published suggested procedural and policy guidelines for Illinois colleges and universities. In reviewing these
guidelines, the themes of universal precautions, non-discrimination, cultural sensitivity, and respect for the individual with HIV/AIDS emerged. This is not surprising as both the American Red Cross and Centers for Disease Control and Prevention are cited as primary sources for the document.

These education training materials reinforce themes that are important to the understanding of HIV/AIDS advocacy. These themes include: (1) HIV/AIDS education is a strategy for risk reduction; (2) HIV/AIDS should not be a basis for discrimination; and (3) HIV/AIDS is not spread indiscriminately. Most importantly, factual information about HIV/AIDS was the basis for each training program and policy guideline document.

Voluntary Socialization and Induction

The sheer volume of HIV/AIDS material identifies it as a subject content area. It has been given its own shelf in the mass market bookstores as well as in research libraries. A culture of HIV/AIDS now exists, distinguished by its own language, history, and shared symbols. Shared experiences in the cultural setting provide depth and meaning for its participants. In this cultural setting, important observations about the individuals who advocate for HIV/AIDS can develop. In this section, literature outlining the processes by which individuals are voluntarily socialized and inducted into associations with HIV/AIDS issues are examined. Voluntary socialization is the process by which individuals choose to become participants, through actions and beliefs, in a group in which they do not previously have membership. Induction refers to the events that support this socialization. These concepts are important because they provide a conceptual structure for
understanding the relationship between the advocates and those for whom they advocate.

As outlined in de Tocqueville (1835), people desire to become involved in societal issues as a way to promote change or as an activity to communicate personally distinctive values. This observation is important for helping to understand the "whys" of a student affairs professional's advocacy. Therefore, de Tocqueville indicates that advocacy is a way in which an individual can impact his or her environment and impose a personal response, albeit in a limited way, in the community. By being involved in a social issue, de Tocqueville's work suggests, a person's participation in community activities manifests deeply held values. In de Tocqueville's eyes, then, HIV/AIDS advocacy could be seen as a way in which individuals choose to communicate their own values, especially in light of the issues of prejudice, morality and sexuality, about HIV/AIDS. Nelkin, Willis and Parris (1991) utilized de Tocqueville's model of association as a theoretical framework to show how people become involved with individuals with HIV/AIDS. This study concluded that the issues of culture, socialization, and the role of institutions -- including family and health care -- were important in the formation and sustaining of voluntary socialization.

Habits of the Heart (Bellah & Associates, 1985) cited voluntary associations as vehicles for individual expression in the larger context of society. This large scale ethnographic study about life in the United States during the early 1980s discovered issues surrounding an individual's lack of community in the United States. It reported that many individuals felt disenfranchised and isolated from greater communal or corporate acts in American society. Voluntary association was observed as a strategy that individuals used to find a place in, and have an impact on, the larger society. This work does not
specifically mention HIV/AIDS because the epidemic was still emerging during the data
collection stage of the study. However, it is a contemporary corollary to the work of de
Tocqueville. These sociological perspectives identified internal motivations of volunteers.
They also establish that there is a strategy used in developing an advocacy relationship,
and some mutual reciprocal benefit exists, such as articulating values or a sense of
belonging, in the activities associated with advocacy.

The work of Kobasa (1991) looked specifically at the work done at the New York
Gay Men's Health Center (GMHC). Kobasa extensively interviewed the volunteers at
GMHC and from these interviews surmised that volunteers were motivated by a “personal
hardiness” and “sense of commitment” despite the tragic circumstances of the HIV/AIDS
epidemic. Further, she explained that volunteering allowed people to nurture
empowerment for and “find intimacy with others.” In her work, Kobasa found that many
who voluntarily chose to work with HIV/AIDS issues found "critical new meaning for
themselves" (p.292). Many were motivated to work voluntarily with HIV/AIDS issues as
an "opportunity for empowerment and personal development through social action"
(p.173).

Other literature associated with socialization and induction examines the ways in
which individuals are brought into a group differing from their current affiliation. Jimenez
and Jimenez (1990), for example, described several methods that have been used to train
hospice volunteers and how these methods are applicable to those dealing with HIV/
AIDS. They identified the main quality of a volunteer as the “desire to be of service
outside the market economy.” This qualitative study interviewed five hospice volunteers
about their training experiences and used the data to develop a training model for future volunteers. The proposed model included two essential components: factual information and simulation experiences that emphasized the affective issues of HIV/AIDS issues and culture. They identified essential volunteer characteristics as the ability to “engage in empathetic listening,” “non-judgmental response,” and “effective communication.”

Lindhorst and Macoske (1993) sent a survey to 44 volunteers of a local HIV/AIDS support program to study their perceptions and experiences. This study concluded that a volunteer’s initial advocacy was supported by his or her perceived need for social justice, especially when the volunteer had experienced a loss due to AIDS or was in a close relationship with a member of the gay community. The volunteer’s advocacy grew more formal as they gained and established other relationships and experiences through the HIV/AIDS support program. The study also reported that a valuable skill of the volunteer was the ability to manage the stigmatizing aspects of HIV/AIDS, such as homophobia. This study’s conclusions lend support to the idea that a volunteer’s advocacy development serves as a transitional experience as indicated by van Gennep. Unfortunately, this issue is not explored as part of the study’s discussion.

Garfield, Spring and Ober (1995) used first person accounts of several volunteers in the California based Shanti Model of HIV/AIDS caregiving to provide a reference guide for other caregivers. Caregiver’s personal narratives offered insights into experiences which supported their initial HIV/AIDS involvement. A recurring theme in this study was that each caregiver had an intense personal experience which prompted and sustained their advocacy. Many were first motivated because of a personal connection to HIV/AIDS,
such as a partner who was HIV positive. Many volunteers reported sustaining volunteer activity because it provided personal satisfaction and allowed the volunteer to "make sense" out of the epidemic.

In exploring the critical experiences of individuals who become involved with HIV/AIDS issues, convergent themes about the motivation behind their involvement were identified, articulated, and analyzed. These themes included sociological perspectives on volunteerism, a personal connection to the epidemic and having personal characteristics which supported advocacy.

Summary of the Literature Review

While several essays and research studies have been reviewed in this chapter, none have specifically addressed the research questions that inform this dissertation. Although each of the aforementioned subject areas examine HIV/AIDS issues and esoteric ways germane to the specific discipline, they all fail to address the issues of a student affairs professional's role as an HIV/AIDS advocate.

The areas of student affairs literature reviewed addressed the need for appropriate policy considerations, desired traits, and shared values of those who work in the field of student affairs. These essays examined strategies on institutional response to HIV/AIDS issues, yet lacked a fully intimate comprehension of the issues that appear to drive those who advocate.

Studies on the psycho-social realities of the epidemic established the magnitude of issues associated with HIV/AIDS. The literature reviewed the areas of dying, grief, death,
sexuality, culture, religion, prejudice, and compassion. These studies and personal accounts made clear that HIV/AIDS advocacy has an effect on advocates as well as those being advocated for. It reinforced that the emotions, needs, and resolves of those effected must command the attention of advocates.

Training programs and guidelines isolated common themes used to respond to the HIV/AIDS epidemic. These themes underscored the need for understanding the transmission of HIV/AIDS, non-discrimination towards those affected by HIV/AIDS, and institutional policy development. Training programs transmit values about HIV/AIDS information. As such, the materials reviewed reinforce that a non-judgmental and culturally sensitive stance is important in communicating accurate information about HIV/AIDS.

Sociologists have long viewed volunteerism as a way in which individuals work to make sense of their place in the larger community. This is evident in the HIV/AIDS epidemic. Early in the epidemic, HIV/AIDS was viewed as a health issue for a marginalized group. Most early advocacy documentation was intertwined with the chronicles of the gay men's movement during the 1980's, in large measure because they were the earliest group affected and, hence, were best situated to respond to the crisis. Since then, other researchers have reported that those who volunteer for HIV/AIDS issues have had a personal connection to HIV/AIDS and find empowerment because of their advocacy.
CHAPTER III
RESEARCH DESIGN AND METHODOLOGY

The purpose of this study was to examine and understand the lived experiences of student affairs professionals who advocate for HIV/AIDS issues on campus. Since the research is largely silent in this area, the study was descriptive and exploratory in nature and, as such, leant itself well to qualitative inquiry. Furthermore, as Whitt (1991) points out, qualitative methods have a particular relevance in student affairs research that focuses on process, such as development and change.

This chapter describes the methodology used in the study, including information on its multi-case design, data collection and analysis procedures, and the means by which trustworthiness was ensured throughout the study.

Multi-Case Study Research Design and Sample

This study utilized a multi-case study research design (Conrad, Haworth and Millar, 1993). Put simply, such a design seeks to describe and chronicle the experiences and observations of the individuals or programs under study, case by case. This section describes the criteria used to select cases (one student affairs professional per case) and auxiliary interviews within each case.
Case Identification and Sample

Three decision rules guided the selection of the individual cases for this study. The first decision-rule focused on the student affairs professional's certification or membership in a specific HIV/AIDS group. Such membership represented a baseline commitment, through time dedicated to involvement, to the issues associated with HIV/AIDS in higher education. The second decision-rule took into account several sampling criteria believed to be theoretically relevant to the study. The sampling criteria included items such as institutional type and location. The third decision-rule was based on the level of programming activity conducted by the student affairs professional. Each case had to be involved in a specified number of advocacy activities to be considered for inclusion in the study. In this section, each of these decision rules is addressed in turn.

As mentioned previously, the first decision rule used to select cases for inclusion in this study required study participants to have certification either as (1) an American Red Cross instructor of HIV/AIDS education or (2) an institutional representative to the Illinois Post-Secondary Consortium on HIV Education. In terms of the former, between June 1992 and October 1994, the Illinois Lieutenant Governor's Office Project on Service provided a grant to the American Red Cross to train HIV/AIDS instructors at the high school and post-secondary level. Through the grant, over 400 instructors received training, of which nearly 20% were student affairs administrators in Illinois colleges and universities. The training required over 16 clock hours of assessment, testing, skill development and simulation exercises. Once trained, instructors were required to give several presentations to community based groups in order to retain their certification.
Similarly, student affairs professionals who had served as institutional representatives to the Illinois Post-Secondary Consortium on HIV Education were also considered eligible for participation in this study. Funded between 1990 and 1995 by the Centers for Disease Control and Prevention, members of the consortium were required to attend quarterly meetings and participate in several activities involved with providing HIV/AIDS education on their home campuses. The consortium provided for a significant amount of collaboration, resource development, and networking. Individuals involved with the consortium were consistently provided with the most advanced information about HIV/AIDS activities on Illinois campuses. Using this decision rule, 150 student affairs professionals (cases) were identified for participation in this study.

The second decision-rule focused on various individual and institutional criteria thought to be potentially theoretically-relevant to the study. Table 1 provides a summary of these criteria. Individuals who by their personal and institutional characteristics met these criteria were isolated using the help of administrators at the Illinois consortium and the American Red Cross. Using these criteria, the sample was further narrowed to 15 usable cases.

Activity was the final decision-rule employed in selecting cases for the study. Activity was determined by the student affairs professional's involvement in HIV/AIDS-related programming for students. Individual “cases” were expected to be active in two or more HIV/AIDS programing activities, such as paraprofessional staff training, serving as an advisor to an HIV/AIDS peer advocate program, student activity programs, community education programs, serving on institutional HIV/AIDS committees, sponsoring
philanthropic activities, or developing liaison relationships with local community organizations. This decision rule was intended to identify student affairs professionals who were committed to advocacy for HIV/AIDS issues. Invoking it helped to reduce the total number of eligible cases for participation in the study to 13.

Table 1

**Theoretically-Relevant Sample Criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gender</td>
<td>Female or Male</td>
</tr>
<tr>
<td>2. Sexual Orientation</td>
<td>Homosexual, Bisexual, or Heterosexual</td>
</tr>
<tr>
<td>3. Race/ Ethnicity</td>
<td>African-American, Latino, Caucasian, Asian/Pacific Islander, or Native-American</td>
</tr>
<tr>
<td>4. Level of Job Responsibility</td>
<td>Entry, Middle, or Senior</td>
</tr>
<tr>
<td>5. Institutional Characteristics</td>
<td></td>
</tr>
<tr>
<td>a. Type</td>
<td>a. Carnegie Classification (Research, Doctoral-Granting, Master's-Level, Liberal Arts, Community College, Specialty)</td>
</tr>
<tr>
<td>b. Affiliation</td>
<td>b. Public, Private and/or religiously-affiliated</td>
</tr>
<tr>
<td>c. Location</td>
<td>c. Urban, suburban, or rural</td>
</tr>
</tbody>
</table>
After the sample had been narrowed to 13 eligible cases, each participant was contacted to request participation in the study. Seven consented to participate in the study. Of the seven, one held membership in the Illinois Consortium, two held memberships in the Illinois Consortium and were American Red Cross Certified, and four were American Red Cross certified instructors in HIV and AIDS education. Of the six American Red Cross certified instructors, three were also certified at the next level as instructor trainers. This is important to note because the certification level as instructor trainer requires an additional 24 hours of in-class training and required sessions.

