Contemporary discursive accounts for alcohol use: explanations, justifications, and excuses

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Abstract

Alcohol use in the UK is complex; it is heavily ingrained in social activities, nevertheless there are also significant rates of stigmatised alcohol problems. The boundary where alcohol use shifts from acceptable to problematic is a way of understanding how alcohol use is perceived within society. This research explores the discourses available to discuss and account for alcohol use across society.

This thesis is comprised of three empirical studies and takes a novel methodological approach of utilising text and interaction data across a range of contexts to consider macro-level discourses and micro-detailed discursive practices. Study One is a critical discursive psychology analysis conducted on 549 pages of online texts drawn from general public and professional sources. The analysis identified four discourses; moderation as normalised, individual responsibility, culture and policy, and medical disorder. Discourses focused on others' alcohol consumption and accounted for alcohol use problems differently, ranging from attributing blame to individuals, justifying consumption, or excusing behaviour.

Discourses about alcohol use were also explored in two further studies with a shared dataset of just over 10 hours of data from world cafés and focus groups, analysed using discursive psychology. There were 58 discussions about individuals' own alcohol use which managed disclosures of drinking through justification work. Study Two focused on how drinkers constructed a contextual and locally-specific boundary of problematic drinking to situate their consumption as appropriate. Study Three considered how light and non-drinkers oriented to potential judgement of both their underconsumption and being seen to negatively perceive drinkers.

All three studies demonstrated a pervasive orientation to providing accounts for alcohol consumption. This research contributes to understanding how alcohol use is constructed as socially acceptable across society. Implications are discussed for public health guidance and improving difficult conversations within clinical encounters, with suggestions for future research focusing on applied settings.

Contents

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Chapter One: Introduction and Literature

Alcohol is a double-edged sword within society; it is widely consumed and viewed as socially acceptable, yet can also be detrimental to health and incur heavy stigmatisation. There are a range of different contexts in which alcohol is consumed, some of which are viewed as morally acceptable and others which lead to negative judgement. The negotiation of what is considered acceptable is the core focus within this thesis. Whilst these perceptions vary, there are some overarching views that are prevalent within society. These opinions and perspectives are shared through language, both written and verbal. Even when not explicitly articulated, both individual and wider societal views towards alcohol use can be seen through the choices made in language. Within this thesis, I will explore the various discourses used to account for different forms of alcohol consumption. This will provide insight into how alcohol use behaviours are contextualised as appropriate or not within discussions about alcohol.

Within this first chapter I review the existing work that explores some of the more common patterns of alcohol consumption and how they relate to societal perspectives (1.1 and 1.2). I will then consider how different approaches to alcohol use, and particularly heavy or problematic alcohol use, have historically been accounted for in theoretical models (1.3). In addition to differing theories and perspectives, such accounts for alcohol use can be seen in the way we talk about consumption patterns. As such, my review addresses more broadly how language can be employed in studying accounts from a discursive perspective (1.4). I will then move on to focus on how previous research has studied accounts of alcohol use (1.5), specifically from a discursive point of view (1.6). This will lead to discussions of related research, concluding with considering some of the limitations and gaps in current research (1.7). Following this review of the previous

literature the specific research aims and questions will be introduced (1.8), before providing an overview of the remaining chapters (1.9). In summary, this chapter will provide a review of the previous literature - both relating to alcohol in general and more specifically discursive research - to situate this research within the wider field and provide the context and rationale which underpin the specific aims of this research.

1.1 Moderate drinking

It is well-known that alcohol is a common substance consumed within Western societies. For example, in the World Health Organisation's (WHO) 2018 report on the global status of alcohol use, alcohol was consumed by over half the population in only three WHO regions; Europe (59.9%), Region of the Americas (54.1%), and Western Pacific Region (53.8%). Other estimates also support this view, with Western Europe, Australia, and North America indicating significantly higher levels of alcohol consumption in the previous 12 months compared to other countries, where drinking levels are notably lower (WHO, 2018a). In general, within European countries there is a fairly uniform behaviour in which most adults become at least occasional drinkers (Room, 2010), and the European Union is the heaviest alcohol drinking region in the world (Anderson & Baumber, 2006; WHO, 2018b). Within the UK specifically, 57% of respondents to the government's Opinions and Lifestyle survey aged over 26 years old drank alcohol in 2017, equating to 29.2 million adults in the population of Great Britain (Office for National Statistics [ONS], 2018). Notably, this survey mentions that this is likely to be an underestimated value. Social surveys often show alcohol consumption to be lower than alcohol sales, partially due to individuals either purposefully or mistakenly underestimating their alcohol use (ONS, 2018), suggesting that the real level of alcohol consumption is higher than recorded within the survey. Similarly, the NHS Health Survey for England 2017 (NHS Digital, 2018) found that 81% of all

respondents had drank in the previous week, with 60% of those reporting staying within the unit guidelines of 14 units. From statistics alone, it is clear that alcohol consumption is highly prominent within UK culture.

Although there is a high prevalence of drinking within the UK, it is also important to note that there have been dramatic changes in consumption trends in recent years. The overarching trend had been a sustained rise in consumption per head from the 1950s until a peak in 2004 (British Medical Association [BMA], 2008). Since 2004 there has been a steady decline in consumption across the UK (Holmes, Ally, Meier & Pryce, 2019). A particularly clear trend is the decline in drinking amongst young people (8-24), which has been reducing since the early 2000s (Oldham, Holmes, Whitaker, Fairbrother & Curtis, 2018). Further research has identified that those 16-25 year olds who identify as non-drinkers rose from 18% in 2005 to 29% in 2015 with numbers of those drinking above the recommended weekly limits falling from 43% to 28% and binge drinking from 27% to 18% (Fat, Shelton & Cable, 2018). In contrast, alcohol consumption amongst middle aged and older drinkers has remained steady, and in some instances increased. Since 2001 there have been significant increases in alcohol-specific deaths in the 55-79 population (ONS, 2019), further indicating concerning trends in age demographics. Throughout the decades there have been fluctuations in trends regarding alcohol consumption, but it remains clear that alcohol is a key substance within UK society. In order to tackle various forms of alcohol problems - whether this be within specific age groups or types of consumption - it is critical to understand how alcohol consumption is understood and viewed within society and how this may drive changes in consumption habits, particularly from a health promotion perspective.

Such changes in the trends of drinking are often tied to what is seen as morally acceptable and permissible. The UK is a culture in which beers or spirits are the drink of

choice and lead to less regular but heavier consumption than other cultures which drink lower concentrations more regularly (Jayne, Valentine, & Holloway, 2008; Savic, Room, Mugavin, Pennay & Livingston, 2016). Within the UK there is a distinct preference towards drinking heavily at weekends, where public drunkenness is tolerated much more than in other cultures (Measham & Brain, 2005), but this was not always the case. Before the 1960s in the UK there was a period of relative temperance in which alcohol consumption was tied to the community pub (Valentine, Holloway, and Jayne, (2010). Alcohol was consumed within a safe pub setting whereby certain rules and expectations guided consumption and led to rare displays of drunkenness (Valentine et al, 2010). From the 1970s onwards, legislation allowed for alcohol to become more accessible at home. This led to a decline in pub use with an increase in drinking at home and informal spaces and more visible female drinking (Pratten, 2007; Valentine et al, 2010; Foster & Ferguson, 2012).

Further significant change came in the 1990s with the 'decade of dance' where sessional consumption became more regular and the alcohol industry increased the range of drinks, the strength, and the night-time economy centred around younger drinkers (Measham & Brain, 2005, p.266). As this change in consumption took place, so did the motivation to drink. Rather than drinking moderately in the company of friends and family, individuals engaged in a hedonistic practice of 'determined drunkenness' (Measham & Brain, 2005, p.268; Valentine et al, 2010) which is more similar to the drinking trends seen today (ONS, 2017a; Alcohol Change UK, n.da). However, it is important to note that drinking cultures are not a 'stable sociological entity' (d'Abbs, 2014). Rather, they are heavily nuanced and tied to fluctuating perspectives of what is considered the norm, demonstrating the need to understand both the macro and micro-level norms and contexts (Room, 1975; d'Abbs, 2014; Savic et al, 2016).

These trends are further reinforced by policy and cultural regulation which have the ability to encourage or inhibit consumption through the accessibility of alcohol. The economic deregulation of alcohol – easily available in supermarkets and other businesses at highly competitive prices - has led to more of a consumer society whereby the onus for 'responsible' drinking is placed upon the individuals consuming alcohol, rather than strict policy and regulation (Measham & Brain, 2005). The regulatory focus today is not prohibition or temperance movement, but focused on a harm reduction approach. Rather than trying to stop alcohol consumption completely, government and public health bodies acknowledge drinking is a key part of social life within the UK, and instead focus upon reducing excessive drinking and related negative consequences in terms of health, (Thom, 2005 Measham, 2006). This is clear throughout alcohol strategies and guidelines for 'low-risk' drinking (Department of Health, 2016). Not aimed at reaching abstinence, the harm-reduction approach has gained traction since the 1990s, to the extent that it is considered 'conventional wisdom' in which it is widely accepted and heavily influential in the alcohol field (Robson & Marlatt, 2006, p.255). Within the UK's alcohol harm reduction strategy released in 2004, Prime Minister Tony Blair highlighted that many individuals enjoy drinking in moderation and this strategy was not to "interfere with the pleasure enjoyed by millions of people" (Prime Minister's Strategy Unit, 2004, p.2). More recently in the UK's 2012 national alcohol strategy, Prime Minister David Cameron discussed how the strategy was not about stopping 'responsible drinking' and the report acknowledges that drinking can have a positive impact on wellbeing and sociability. There is a clear sense that moderate alcohol use is widely accepted as a normalised practice within the UK.