The final case study sample included many of the dimensions of the theoretically relevant criteria as described in decision rule two (see Table 2).

Table 2

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
<th>Case 6</th>
<th>Case 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>male</td>
<td>female</td>
<td>male</td>
<td>male</td>
<td>female</td>
<td>male</td>
<td>female</td>
</tr>
<tr>
<td>Sexual</td>
<td>hetero-</td>
<td>hetero-</td>
<td>homo-</td>
<td>hetero-</td>
<td>hetero-</td>
<td>bi-</td>
<td>hetero-</td>
</tr>
<tr>
<td>Race</td>
<td>white</td>
<td>white</td>
<td>white</td>
<td>Latino</td>
<td>Latina</td>
<td>AA</td>
<td>white</td>
</tr>
<tr>
<td>Level</td>
<td>senior</td>
<td>mid</td>
<td>mid</td>
<td>entry</td>
<td>entry</td>
<td>entry</td>
<td>entry</td>
</tr>
<tr>
<td>Type</td>
<td>Bac II</td>
<td>Special</td>
<td>Master</td>
<td>Doctor</td>
<td>Special</td>
<td>CC</td>
<td>Master</td>
</tr>
<tr>
<td>Affiliate</td>
<td>Relig</td>
<td>Indep</td>
<td>Relig</td>
<td>Public</td>
<td>Propriet</td>
<td>Public</td>
<td>Public</td>
</tr>
<tr>
<td>Locale</td>
<td>Rural</td>
<td>Urban</td>
<td>Urban</td>
<td>Sub/City</td>
<td>Urban</td>
<td>Sub/City</td>
<td>Sub/City</td>
</tr>
</tbody>
</table>

The final sample included four males and three females, of which all females and
two men identified themselves as heterosexual, one male identified himself as bisexual and
one male identified himself as homosexual. The racial and ethnic make up of the sample
included four Caucasians, two Latinos, and one African-American. In the area of job
responsibility, one was a senior student affairs officer, four held mid-level positions, and
two were in entry level positions. While not specifically identified as a sampling criterion,
all of the student affairs professionals included in the sample were within the same age
span of 25 - 40 years old. Institutions included in the study represented the Carnegie
classifications of 1 community college, 1 baccalaureate II, 2 specialty, 2 masters only, and
1 doctoral. Three of the institutions were public, two were religiously affiliated, one was
proprietary, and one was independent. All institutions were in Illinois, with three
institutions located in urban areas, three in suburban/small city areas and one in a rural
setting.

Selection of Auxiliary Interviewees

Following the identification of the sample cases, additional interviewees were
selected for each case. This group of additional individuals included those considered to
have a "stake" in the activities of the student affairs professional including students, peers,
supervisors, and HIV/AIDS agency professionals outside of the institution with whom the
student affairs practitioner had interacted or received training and services. In order to
select auxiliary interviewees, the subject of each case study (i.e., the student affairs
professional) was asked to assist the researcher in identifying up to 2 students, 1 peer
student affairs staff member, his or her supervisor and one HIV/AIDS agency professional
outside of the institution with whom the student affairs professional had direct, frequent interaction. Of the seven “professional peers” who agreed to participate in the study, three were male and four were female; four were Caucasian, two African-American, and one Latino. Two of the supervisors included in the study were male, five were female, and only one was a person of color (African-American). Of the eleven students included in the study, seven were male and four were female, including eight Caucasian, two African-American and one Latino. Of the four outside agency contacts who were included in the study, two were male and two female, of which one was Caucasian, and three African-American.

Hence, each "case" in the sample was designed to include one student affairs professional and up to an additional 5 auxiliary interviews with other relevant stakeholders. In three cases, only one student was identified and able to participate in the study. In three different cases, no outside agency liaison was identified by the student affairs professional. In total, 37 interviews were conducted for the study.

Data Collection Procedures

Primary data collection occurred via in-depth interviews with selected student affairs professionals and relevant stakeholders. Those student affairs professionals identified in the sampling process described previously were contacted to assess their interest in participating in the study. All participants were provided in advance with a brief overview of the study, a statement indicating that the interview would be tape-recorded, and formal assurance that their responses would be kept anonymous.
Once individuals had consented to participate in the study, a set of interviews was mutually arranged between the researcher and participant. At this time the student affairs professional was asked to help identify auxiliary stakeholders for the case study. The researcher followed the same procedures for contacting and securing the participation of these interviewees. Other members of the case study were aware that the student affairs professional was willingly participating in the study. At the time of the interview, participants were once again informed that their responses would be tape-recorded and that anonymity and confidentiality would be assured.

The structure of the interview and the question categories were presented at the beginning of the interview. Participants could decline to participate at any time throughout the process. Participants were able to use assumed names if that was their wish, although at no time was it necessary to directly identify by name or institution any participant. Participants were not asked to sign a waiver.

The researcher visited the seven campuses throughout Illinois during the middle of April, 1996. Interviews took place in the respective offices of the persons being interviewed. In most instances, all interviews were conducted sequentially throughout the site visit day, completing each case within one day. All interviews were structured around the research questions as presented in the appendix. Interviews were recorded and transcribed for further analysis.

By the nature of the methodology, individuals within a certain case knew of each others' participation. However, data presented as part of the final or subsequent projects were not associated back to a participant by name or institution. Confidentiality was
assured at all times.

Data Analysis Procedures

The first review of the data focused on developing individual vignettes of the advocates. Each case was reviewed separately and exclusive of the other cases. For each case, interview notes and transcriptions were reviewed and reread with the intent of identifying major themes within them relevant to the student affairs professional’s personal story of advocacy (Strauss & Corbin, 1990). Accordingly, each vignette offers a brief synopsis of the activity of the advocates and discloses information about their personal beliefs. Following the compilation of the vignettes, each student affairs professional was sent a draft version of his/her individual vignette. Advocates were asked to review the stories for accuracy and suggest content changes where necessary (Guba and Lincoln, p. 314). The stories presented in Chapter Four are the final versions which include suggestions by the advocates. The quote which proceeds each story was selected by the researcher as a way to set apart each story and encapsulate the type and distinctiveness of the advocacy of each case. Each student affairs professional was assigned a pseudonym in order to keep each case separate and distinct and to minimize the confusion used by several nondescript pronouns.

In keeping with the constant comparative method (Glaser and Strauss, 1967), the next step in data analysis focused on the open coding of interviews in order to delineate common themes across the seven cases in the sample. Many separate and distinct pieces of data were isolated from the interviews. These discrete pieces of data provided building
blocks for the development of larger analytical categories. Analytical categories were developed in relation to the study's research questions and theoretical framework. This process resulted in several "emerging" categories, including empathetic responses, altruistic motivation, interaction strategies, and effects of actions of advocacy. These larger analytical categories began to outline the how's and why's of the student affairs professional's advocacy role and provided answers to the study's original research questions.

The next phase of data analysis focused on systematically refining and testing the analytical categories identified in the preceding process. All cases were once again reviewed with an attempt to establish essential similarities and differences. A review of the categories in relation to the theoretically-relevant criteria also helped to assess further the salience of these essential similarities and differences. The analysis at this phase also compared and contrasted data obtained from interviews with individual student affairs professionals and auxiliary stakeholders across all cases. This particular activity provided an additional "check" to confirm or refute emerging analytical categories.

The final phase of data analysis was the development of a composite analytical story of the student affairs professionals' advocacy roles, including why they became advocates, how they acted on their advocacy in their respective campus settings, and the consequences their advocacy had for them professionally, as well as for those for whom they had advocated. The analytical story is framed by the work of van Gennep (1960) as a way to order and establish relationships among the many advocacy activities. This composite analytical story is presented in the final section of Chapter Four.
Trustworthiness

Trustworthiness is the qualitative research concept used to document the methodological rigor of a qualitative study. Trustworthiness in this study was achieved through triangulation (Lincoln and Guba, 1985), member checks (Guba and Lincoln, 1985), and the use of thick description (Geertz, 1973). These activities help to confirm the trustworthiness of the data gathered and the outcomes which emerged from them.

The triangulation of the emergent story was based upon the case studies and checked against the information gathered in the auxiliary interviews. The methodological design of the research study included auxiliary interviews, or stakeholders in the case who could provide additional observations about the work of the student affairs professional. These interviews were intentionally included to add depth, explanation and perspective to each different case. Also, the open ended interviews allowed for discussion about specific nuances of each case, and further questioning about incidents or topics for fuller discussion. In this study, triangulation was achieved via multiple data sources (the various stakeholders) and the multiple settings in which the research took place (the differing institutional characteristics of each case setting).

Member checking (Guba and Lincoln, 1985) is a research strategy in which those interviewed in the study are asked to review their interview transcripts and, occasionally, the researcher’s identified analytical themes for accuracy. Such a strategy was used to enhance further the trustworthiness of this study’s findings. Following the development and editing of the individual advocate’s story, each story was returned to the individual for
review. Each student affairs professional was given the opportunity to respond, make
comments, and return the story for final inclusion. All seven student affairs individuals
received their stories via facsimile during the first week of May, 1996 and were asked to
return the story with their comments as soon as possible. In each case the story was
returned in a timely manner and with no substantial change to content.

The technique of thick description (Geertz, 1973; Guba and Lincoln, 1985) has
been employed in Chapter Four. Put simply, thick description emphasizes the inclusion of
extensive sections of interview material in the presentations of the study’s findings. Not
only does thick description help to provide readers with an understanding of the
relationship between the interview material and the study’s findings, but it also provides
enough detailed information to help readers draw possible connections to their own lives
and work settings.

Summary

This chapter discussed the research design and methodology used in this study.
Grounded in a multi-case research design (Conrad, Haworth and Millar, 1993), a series of
decision rules were used to identify seven cases for the study. Each case consisted of a
student affairs professional, his or her supervisor, a peer, an outside agency colleague, and
one to two students who had first hand knowledge of the student affairs professional’s
advocacy. The complete sample was developed using the theoretically relevant criteria
(see Table 1) to ensure a diverse sample (in terms of gender, ethnicity, sexuality,
experiences, level of position and institutional settings). The demographics of the student
affairs professionals who agreed to participate in the study are presented in Table 2. This chapter also described the data collection and analysis. Data were collected through a series of site interviews with the student affairs professional and the auxiliary stakeholders identified for each case. The constant comparative method (Glazer and Strauss, 1967) was used to analyze and code data within and between the cases.
CHAPTER IV
FINDINGS AND DISCUSSION

This chapter presents the results of the 37 interviews that were conducted for this study. It is divided into three sections. The first section offers a profile of the seven student affairs HIV/AIDS advocates interviewed in this study. The second section elaborates on common themes identified across the seven cases via the constant comparative method (Glaser and Strauss, 1967). The final section takes the information provided in the first two sections and creates a composite analytical story of HIV/AIDS advocacy in light of van Gennep's theory of passage and the salient themes generated from the literature review.

Seven Lives, Seven Vignettes of HIV/AIDS Advocacy

The following vignettes are based on the original interviews with the advocate and auxiliary stakeholders for each case in the sample. Each vignette has been developed in response to the study's research questions: (1) what kinds of experiences lead to the advocate's work with HIV/AIDS issues, (2) what are the advocate's characteristics that support their advocacy and (3) how do these student affairs professionals advocate? The leading quote at the beginning of each vignette stands as a salient theme for each advocate. They have been included to add a thicker description and a deeper level of understanding about each individual advocate and the way in which he or she acts on his
"A chance to step up to the plate"

This case centers around a senior student affairs officer, John (a pseudonym), who has been at his current institution for about six years. The institution is a four year, liberal arts, residential, Christian evangelical college located in a small rural town in southern Illinois. John is a married white male in his early thirties. He received his undergraduate degree from an institution similar to the one he is currently working at and now is in the process of completing a master’s degree in educational administration at a large comprehensive state institution. John emphasized that his personal background has helped to shape his response to HIV/AIDS by providing an openness to issues that affect the sanctity of human life, the need to serve those hurting or underprivileged, and ministering to the whole person.

John identified the beginning of his work in the area of HIV/AIDS through a personal contact with an infected student in 1991. The Christian mission of his college, he suggested, helped to call him into action to support the infected student. Initially, John sought the help of the Illinois Consortium to provide educational resources. Working with the individual student was a clandestine process, with only about five or seven individuals aware of the student’s positive status and eventual AIDS diagnosis. Concerns about anonymity and backlash were tantamount while dealing with the student. The student has since left the institution, but John remains current in the literature and works to promote HIV/AIDS awareness within the institution.
John engaged in several activities to heighten his awareness of HIV/AIDS issues, including serving as the institutional representative to the Illinois Consortium for Post Secondary HIV/AIDS Education and working with other members of the faculty to gain knowledge about medical and other issues associated with HIV/AIDS. John characterized his process of gaining information as non-systematic, starting from the pivotal point of encountering the HIV positive student and branching out where needed. He specifically pointed out that he has not followed through with the American Red Cross training offered by the consortium because sexual abstinence has not been adequately emphasized as an option for HIV/AIDS prevention. In describing why he is involved with HIV/AIDS education, John stressed his deep respect for human life, his passionate need to serve others, and his professional commitment as a student affairs professional to provide challenge and support to his students. He is a member of the Association of Christian Student Affairs professionals; he is quick to note that the issue of abstinence education has been discussed in this organization.