Whilst there is an orientation towards moderate alcohol consumption, there are problems with defining what is considered moderate or responsible drinking. The alcohol unit guidelines are often referred to as the standard for 'low-risk' drinking, but it is well

documented that these guidelines are not widely known or adhered to. Research suggests that two thirds of people are not aware of how many drinks are recommended within government guidelines (British Medical Journal, 2014). More recently, the alcohol unit guidelines were updated in 2016 to stipulate both men and women should drink no more that 14 units per week, ideally spread over three days or more (Department of Health [DoH], 2016). This definition of a unit can be complex as it varies depending on the strength and amount of the alcohol consumed. A general measure is a 25ml shot of 40% spirit is the equivalent to one unit, 125ml of 12% strength wine is 1.5 units, and a can (440ml) of 5.5% strength beer, lager, or cider is two units (National Health Service [NHS], 2018a). Although the majority of adults (71%) were aware they were updated, only 8% were able to accurately identify what the new limits are (Rosenberg et al, 2018).

Whilst the public were generally aware of alcohol guidelines, many were not aware of the specific limits and disregarded them for a number of reasons; they measured drinks in glasses consumed rather than units, the guidelines were unrealistic if drinking for intoxication effects, and were seen as irrelevant for weekend drinkers (Lovatt et al, 2015). Such guidelines have also been identified as being linked to morality and socially desirable traits which are changeable over time (Yeomans, 2013). Providing a quantifiable level of acceptability in relation to a subjective social norm which changes and adapts over time is problematic and seeks to provide an arguably arbitrary yet objective distinction between what is and is not acceptable. Yeomans (2013) argues that rather than providing certainty, the alcohol unit guidelines do not recognise the lack of clear evidence or the social benefit of alcohol use. As such, the evidence currently suggests that although there is a general understanding of what constitutes moderate or responsible drinking, it cannot be calculated definitively and this concept is broader in practice due to individual perceptions about acceptable rates of alcohol consumption.

1.2 Problematic alcohol use

Many individuals within society drink socially and in moderation with no ill effects, yet there are also many who rely more heavily on this substance. Worldwide, 3.3 million or 6% of all global deaths per year are due to harmful alcohol use (WHO, 2018a). More specifically, the UK had 9,124 alcohol-related deaths in 2016 (ONS, 2017b) and 7,551 alcohol-specific deaths in 2018 (ONS, 2019). Within England alone there were 17,040 alcohol-specific deaths between 2016 and 2018 and 24,720 alcohol-related deaths in 2018 (Public Health England [PHE], 2020).

Despite awareness of the high morbidity in those with alcohol use problems, treatment engagement in the UK has been decreasing with an 18% drop between 2013-14 and 2018/19 (PHE, 2019). 2017/18 statistics indicate 586,797 dependent drinkers in England, with 82% of these not in active treatment (PHE, 2019). Public Health England estimate that there were 75,787 people receiving alcohol only treatment in 2017 to 2018, compared to 91,651 in 2013 to 2014 (PHE, 2018a). However, they estimate that the numbers of dependent drinkers have remained stable over recent years at an estimate of 589,101 in 2016 to 2017 and that reductions in treatment engagement were not as a result of reduction in prevalence. In England it is estimated that only 1 in 5 or 18% of dependent drinkers in England engage with treatment (PHE, 2018a; Alcohol Change UK, n.db). It is clear that within the UK overall there is a significant problem with engaging individuals within specialist treatment services for alcohol use problems.

Due to ongoing decreasing rates of alcohol treatment engagement, PHE conducted an inquiry that concluded financial pressures and organisational restructuring of integrating substance misuse services had affected alcohol specific treatment services and impacted upon service capacity (PHE, 2018b). This has further been identified by those

working on the frontlines in both commissioning (Haydock, 2019) and clinical treatment (Kelleher, 2019). In addition to a reduction in alcohol treatment service capacity, there are also significant barriers in encouraging individuals to attend treatment in the first place, including stigma, beliefs individuals should be strong enough to deal with problems alone, denial of requiring treatment, and misconceptions about treatment, all of which have been shown as consistently salient (Cunningham, Sobell, Sobell, Agrawal & Toneatto, 1993; Grant, 1997; Wallhed Finn, Bakshi & Andréasson, 2014; Pitman, 2015; Probst, Manthey, Martinez & Rehm, 2015; Mellinger et al, 2018).

Even for those individuals who do accept their alcohol consumption requires treatment and help, their key barriers were viewing treatment as ineffective, preferring to deal with the issue alone, and a lack of motivation to stop drinking (Saunders, Zygowicz & D'Angelo, 2006). Furthermore, research has shown that although practical and financial barriers play a role, even amongst class differences it is the attitudinal barriers which are the biggest predictor of seeking treatment (Grant, 1997; Saunders et al, 2006; Schuler, Puttaiah, Mojtabai, & Crum, 2015). Attitudinal barriers are those which are related to a person's perception and within their control, such as feeling they should be 'strong enough' or believing it will get better without treatment (Oleski, Mota, Cox & Sareen, 2010). Although there are certainly different problems with access to treatment, it is an individual's perception and attitude which is most commonly reported as a major barrier to engaging with treatment. As such, it is increasingly relevant to understand how alcohol use problems are viewed and accounted for.

1.2.1 Defining problematic

The term 'alcoholism' first appeared in the 1849 book Alcoholismus Chronicus by Swedish physician Magnus Huss who proposed alcohol use and the subsequent physical health

impacts as a medical disease (Jellinek, 1943). After this introduction, the term was commonly utilised within both medical and general discourses to reflect individuals with a heavy dependence upon alcohol. Furthermore, alcoholism was officially recognised as a medical disorder by the World Health Organisation in 1951 and 1956 by the American Medical Association (Room, 1983; Morse & Flavin, 1992). Since this first official definition and classification of alcoholism there have been many different diagnostic criteria and terms including addictive disorders, alcohol use disorder (AUD), and alcohol abuse (NIAAA, 2000; APA, 2013).

Currently, the most widely used classification systems are the World Health Organisation's (WHO) International Classifications of Diseases 10 (ICD-10 WHO, 1992), mandated for clinical use in over 180 countries worldwide (Saunders, Degenhardt, Reed & Poznyak, 2019) (with the ICD-11 due to be used by 2022, WHO, 2018c), and the Diagnostic and Statistical Manual of Mental Disorders-5 (APA, 2013) which is most widely used throughout the United States (Hasin, 2003; see Saunders et al, 2019 for a comprehensive discussion of the similarities and differences between the two systems). These diagnostic guidelines provide a comprehensive classification system for medical practitioners to accurately diagnose issues of alcohol use, ranging from acute intoxication and dependence, through to withdrawal and alcohol-related psychotic disorders (WHO, 1992). Dependence syndrome is an umbrella term that includes chronic alcoholism and is defined as the development of physiological, behavioural, and cognitive characteristics where substance use becomes higher in priority than other needs (WHO, 1992). As seen from the range of alcohol-related problems, the impact of problematic alcohol use is not confined to one aspect of an individual's health, but is highly complex and borders both mental and physical health.

1.2.2 Binary framing

However, despite a number of classification systems and diagnostic labels, within wider society alcohol use problems are largely viewed through a binary framing as those who have alcohol use problems and those who do not. Within society, there is pressure for individuals to lead a 'healthy' lifestyle, with this notion tied up with value judgements (Moore, Pienaar, Dilkes-Frayne, & Fraser, 2017). The Chief Medical Officer for the UK even lists excessive alcohol consumption as one of four modifiable health behaviours alongside poor diet, tobacco, and physical inactivity, all of which can be prevented (DoH, 2018). For many, there is a fundamental incompatibility between heavy drinking and this healthy lifestyle, creating a binary in which individuals are either seen as being healthy sensible drinkers or 'others' (Thurnell-Read, 2017). It has been repeatedly found that individuals are acutely aware of negative stigma associated with heavy drinking and reliance on this binary framing leads to 'othering' in which individuals seek to distance themselves from this stigmatised label (Schomerus, Matschinger & Angermeyer, 2013; Wallhed Finn et al, 2014; Thurnell-Read, 2017). Such a binary framing perspective has been suggested to encourage this othering and negative judgement, whereas continuum beliefs may lead to reduced social distance and stigma (Schomerus et al, 2013; Ashford, Brown & Curtis, 2018). Continuum beliefs allow for the consideration of more context and nuance in relation to alcohol consumption. Furthermore, such continuum beliefs have been proposed to help individuals assess their own drinking and diminish othering (Morris & Melia, 2019; Morris, Albery, Heather & Moss, 2020). Rather than reducing alcohol consumption to a binary framing of the sensible drinkers and the alcoholics, a continuum belief may allow for a wider and more accurate reflection of different alcohol consumption patterns within society, in terms of both heavy drinking and lighter drinking.