Others interviewed characterized John as a strong role model at the institution, emphasizing that he is a trusting, compassionate and caring individual. They disclosed their perspective regarding John’s perceived protective nature. Some attributed this protective action to the role he was called to play in his youth when his father suddenly died years earlier. He uses his sphere of influence to ensure that issues of HIV/AIDS are prevalent in the college’s programming. Examples of his advocacy include developing connections with county-wide services for students, sponsoring forums in which HIV-positive individuals visit campus and provide testimony, and incorporating HIV/AIDS-
related issues into the Chapel programming series at the school. John stressed that he has continued to grow in his advocacy, stating that he is less protective about disseminating information on campus about HIV/AIDS. This has been possible, he suggested, because the college's new president has created an atmosphere that is open to dealing directly with societal issues, rather than sidestepping and talking around the issues.

Auxiliary stakeholders interviewed did not perceive any opposition or struggles associated with John's advocacy. All articulated the role of the college's Christian mission to inform, care for and nurture as a basis for inclusive dialog about HIV/AIDS on campus. When disagreement occurred, they noted, it usually centered around what the community considered the "moral dimensions" of HIV/AIDS issues. As several interviewees explained, the campus has a covenant -- the lifestyle agreement -- that all students and staff sign which outlines expectations of behavior. Most of the behaviors associated with the transmission of HIV are banned by the agreement. That said, John continues to provide opportunities for discussion about sex, sexuality, and HIV transmission. He is prepared for the next time that he becomes aware that a student or colleague is HIV positive. In his words, this opportunity will give him "a chance to step up to the plate" and take a more public stance in support of those dealing with the issues.

"She works with the people, instead of working with the disease."

This case centers around a white female in her late twenties who is in a mid-level student affairs generalist position at an urban, private institution focused on health care education. Mary (a pseudonym) has been in this position less than a year, but her work in
HIV/AIDS advocacy spans several institutions and levels of involvement within the student affairs field. Mary has undergraduate and graduate degrees from Catholic institutions. She has worked in the areas of counseling, activities, residence life and academic support services. Mary identified the start of her advocacy during her undergraduate experience when she received HIV/AIDS training information as a peer counselor. She recalled hearing the information first through the training module rather than through the media or some other source. Since that time she has developed a deeper understanding through her advocacy and contact with infected individuals. She views herself as being involved in her professional community and dedicated to “always being able to argue the other side of the position.”

Mary emphasized that her advocacy has changed and grown as her education and setting have changed over the past eight years. The peer counseling training she completed at her undergraduate institution was developed around the urban setting and the challenges presented to students in that setting. That was at a time when HIV/AIDS was beginning to become more prevalent in the heterosexual community and there was not a great deal of understanding about the spread of the virus. In 1992, as she began her first professional position, Mary completed the American Red Cross training course, helping her to personalize further the effects of HIV/AIDS and make real the risk of HIV/AIDS infection for anyone. She characterized the knowledge she was gaining as an “opportunity to impact students in a positive way.” Mary felt comfortable working with students, and the American Red Cross training provided her with a strategy in which to provide accurate information about HIV/AIDS. She cited the positive feedback she received from her
presentations to students and as a American Red Cross volunteer as motivating factors in her desire to do advocacy work. She also believed that growing up in a conservative small town, where there was little room for tolerating difference, prompted her to advocate for marginalized and underrepresented individuals. Mary stressed that she has always been able to work among differing groups, and viewed her ability to see varying points of view as a strength.

Mary’s advocacy for HIV/AIDS issues has been affected by the institutional setting in which she has been working. Her first professional position allowed her the opportunity to complete the American Red Cross training course and, in turn, to train students about HIV/AIDS issues on campus. From her perspective, discussions about issues and programs related to sexuality and HIV were prevalent, accepted and encouraged at this institution. In contrast, she indicated that her current setting “doesn’t discourage her advocacy, but it also doesn’t support it.” Others interviewed emphasized that the medical focus of the institution places a higher degree of importance on the technical aspects of HIV/AIDS, while the advocate feels her strengths are more in the psycho-social aspects of the disease. Despite the setting, Mary has articulated and has discussed with others her plans to engage the clerical or maintenance staffs in HIV/AIDS education because she feels that they have been left out of the education process at this institution. Those interviewed did not report any knowledge of opposition or victimization because of her advocacy. Rather, many suggested that Mary has deeply personalized her action and, despite a lack of current outward manifestations, her commitment to the issues has not diminished.
Within her professional setting, Mary’s advocacy has been valued. Several auxiliary stakeholders emphasized that her advocacy work was one major reason she was selected for her position. While not specifically a job requirement, her advocacy communicated to people her willingness to take a stand and become fully immersed in a subject. Mary believed that her work has made her a stronger professional in working with students, has refined her teaching skills, and has allowed her to communicate and act on her values in her work. She also reported that the nurturing opportunities in her work environment have been beneficial in facilitating her advocacy. She specifically highlighted that working with colleagues and supervisors who allow her to invest the time and energy in HIV/AIDS education has strengthened her commitment to advocacy activities.

Mary cited her ability to reach and connect with a broad spectrum of individuals as a strength of her advocacy. Similarly, others underscored her charisma, responsiveness to people and caring as key strengths. Mary was especially satisfied with her ability to use her teaching skills for the training of peer advocates, emphasizing that the empowerment of students was a prime skill that she communicated in her advocacy. Other outcomes of her advocacy included programming on the campus, providing a resource to students, and being a role model open to new information. She has also served on a local task force, trained other professionals and submitted proposals about HIV/AIDS to national conferences. A student aptly captured the impact of Mary’s advocacy when he said simply, “she works with the people, instead of working with the disease.”
"I've done something here and I may never know what it means..."

This case features Jake (a pseudonym), a white male in his early thirties, who is serving in a mid-level administrative position in the student affairs office of a large, urban, religiously-affiliated comprehensive university. Jake has been in this position two months. Previously, he served in a similar capacity at a small fine arts proprietary institution in the same city. A native of a large East Coast urban area, Jake has lived in the Midwest for the past ten years, during which time he completed his master's degree in College Student Personnel and worked at a state university. Jake considers himself reserved, private and very family-oriented, identifying the recent birth of his first nephew as a significant event in his life. Jake divided his life experiences into three different spheres -- professional, personal, and family -- and he tried to encapsulate his experiences into each of those realms. He also identified himself as a spiritual rather than religious person, citing his philosophy as one "which allows for opportunities shaped by the meanings he finds in his own personal experiences."

Jake discussed the development of his involvement with HIV/AIDS as it paralleled his coming to terms with his sexual orientation. He recalled hearing about a gay-related disease in 1986, but never gave it much thought until a medical problem put him in a situation in which he was tested for HIV without his knowledge. After he found out that he had been given the test, he was scared and stated "I want to make sure people don’t have that fear." From that experience, he became a certified testing counselor, and learned more about the myriad life and medical issues associated with the disease. He also read to expand his knowledge citing the book, *And the Band Played On*, by Randy Shilts.
and the feature length film, *Longtime Companion*, as important resources expanding his perspective on the disease. Jake also stressed that his involvement in bringing the Name’s Project (the AIDS memorial quilt) to his campus was a cathartic event that symbolized the apex of his involvement in HIV/AIDS issues. He has also been American Red Cross certified in HIV/AIDS education.

While many others described Jake as a strong advocate for HIV/AIDS-related issues on campus, Jake did not view himself in the same way. Rather, he assessed his advocacy in relation to what he has witnessed as a member of the gay community. He felt that the work he did in no way compared with others in the gay community who, from his perspective, had given over their entire lives to being advocates. In contrast, he viewed his work with HIV/AIDS as an extension of his job, not an all-consuming activity where the sole mission was in the area of HIV/AIDS education.

Many of the stakeholders interviewed for this case isolated Jake’s ability to be compassionate, empathetic, inclusive, fair, student-focused and engaging as important characteristics of his advocacy. As one interviewee put it, “he is passionate without being overly fanatic. You trust him.” Jake is more comfortable describing his work as a facilitator allowing for discussion and dialogue. “It’s about how you reach them,” Jake said. He feels that to be an advocate you have to understand the community you are working with and move them along from there. Jake stressed that his advocacy is about “finding ways to make it meaningful for the people he works with.”

Jake mentioned that dealing with HIV/AIDS issues has caused him to continually re-assess his priorities in life and to think about his own mortality. Jake explained that
because he is open about his sexuality, people generally assume that is the only reason for his HIV/AIDS involvement. Most people, he believed, failed to see beyond this label to understand who he is and why he did (or didn’t) advocate for HIV/AIDS issues. This caused some frustration for him because “all people need to know is that I am gay and then they have reason, rationale and explanation for everything I do despite my actual motivations.”

In assessing the impact of his advocacy on his own professional life, Jake stressed that his involvement in HIV/AIDS issues has become a part of his life story. He identified his involvement with chairing the Name’s Project, for example, as a pivotal event for moving beyond only HIV/AIDS issues to other social issues. While he continues to take clues from his work environment to not “go beyond what I believe is appropriate” for the setting, he also sees his advocacy as a sorter for his professional career path. He includes his work with HIV/AIDS issues work on his resume and says that if a school won’t consider him because of that then he probably wouldn’t be happy working there anyway.

In terms of his effects on students, Jake suggests that his advocacy has helped to break the silence and begin dialogues about HIV/AIDS among students, whether it be in freshman orientation sessions or in private consultations. As he says of his work with students, “I’ve done something here and I may never know what it means.”

“As an educator I need to give people the information and tools necessary so they can make the right choices.”

This case focused on Peter (a pseudonym), a Mexican-American male. Peter works
as an entry-level sexual health educator in the health promotion office at a large university located in a moderate size city in central Illinois. Peter has been working in his current office for a little less than two years. Prior to this, Peter worked outside of higher education in a social service agency in the areas of substance abuse and life skills. He graduated with an undergraduate degree in health education from the same university at which he is now employed. Prior to entering the university, he served a tour of duty in the military. Peter self-identified as recently assimilating into the Latino culture, and noted that his Catholic heritage tends to promote internal conflicts in him around the issues of HIV/AIDS and sexual health.

Peter noted that his initial interest in HIV/AIDS issues developed during the first few months in his current position. His interest was nurtured by those around him doing HIV/AIDS education work and this action sparked his interest and desire to get more involved. Peter stressed that the chance to work with an issue that interests students was also a key factor in his decision to become involved with HIV/AIDS education. This is an area, he opined, where student leaders who want to do good things have been given the opportunity to get involved. Peter noted that the close tie between the issues of HIV/AIDS and healthy sexuality was a primary factor for his involvement in HIV/AIDS issues on campus. From his perspective, education in these areas is reciprocal and helps to reduce the risk of several life threatening diseases. Peter indicated that students often do not perceive their risk for HIV/AIDS, and emphasized that changing this perception was one of his most important responsibilities. Accordingly, Peter views himself as a role model and takes that responsibility seriously. He is committed to "making a difference"
through his advocacy.

Peter was quick to point out that HIV/AIDS education was merely one aspect of his job responsibility. Similarly, others interviewed mentioned that while HIV/AIDS education was a job expectation, Peter's advocacy went "above and beyond" these expectations. A specific example is a new peer education program Peter developed, which includes HIV/AIDS as a vital component and requires facilitators to be American Red Cross certified instructors. Additionally, Peter serves on several university-wide committees addressing the issues of HIV/AIDS as well as provides outreach to specific student groups including the Latino student organization. He also reads and gathers resources as a strategy for remaining current on HIV/AIDS activities.

Peter characterized his work environment as highly supportive both in the areas of emotional and financial support. He mentioned no personal opposition, but did identify the conservative nature of the surrounding community as a potential source of conflict. He elaborated on a story about a parental concern about condom distribution on campus, and a current issue about installing condom machines in campus residence hall washrooms.

Personally, Peter stated that he has become a lot more comfortable talking about sexuality as a result of his work in HIV/AIDS. He also observed that he has developed an increased sensitivity to the specific needs of varying ethnic groups, noting that people have very different beliefs, and it is important to understand and honor that diversity as part of the educational process. Peter acknowledged his advocacy for HIV/AIDS issues and expressed a sincere hope to continue to grow in his advocacy.

Professionally, Peter indicated that the primary outcomes of his advocacy are
through his work with the peer educator’s program and the creation of new training modules that include HIV/AIDS information. Others also noted the favorable work he has done in campus-wide and student group programming, including condom distribution.