1.2.3 Terminology is fuzzy and complex

Although there is a widespread understanding of alcohol use problems, exactly how it is defined is more complicated. Before 1940 there were at least 39 different diagnostic systems prior to Jellinek's 1941 work on subtypes of alcoholism (Schuckit, 1994). As discussed in section 1.2.1, there are a wide array of classifications systems and terms for various alcohol use problems. These terms have historically changed to align with and reflect more recent societal perspectives and differ between classification systems with the DSM-5 (APA, 2013) and ICD-10 (WHO, 1992) being the most common. Within these classification systems the language used is a scientific and medical vocabulary, designed by and for professional audiences. These terms are specific to the medical field and are used for the purpose of medical judgments and subsequent decisions regarding treatment pathways. However, over time this boundary of professional vocabulary becomes blurred as terms are often adopted by the general public. In contrast to being used within the specific medical context in which they were designed for, when these terms enter public discourse they are used to convey social norms and attitudes and the connotations associated with such terms change (Botticelli & Koh, 2016; Kelly, Saitz, & Wakeman, 2016). Often, these terms are used interchangeably and start to convey a different meaning than they originally did within the professional discourse. As such, this interchange between scientific and popularised terminology leads to terms displaying different meanings to different audiences with potential for professional terms to become tainted with negative connotations due to the associations made through general public use (Babor & Hall, 2007).

The shift in terminology is due in part to the way in which terms have changed over the years to reflect ongoing societal perspectives, partially influenced by public use of these terms. For example, although 'alcoholism' was previously an official term used within

medical settings, this soon became synonymous in public discourse with negative stereotypes and was subsequently retired from use. More recently, researchers within the alcohol field have advocated for changing the language around alcohol use problems, highlighting that the terms we use have a direct impact on implicit and explicit bias (Broyles et al, 2014; Room, Hellman & Stenius, 2015; Kelly, et al, 2016; Ashford et al, 2018). In addition, clinicians are starting to acknowledge the importance of language and how it can perpetuate stigma. A number of organisations have begun to change their use of language through providing guidance on appropriate terminology (Language Matters, n.d; Office of National Drug Control Policy, 2017). Clearly, the way in which the language surrounding alcohol use has consistently been adapted over time demonstrates the important connection between language and society and the insights that language can provide us into societal ways of thinking about various topics.

Policy makers, practitioners, and researchers are now widely recognizing and advocating for the importance of change in language. This is no longer an argument that needs to be made and is well accepted from governments, to clinicians, journals and even amongst the media (Office of National Drug Control Policy, 2017; Broyles et al, 2014; Nunn, 2014; Saitz, 2015). Whilst these calls for a change in language are well-intentioned, they often do not include the research evidence for how and why the language needs to change. This is partly because there is currently very little research demonstrating how language impacts interaction in alcohol use settings. I came across only a small number of research papers which scientifically investigate and evidence the impact of the change in language and even fewer within the specific field of alcohol use (Kelly & Westerhoff, 2010; Goddu et al, 2018). This is where research on language becomes particularly critical and relevant to both general public discourses and clinical practice. Research which takes a detailed focus on language provides the opportunity to show precisely how certain terms

and ways of framing things may reinforce or alleviate stigma through their use, making it particularly relevant to applied healthcare settings (Potter & Hepburn, 2005; Seymour-Smith, 2015; Locke & Budds, 2020).

As a result of this importance of language in relation to alcohol use and the currently limited field, this project is particularly concerned with the language surrounding various forms of alcohol use, the perspectives this language reflects, and impact of these discourses. Since this project is centered around language, it is important to justify my own language choices throughout this thesis. As discussed above, the boundaries between types of consumption are very blurred. As such, the scope of this study is alcohol use in general and does not focus on one particular type of drinking behaviour. To reflect this focus, 'alcohol use' will be most commonly used as an overarching term. In some instances I will discuss behaviour which may lie within the upper end of the alcohol use spectrum. Rather than draw upon specific diagnoses, I will refer to more general terms of 'alcohol use problems', 'problematic drinking', or 'heavy drinking/alcohol use'. Throughout this thesis I will make a conscious effort to use inclusive and non-stigmatising language. This preference of non-judgmental language is in keeping with both the efforts of the field to reduce stigma and improve the language used, and also reflects my thesis' focus on acceptability being determined by the study participants, not myself.

1.3 Models of alcohol use

Although there is important nuance behind what kinds of alcohol consumption are acceptable, there is a general sense that alcohol use and even drunkenness is accepted, but alcoholism is mostly viewed negatively and with intolerance (Crisp et al., 2000; MacFarlane & Tuffin, 2010; Spracklen, 2013). There have been many attempts to

understand the underlying causes of alcohol use problems; many of these theories share common characteristics with each other, and no singular theory has yet been identified as adequate in accounting for the causes of problematic alcohol use. Accepting there exists a plethora of divergent and nuanced theoretical models for the causes of alcohol use, there are a number of key perspectives that emerge from the field. It is not within the scope of this thesis to provide a comprehensive overview of all the various models, but three of the leading overarching models of relevance will be reviewed here; the moral, disease, and total consumption models.

One of the earliest models of addiction was the moral model. The moral model is formed of three core values of individuals being personally responsible for their situation, individuals as morally weak, and alcohol as inherently wrong (Miller & Kurtz, 1994). This perspective was particularly prominent during the temperance movement where it largely advocated abstinence (Levine, 1984; Miller & Kurtz, 1994). This temperance movement took place in a range of countries across the early 19th Century, and in the UK specifically the movement started in the early 1830s. Whilst other countries such as the US introduced prohibition following the first World War, the popularity of the temperance movement was declining in the UK from the 1900s. Whilst there were some restrictions implemented as a result of the World War, the 1921 Licensing Act formally reduced some of these restrictions, indicating the end of the temperance movement in favour of a more capitalist consumer society (Dunn, 1999; Sulkunen & Warpenius, 2000; Yeomans, 2011).

However, this movement does not subscribe to one homogenous perspective, but the arguments were adapted alongside cultural changes and some variations advocate for alcohol in moderation through the 'wet' moral model (Siegler, Osmond & Newell, 1968). Under the 'wet' moral model, the mere act of drinking is not considered immoral as it acknowledges drinking is a societal norm. Instead, this approach proposes that there are

underlying rules governing alcohol intoxication and those who drink to the point of addiction have chosen not to follow these societal rules (Siegler et al, 1968; Lassiter & Spivey, 2018). This accounts for why many individuals are able to drink moderately without becoming addicted, as opposed to all who consume alcohol being addicted. Whether using the abstinence based 'dry' version, or the moderation based 'wet' version, the moral model assumes that individuals have chosen not to subscribe to the morally acceptable behaviours around alcohol use and they are viewed as acting in a purposefully irresponsible and deviant manner (Lassiter & Spivey, 2018). The moral model overall positions individuals as responsible for their actions, including in regard to forming an addiction to alcohol.

Morality-based theories of addiction can lead to attributing blame to the individual and the moralisation of addiction, creating a stigma around individuals with alcohol addiction (Frank & Nagel, 2017; Pickard, 2017). In particular, individuals with alcohol use problems are viewed as personally responsible, face social rejection and are depicted much less favourably than individuals with other stigmatised conditions, such as mental health concerns or HIV (Room, Rehm, Trotter, Paglia, & Üstün, 2001; Schomerus et al, 2011). Overall, there are many critiques of this perspective as being an outdated and stigmatising view that is out of step with the predominant holistic and person-centred treatment culture (Tigerstedt, 1999; Kelly et al, 2016). Therefore, if the moral model is to be rejected by medical professionals - partially due to the stigma it encourages - then this leaves room for alternative perspectives.

The most popular alternative explanation is the disease or medical model. Benjamin Rush in 1784 was first to discuss alcohol consumption as a medical problem, followed by Magnus Huss in 1849, beginning a movement that considered alcohol problems as a biological disease and medical condition rather than a moral weakness

(Blume, Rudisill, Hendricks & Santoya, 2013; Brown-Rice & Moro, 2018). This perspective persisted and has become increasingly popular with later influential work by Jellinek (1943; 1952) supporting this viewpoint and proposing the first comprehensive theory of alcoholism as a disease (1960). This disease model proposes alcohol use problems as a chronic and progressive condition which can be treated, but not cured (Thombs & Osborn, 2013).

In line with this disease model perspective, there have been a number of theories which focus on the genetic and biological basis of alcohol use problems. First, is the dispositional model in which individuals are proposed to be biologically different and susceptible to developing alcohol use problems. Jellinek (1960) suggested that alcohol use is an abnormal behaviour that can lead to dependency if predisposed vulnerable individuals are exposed, emphasising the key principle that the individual lacked control. To this day, loss of control over one's drinking habits is a core criterion used to classify alcohol dependency (Heckmann & Silveira, 2009; APA, 2013). The suggestion is that there are 50 to 100 genes which influence potential addiction, and that genetic heritability can predict drug abuse -including alcohol – in 55% of males and 73% of females (Brown-Rice & Moro, 2018). As such, this theory proposes that individuals are genetically predisposed to alcohol use problems on a biological basis.

Alternatively, the neurobiological model suggests that repeat exposure to substances moves individuals from seeking them out due to positive reinforcements, to a 'pathological craving' (Gilpin & Koob, 2008). Furthermore, as individuals become more expose to substances, they may experience withdrawal effects and seek out alcohol in order to negate these symptoms, further worsening the dependence. This continued use of substances changes the brain's structure and ultimately interferes with the functionality of the brain (Brown-Rice & Moro, 2018), with differences and abnormalities in brain

function found in the prefrontal brain, associated with loss of control in those who are considered as addicted to substances (Luijten et al, 2014). Resulting from the above research evidence, there is a clear argument for a neurological basis underlying alcohol use behaviour.

Whilst the moral model was one well-known approach to help understand alcohol addiction, it became synonymous with social contempt. In contrast, this reorientation to alcoholism as a disease rather than a moral weakness set forward the viewpoint that alcoholism required medical treatment as opposed to stigmatisation of the individual (Buchman, Skinner, & Illes, 2010). Rather than the individual being a morally weak person, the alcohol is the agent to which blame is attributed (Room 1983; Hammer et al, 2013; Pickard, 2017). Within this approach society portrays alcohol as undermining self-control. As such, it proposes that ultimately the substance is more powerful than individual willpower. Some scholars have suggested that promoting this disease model of addiction is the only way in which people are able to withhold social stigma and blame from addicts (Heather, 2017).