Since Peter’s arrival, there has been an increase in condom distribution and an increase in HIV testing logged at the student health center following specific programs. Additionally, several interviewees saw his advocacy as highly effective by reaching people “where they were at,” and by not forcing the education on them. As a number of students mentioned, Peter was an effective advocate because he could provide information to increase and expand awareness without threatening the conservative nature of the community in which he works.

Peter has multiple memberships on university and community committees and task forces that address HIV/AIDS issues. Such committee work, he explains, has helped him to expand his knowledge base, to take risks in developing new delivery systems and to evaluate strategies for effectiveness. That said, Peter noted that he feels overwhelmed from time to time in dealing with the vastness of issues associated with HIV/AIDS. He encapsulated his work best by saying, “As an educator I need to give people the information and tools necessary so they can make the right choices.”

“What I can do far outweighs what anyone thinks.”

This case concentrates on a female in her late twenties, Jane (a pseudonym), who works in the student activities office of a medium sized proprietary institution located in a large metropolitan area. Jane has been in her current position for about one year, and at
the institution for about three years. She is currently completing a master’s degree in College Student Personnel at a local Catholic institution. Jane grew up in the suburbs outside of this city and is currently the primary caretaker for her mother. She was adopted at an early age, and is from a Mexican and Irish heritage although not raised in either of those cultures. She identified herself as being spiritual, not religious, and philanthropic. While attending her undergraduate institution Jane completed degrees in Art and Spanish, and participated in immersion trips to Central America.

At her undergraduate institution, Jane was involved in Greek life, student government and worked as an intern for the Student Affairs office. She viewed these experiences as important in the development of her advocacy. She was given the opportunity to become American Red Cross certified and during that process befriended a fellow student who was gay and HIV positive. Jane admitted to having many pre-conceived notions about gay men and people with HIV at that time; her interactions with her gay friend, however did much to change her notions about the gay and HIV communities. From that point on, Jane’s involvement in HIV/AIDS issues grew gradually: she served as a peer educator and also participated in her undergraduate institution’s presentation of the Name’s Project.

In her current professional role, Jane believes that her goal is to help students “to understand [that] HIV can happen to them.” Accordingly, she intentionally seeks to create a safe environment in which students can explore the issues associated with the disease. Her office displays posters that show a diversity of individuals along with messages about safe sex and infection protection information. Students interviewed
reported that Jane is nonjudgmental and, therefore, is easy to talk to and receive accurate HIV/AIDS information from.

In her current work setting, Jane has vigilantly kept HIV/AIDS on the student life programming agenda and has even participated in presenting information during orientation classes. Recently, she was responsible for bringing a prominent speaker on HIV/AIDS to campus. This event also presented the most opposition she has ever encountered around the subject. Administrators were not as supportive as she had wished and nearly did not allow the event to happen. The event was also filmed by a national news show that was following the speaker throughout the country. The administration worried that this would bring negative publicity to the institution.

Jane believed that she had changed in “good and bad” ways as a result of her advocacy. On the positive side, she has developed a heightened sensitivity to those in need as a result of loss from HIV/AIDS and the life changes that affect people. Moreover, her capacity for empathy has deepened. As she put it, “I want to help people through a difficult situation.” Jane noted the negative side as not being as quiet and compliant as she used to be. She reported that the incident with the speaker left her less trusting of upper-level administrators.

How has her advocacy affected others? Jane pointed out that her advocacy isn’t just about providing HIV/AIDS information to students. Jane tends to be reflective about her advocacy and the challenges in her current administrative environment by saying, “what I can do far outweighs what anyone thinks.” Jane related that her advocacy was about getting the message to students by whatever means necessary, and that getting the
message across requires different strategies for different people. Among her accomplishments, Jane has created a safe environment in which questions about HIV/AIDS can be asked and answered, often through HIV/AIDS issue oriented programming and HIV/AIDS discussions in freshman orientation classes. Jane has also been effective in understanding the cultural differences in the many ethnic groups which make up the student population at her institution, further allowing her to meet students “where they are at.”

“People don’t always believe what you say but they do believe what you do.”

This case centers around an African-American male in his mid-twenties. Paul (a pseudonym) recently began the first year of his first professional appointment in higher education as an admissions recruitment / student development professional at a moderate size community college in a large industrial city in central Illinois. He is originally from this city and had participated in a College Futures program sponsored by the community college prior to leaving the area and attending a Catholic undergraduate institution in Illinois and a public graduate school in Connecticut where he received a master’s degree in counseling. He returned to the area to be near family and friends. Paul states that his spirituality is important to him, and is fairly progressive in his views on most things, including religion. The advocate also self-identified himself as being “not completely heterosexual.”

Paul traces his involvement with HIV/AIDS back to an experience involving his first encounter with the Name’s Project. The quilt was on display at his graduate
institution. As he put it, he was "drawn to the quilt." Paul explained that the project stirred many emotions inside of him and that he felt a need to act on those emotions. This was one of the first experiences that inspired his advocacy. A more recent experience, the local world AIDS Day Memorial activities, also had an impact. As Paul stressed, seeing only three African-Americans in attendance hit home for him: "It was a little sad to see where we [African-Americans in this local community] are at, so I got involved. [I wanted] to be a role model."

Paul's graduate work focused on alcohol and substance abuse, which he characterized as going hand in hand with sex. He had completed a few research proposals that mentioned HIV/AIDS but never as the primary target. It was through his work with the local health department agency that he began to develop specific advocacy experiences of his own. He completed Red Cross Certification and made a connection with an ethnically focused group from a nearby city. His connection to the African-American community, as well as his determination not to "see any more of my friends, or anyone else for that matter, die of AIDS" continue to serve as key motivators supporting his advocacy. From his perspective, his advocacy allows him to be a role model, to disseminate accurate information to raise awareness, and to educate people about HIV.

Paul mentioned that much of his caring for others come from his mother's rearing of him. He has a strong respect for human life, and he actually seeks to "walk the borders" with everyone he encounters. These values animate his involvement in HIV/AIDS issues. Not surprisingly, others interviewed described Paul as an enthusiastic, high-energy, trusting and committed individual.
Paul explained that he used his position as a counselor to address HIV/AIDS through the broader issues of sex and sexuality. He noted that sometimes the awkwardness of the issues can make being an advocate a personal challenge because of what will eventually become public information. Paul stated that he has not encountered much opposition except for working in a conservative community. He described his work environment as supportive.

Other stakeholders interviewed appeared to play a significant role in providing permission for Paul’s advocacy. For instance, his supervisor related a story involving condom distribution on campus. Paul, prepared for opposition, was surprised to receive none, but rather received encouragement to devise even more awareness activities. The outside agent interviewed saw Paul’s work as collaborative and viewed him as being able to bring structure and purpose to many of the HIV/AIDS activities taking place on the campus.

Paul “looks for the teachable moment”: “I have started where the campus is at and am working to bring them forward.” He works at his advocacy by promoting awareness, asking questions, meeting with students and coordinating programs for the campus. Paul tries to empower students to take responsibility for their actions. He also has connected significantly with community services by serving on local and regional task forces for HIV/AIDS.

Paul believed that his professional position within student affairs gave him the flexibility to be involved with HIV/AIDS education. He also noted, however, that people are fairly suspect of those who advocate for HIV/AIDS issues, often questioning them
because of their sexuality. Paul viewed the homophobia and lack of awareness in the African-American community as his personal challenge for providing accurate information regarding HIV/AIDS. He summed up his work by stating, “People don’t always believe what you say but they do believe what you do.”

Paul’s advocacy has effected him and the others around him in several ways. Most importantly, Paul’s advocacy provides him with a sense of purpose along with a personal and professional niche. Moreover, his HIV/AIDS advocacy has made him well-connected with the local community. He enjoys being the primary contact for HIV/AIDS information on his campus and receives kudos from his supervisor for his community service activities. As another result, the institution has a more articulated and focused HIV/AIDS program. Students reported that Paul is the one person on campus that they turn to answer their HIV/AIDS questions.

“She has become an important person in the lives of the peer educators.”

This case focuses on a divorced white female in her late thirties. Robin (a pseudonym) works as a student development counselor in a counseling office at a regional state university located in a suburban area. The institutional mission focuses on the working adult commuter student. She has been in this position for about three and one half years. Robin was born and raised in an urban area and still describes herself as a “city” person. Educated in Roman Catholic schools “forever,” Robin briefly attended a public university before completing her graduate degree at a Catholic urban institution. Several stakeholders pointed out that her Catholic heritage and close family ties were important
structural and support mechanisms for her, while not inhibiting her involvement in HIV/AIDS-related issues.

Robin characterized her involvement in HIV/AIDS as being a way to be on the other side of the counseling continuum. She viewed her current situation as one of a paradox. As a counselor she spends a great deal of her time being reflective, while her work in HIV/AIDS allows her to be proactive. Many stakeholders described Robin as caring, knowledgeable, action-oriented and attuned to student needs. Several mentioned that she was relaxed in relationships, pragmatic, highly interactive and unpretentious.

Robin attributed her initial immersion into HIV/AIDS education to her work environment. Although she acknowledged that she knew individuals with HIV, Robin was quick to point out that this was not her primary motivator. Rather, Robin emphasized that her advocacy was a way in which she could give back to the community. Driven by her "first born" position, she "is a caretaker and defender of sorts." As much as Robin admitted to trying to avoid debate about HIV/AIDS, she explained that she often had to correct misinformation when it was presented, even in social settings. She stated that the American Red Cross HIV/AIDS educational training played a significant role in her socialization into HIV/AIDS issues, and others reported that her close working relationship with a faculty colleague on HIV/AIDS issues was a source of energy, motivation, and direction for her work on campus. She has also been an active member of a local coalition that works in a variety of HIV/AIDS issues beyond education. Robin likewise mentioned that the opportunity to interact with young students, especially in elementary and high school, was an important part of her advocacy outside of the
university setting. Her supervisor stated that such outside involvement was a positive community service on behalf of the university, and that it was acknowledged at several levels throughout the institution.

All interviewed noted the supportive environment of the institution and how that had helped to nurture Robin's involvement in HIV/AIDS education. Many stakeholders, for example, commented on how the President of the institution was aware and supportive of HIV/AIDS issues, and thus provided permission for this kind of work on campus. In discussing challenges, Robin explained that working at a state institution had more of an impact on funding rather than policies which impede HIV/AIDS education. If opposition was present, it centered on curriculum content in the academic area and the lack of willingness on the part of the faculty to infuse those issues into the curriculum.

Robin believed that her advocacy had positively affected her in a number of ways. For starters, she said that the community service aspect of her work was valued by the institution, and was a great source of her motivation. She also has built strong ties with a faculty colleague, a relationship that has significantly impacted her in the areas of collegiality and research. Others interviewed said that Robin's involvement with HIV/AIDS related issues had helped her to develop important conflict management and resolution skills, while also enhancing her professional confidence. No one reported knowledge of any bias, or opposition to her work. Jokingly, one of the stakeholders interviewed stated that "she doesn't fit the dyke stereotype, and she is obviously not a gay male, either."

Robin's advocacy has positively affected students at the university as well.
Students seem to know to come to her for information, possibly because many faculty and staff refer students to her with questions. Through her programming efforts many have been made aware of HIV/AIDS issues. She finds that she has trained several students to be peer advocates, and provided curricular training to students preparing to be teachers. One of her professional peers noted that Robin “has become an important person in the lives of the peer educators.” Additionally, Robin brought one of the leading college physicians working in HIV/AIDS to give a speech on campus. Robin has also trained several other peer advocates at other sites, served on a task force in the metropolitan area for HIV/AIDS information, and worked with a colleague to establish a consortium of community colleges in her area.

Cross-Case Comparison

In this section, the study’s overall findings are identified and discussed. These findings cut across all seven cases and the stakeholders associated with them. More specifically, findings from this study can be grouped into three major analytical categories: the experiences which led student affairs professionals to their advocacy, the characteristics and personal perspectives that facilitated their advocacy, and the outcomes that the advocacy had on student affairs professionals and the students with whom they interacted.

Experiences

Across all seven cases in the study, each student affairs professional’s advocacy
was closely identified with a set of experiences that provided the foundational value structure for their work. Young and Elfrink (1991) identified several values, such as beneficence and non-maleficence, which are found in student affairs work, so it is not surprising that the information gathered in this study supports those assumptions. However, as will be seen, the advocacy of these student affairs professionals is not merely an outgrowth of their college student personnel background. The themes that emerged from the data included family background, nurturing work environment, integration into multiple communities, personal connection to HIV/AIDS and induction experiences.

Other Centered, Altruistic Family Environment

Family background and experience were perhaps most fundamental to the development of the advocacy of the student affairs professional. While the individuals interviewed for the study had differing family experiences, the theme of an other-centered, altruistic family environment was an important finding that emerged from the data. An other-centered, altruistic family environment refers to the values, behaviors and role models that communicated the ideals of being an advocate to the student affairs professional.

While the label attempts to capture the essence of this theme, the following illustrations bring this analytical category to life. In reviewing his family experiences, for example, Paul noted the influence that his mother had on his attitudes toward helping others:

I think that it was really my mother who always raised me to be caring. I grew up
with a really large extended family where everyone was always helping out each other. I was raised to be a caring individual, being friendly to everyone. We were taught to have respect for people.

Many other stakeholders emphasized the importance of other-centered, altruistic family experiences in the lives of the advocates. John’s professional colleague provided this observation about his family background:

I know that John was raised in a very close family, and then his father passed away suddenly when John was in high school. This profoundly affected him; he wasn’t the oldest, but felt most equipped to take over the family. He is very concerned about those weaker than him. He is concerned about the disenfranchised, and the alone, much like he felt when this happened.

Closely aligned with the latter discussed characteristics of responsibility, altruism and empathetic supposition, an other-centered, altruistic family environment established an experiential grounding point from which these student affairs advocates operated. These early and continuing family experiences provided grounding and direction for their advocacy. Without the other-centered, altruistic family experience, these student affairs professionals may have lacked the impetus to develop their advocacy.

**Nurturing Work Environment**

In reviewing interviews from this study, a nurturing work environment emerged as a factor in the development and support of a student affairs professional’s advocacy. A nurturing work environment is the sum total of the mission, people, resources and expectations of the work setting at any given institution. Such a nurturing work environment can take many forms. It can be as subtle as a supportive colleague who
mentors the development of the student affairs professional or as overt as an environment which provides fiscal and physical resources for the development of advocacy outreach programs.

Robin, for instance, stressed the salience of this theme by describing her institutional work environment in this way:

I’m really lucky I haven’t had any opposition at [this institution]. It is a supportive workplace; they support what I do and even paid for my training. They see what I do as a community service that helps the school in the community. They have even counted it towards my tenure. It’s definitely a win-win situation.

The compatibility of advocacy and the mission of the institution was also echoed by Paul’s supervisor:

The president supports the involvement of staff in community organizations and affairs. I am in the position to encourage and empower the staff to make those connections. Now Paul is the first to do it in this area, but it is important because of the statistics here in this town and with the African-American community. I see his work as being positive all around for us, the students and the community.

In some cases, a nurturing work environment setting gave several of the student affairs professionals in this study “permission” to develop their HIV/AIDS advocacy, providing them with a supportive context that nurtured their advocacy for others. In other cases, the work environment forced the advocate to simultaneously assimilate and accommodate to the institutional norms while attempting to reach out to those effected by the issues of HIV/AIDS. In these cases, the student affairs professional often had to significantly adjust his or her level of advocacy activity. Hence it appears that advocacy activity is effected by institutional setting and work environment.
Integration into, and Interaction with, Multiple Communities

In each case in this study, student affairs professionals were identified as having experiences with integration into and interaction with multiple communities. Advocates moved about in these communities with ease and without question. Their membership in these communities was tied to ethnicity, education, status or several other characteristics. All advocates were equally accepted by students, peers, and professional HIV/AIDS service providers.

A joking comment made by an African-American student who worked with Jane illustrates the ease with which advocates integrated into and became members of multiple communities. As he put it:

She's the second closest Caucasian friend I have! For her [Jane] it's not an issue, everybody knows her and comes to her. I see her work with the Asians and Greeks as easy as any other group. She can educate the groups across the board, and reach them. The message is the same. Not an issue of who you are. She makes you know that without feeling like she is invading your space. She moves around the groups okay.

Paul also noted this phenomenon by using the phrase “walking the borders” when discussing his work with several differing groups. An outside agency stakeholder who worked with Paul confirmed his ability to broker “borders” effectively with people unlike himself:

He [Paul] is an intermediary between the campus, other groups and the world of HIV. He sees what is missing, identifies target groups and gets the information out. I know he works with GED completion, displaced homemakers, the Black student body, and substance abusers. He has really opened up a corridor to each of those groups by being a bridge for the unmet needs of that population. I see his acceptance in these communities as a way to move between all of them, access information and help us get our message out in a way that people will hear. You know we had this idea about doing AIDS programs in the Black churches, but he
This theme is seminal in the student affairs professional’s ability to connect with a variety of individuals. To be successful at HIV/AIDS advocacy issues, the student affairs professional must be able to interact with several constituencies. It is the experience of sustaining multiple memberships which is vital for the advocates. These experiences were an important means of learning to negotiate and barter ideas and concepts in multiple settings. Through integration into and interaction with multiple communities, the advocate was able to work with students, translate their needs to other administrators, and provide linkages to vital services in the community.

**Personal connection to HIV/AIDS**

It is not surprising that each advocate articulated an intensely personal connection to the HIV/AIDS epidemic. The personal connection to HIV/AIDS was a particular set of experiences in which direct contact with HIV/AIDS issues occurred. These experiences were first-hand, intense and affected the student affairs professional in a significant manner.

The personal connection to HIV/AIDS was experienced in many different ways for the advocates. The personal link was not as simple as knowing someone who had AIDS. The experiences were more intense. Mary, for instance, recounted her first connection with the concepts of HIV/AIDS through this vivid anecdote:

Being from a small rural area, my first experience was when I was a sophomore in college and I was going through training to be a peer counselor. It was intensive training. In 1988 at a Catholic school the topic [HIV/AIDS] was introduced based
on fear. They didn’t present the material in a way that would allow us to think about it. I remember being so scared for a long time. I thought this could happen to me, not necessarily because of personal risk, but because I was scared into believing it. It wasn’t until I was in graduate school that I realized the way to educate was via a process to help people understand their own actions. Every now and then I still get a little scared.

Jake also identified a personal connection that grew out of initial fear:

I was doing everything right. I got sick and was tested without even knowing it. I went in for a medical problem and because I was gay they did the test. I was scared. I knew what to do and what I had done. I always thought that by being active, it would be redemptive for me and those around me. I vowed I wanted to make sure other people don’t have that fear.

Jane related her personal connection through a story about her friend:

I had met him while we were working on student government as undergraduates. I knew he was gay and HIV positive. Somehow we got to be friends and ended up spending most of the summer together. He took me around to a lot of functions and I met a lot of people who were positive. It was a great way to learn. I felt really connected, especially with the spiritual connection with so many of them. I thought to myself that they are looking for happiness just like everyone else. We remained close and got involved and started a peer education group in the fall of that year. He died earlier this year in February. I do continue with the education for him, and myself, too.

These connections are best characterized by their intensity, which led to a direct ownership -- and a well developed stake -- in the issues surrounding HIV/AIDS.

The personal connection to HIV/AIDS was a pivotal experience in the development of the student affairs professional’s advocacy. This experience provided the advocate with first hand knowledge of the overwhelming emotions associated with HIV/AIDS issues, and helped him or her to internalize and personalize the HIV/AIDS epidemic in his or her own life.
Induction experience

In addition to a personal connection to HIV/AIDS, many interviewees cited induction experiences as being significant developmental experiences. These induction experiences were events which lead to further knowledge about the issues of HIV/AIDS and played a significant role in the development of the advocates' personal paradigm about HIV/AIDS. The most important of these induction experiences included HIV/AIDS education training and working with an organized HIV/AIDS program.

Not surprisingly, many interviewees cited the American Red Cross training as highly significant in their development as HIV/AIDS advocates on campus. As Mary stated:

I had the opportunity in my first job right out of graduate school to be trained with the Red Cross. I went through five consecutive days of training. It had a big effect, emotionally and educationally. I learned a lot. I learned I had a lot to offer. It gave me a strategy to teach information with. A way I could impact, an opportunity to impact students in a positive way.

Another induction experience that was cited by many was working with or visiting The Names Project that was started in 1987 as a way in which to memorialize loved ones who had died of AIDS. As Jake, who coordinated a display of The Names Project on his campus, related:

Working on the Quilt was an important event for me. It had a lot to do with my coming to terms with who I was, make my mark there and sort of cathartic all at once. I encountered a lot of covert opposition. But it was something I had to do to make my mark, to get involved. I was also highly effected by the media. The book And the Band Played On and the movie "Longtime Companion" were important for me to see. They were subtle things. These things changed me more than anything. It made me see that much about the epidemic is about people's lack of understanding about the disease.
The induction experience was vital to the development of the student affairs professional’s advocacy. It served as an entrance into the world of HIV/AIDS, providing the advocate with information about HIV/AIDS nomenclature and “cultural norms.” Many of these induction experiences further amplified advocates’ personal connections to HIV/AIDS. Together these experiences provided the foundation for shaping further advocacy actions.

This section has reviewed the salient experiences that emerged from the cross-case analysis. These experiences included: (1) an other-center, altruistic family environment; (2) nurturing work environment; (3) integration into and interaction with multiple communities; (4) personal connection to HIV/AIDS; and (5) induction experiences. The experiences of an other-centered, altruistic family environment, nurturing work environment and integration into and interaction with multiple communities predisposed the student affairs professional to HIV/AIDS advocacy. These experiences exposed and provided the advocate with an appreciation for social justice issues. The personal connection to HIV/AIDS and the induction experience were apprenticeship activities in the development of the student affairs professional’s HIV/AIDS advocacy. These experiences provided the advocate with his/her initial entree into the world of HIV/AIDS advocacy. These experiences had a synergistic effect on the development of the student affairs professional’s advocacy. Each experience established a link between the advocate and HIV/AIDS issues.
Personal Attitudes, Values and Beliefs Influencing Advocacy

The second large analytical area to emerge from the data was personal attitudes, values and beliefs influencing the student affairs professional's advocacy. Auxiliary stakeholders, in particular, provided useful information in decoding the complex personas of the study's advocates. It was quite easy for each individual interviewed to provide a litany of characteristics about these advocates; terms such as "friendly," "warm," "compassionate" and "responsible" began to sound trite by the conclusion of the study. That said, four major themes finally emerged which appeared to capture the essence of the characteristics of these advocates. These themes included a sense of responsibility, altruism, inclusiveness and empathetic supposition.

Sense of Responsibility

A sense of responsibility was characteristic of all seven advocates in the study. A sense of responsibility is best defined as the advocates' overwhelming sense of accountability to those with whom they interact, and the need to respond to the HIV/AIDS epidemic. The advocates exuded an intense moral obligation to the students and their community. Advocates articulated this sense of responsibility in three ways: (1) as a way to give back to the community, (2) to serve as a role model and (3) to answer a calling.

Robin hit upon the theme of going back to the community when she remarked, "I have been given so much in my upbringing, it's time for me to give back and this is it." This theme of responsibility was echoed by Peter in a slightly different way, who
emphasized his responsibilities as a role model:

Growing up and going through high school was difficult [for me]. I didn’t relate to anyone and had some problems. It wasn’t until much later I realized you need a good education. I’ve made it into a situation where I have good opportunities, I have to be a good role model for those students out there. I have to get them the accurate information. As an educator I have the background to help them transfer knowledge into behavior.

Indeed, many of these advocates saw themselves as role models for students. The responsibility incumbent in this was not lost on them, nor on those with whom they interacted. John’s supervisor captured this point nicely when he referred to John’s advocacy as a “purposeful calling”:

He has been sensitized in human needs and his life experiences has made him keenly aware. He uses his responsibility as a gift, a special ability. It’s more of a calling rather than a vocation.

These experiences were important for the advocacy of an individual to emerge. Such a sense of responsibility grounded the advocate’s work, inspiring him or her to pay homage to the persons and communities who leant their support. This sense of responsibility provided the advocate with a commitment to HIV/AIDS issues. It also helped to focus the advocate’s agenda and to temper his or her response to HIV/AIDS issues.

**Altruism**

Altruism, the unselfish concern for the welfare of others, was observed throughout each of the seven cases in the study. Several auxiliary stakeholders used this term to describe the student affairs professional. Other descriptors used by the auxiliary
stakeholders closely associated with this value included compassion, leadership, and spirituality.

In describing her personal characteristics, a professional peer of Mary's commented, "She really keeps the welfare of others as a strong focus in her life. She works hard and long at making sure people have all the information possible so that they can make good choices." A peer of Paul's related, "It's part of his nature to be a caring person, it would be uncharacteristic of him not to care." The students who interacted with John likewise noted that, "He takes very little credit for anything he does, he gives it back to us so we can feel good about it."

Interestingly, advocates were not as quick to describe themselves in such lofty terms, but chose less passionate terms such as responsible and concerned. Jane, for example, spoke confidently about her personal mission:

I am motivated by real people. It makes [me] frustrated that people may be lonely or afraid. I want everyone to understand that it can happen to them. Prevention and education have to be important. I am amazed that in 1996 there are still questions about it. The stigma is not gone. I have somehow developed this strong mission for helping others. I want to make people feel good about themselves. A big part of it is self-esteem -- what's inside, how you feel. People don't always see that. My concern for others have earned me the title "mother hen."

Altruism was an important aspect in the advocacy of the student affairs professional. Whether acknowledged or not, this behavior ushered issues of HIV/AIDS to the forefront of the advocate's actions. The altruistic behavior manifested itself through an intense personal mission and sometimes singular devotion to the issues of HIV/AIDS. This intensity fueled each student affairs professional's advocacy. It functioned as a driving
force in his or her quest for social justice.