However, the disease approach has more recently come under scrutiny from a constructivist framework with scholars beginning to unpick the discursive impact of describing addiction as a disease. Simply calling addiction a disease does not inherently reduce individual blame. As Frank and Nagel (2017) discuss, the moralisation of addiction has not dissipated with the introduction of the disease model. Rather, the disease model does reduce some level of blame for alcohol use problems, but simultaneously increases discourses of victimisation and removes responsibility from individuals (Salmon & Hall, 2003; Carreno & Pérez-Escobar, 2019). This is a key example of the previous argument about how the language used to discuss alcohol use should be examined for the direct impact that it may have upon societal perspectives as a result of certain discourses.

From the 1970s onwards the total consumption model (also known as the population consumption model or single distribution theory) was also introduced as a leading theory in the UK. Whilst the previous two models focused more on the individual and the root cause of the alcohol use, the total consumption model was more oriented towards managing problematic alcohol use. Within this theory, it is suggested a population's total consumption has a consistent relationship to the level of problem drinking and aims to reduce such problems through reducing the average level on consumption across the population (Duffy & Snowdon, 2014). This model takes into account the various factors of consumption as a whole and suggests that individual consumption is associated with a number of environmental factors, such as physical and social availability of alcohol (Ashley & Rankin, 1988; Cohen, Mason, & Scribner, 2001). As such, it takes more of an environmental approach and replaces individual responsibility with collective responsibility (Tigerstedt, 1999).

It is noticeable that this approach to harmful alcohol use prevention became popular not long after the disease model and takes a similar approach in blaming an individual person. Much of policy is based on this approach from a population level, and even the WHO specifies countries are responsible for "formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol", including regulating availability and marketing (WHO, n.d). This is more recently seen in the introduction of the controversial Minimum Unit Pricing (MUP) in Scotland which legally raised the price of the cheapest alcohol to 50p per unit of alcohol (Alcohol (Minimum Pricing) (Scotland) Act, 2012). However, as with any model it has also come under criticism. Some have argued it punishes the majority for the minority of problematic drinkers (Duffy & Snowdon, 2014; Hilton, Wood, Patterson & Katikireddi, 2014). Regardless of criticisms, to date this is still the most widely accepted theory underlying UK policy on alcohol use

which seeks to reduce alcohol use across the population and change the social norms (Savic et al, 2016).

As the explanations and accounts for AUD have differed throughout the decades, so has societal opinion, cultural norms, and the ways in which these are managed. For example, approaches to managing alcohol use has changed from complete abstinence to moderation, whilst the normalisation of alcohol has shifted to a culture of 'determined drunkenness' and drinking to intoxication (Measham & Brain, 2005). Ultimately, perceptions of addiction and explanations of such issues are heavily intertwined (Bailey, 2005). The way in which individuals view and discusses alcohol use behaviours both reflects wider societal perspectives, whilst simultaneously constructing and reinforcing these viewpoints.

In summary, alcohol is heavily prevalent within UK society but there is a wide range of ways in which alcohol is consumed. This includes moderate drinking, heavy drinking, and those who have developed alcohol use problems. Regardless of the particular consumption pattern, all alcohol use is open to moral judgement. However, not all of these consumption behaviours are viewed and treated equally within society. The perspectives and opinions about what is socially acceptable is shared through language. In some instances, this language has been identified as reinforcing negative views, particularly in relation to heavier or problematic drinking. As such, there has been a shift towards changing the language to encourage more inclusive and positive terminology. Although well-intentioned, there is a limited evidence base and further exploration is needed to understand the language that is used in both everyday life and clinical encounters, as well as the consequences of these language choices. This is particularly critical for the professional field as drawing upon this shared language is key for awareness campaigns to increase treatment engagement and even during treatment itself.

As argued throughout this chapter, an awareness and understanding of language used to discuss alcohol use within a range of settings is vital. Given that accounts and explanations for alcohol use shape the way in which alcohol use problems are viewed, it is relevant to explore the common descriptions and accounts that are shared and ultimately reflect current societal opinions. It is possible to explore such accounts through a discursive lens to understand the specific discourses that are used and how this language impacts upon societal views and perspectives around alcohol use.

1.4 Discursive approach to accounts

This research takes a discursive approach to explore the language used to discuss alcohol across a range of contexts in which these judgements are made relevant and observable. In particular, the way alcohol use is accounted for was identified as a phenomenon of interest within Study One using critical discursive psychology (CDP) and also within Study Two and Study Three using discursive psychology (DP). Before delving into the alcohol-specific literature on accounts, I will first discuss accounts from the discursive perspective to provide the background to this accounting work.

1.4.1 Impression management

The concept of excusing oneself and one's behaviour has received considerable focus within human studies. In particular, this consideration of how individuals manage others' impressions of them was brought to the fore by Goffman in *The Presentation of Self in Everyday Life* (1956). Within this seminal text, Goffman focused on how individuals present themselves in deliberate ways in order to create a particular impression or invoke specific responses from others. Goffman (1956) asserts that it is often within an individual's

interests to convey a certain impression to others and demonstrated the ways in which individuals may adapt the presentation of themselves to achieve these particular impressions. In demonstrating this, Goffman drew on an analogy of the theatre and suggested individuals are actors within interaction, performing a version of themselves before retreating 'backstage' where they return to a non-performer role. Through performing in such a way, people manage the impressions that others form. Essentially, this theory suggested that individuals do not necessarily act naturally and altruistically, but rather have a desire and ability to control the way people perceive them. Much as DP suggests language is used as a tool to portray specific versions of reality, Goffman suggested that individuals do this through their social actions.

Since this proposal of self-presentation, often used synonymously with impression management (Leary & Kowalski, 1990), it has become a key area of focus within psychology. This notion has since been studied in a variety of contexts and fields. Particularly in areas in which impression management is explicitly relevant such as in court cases (Hobbs, 2003; Higdon, 2008), politics (De Landtsheer, De Vries, & Vertessen, 2008), and job interviews (Kacmar, Delery, & Ferris, 1992; Weiss & Feldman, 2006), where individuals have a strong vested interest in portraying themselves in a particular way. More recently, social media has become a major focus due to the ability for individuals to consciously present themselves and their daily lives in ways they choose (Zarghooni, 2007; Cunningham, 2013; Roulin & Levashina, 2016). It is increasingly important for individuals and companies to present certain versions of themselves and their personal reality, making online personas a digital extension of self-presentation and impression management in face-to-face interactions (Kuznekoff, 2013). As such, self-presentation and orienting to judgment and impression of others is still of particular relevance and interest today.

Many models and theories attempt to explain how impression management works (Schneider, 1969; Schlenker 1980; Jones & Pittman, 1982; Greenwald & Breckler, 1985; Leary and Kowalski, 1990). Whilst these theories vary in precisely how impression management takes place, all agree that this is a process by which individuals convey to others – either consciously or subconsciously – that they possess certain characteristics or qualities that they wish others to see in them (Leary, 1996). It is this more general conception of impression management which is of interest to this research. As a discursive analysis, this research is interested in precisely *how* these impression management strategies are delivered and to what effect, rather than why. As DP studies the accomplishment of social action (Edwards & Potter, 1992), this research seeks to explore how we accomplish the specific social action of managing impressions of others. Whilst psychology tells us that these strategies take place and theoretically why, discursive analysis allows us to consider the specific ways in which people employ these strategies and the impact that this has upon the way behaviour is constructed and perceived.

1.4.2 Accounts

When managing impressions of others in relation to potentially deviant behaviour, this often relies upon providing an explanation for this negative behaviour. As discussed earlier in this chapter, there have been many attempts to explain the causes of alcohol use problems, most notably through the moral and disease models. However, this research is interested in how such causal explanations are provided from a discursive approach. One key strategy of impression management focused on by discursive research is accounting for behaviour. Discursive psychologists often use the term 'accounts' in a general sense to refer to any form of description or narrative (Potter & Wetherell, 1987; Drew, 1998; Buttny

& Morris, 2001; Hammersely, 2003; Wiggins, 2017). This general definition means that almost any description can be considered an account of an event or behaviour and it has been a rich area of research for discursive psychologists. A particular focus of accounts literature is the way in which narratives and description of events are provided in order to construct a particular viewpoint. For example, an account given within the context of a complaint may be contested as whinging or moaning (Edwards, 2005), exaggerating the truth (Whittle & Mueller, 2010) or accepted as a legitimate complaint (Stokoe & Hepburn, 2005). Ultimately, in providing any kind of account the establishment of fact requires controlling for vested interests of the provider of the account (Hepburn & Wiggins, 2007).

A more restricted definition of accounts distinguishes between those which are accounts of events or behaviour, and those which account for events or behaviour (Buttny & Morris, 2001). The latter is more relevant for this research and is concerned with specific discursive practices of accounting for behaviour and orienting to the nature of this accountability. A foundational aspect of this notion of accountability is that of morality and societal expectations. Garfinkel (1963) discussed the concept of 'trust' in relation to speakers' mutual expectations of understanding and adhering to the relevance rules which govern social acceptability and constrain individuals' actions within the moral order. These relevance rules and trust are not a single act, but are collaboratively completed amongst interlocutors and as such, individuals may hold both themselves and others to account (Robinson, 2016). At all times, individuals are responsible for adhering to these relevance rules and are accountable for any breaches (Heritage, 1988; Robinson, 2016).