Inclusiveness

Inclusiveness refers to a student affairs professional's commitment to interact with and connect with constituents from varying ethnic, racial, gender, and sexual backgrounds. This theme is broader than the labels of multicultural sensitivity and understanding diversity. For, in this study, the advocates were successful at assimilating, connecting with and understanding people with differing backgrounds on many different levels. They valued inclusiveness and actively promoted it in their daily work.

To illustrate this point, a student who interacted with Mary stated:

She came from a small town to a big city, so she knows how it felt to an outsider. She forces people to look at a subject from a lot of different sides, she forces you to be open minded. People see that and realize that she can see their point of view.

A student who had sought out resources through Paul relates:

He has been a spark here. He is refreshing, outgoing and serves as a role model. I see him integrate into the community. He is a link. He is not viewed as a stuffy college administrator, but down to earth and very approachable. He is everywhere, able to add humor, but always focused. He is very approachable, not unusual for him to stop you in the hallway. He has a strong way of making of who he is dealing with seem very important.

By being inclusive, these student affairs advocates not only reinforced their multiple memberships in communities, but they were also able to reach the many diverse individuals who make up the population in today's institutions of higher education. Their ability to move freely between groups and to be trusted by varying groups supported their roles as mediators and service providers. In a sense, their commitment to inclusivity
allowed them to “broker” among various groups, ensuring their access to various institutional, community, and student resources that supported their advocacy.

**Empathetic supposition**

Empathetic supposition refers to the ability of advocates to respond to HIV/AIDS issues in a manner that acknowledges and understands the multiplicity of the issues without necessarily experiencing them directly. An ability to empathize allows advocates to personalize the issues of HIV/AIDS and to understand more fully the students with whom they work.

As discussed earlier, the personal connection to HIV/AIDS and various induction experiences helped to provide the basis from which advocates developed this empathetic stance. Mary used the metaphor of “knowing what it is like to walk a mile in someone else’s shoes.” A student peer educator who worked with Peter noted his ability to empathize in this way:

Peter is always willing to lend a helping hand. He has been there for me when I needed him. He deals with the college population in the right way. College students need somebody like him to go to, to understand, to advocate for them.

Empathetic supposition was a strong personal attitude of each of the advocates interviewed for this study. All told personal stories of overcoming huge personal challenges at some point in their life. As an example, John had overcome the loss of his father, and Jake dealt with his sexuality. While none of the stories were unique, they did involve major events such as the sudden death of a parent, the loss of a friend, and cultural or sexual identity issues. These experiences strengthened their capacity for empathetic
understanding, providing them with instances that allowed them to understand more fully the multiple dimensions of HIV/AIDS. Empathy was used by the advocates to know the trauma of the epidemic and identify with the feelings of those effected.

The four attitudes, values and beliefs -- a sense of responsibility, altruism, inclusiveness and empathetic supposition -- inform the advocacy of the student affairs professionals interviewed for this study. Through a sense of responsibility, each responded to the needs of those effected by HIV/AIDS. Altruistic behavior directed each advocate’s concern to those effected by HIV/AIDS. Inclusivity helped the advocates to broker among various constituencies affected by the HIV/AIDS epidemic. Empathetic supposition facilitated advocates’ abilities to understand the feelings and needs of those effected by HIV/AIDS and, in turn, motivated their advocacy response. Together, these critical experiences and personal perspectives helped to shape the student affairs professional’s advocacy.

**Actions and Outcomes**

The final broad analytical category to emerge from the data was actions and outcomes. This category addresses how student affairs professionals acted on their advocacy and the outcomes that these actions had on students and the advocates. The advocate’s actions included the development of programs and services, lobbying for change in policy, and mentoring. The effects of advocacy on students were risk reduction and peer program development. The effects of advocacy for the student affairs professionals centered on the broad areas of personal development and professional
Advocacy actions

Programs and services. Developing specific HIV/AIDS programs for students and the broader campus community was one major way that the student affairs professionals in this study acted on their advocacy. These programs and services came in many different forms, including awareness activities such as displays or Question and Answer sessions, on-site HIV testing, and support groups for the discussion of sex, sexuality and HIV. These programs were tangible expressions of the student affairs professional’s advocacy.

A professional peer of John’s, for instance, described how he had been instrumental in including HIV/AIDS issues in the chapel schedule of their institution. As he explained, John made sure that there was money set aside in the annual budget to include honorariums for bringing in people with AIDS and affected family members to talk with students. In discussing advocacy actions coordinated by Jane, an incident involving a controversial program that brought in a nationally known HIV/AIDS speaker with a television crew from ABC’s Nightline in tow was cited by all those interviewed at her institution. As one student said about the program:

She [Jane] had a lot to lose, but she fought for the program anyway. She was persistent, she knew that having this much publicity would help raise everyone’s awareness [about HIV/AIDS]. She always taught us that is what a program should do.

Programs and services were the result of the student affairs professional’s advocacy. Such programs and services targeted the needs that the advocates saw in their maturation.
individual communities. This outward manifestation of the student affairs professional’s advocacy communicated their stance on HIV/AIDS issues. These programs and services were an investment of advocate’s time and energy into what they believed to be among the highest needs in their communities.

**Lobbying for Change in Policy.** The student affairs professional used their advocacy as a way to lobby for change in institutional policy. Lobbying for such changes included authoring institutional HIV/AIDS policies and requesting installation of condom machines in residence halls. Student affairs professionals responded to needs they saw in the community and worked for policies that would support and assist those effected by HIV/AIDS.

As a case-in-point, John recalled how his work with an HIV-positive student challenged him to become more involved in policy development at his institution. His supervisor credited him with coordinating a few key people at the institution to respond to this student’s needs, to retain the student, and eventually to author an institutional policy on HIV/AIDS. As this stakeholder puts it, John’s commitment to HIV/AIDS issues has led the institution to implement policies to avoid discrimination based upon those issues.

John’s case was not an isolated one among the student affairs professionals interviewed in this study. Almost all lobbied for positive changes in institutional policies related to HIV/AIDS issues. To be sure, these advocates’ ability to cause change within their institutional settings was important, for it sent clear messages to others that their cause mattered, and a signal to students that they were effective in promoting their cause.

**Mentoring and Support.** The final broad area of advocacy action was mentoring...
and support. This area included those activities in which the student affairs professional positively effected the personal development of students at the institution. Identification and alignment with an advocate who understood the issues of HIV/AIDS was important to many auxiliary stakeholders across all cases. Students, in particular, noted that supportive, mentoring relationships with advocates -- often nurtured through peer education programs or one-on-one interactions -- were especially valuable to them.

To illustrate, a student commented about the support he felt from Peter as a result of his involvement in a peer education program:

He fosters a lot of support for me, I see him as a main contributor. He supports my educational environment and is a top supporter of my work in the organization [peer educator]. He is helping me to learn to be a great teacher.

Some of the student affairs professionals also formed close bonds with individual students as they helped them to negotiate the challenging routes to HIV/AIDS resources. A student that worked closely with Jane, for instance, said:

She practices what she preaches, she is not a talker, but a walker--a doer (sic). She is there for the dirty work. She shies away from the praise, but has showed me somehow, someway that you have to get personally attached and be aware of what we can do, and what else needs to be done. She does it even when just in conversation. She brings up social responsibility and how it is your personal responsibility for protecting yourself. I admire her for that and try to do it, too.

The advocacy actions of the student affairs professional were inseparable from their constant role modeling. By mentoring and supporting students, advocates transmitted their values and beliefs about HIV/AIDS issues to students and their university community. This communication fostered a positive environment that leant support to students who were confronting HIV/AIDS issues. Students identified advocates as their
allies because of the support and mentoring relationship they received from them. Such involvement led many stakeholders to view the advocates in this study as central figures for HIV/AIDS information on their campuses.

**Effects of advocacy on students**

**Risk reduction.** Risk reduction represents an important internalization of the HIV/AIDS advocacy message. The adage “respect yourself, protect yourself” flows eloquently and freely off the lips of many in the HIV/AIDS community. Risk reduction occurs as a result of internalization of the safe sex message communicated by advocates. Risk reduction means that people have heard about HIV/AIDS and have taken precautions to prevent further spread of the disease. This message was found throughout the data collected when outcomes for students was discussed.

In discussing her motives for HIV/AIDS programming, Mary shared this view on the importance of the risk reduction:

Ideally people walk away from the program with the outcome of changed behavior. The program gives them information, statistics and strategies. Unfortunately, [this is] not always the case. As a society, [the] outcome of HIV reduction hasn’t always been where we want it to be. Contract and transmission rates still increase. We have not eliminated HIV, but if I can help one person understand how to not get it, then I have done something.

Jake shared these comments about how he had received notes from people who have attended his HIV/AIDS information presentations:

They say finally a sense of relief that someone is talking about it. I see it as a way to break the isolation and dialogue about protection and just a place for conversation about clearing up misconceptions. I tell people I’m not ready to lose one more friend, so here’s a way to avoid getting HIV.
Risk reduction is one of the ultimate goals of all the advocates. Based on interviews with many auxiliary stakeholders -- and, especially, students -- risk reduction repeatedly surfaced as one of the positive effects that advocates were having on students. In order to reduce the risk of getting HIV/AIDS, it appears that many students have internalized the information they have received from advocates.

Peer Program development. Most of the advocates interviewed for this study were involved with establishing or maintaining a peer education program on their campus. Peer education programs were developed by the advocates to provide accurate information about HIV/AIDS to the students at their institutions. These programs had varying configurations. The basic elements of a peer education program included information on transmission of sexually transmitted diseases, self-esteem, making healthy lifestyle choices and psycho-social issues. While the peer education programs were presented by students, their mission, development and presentation were influenced by the advocate’s work.

A peer professional who worked with Robin expressed his impressions about the peer education program by remarking:

I am impressed with the job she has done. The students in the program, even the ones who have graduated, continue to come to her. She is a special person and working with training seems to work for her. She has gotten the students into local schools and other places to do education, and develop the preservice program.

A student member of the peer program Robin helped to develop stated “she is knowledgeable, a wealth of information and could cut through the red tape to get the program going.” In a different institution, Mary characterized her involvement with the volunteer peer advocates as “a way of empowering the student to become a leader in the
issues of HIV and AIDS."

Training students to be HIV/AIDS peer advocates and the resulting empowerment for students provided significant testimonials to the work of the student affairs professionals in this study. These peer education programs, ultimately, build upon and extend these professionals' advocacy. Certainly, these peer advocates lives have been effected by their participation in these training sessions. For those who continue to act on their nascent advocacy, the original influence of their trainer advocacy will continue to ripple through new audiences and future generations.

**Effects of advocacy on the Student Affairs Professional**

**Personal Development.** In each of the cases, the student affairs professional noted personal changes due to their HIV/AIDS advocacy. Personal development is defined in this context as those activities which lead to increased and improved personal skills. Advocates cited personal development, including growth in self-confidence and personal fulfillment, as an outcome of their advocacy.

Peter was particularly articulate about the effects that his advocacy had on his development. He noted, for instance, how his advocacy has gradually led him to become “more comfortable in talking about sexuality.” He continued:

[I’m] a lot more comfortable talking about all parts of sexuality, drug use, gay and lesbian issues, effects of condoms, all so students will feel more comfortable. Do you believe before a few years ago I never even picked up a condom? I also think, too, I have become more sensitive to other ethnics; Latinos, African-Americans and international students. People have very different beliefs, you got to check in with your audience. I am more aware of the diversity.
The outside agency representative interviewed in Peter’s case also noted that she had seen substantial growth in his areas of confidence and being involved with other community agencies. While re-reading his interview transcript, Peter said of his experiences in this study:

It [the vignette] looks really good. I hope I was able to give you the information you needed. This interview helped me to think about and dig even deeper into my beliefs and feelings about HIV/AIDS. The time I spent reflecting on the questions you asked me was beneficial for my own understanding of where I’ve been and where I’m going.

Peter’s experiences characterize the kind of personal development that takes place for advocates. Personal development is not necessarily a reason an advocate gets involved with HIV/AIDS issues. Yet, it is an important outcome of their advocacy. Personal development yields intrinsic rewards for the advocate: increased self-esteem, a better understanding of self and a strong sense of personal satisfaction.

Professional Maturation. The advocate’s professional maturation emerged as a theme from the data collected from peers, supervisors and outside agency interviewees. The auxiliary stakeholders described professional maturation as an advocate having experience beyond their years. In this context, an advocate’s professional maturation is defined as attaining an advanced set of professional work-related skills. These skills include having the ability to balance and manage several competing agendas while working with several constituencies for providing service to students. Like personal development, professional maturation was not an advocacy goal identified by advocates.

One of Mary’s professional peers discussed her professional maturation as it related to Mary being hired for the position. The peer related that:
Everyone in the hiring process saw it [Mary’s advocacy] as very positive. It showed that she valued something enough to be trained and act on it. It was evident that she had developed skills beyond her years because of it. We all noticed right away that she had great communication skills, leadership qualities and could present information on a touchy subject.