Speakers often produce accounts which explain, excuse, or justify behaviour which is deemed as odd (Potter & Wetherell, 1987), untoward (Scott & Lyman, 1968) or socially sanctionable (Antaki, 1994). Within these descriptions, individuals orient to the notion that

they are accountable for this potentially negative behaviour and provide an explanation. These accounts can be identified as the 'because' responses to any 'wh' utterances and hearable as a resolution of some problem by way of reason, explanation, or justification (Antaki, 1994) and are predominantly found with respect to dispreferred actions (Raymond & Stivers, 2016). Rather than simply providing a description of a version of events, accounts *for* behaviour typically include remedial talk to justify the behaviour (Buttny, & Morris, 2001). This talk is often remedial and seeks mitigate the potential negative perceptions that such behaviour may incur.

Accounts are commonly produced in order to modify others' assessment of a certain behaviour to prevent negative conclusions being made about behaviour and/or the actor themselves (Heritage, 1988; Hareli, 2005; Robinson, 2016). These accounts seek to provide an explanation for this behaviour, often making it understandable or at least tolerable through providing a reason. Closely related to Goffman's (1956) impression management, such strategies work to portray an individual and their behaviour in a certain way. Essentially, if an individual's behaviour – such as excessive alcohol use – may incur negative judgement, then individuals will often provide an account as way of an explanation for such behaviour in order to manage and mitigate potential negative judgement from others.

1.4.3 Explanations, excuses, and justifications

In general, the category of accounts can be viewed as an attempt to provide a reason or explanation for behaviour (Buttny, 1993). A significant subset of accounts is that of exonerations as a discursive practice. Scott and Lyman (1968) propose that such exonerations can be categorised into excuses and justifications. Excuses admit the

wrongdoing of an act but deny responsibility, often attributing the cause to external influences. Alternatively, a justification does not deny responsibility but denies the pejorative quality and seeks to frame behaviour as rational or permissible given the set of circumstances (Scott & Lyman, 1968; Potter & Wetherell, 1987). Justifications form part of a 'socially approved vocabulary' (Scott & Lyman, 1968, p51) which is used to neutralise negative judgements about a specific act or behaviour, in this case alcohol use. There have since been a number of taxonomies which attempt to classify these exonerations further, (Schönbach, 1980; Tedeschi & Reiss, 1981; Semin & Manstead, 1983; Nichols, 1990). However, for discursive research, the focus is less on how to classify these types of accounts and more on how basic forms of accounts are performed within language and the impact of these constructions (Antaki, 1994). Furthermore, the classifications have built upon Scott and Lyman's (1968) work, yet they only focused upon exonerations in which individuals seek to mitigate blame and judgement. Alternatively, accounts may also provide a causal reason for behaviour, without necessarily reducing blame. Within this research, these more general accounts will be referred to as explanations in order to limit confusion with accounts as an umbrella term. These explanations *do* things, and this is often attributing a cause or blame for some accountable behaviour (Antaki, 1994). These more general explanations appear to be focused on providing a reason for behaviour with less of a focus on mitigating blame and therefore illustrate a different type of account than those of exonerations.

This research is interested in how accounts for alcohol use are performed, responded to, and what this tells us about the social acceptability and judgement of alcohol use within the data. In keeping with a discursive approach, these accounts will be broadly categorised focusing on how they are performed within the data and the impact

this has upon the attribution of blame and judgement for alcohol use.

1.4.4 Morality

Since justifications are provided in order to mitigate negative judgements, such interactions are highly morally bound. The very notion of providing a justification orients towards an act being seen as potentially deviant and against the norm. Therefore, accounts and deviance are intrinsically linked (Scott & Lyman, 1968), situating such issues within the realm of morality. The inherent morality that underlies social interactions leads to continuous orientations to accountability when the moral order is threatened or breached in some way. Morality is such a common and intrinsic quality of everyday social interaction that is it usually invisible to interlocuters and often overlooked within interaction (Bergmann & Linell, 1998). As it is so commonplace, moral work is often implicit with no explicit recognition displayed by participants that they are engaging in moral issues (Linell & Rommetveit, 1998). Although individuals may not explicitly highlight and discuss the moral complexity of certain issues, analysis of discursive practices can illustrate how this morality persists and is often oriented to on a more implicit level; hidden underneath neutral surfaces and negotiated through interaction (Linell & Rommetveit, 1998). Whilst some behaviours are clearly socially sanctionable, issues of morality are often more implicit and nuanced. Rather than being clearly defined by the act itself, which behaviour constitutes a focus for moral judgement is defined by the way in which interlocutors respond and orient to behaviour. Within a DP approach, what is considered a moral issue is defined by what is treated as relevant and socially sanctionable by the speakers themselves. Throughout interaction speakers collaboratively create an understanding of what is morally relevant in the way in which they hold certain acts to

account and therefore mark them as morally relevant (Bergmann & Linell, 1998; Linell & Rommetveit, 1998; Drew, 1998; Tileagă, 2010). Although pervasive, morality is often implicit, requiring detailed analysis of the intricacies of discourse in order to understand how morality is oriented to by interlocutors.

1.4.5 Morality of alcohol use

The very act of providing a justification to excuse behaviour actively orients to the associated issues of morality. Particularly when discussing one's own behaviour, it is especially important for individuals to manage and orient to this potential negative judgement by others. Human behaviour is complex and highly contextual, but all behaviours have some form of normative accountability and are judged with respect to social and moral appropriateness (Shotter, 1991). Essentially, most behaviour can be viewed as a result of personal choice and can therefore be made the object of moral judgement by others (Bergmann & Linell, 1998). In some instances, this is relatively clear as there are behaviours which are widely rejected and deemed as being inherently immoral and deviant within society. However, issues of morality and judgement become increasingly complicated in relation to behaviour which is more individualised and down to personal choice. Certain behaviours in society are particularly prone to being a target of moral judgment, such as lifestyles in which active choices are made by a person (i.e., sexual risk). Such issues are 'morally loaded' (Bergmann & Linell, 1998) and therefore require delicate handling.

Alcohol use falls squarely within this category of lifestyle choices. As alcohol use is an active choice, it means that alcohol consumption behaviours are particularly open to judgement from others. Additionally, precisely what is considered problematic alcohol use

is heavily subjective and ill-defined. Often, drinking is not defined as problematic based on objectively measurable quantities consumed but instead based upon behaviour during and after consumption (Room, 1975; Dawson, 2011; Thurnell-Read, 2017). In particular, in defining alcohol use problems, there is a significant role of social reaction (Room, 1975) further highlighting the importance of others' opinions in relation to alcohol use. Ultimately, the acceptability of alcohol use is not clear-cut, rather it is socially constructed, leading to nuanced and implicit orientations of morality and judgement with respect to alcohol use behaviours.

The visibility of alcohol consumption means it can easily become an accountable issue. Drunken behaviour is entirely visible and therefore is open to more judgement. Particularly when problematic drinking is the negative, there is an orientation to describing one's own alcohol activities as non-problematic and to portray oneself as a moderate and responsible person acting in line with moral rules and expectations (Tolvanen & Jylhä, 2005). In research on accounts around drinking behaviours, individuals are often noted to resist stigmatising subject positions through justifying their drinking, reflecting ongoing sensitivity to how other people may react to their behaviour (Guise & Gill, 2007; Rolfe, Orford, & Martin, 2009). Since definitions of acceptable and problematic alcohol use are heavily subjective and open to judgement from a range of people, this can lead to highly nuanced and sensitive discussions around personal alcohol consumption. These moral judgements surrounding alcohol use are made observable through the language used to discuss alcohol use, both personal and others' consumption. As language is both constructed and constructive, these may reflect and/or influence both individual perceptions and broader societal perspectives. Particularly as the morality surrounding alcohol use is socially constructed, it is highly relevant to study how the social acceptability

of alcohol is constructed and negotiated on both an interactional and broader societal level.

Alcohol is very societally and morally complex. Drinkers of (excessive) alcohol use are regularly portrayed as irresponsible and immoral deviants. Yet at the same time, drinking remains an everyday leisure practice for many (Spracklen, 2013). As such, there is a careful line that needs to be drawn when negotiating what is seen as socially acceptable and what is judged more negatively. Accounts are the result of mutual orientations between interlocutors within both the micro context of the conversation and the macro context of societal values (Tileagă, 2015). The notion of something requiring explanation is only possible because of the cultural group assumptions and ideologies which mark something as acceptable or deviant (Scott & Lyman, 1968). Through the very act of attempting to explain alcohol behaviours, individuals are orienting to the complexity of judgement associated with alcohol use. Analysing these accounts are valuable as they provide access to societal thinking and provide clarifications of what is considered deviant phenomenon (Scott & Lyman, 1968; Orbuch, 1997; Tileagă, 2015). Furthermore, although a justification may be given by one individual, accounts for behaviour are collaboratively achieved as interlocutors evaluate what is considered as acceptable behaviour and what constitutes an adequate justification of such behaviour (Buttny & Morris, 2001). Through examining accounts for alcohol consumption, this provides an opportunity to also examine how understandings and judgements about alcohol use and its social acceptability are constructed, negotiated, and shared through language.

1.5 Research on language

As discussed throughout so far, discursive approaches are a key way of understanding the language surrounding alcohol use. Discourse analysis. (DA) is a broad term for research

that focuses upon the way in which our use of language is constructed to portray a particular viewpoint, usually for a certain purpose (Potter & Wetherell, 1987). DA has been used widely within the field of alcohol use to explore topics such as perceptions and explanations of binge drinking (Guise & Gill, 2007; Smizgin et al, 2008; Chainey & Stephens, 2016), how media and policy representation of drinking have changed (Törrönen, 2003; Moore, 2010; Yeomans, 2013; Katikireddi, Bond, & Hilton, 2014), differences in alcohol consumption reporting across genders (Abrahamson & Heimdahl, 2010; Bogren, 2011; Lennox, Emslie, Sweeting, Lyons, 2018), and many more research focuses.

Given the range of studies which are of relevance for the current project, I followed the systematic literature review principles of a PRISMA to initially capture the wide array of research in this area (Moher, Liberati, Tetzlaff, Altman for The PRISMA Group, 2009; Appendix A). To capture as many relevant papers as possible, the search terms 'discourse analysis' and 'alcohol' were used for journals and theses from 2003 onwards, representing a 15-year period of literature. Between four different databases, 2,490 papers were included for consideration. Due to such wide search terms, there were many articles which were not relevant to discourses of alcohol use and after initial screening of titles and abstracts the corpus was reduced to 141 articles. Each of these 141 articles were read in full and 33 deemed as outside the scope of this thesis. All other articles were of relevance to some element of the project; whether that be discussions of alcohol use but not a DP method, discursive studies about similarly taboo topics but not alcohol, or research conducted in markedly different cultures. Through reading these initial papers, further citation searches were conducted to ensure surrounding literature that may not have emerged from the initial PRISMA search were included. Below I will discuss the most relevant literature and knowledge that they contribute to the background of this current research. I will then consider the limitations of the currently available literature and how

my project seeks to build upon this to provide an exploration of the nuanced discourses in accounting for alcohol consumption.

The literature search captured research which utilised a number of different analytic approaches. Although not discursive in method, these papers provided useful insight into the ways in which alcohol use was perceived within society which helped to provide a wider background in the research and findings currently available. These papers provide an understanding of what perspectives are being shared, whilst a discursive approach builds on this research to consider how these perspectives are shared. I first discuss some of these studies which were of relevance to the project from a broader range of approaches before focusing on specific discursive research. The different approaches included thematic analysis on Scottish adults on peer pressure to drink alcohol (Emslie, Hunt, & Lyons, 2012), content analysis of newspaper and television media (Nicholls, 2011), interpretative phenomenological analysis (IPA) of the experience of addiction and recovery (Shinebourne & Smith, 2011), and even the use of visual ethnography on YouTube videos and how this new media reflects old gendered stereotypes (Rolando, Taddeo & Beccaria, 2016). In addition to a wide range of analytic approaches and methods, there were also specific sub-sets of focus.

One particular key focus within this existing literature was that of gender. Lyons and Willott (2008) focused on the increasing rates of alcohol consumption in New Zealand women and how accounts of this consumption and the intersection of gender was constructed on an individual level. The research was based upon eight friendship discussions groups with 16 women and 16 men, using a dual approach of thematic and Foucauldian discourse analysis. All friendship groups orientated to 'big nights' out where drinking was particularly elevated. In discussing these drinking occasions, participants

constructed this as fundamentally driven by pleasure and simply 'what you do', situating the behaviour as socially normative, with little difference between genders.

Women's drinking was also specifically linked to pleasure and fun, with group members providing positive descriptions of other female participants who drank. Despite this positive response from group members, female participants spoke about how they mitigated the masculinity of their drinking. For example, if women drank in traditionally male ways such as drinking beer or to excess then they would work to balance a femininity to this behaviour by drinking out of glasses or looking after friends which invoke more traditional feminine ideals. Within groups there was justification work completed to explain the acceptability of the female participants' drinking, with the group drawing upon notions of improved equality between men and women to explain the increase in female drinking.

However, there was also a discourse of a double standard. Four discussion groups explicitly highlighted a double standard in male and female drinking, including women being expected to remain in control and responsible when drinking. All groups related this to the notion of women being vulnerable and therefore needing to remain in control or being 'sent home' if too drunk, whereas men were more able to defend themselves and therefore able to drink more excessively and unproblematically so in public. Additionally, older women (defined as older than 30 or 40 in this study) were also viewed negatively as breaking codes of femininity if out drinking due to traditional associations with motherhood and caring responsibilities.

Across this data there was a clear orientation to alcohol use as positive facilitator of the friendship groups with justification of women's alcohol consumption, to a limited extent. Whilst there was justification work conducted relating to female group participants who drank, women outside of the group were judged more negatively. Whilst women are

able to drink, *drunk* women were positioned as problematic and as being wayward or out of control. Alternatively, male excessive drinking was not constructed as problematic, but was justified as acceptable due to reinforced traditional roles of masculinity in alcohol consumption. As such, amongst both the female and male participants there remained a clear double standard in the way drinking was constructed across genders.

This focus on gender is further present across research on alcohol policy (Abrahamson & Heimdahl, 2010), newspaper coverage (Patterson, Emslie, Mason, Fergie, & Hilton, 2016; Day, Gough, & McFadden, 2007), and online social media (Jones, 2014). From this research there was a clear view held by participants that men's drinking is part of a masculine identity (Peralta, 2007; Dempster, 2011), whilst women's drinking was often seen as breaking traditional codes of femininity (Lyons & Willett, 2008) and being out of control and undesirable (Jones, 2014). There was evidence of double standard present between male and female drinking (de Visser & McDonnell, 2011; Kobin, 2013) and women would often orient to how others may perceive their drinking, altering their consumption or expression of their drinking to fit these standards (Guise & Gill, 2007; Hutton, Griffin & Lyons, 2016, Lennox et al, 2018).

In addition to gender, there are also distinct class differences in relation to alcohol use. Haydock (2014) has discussed how class differences can be directly identified in the way policy regulates alcohol use. The UK Government has designated three types of drinking; binge, harmful, and sensible, (Department of Health, 2007), identifying binge drinking as particularly problematic and sensible being the ideal. Whilst notions of rationality and sobriety are linked to the middle class, excessive alcohol use is more readily associated with the working-class (Nicholls, 2009). The UK Government describes binge drinking as being "excessive" (Department of Health, 2007, p3) and Haydock (2014) suggests that this then becomes a target for Government pricing policy, which is often

directed at alcohol deemed as being drank for the sole purpose of intoxication and binge drinking (Haydock, 2014). This policy and rhetoric by the Government directly reinforces class distinctions in alcohol use, constructing consumption associated with the middle class to be more acceptable than working class patterns of drinking.

Issues of class are heavily intertwined with gender, with women typically more negatively portrayed. Research has repeatedly shown that negative constructions of female drinking is often associated with notions of working class. For example, women's alcohol consumption which may be viewed as uncouth or unfeminine may be labelled 'tragic girls ' or 'crack whores' (Hutton et al, 2016), 'chavvy' (Rúdólfsdóttir & Morgan, 2009), or 'ladettes' (Kay et al, 2004). These negative terms are associated with working class social status and are repeatedly seen as the 'other' and a label to distance oneself from (Lennox et al, 2018). As such, issues of class are not necessarily equally gendered, but are more commonly used to negatively judge female drinking.

Lennox, Emslie, Sweeting, and Lyons (2018) focused on how issues of gender and class are made relevant within both the offline and online environment. This research conducted 21 focus groups with friends and a follow-up 13 Facebook interviews which used individuals' Facebook pages as prompts in the discussion, and an effort was made to ensure a diverse range of both gender and social class in the sample. A thematic analysis identified how both young women and young men described female drunkenness as being less acceptable than male drunkenness. Women oriented to a need to balance attractive femininity whilst remaining in control and responsible when consuming alcohol. Whilst there was an enjoyment in displaying stories and photos of their drinking online (McCreanor et al., 2013; Goodwin & Lyons, 2019), there was also an awareness of being judged negatively by others and carefully curating their virtual identity.

Class issues were also prevalent within the dataset. Both young men and young women more harshly judged drinking practices in those perceived to be working class than in those who were middle class. For example, working-class women drinking traditionally masculine beer would be perceived as 'rowdy' whilst the 'respectable' middle class woman would be 'quietly enjoying her drink'. Additionally, working class women were more willing to discuss the effort that went into a night out online posting before and after photos, whereas middle class women preferred to post more casual photos, distancing themselves from the overt performance of femininity. Across the research it was clear that women were more harshly judged by both other men and women, as were working class women in comparison to middle class women. Additionally, these gender and class differences were observed both online and offline, demonstrating how such issues are continually constructed and reinforced across a range of environments.

These research papers are relevant to this project as, although focused upon gender and class differences, justifications and explanations of drinking practices became a common focus within these discussions. Both class and gender play a role in the way that alcohol use is perceived in society, and therefore how it may be accounted for by people from different perspectives, genders, and social classes. As such, gender and class may well be relevant underlying considerations in the way alcohol use is justified within my own data.

1.6 Discursive research on alcohol

Across the wide range of analytic approaches used in research studies so far, many highlighted the importance of explanations for alcohol consumption. In addition to these

approaches, a growing number of research papers have utilised a discursive or similar language-based analysis to consider how alcohol use is discussed. A discursive approach provides the opportunity to consider not just what perspectives are being shared, but also *how* these are shared and the impact these can have. As such, papers taking this discursive approach are most closely aligned with the current project and provide critical insight into recent research conducted in this area. Whilst these papers range in the specific culture (i.e., UK, Australia, Nordic countries), sub-groups of the population (i.e., older adults, university students), and methods (i.e., interviews, focus groups, and text-based documents) used, these discursive papers overall provide useful insight into the previous research conducted across a range of settings, all of which inform this current research. Across these various focuses, the papers all consider how alcohol use is constructed and can be broadly categorised into three distinct areas which are discussed in order below: policy, media, and individual.