Jake had also recently begun a new position and his supervisor also noted some of the same sentiments. The supervisor remarked about Jake’s skills by saying:

We saw in him a consistency of compassion. Unfortunately many young professionals become so emotional about a subject like HIV and become fanatical that their expertise is not accepted. He had passion, not emotion. He has found a way to advocate and be passionate without turning people off. He used his skills to help further his cause. Because of the high level way in which he approaches his advocacy everyone can benefit.

Professional maturation lends credibility to advocates. The complex nature of HIV/AIDS, the lack of a simple permanent solution and the controversial nature of the subject were elements cited which attributed to the professional maturation of the student affairs professional. By being professionally credible, the advocate was able to reach an increasingly larger audience, be seen as an expert and, therefore, have a greater impact on HIV/AIDS issues.

Advocacy actions and outcomes were documented in all of the cases in this study. For students, advocates provided programs and services and lobbied for change in institutional policies. Advocates also served as mentors, and provided support for those effected by HIV/AIDS. Advocates were also instrumental in establishing peer education programs and promoting their message in other ways that helped to temper the risk of HIV transmission. Advocacy also had an effect on the advocates themselves. Because of their advocacy, student affairs professionals experienced personal development and
professional maturation. Many stakeholders noted that these individuals developed into more self-confident, personally satisfied professionals as a result of their advocacy. Finally, many advocates were recognized as HIV/AIDS experts in their community.

Van Gennep's "Rites of Passage": An Analytical Story of HIV/AIDS Advocacy

The theoretical framework for this study has been van Gennep's work (1960) on cultural transition. Van Gennep coined the term "rites of passage" to refer to the cultural transition process whereby individuals gain irrevocable membership into a group through a series of rites, identified as "separation," "transition," and "incorporation." In this study, these three overlapping stages were found throughout each student affairs professional's advocacy development. Table 3 connects van Gennep's three stages to the broader analytical themes identified in this study.

The first stage of van Gennep's theory is separation. This stage is characterized by the movement of the individual in a direction away from his or her current social group toward a new social group. This stage sparks the beginning of advocacy development in student affairs professionals committed to HIV/AIDS issues and education.

Specifically, this is a stage where the student affairs advocate separates from his or her family and begins to test the values learned at home within an unfamiliar community or social group. While earlier other-centered, altruistic family values are carried throughout the advocate's life, this is a time when the advocate begins to explore and act on these values beyond a typically safe family environment. The separation stage also accentuates experiences of integration into and interaction with multiple communities, and the personal
attitudes of responsibility and altruism.

Table 3

Van Gennep’s Stages and Corresponding Analytical Categories

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<thead>
<tr>
<th>Stages of “Rites of Passage” (van Gennep, 1960)</th>
<th>Analytical Themes Corresponding to Stage</th>
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<tbody>
<tr>
<td>Separation</td>
<td>- other-centered, altruistic family environment</td>
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<td></td>
<td>- integration into and interaction with multiple communities</td>
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<td></td>
<td>- sense of responsibility</td>
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<td>- altruism</td>
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<td>Transition</td>
<td>- personal connection to HIV/AIDS</td>
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<td></td>
<td>- induction experience</td>
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<td></td>
<td>- nurturing work environment</td>
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<td></td>
<td>- inclusiveness</td>
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<td></td>
<td>- empathetic response</td>
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<tr>
<td>Incorporation</td>
<td>- advocacy actions (programs/services, lobbying for change in policy, and mentoring/support)</td>
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<tr>
<td></td>
<td>- effects of advocacy on students (risk reduction and peer program development)</td>
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<td></td>
<td>- effects of advocacy on student affairs professional (personal development and professional maturation)</td>
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In reviewing the experiences of the advocates, Mary’s story of separation stands as a vivid example of this phase. Mary had been raised in a small rural town and went to a large private university in an diverse urban area in another state. While at this university, she decided to act on her family values and become a peer counselor. It was during the training as a peer counselor that she began to experience independence in dealing with new situations. One of those new situations involved HIV/AIDS issues. In her vignette, Mary recalled being scared when hearing about HIV/AIDS for the first time, but being
drawn to the help those affected by the issue. Such a situation allowed Mary to test her previously-learned family values (responsibility and altruism) in an unfamiliar setting and, in doing so, to begin to integrate them into her professional life.

The second stage of van Gennep's theory is transition. In this middle stage, the individual is not fully incorporated into the new group and not fully separated from the previous group. For the development of the advocate, this transition phase is marked by a pivotal experience: a personal connection of some kind to HIV/AIDS. Prior to this personal connection, the advocate has had enough life experience that he or she can easily function on the fringes of HIV/AIDS advocacy by attending lectures, reading books or helping with research fund raising.

The personal connection is a turning point in the advocate's development. In some ways, this experience stands as a significant demarcation of the advocate's life. The advocate's life experiences are divided into two sections -- the one before HIV/AIDS issues and the one after HIV/AIDS issues. This phase is also typically marked by an induction experience, a nurturing work environment and the personal attitudes of empathetic supposition and inclusiveness.

In her vignette, Jane shared the story of her personal connection to HIV/AIDS. Jane fondly recalled meeting a gay HIV positive student at a student government event when she was a junior in college. The two quickly struck up a friendship and became inseparable. Jane vividly recalled how she became immersed in the activities of her friend, regularly attending social and religious activities, and learning firsthand about homophobia, the stigma of being HIV positive and the mortality associated with AIDS.
Jane stressed that these experiences were truly life altering for her. After that summer, she could only think about life in terms of her friend and HIV.

The final stage of van Gennep’s model is incorporation. Van Gennep characterized incorporation as a complete and irrevocable transition into a new group. For the student affairs professional, this stage is marked by an understanding that advocacy is more than wearing "red ribbons." The student affairs professional is now involved in several advocacy actions for students including mentoring, peer advocate development, and lobbying for change in institutional policy.

Such advocacy affects students and advocates in myriad ways. For students, these effects include risk reduction and development of peer education programs. For the advocates, the effects include personal development and professional maturation.

Members of the academic community view advocates as experts in the areas of HIV/AIDS and call upon them for their expertise.

Of all the advocates studied, Robin best characterized van Gennep’s stage of incorporation. Robin was the HIV/AIDS expert on her campus. Faculty, staff, and students all knew that they could go to her for counseling, advice, and even the occasional condom. She made HIV/AIDS a part of her ongoing agenda. She worked tirelessly to include HIV/AIDS issues in teacher preparation programs, to provide informational programs to community groups, and to maintain her institution’s vibrant peer education program. Robin openly and enthusiastically transmitted her knowledge onto the next generation. She was, in every sense of the term, a tireless advocate for HIV/AIDS issues on her campus.
Van Gennep's theory gives form to the analytical themes of the student affairs professional's advocacy development and supports the examination of advocacy development as a cultural process. As van Gennep pointed out in his original manuscript, the three stages are not mutually exclusive, but rather are an ongoing series of cumulative rites that support the overall transition. The same can be seen in the case studies of the HIV/AIDS advocates. No two student affairs professionals developed their advocacy via the same series of rites, yet, similar analytical themes appeared across all of the advocates included in this study.

Summary

Chapter Four has provided the findings and discussion of the data as they relate to the "whys" and "hows" of student affairs professional's HIV/AIDS advocacy. The first section of this chapter painted different vignettes of the lived experiences of seven student affairs professionals at different points in their careers, in different institutional settings, all advocating for HIV/AIDS issues. The second section presented the analytical themes that emerged during cross-case analysis. These themes fell into three main categories: personal characteristics; values and attitudes; and advocacy actions and outcomes. The final section applied and compared what was learned in the study to van Gennep's (1960) rites of passage. In doing so, it was argued that student affairs professionals experience each of van Gennep's rites of passage as they develop into advocates for HIV/AIDS issues on their campuses, including the stages of separation, transition, and incorporation.
CHAPTER V
IMPLICATIONS OF THE RESEARCH

The purpose of this study was to investigate the lived experiences of student affairs professionals who advocate for HIV/AIDS issues in higher education. This chapter revisits the study in three sections. In order to provide context, the first section provides a summary of the study. The second section highlights key findings from the research. The final section concludes with a discussion of the implications of the research for institutional and student affairs departments, as well as offer suggestions for future research.

Summary of the Study

This study used a qualitative, multi-case research design (Conrad, Haworth and Millar, 1993) to examine the following research questions:

1) What kinds of experiences lead selected student affairs professionals to become advocates for HIV/AIDS education and/or serve as advocates for students with HIV/AIDS issues?
2) What characteristics, assumptions, or perspectives do these individuals share that contribute to their decision to serve as advocates for HIV/AIDS?
3) How do these individuals advocate for HIV/AIDS issues in their roles as student affairs professionals? What consequences do their actions have for them professionally, as well as for the students with whom they interact?

The first chapter of the study reviewed current information on HIV/AIDS on a
national and campus scale. While the information concerning the discovery and early detection of HIV/AIDS is arguable, it is known that the effects of HIV/AIDS have been noted on college campuses for the last 15 years. The Centers for Disease Control and Prevention continue to track exponential growth in the number of cases of HIV infection and AIDS throughout the American population. There are many health, legal, social, educational and psychological issues associated with HIV/AIDS. Without question, HIV/AIDS has become a cultural phenomenon.

Chapter two provided an overview of the literature in several areas germane to the study. These include the student affairs profession, psycho-social issues of HIV/AIDS advocacy, HIV/AIDS training programs, and voluntary socialization. The student affairs professional literature included many references to the values utilized in advocacy, in large measure because the student affairs profession is based on advocacy for students. The psycho-social dimensions of the issues of dying, grief, sexuality, religion, prejudice and compassion and their relationship to HIV/AIDS were also touched upon in this chapter. This review of essays and empirical studies reinforced the myriad emotions and needs of those affected by HIV/AIDS. The curricula used for HIV/AIDS education training were then reviewed to uncover essential elements of HIV/AIDS training programs. These elements included the concepts of abstinence as a form of prevention, a non-judgmental stance in conducting educational forums and several base-line facts regarding transmission and risk reduction. Voluntary association and indoctrination were the final areas of literature reviewed for the chapter. This review isolated the varied reasons that motivated people to become advocates. The literature underscored that the act of advocacy is a way
in which people strive to contribute to their community. In reading and analyzing these diverse literatures, no other studies were found that addressed the study’s research questions, thereby supporting the need to conduct this exploratory study.

The third chapter outlined the research design and methodology. The study used a multi-case research design (Conrad, Haworth and Millar, 1993). Using a series of decision steps, a set of seven cases was isolated for the study. The sample was developed using theoretically relevant criteria that included gender, ethnicity, sexuality, work experiences, job position and institutional setting. Each case consisted of a student affairs professional, his or her supervisor, a peer, an outside agency colleague, and one to two students who had firsthand knowledge of the student affairs professional’s advocacy. This chapter also described the process for contacting study participants, collecting data and analyzing data.

The study’s findings and discussion are located in the fourth chapter. Each case in the sample was examined on an individual basis, and an individual vignette was then constructed. Following the individual review of each case, the analytical categories that emerged from the cross-case comparison were discussed. The broad analytical categories that emerged included critical experiences; personal attitudes, values, beliefs influencing advocacy; and actions and outcomes. The chapter’s final section applied and compared the study’s findings to the theoretical framework used in the study, van Gennep’s rites of passage.

Key Findings From the Study

Based on the findings from this study, several critical experiences emerged that
contributed to student affairs professionals' decisions to become advocates for HIV/AIDS. Of all of these, the most important of these in advocacy development was a student affairs professional's personal connection to HIV/AIDS. This experience was manifested in several ways. Most frequently, the advocate had a family member or close friend who had HIV/AIDS and learned firsthand the challenges faced by the individuals with the disease. A second key experience for the student affairs professional was the induction experience. Induction experiences, in addition to the personal connection, further introduced student affairs professionals to HIV/AIDS issues and provided the advocates with strategies for utilizing their advocacy. These induction experiences included training, being involved with the Names project, or learning about HIV/AIDS from the media. Due to sample selection, most participants noted that the American Red Cross HIV/AIDS education certification was a vital induction experience. Other experiences of the student affairs professional which supported the personal connection included an other-centered, altruistic family environment and integration into and interaction with multiple communities. Additionally, a nurturing work environment was also an important experience in the development of the student affairs professional's advocacy. Specifically, a work environment nurtured advocates' development by providing HIV/AIDS training experiences, funding for programming, and encouragement for their advocacy.

Not surprisingly, a student affairs professional's personal attitudes, values and beliefs also contributed to his or her HIV/AIDS advocacy. A sense of social responsibility was echoed throughout each of the cases. The student affairs professionals in this study
viewed HIV/AIDS advocacy as a duty, not a cause. The auxiliary stakeholders pointed to this sense of responsibility as being a motivating factor in the work of the advocate.