1.6.1 Construction of alcohol in policy

A major section of the research focused on alcohol policies. Although such policies are often evidence-based, they are also a political issue as it is political bodies that are able to action such policies. There have recently been calls to ensure that cultural context is taken into account in development of public health policies (WHO, 2017). There have been suggestions that the cultural context of health polices has been largely neglected, and that this is a huge barrier as provision of good healthcare is limited when not aligned with the priorities and perceptions of the population (Napier et al, 2014). As such, public health becomes a political concern in which public perceptions must be considered to ensure policies reflect the wider societal culture in which they are situated (Oliver, 2006). On the

other hand, these policies are also noted as influencing the culture and population health and well-being (WHO, 2017). Therefore, public health policies are both influenced by and influence the culture and there is a need to understand the relationship between the public health policies surrounding alcohol use and cultural perspectives.

Firstly, Lucas (2004) examined the alcohol policies, published speeches, and other secondary texts in 13 European countries between 1850 and 2000. Lucas identified the focus of alcohol use was constructed within three key historical perspectives. Firstly, there was a strong temperance discourse, reflecting the temperance movement seen within many other countries around the world at that time. Secondly, there was a consistent shift in reducing the complexity of public health approaches and policy, moving from advocating total abstinence and considering alcohol as a moral weakness, to the biological approach (Lucas, 2004). With the introduction of the disease approach the individual was seen as not in control of their alcohol use, thus requiring state-intervention for individual behaviour and large-scale introduction of alcohol use policies. This disease perspective was clear in alcohol policy throughout Europe as countries introduced state-intervention with legal regulation including closing pubs on Sundays, enforced treatment, and the popularity of Alcoholics Anonymous (AA). Finally, Lucas (2004) discussed the current perspective of harm reduction and moderation from a more public health approach. Again, this is strongly depicted within UK alcohol policy in which guidelines are provided about drinking as opposed to complete abstinence.

However, Lucas (2004) does not provide much methodological information, such as what data was included, therefore it is difficult to truly understand the strength of the research and evaluate the contribution it makes to this field. Despite this limitation, the research appears to provide a comprehensive overview of alcohol policy throughout Europe and is one of very few research studies to consider alcohol policy from a range of

countries. From analysing policy documents throughout Europe, Lucas (2004) indicated that European countries reacted in very similar ways to the issues surrounding alcohol consumption. Policy is both constructed by and constructs societal views of what is acceptable and adapts in line with cultural perspectives. Understanding policies and the way in which they frame alcohol use problems are key for exploring how these perspectives around alcohol use are shared and understood within society.

Abrahamson and Heimdahl (2010) analysed five government policy documents in Sweden ranging from 1965-2007 to examine the portrayals of problems and reasons for heavy alcohol use. Similarly to Lucas (2004), their analysis identified a clear shift in the key aims of alcohol policy, most notably in the move away from temperance and complete abstinence in the 1960s to more of a harm reduction approach from 1991 onwards (Abrahamson & Heimdahl, 2010). Abrahamson and Heimdahl (2010) indicated that, at least in Sweden, policy documents appear to reflect this shift in explanations of alcohol use through time. In addition to the major perspective shift, the research found a considerable difference between portrayals of gender. Women consuming alcohol were highlighted as 'problematic women', whilst men consuming alcohol were not and were 'invisible' in discussions about problematic alcohol use. Early policy documents regard drinking as gender neutral, whereas from 1991 onwards there is much less focus on men's drinking and when mentioned it is downgraded from problematic to simply due to traditional gender roles and masculinity. On the other hand, women's drinking was constructed as notable and was consistently negatively highlighted (Abrahamson & Heimdahl, 2010). Whilst this study was confined to analysis of policy documents in one country, it provided a clear understanding of the changing shifts in the way Swedish alcohol policy constructs the problem of alcohol use, in line with previous conclusions from Lucas (2004).

A similar shift in perspectives is also reflected within a UK context. Hackley, Bengry-Howell, Griffin, Mistral & Smizgin, (2011), found that within the *safe, social, sensible* policy (Department of Health, 2007), the UK government discussed individual responsibility and their choice to engage with sensible drinking through drinking a safe number of units as set out in alcohol guidelines. However, it must be noted that this study conducted a discourse analysis of only one document. Whilst this was in-depth analysis, this case study approach only provides a snapshot of the current perspectives with regards to alcohol policy. Despite the limitations of the above studies, they identify a clear approach of moderation or harm reduction in which drinking is considered a normative cultural activity that individual actively chooses to engage with as part of the social culture. From these documents, it is clear that alcohol policies often reflect current societal perspectives and opinions regarding alcohol use and further disseminate these approaches through alcohol policy.

These underlying assumptions and ongoing debates in politics surrounding alcohol use can be seen more recently in alcohol policy in Ireland. Calnan, Davoren, Perry and O'Donovan (2018) discursively analysed four texts; two which support the public health alcohol bill (government press release and a letter to the Editor of a national newspaper signed by public health advocates) and two which do not (drinks industry report and press release from industry federation group). Ireland's previous policy since the 1980s has been favourable towards the alcohol industry, however this bill for the first time categorised alcohol as a public health concern, moving away from this industry approach. As would be expected, industry stake is prevalent in the texts which argued against this bill. These texts use moderate language and refer to alcohol 'misuse' or 'harmful use', suggesting that there is use of alcohol which is appropriate and not harmful. In contrast, those texts which supported the bill worked from the underlying assumption of the total consumption model

and presented alcohol as a risky or harmful substance and highlighted that harm is conducted beyond the individual, at a societal level. As such, these texts argued that alcohol is a public health concern rather than an individual problem, and that a more interventionist approach from the government is required. In creating an argument for or against the bill, both sides of the debate drew upon notions of morality. The public health discourse argued that this bill has the potential to save lives and reduce deaths, whereas the industry discourse argues that the bill restricts the moral right to individual autonomy. From this research it is clear to see how the conflicting perceptions and debates around alcohol use problems are reflected within both policy and wider societal opinions.

It has been argued by a number of scholars that public policy is influenced by societal values and simultaneously influences societal values (Danielson & Stryker, 2014; Muers, 2018). What counts as a legitimate public policy is closely tied to the deep-rooted culture and views held by the larger population (Muers, 2018). Alcohol policy in particular is no different. As seen in the papers above, alcohol policy tends to reflect societal viewpoints. As cultural values shift, so does policy which reflects and reinforces these attitudes (Nicholls, 2012; Savic et al, 2016). In addition to reflecting societal norms, UK alcohol policy often attempts to address alcohol use problems through changing the 'drinking culture' – and subsequently individual behaviours - through the very policy that is enacted (Savic et al, 2016). Therefore, policy is a key interplay in how alcohol use is discussed and reflected within language and specific regulations. It is key to understand the discourses that policies are putting forward and how this may impact the discourses that are societally available to discuss and describe alcohol use.

1.6.2 Construction of alcohol in the media

In addition to the discourses available in the policies themselves, some studies focused on how these are reported within the media. The media plays an important role within society as they share messages in a way which often shapes public opinions and subsequent attitudes (Casswell, 1997; Hansen & Gunter, 2007; Weishaar et al, 2016; Weishaar & Hawkins, 2016). It is a key interplay between professional and general discourse as it filters down these more expert and authoritative stances to the general public. As with any influential texts, it serves to reinforce certain views, particularly in areas in which readers may not have direct expertise (Happer & Philo, 2013). As such, it is key to understand the ways in which alcohol is constructed in the media and how this may influence the general public perceptions.

One such example in the literature review was from Ólafsdóttir (2012) who studied the discourses related to the decision in 1989 to legalise the sale of beer in Iceland after 74 years of prohibition. This primarily consisted of newspaper articles from 1980-1989 written by medical doctors. Through exploring the discourses that were available preceding introduction of the bill this provides insight into the contextual background and how these influence parliamentary decisions. Often, a key voice in such decisions is that of medical professionals. However, in this instance the medical professionals were divided into two distinct factions of being for or against the bill. The first group of medical professionals argued against the bill based upon the total consumption model as advocated by the WHO and public health, suggesting legalising beer would only increase the total consumption of alcohol and was a result of industry pressure. In contrast, the second group also drew upon WHO advice but focused upon suggestions of regulation price and availability as a key way to reduce overall consumption, rather than focusing on restricting any one type of alcohol. Additionally, this group argued that such a decision was not for medical professionals, instead highlighting this as a democratic and moral decision.

Ultimately, the public health argument was diminished, and the bill passed based on arguments of democracy and modernisation. It was deemed that individual choice was of higher importance and therefore it was no longer appropriate for governments to enact blanket legislation to protect population level morals and behaviour, unless such behaviour violates the fundamental values within society (Ólafsdóttir, 2012). As seen throughout the literature review, this argument of morality in alcohol use is complicated and highly individualised, and this shift towards a more individualised governing approach is reflected within changing discourses and policy.

This research has made particularly clear that the media is a key way in which the arguments around public health policy are filtered down from experts into newspapers, which are aimed at the general public. Whilst social circumstances often lead to policy changes, policymakers can also steer changes in societal attitudes through enacting policy (Ólafsdóttir, 2012). As such, policy and expert perspectives are intrinsically linked with societal opinions, with the media often being a key way in which these different factions interact. Therefore, the media is a critical component to study in order to understand how alcohol use is discussed across society.