Additionally, auxiliary stakeholders identified inclusiveness as another key value important to the advocates. This ability to be inclusive with respect to gender, ethnicity and sexuality, among other things, was observed as tantamount to the advocate’s ability to interact with and respond to multiple constituencies in an academic community. The characteristics of altruism and empathetic supposition were also noted as being important personal attributes.

The student affairs professional’s advocacy had specific actions and outcomes. In this study, the actions of the advocates were organized into three broad categories: (1) programs and services; (2) lobbying for change in policy; and (3) mentoring and support for students. The advocate’s actions spanned the continuum from an individual, one-on-one activity to actions that affected larger groups. The advocates provided awareness programs; lobbied for HIV testing, condom distribution, and appropriate health insurance; supported students in locating resources; and served as mentors for students in need. The outcomes of the student affairs professional’s advocacy for students were risk reduction and peer education development. The advocate’s advocacy resulted in risk reduction for students and establishment of peer education programs.

Students were not the only beneficiaries of the advocates’ actions. Indeed, many advocates indicated that they had been changed by their activism and advocacy as well. For example, as a result of their advocacy, student affairs professionals reported growth in the areas of personal development through increased positive self-esteem, confidence, and
personal satisfaction. Student affairs professionals, and to a greater extent the auxiliary stakeholders, also noted that advocacy experiences had helped those student affairs professionals mature in many ways, enhancing their competencies in confrontation and presentation skills, community service, and institutional policy development. Advocates' ability to function, persist and remain motivated in the volatile and dynamic area of HIV/AIDS was repeatedly highlighted as a mature professional activity.

Implications

This study has important implications for institutions and students affairs departments, as well as for future research on HIV/AIDS advocacy on campus. This section addresses each in turn.

Implications for Institutions and Student Affairs Departments

Institutions and student affairs departments that wish to incubate, nurture and enhance HIV/AIDS advocacy may find this study instructive for several reasons. To be sure, while the purpose of this study was not to develop a training manual for HIV/AIDS advocacy, in studying and observing student affairs professionals who advocate for HIV/AIDS some strategies for developing advocacy emerged. These included clearly articulating the values associated with the student affairs profession, understanding the power of a nurturing work environment, identifying the desired level of advocacy, and acknowledging the sphere of control and influence afforded to an advocate.

The values of the student affairs profession are contiguous with the values
associated with HIV/AIDS advocacy. This is positive because HIV/AIDS advocacy can thrive in a student affairs department assuming that the department functions within those values. An institution or student affairs department that wishes to develop HIV/AIDS advocacy may benefit from a renewed commitment to the general tenets of the student affairs profession, especially those concerned with altruistic behavior and inclusiveness.

HIV/AIDS advocacy is likewise affected by institutional and department setting. This study showed that a nurturing work environment was important in the HIV/AIDS advocacy of student affairs professionals. Institutions and student affairs departments that want to increase their HIV/AIDS advocacy, or need to respond to a HIV/AIDS challenge, may wish to audit their work environment for those items which support HIV/AIDS advocacy. The areas to be audited include support for HIV/AIDS programs and services, institutional/department policy statements about HIV/AIDS, institutional/department mission statements, institutional/department cultural norms about the psycho-social issues associated with HIV/AIDS advocacy, availability to HIV/AIDS education training, and relationship to outside HIV/AIDS community service organizations.

This study also indicated that the level of advocacy can be affected by expectations placed upon the student affairs professional. In most cases, advocates moved beyond the basic expectations of their positions. Those advocates who felt supported and had clear expectations reached and sustained higher levels of HIV/AIDS advocacy. Based upon this finding, it is likely that institutions or student affairs departments who make clear expectations for HIV/AIDS advocacy and support the expectations with resources will nurture a higher level of advocacy among their student affairs staff.
Finally, this study suggests that institutions or student affairs departments who wish to nurture HIV/AIDS advocacy would be well advised to place advocates in key areas that impact policy and services. While the position and tenure of the advocate can play an important role in the level of advocacy, other factors -- such as the sphere of control and influence of an advocate -- can be equally important. Obviously, when advocates have the ability to procure resources for HIV/AIDS, advocacy is supported. Additionally, advocates who have direct input into policy development or who may work directly with students in crisis can be significantly more influential than those who do not. Finally, encouraging student affairs professionals to specialize in HIV/AIDS advocacy stands to benefit an institution and student affairs department in other ways.

Further Research

In the broadest terms, this research sought to provide understanding about advocacy roles assumed by some student affairs professionals. As such, this study serves as a beginning point for future research on the topic. Specifically, this research points to the need for further investigations on the early values communicated to the advocate, advocacy development as a cultural process, the fit of the advocate with the institutional setting, and the applicability of advocacy development to other culturally-based groups.

Across all of the case studies, student affairs professionals commented about the positive influence that their family environment had on their advocacy. Such an area is a ripe place for further research. Family members could be included in the case study to develop a fuller understanding of the family environment, the values communicated by the
family to the advocate, and the advocate’s role within the family. Another interesting area for research might include constructing “family ancestries” of advocacy that would trace, in a genealogical manner, the advocacy of a particular student affairs professional.

The expansion of the concept of advocacy as a cultural process is a second area of further research. From a sociological perspective, there are many avenues to study HIV/AIDS advocacy. As an example, the symbolic nature of advocacy could be studied in greater detail. This might include studying a larger number of cases, or more in-depth investigations of advocates by gender, ethnicity, or sexual orientation. Also, the pivotal analytical category of personal connection to HIV/AIDS could be the basis of a more in-depth study. By studying further the personal connection advocates have to HIV/AIDS issues, more information could be gleaned on the effects of these experiences on the advocate. It may be beneficial to investigate what about the personal connection resonates with the advocate enough to cause him or her to act as an advocate, and whether there is a way by which the intensity can be gauged.

The fit of the advocate to the institution is another area for further study. Several of the advocates in this study had worked in more than one institutional setting and commented about how each institutional setting afforded them different opportunities for using their advocacy. Studies could be conducted to investigate the patterns of advocacy as student affairs professionals move from institution to institution. Another study could compare the advocacy activities of student affairs professionals who moved between similar institutions and those who moved between institutions with varying institutional characteristics.
While this study provides insight into advocacy development in student affairs professionals, additional research is needed that assesses the applicability of advocacy development to other culturally-based groups. These groups might include international students, American ethnic groups, or students with differing sexualities. Further research could be extrapolated to include sub-cultural student groups as diverse as athletes or those in Greek-letter organizations. Studies could be conducted that further tested this study’s analytical categories by looking for their presence in these other cultural settings.

Hopefully, this study will serve as a starting point for further investigation into student affairs professionals who advocate for HIV/AIDS. HIV/AIDS advocacy involves far more than wearing a red ribbon. The ability of a student affairs professional to advocate for a group that they do not have a membership in, such as HIV/AIDS, is worthy of further study. A primary issue facing student affairs professionals today is how to engage and support an increasingly diverse student population. Not every student group will be able to find a student affairs professional at their institution who is “one of them.”
APPENDIX A

Interview Protocol for Open-ended Interviews

The following are examples of questions that were asked of the interviewees. Questions were presented by the researcher, recorded, and later transcribed. The interviews proceeded as a developed dialogue rather than as a strict question and answer process. The questions were organized around each of the research questions as follows:

Research Question 1: Background of Advocates/Allies

What kind of experiences lead selected student affairs professionals to become advocates for HIV/AIDS education and/or serve as allies for students with HIV/AIDS issues?

<table>
<thead>
<tr>
<th>Questions Asked of Advocate</th>
<th>Questions asked of Auxiliary Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In as much detail as you feel comfortable, please describe yourself by your affiliations. (i.e. gender, race, ethnicity, religion, socio-economic status, educational attainment, etc.)</td>
<td>1. In as much detail as you feel comfortable, please describe what you know of [CASE respondent] by their affiliations. (i.e. gender, race, ethnicity, religion, socio-economic status, educational attainment, etc.)</td>
</tr>
<tr>
<td>2. Are there specific life experiences and/or incidents which led you to become involved with the issues of HIV/AIDS? If so, what were they?</td>
<td>2. Are there specific life experiences and/or incidents which you know about [CASE respondent] which lead him or her to become involved with the issues of HIV/AIDS? If so what are they?</td>
</tr>
<tr>
<td>3. What set of activities, experiences, mentoring, etc. did you go through to get involved in HIV/AIDS issues?</td>
<td>3. What set of activities, experiences, mentoring, etc. do you know [CASE respondent] went through to get involved in HIV/AIDS issues?</td>
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</table>
Research Question 2: Characteristics and Assumptions

What characteristics, assumptions, or perspectives do these individuals share that contribute to their decision to serve as advocates for HIV/AIDS?

<table>
<thead>
<tr>
<th>Questions asked of Advocate</th>
<th>Questions asked of Auxiliary Stakeholders</th>
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</thead>
<tbody>
<tr>
<td>1. Please describe why you are involved in HIV/AIDS education or other HIV/AIDS activities. What beliefs motivate your involvement?</td>
<td>1. Please describe why you feel [CASE] is involved in HIV/AIDS education or other HIV/AIDS activities. What beliefs do you think motivate [CASE]?</td>
</tr>
<tr>
<td>2. In what ways has your personal background affected your involvement in HIV/AIDS issues?</td>
<td>2. In what ways has [CASE] personal background affected her/his role in HIV/AIDS issues?</td>
</tr>
<tr>
<td>3. Are there personal issues associated with your involvement? Are there professional issues associated with your involvement?</td>
<td>3. In your opinion, are there personal issues associated with [CASE] involvement? Are there professional issues associated with [CASE] involvement?</td>
</tr>
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</table>
Research Question 3: Actions and Activities

How do these individuals advocate for HIV/AIDS issues in their roles as student affairs professionals? What consequences do their actions have for them professionally, as well as for the students with whom they interact?

<table>
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<th>Questions asked of Advocate</th>
<th>Questions asked of Auxiliary Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In what ways have you changed because of your involvement in HIV/AIDS issues?</td>
<td>1. In what ways do you perceive [CASE] has changed because of their involvement in HIV/AIDS issues?</td>
</tr>
<tr>
<td>2. Are there policies, procedures, or persons on campus that facilitate or hinder your involvement in HIV/AIDS issues? What are they?</td>
<td>2. Are there policy, procedures, or persons on campus that facilitate or hinder [CASE] involvement with HIV/AIDS issues? What are they?</td>
</tr>
<tr>
<td>5. How has your advocacy affected you professionally? (e.g., bias, status, etc.)</td>
<td>5. How has [CASE] advocacy affected her/him professionally?</td>
</tr>
<tr>
<td>6. What consequences has your involvement with HIV/AIDS issues created for students? Can you provide me with specific examples?</td>
<td>6. What consequences has [CASE] involvement with HIV/AIDS issues created for students? Can you provide me with specific examples?</td>
</tr>
</tbody>
</table>
Discovery Questions: Any Further Issues

While the research questions provide the focus for the interview, the discovery questions will provide the interviewee with opportunities to disclose other experiences that may be salient to the research questions, but not directly asked. These questions also provide an opportunity to underscore experiences which may be more central to their role as advocates than discussed.

<table>
<thead>
<tr>
<th>Questions asked of Advocate</th>
<th>Question asked of Auxiliary Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are there issues not covered by these questions which you feel should be addressed in this study? If so, please discuss them.</td>
<td>1. Are there issues not covered by these questions which you feel should be addressed in this study? If so, please discuss them.</td>
</tr>
<tr>
<td>2. After answering questions on a topic, sometimes our own personal positions become more apparent to us. Please take this opportunity to discuss your perceptions about these questions, your answers, and any other information you would like to share.</td>
<td>2. After answering questions on a topic, sometimes our own personal positions become more apparent to us. Please take this opportunity to discuss your perceptions about [CASE], these questions, your answers, and any other information you would like to share.</td>
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REFERENCES


VITA

The author, John Michael Durnil, was born on July 21, 1961 in Decatur, Illinois. He is the youngest son of D. Dean and Patricia Lawler Durnil. Mr. Durnil attended Illinois State University and received the degree of Bachelor of Science in biological sciences education in May, 1983. While an undergraduate, Mr. Durnil received the Van Ausdale Scholarship and was elected the President of the Class of 1983. In August, 1983, Mr. Durnil was granted an assistantship in the Office of Residence Life at Illinois State University, enabling him to complete the Master of Science degree in August, 1984.

Mr. Durnil has held administrative and joint academic appointments at Illinois State University, St. Mary’s University of San Antonio, Texas, and Elmhurst College. In 1992, he was part of a group to receive a grant from the Homeland Ministries to develop a national model for HIV/AIDS peer education. In 1993, he was appointed as the inaugural chair of the American Red Cross Mid-America Chapter HIV/AIDS Leadership team. In 1995, he was a co-author on a publication by the Illinois Consortium for HIV Post-Secondary Education.

Mr. Durnil currently serves as the Dean of Student Life at Roosevelt University. He is married to Carolyn Deady Durnil, and has a daughter, Lauren Elizabeth and a son, John Andrew.
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

11/18/96

Date

Director’s Signature