Changes in policy are easily traced through media reporting and the way in which it reflects the shifts in public opinion and alcohol policy. Research on Finnish newspapers has also considered the media role in perspectives on alcohol use. Rather than focusing on the political field, Hellman (2017) explored the way in which the media reflects changes in societal thinking towards alcohol use. Hellman (2017) took a diachronic analytic approach and analysed 32 newspaper articles from 1972, 1982, 1992, and 2002 for the conceptualisation of addiction within these texts.

A key focus within this research was the 'conventionalisation' of addiction and how the concept of addiction become more normalised and widely understood within society. In

the earlier texts the Finnish equivalent of the term addiction was mentioned very rarely and the concept itself was only implicitly referred to. Addiction was acknowledged briefly and implicit but was not a core focus of reporting as it was constructed as a social problem specific to particular groups. From the 1990s onwards (considered post-conventionalisation) the concept of addiction was much more widely understood and was explicitly discussed, becoming a specific focus in some texts. Addiction was constructed as more of a widespread phenomenon for which medical treatment was required and medical professionals became the key source of information. Additionally, as the concept of addiction gained traction and become more commonly discussed, it continued to expand and become a broader cultural concept that referred to a variety of behaviours. As this concept became more relevant to wider society, the line between serious issues and more habitual or occasional behaviour became blurred.

This research further illustrates how the complex relationship society has with defining issues that are of an individualistic nature is often reflected in media texts. Again, this research indicates the way in which societal perceptions and understanding of addiction related behaviour are reflected within media discourses and thus are a key focus for research seeking to understand language and perceptions of alcohol use.

Further research indicates how the media interacts with these more cultural notions of alcohol, including normalisation of moderate drinking. Edelheim and Edelheim (2011) studied Marie Claire travelogues from April 2007 to June 2008, analysing 10 in total through qualitative content analysis and discourse analysis. Travelogues are a specific type of media which focuses on describing one or more destinations for promotional purposes. Edelheim and Edelheim (2011) argued that travelogues have a very defined promotional purpose and not only reflect individual travel experiences, but also prescribe frameworks for acceptable and typical social behaviours. As such, travelogues were an important

medium for understanding what is portrayed as normalised behaviour on holidays and how this may simultaneously influence beliefs and behaviours of readers. Through an initial qualitative content analysis, 130 quotes were identified as being related to key themes, with 41 falling under the category of alcohol with the second most popular of dining accounting for 17. Not only is there a considerable disparity between the number of quotes, but alcohol messages were present in all 10 of the travelogues analysed. From the prevalence of alcohol within the travelogues, it is clear that it is a central component in promotional materials about travel experiences.

A discourse analysis further explored exactly what and how these alcohol messages were constructed. Alcohol was frequently and positively reinforced to the extent that it was used as a key criterion in choosing holiday destinations. Readers were instructed on how to acquire alcohol if not readily available, highlighting an assumption that alcohol is a central element of holidays. Furthermore, alcohol use was gendered with women's drinking constructed as refined, described as 'sipping' alcohol or accompanied with a long list of ingredients. Alternatively, male drinking was accompanied with narratives of 'knock it down' and drinks described for their raw and natural properties. Whilst the travelogues inform us about travel experiences, they also serve to further normalise alcohol consumption in these contexts. In line with the research discussed thus far, Edelheim and Edelheim (2011) conclude that the media does play a large role in sharing perspectives around alcohol use. However, further research is also needed to understand the specific role of the media and whether it influences behaviours or merely reports and reflects on the reality of alcohol.

Throughout the studies discussed above, it is clear that the media works as a key interplay between professional and general public sources. This media influence has been noted as key in public health debates (Seale, 2003; Weishaar et al, 2016), but also more

specifically in relation to alcohol use (Casswell, 1997; Hansen & Gunter, 2007; Hilton et al, 2014), particularly in discussion about public health policy (Törrönen, 2003; Hilton et al, 2014; Katikireddi & Hilton, 2015). Furthermore, the media is not necessarily impartial. Underlying the dissemination of such perspectives are conflicting agendas which influence the discourses that are put forth by the media (Seale, 2003). In discussions of policy the media may be influenced by many policy actors with vested interests, such as public health or industry bodies who have various agendas in critiquing or advocating for certain policies (Hilton et al, 2014). As such, it is key to consider media constructions – as well as the context of the source – when seeking to understand the discourses that individuals are exposed to through the media.

1.6.3 Constructions of alcohol by individuals

The media has power to portray certain narratives about alcohol consumption and influence public perceptions. Often, this involved constructing drinkers of excessive alcohol in a negative way as irresponsible and immoral. However, the very individuals who are consuming alcohol often work to resist these negative portrayals. For example, the UK Government's Safe, Sensible, Social (2007) document negatively describes young peoples' binge drinking as being a result of a lack of self-control and personal character (Hackley et al, 2011). In both policy documents and the media, binge drinking is largely portrayed as a negative and highly concerning moral problem and does not engage with the alternative perspectives of hedonistic consumption, where alcohol is consumed for pleasure or 'determined drunkenness' (Measham & Brain, 2005).

In contrast, research by Szmigin et al (2008) explored how young people frame their own binge drinking. They conducted 10 focus groups and four interviews alongside

ethnographic research in three UK locations with young people (18-25) from local colleges in order to explore their 'personal manifestations' and discourses around their alcohol consumption. Across the data there was a pervasive orientation to describing their alcohol consumption in relation to pleasure and enjoyment. Such consumption was not highlighted as a lack of control, but precisely the opposite; binge drinking was framed as a 'controlled loss of control' whereby young people made the active choice to drink to the extent of losing some control and ultimately 'letting yourself go' as a form of pleasure. Young people described their excessive alcohol consumption as a more nuanced form of calculated hedonism, with particular motivations and expectations relating to fun. Young people have described a drinking culture in which binge drinking is the social norm and has a specific purpose, in direct contrast to the professional perspectives in which binge drinking is portrayed as a blanket harmful behaviour. This research illustrates how the professional discourses may not align with the ways in which individuals perceive and portray their own drinking and how drinking practices are often justified by individuals as being more nuanced than the public health perspectives.

A wide range of social groups work to orient their consumption as being part of a particular drinking culture in which there are internalised rules driving drinking practices within parameters of acceptability for this group. For example, Spracklen (2013) who drew on ethnographic work, interviews with whisky enthusiasts, and online discourses to examine the ways in which – despite whisky tasting being centred around considerable alcohol consumption - members of this group resist negative labels and construct themselves as responsible drinkers. Whisky tasting is not just a habit but is seen as a social identity. Notably, this group is predominantly made up of white, middle-class men for whom elite status is gained through the showing of knowledge and possessing rare

collectible whiskies. However, whisky tastings still involve significant alcohol consumption which would open the group to potential stigma and negative labels.

Alcohol consumption is a core aspect of this social identity and is often legitimatised through individuals highlighting an internal set of rules. To begin with, whisky enthusiasts are not drinking for the purpose of getting drunk, rather this is part of 'serious leisure' (Stebbins, 2009) and a social identity and related activity in which knowledge is shared and whisky is appreciated for the tradition and background. Additionally, this is oriented to as being a distinct culture, and within these whisky tastings there is a set of internal rules which suggest that drinking too much can ruin the tasting experience, ultimately suggesting that there is a way to drink heavily but still responsibly. In order to further legitimatise this alcohol consumption, whisky enthusiasts draw upon common moral discourse seen in public policy and the media, positioning themselves as critical of excessive teenage drinking. Rather than position themselves within this category of heavy drinkers, the whisky enthusiasts legitimise their own drinking and create a different 'other' instead which is the irresponsible drinker.

This research demonstrates how individuals have a vested interest in how they and their alcohol consumption are portrayed and will work to justify their alcohol consumption in order to negate stigmatising perceptions. There is a clear orientation to these whisky tastings being described as a specific context, activity, and culture in which there are rules which may differ to the wider social norm. Despite drinking heavily during such tasting sessions, individuals drew on other elements such as motivation, behaviour, and identity as a way to situate their drinking as acceptable and markedly different to those who drink more problematically. This lends further support to the notion that individuals will justify their behaviour based on a range of contexts, marking a clear distinction between their own and more problematic alcohol use.

As discussed earlier, excessive or problematic drinking is heavily stigmatised (Room et al, 2001; Schomerus et al, 2011) and individuals have a vested interest in ensuring they are not categorised in that group. MacFarlane and Tuffin (2010) conducted a discursive analysis of five interviews with individuals who have no personal history with alcohol use problems (although three disclosed alcohol problems in the family or working in the addictions field. Three key discourses were identified: functional drinking, dysfunctional people, and a dichotomous category. The first category of functional drinking was classified as consuming alcohol – sometimes heavily - but with limited problems. This form of drinking was constructed as ordinary and individuals consistently drew upon timing, frequency, and quantity to mitigate drinking. The second category was in diametric opposition and created a set boundary of 'us' sensible drinkers and 'others', problematic drinkers. Within this discourse responsibility was consistently deferred to the individual and they were explicitly blamed for their own circumstances following a circular pattern of reasoning; they are alcoholics because they are dysfunctional, and they are dysfunctional because they are alcoholics. In the final discourse, this group of 'others' were divided into a dichotomy. One group were functioning alcoholics who were relatively tolerated and accepted. Alternatively, other alcoholics received explicit criticism and were aligned with more negative stereotypes of alcoholics as being dysfunctional 'drunken bums on the street'.

Overall, the research identified a general intolerance towards alcohol problems. As part of this intolerance, individuals worked to create a social separation between themselves and those with alcohol use problems. Through constructing this distinction, this allowed individuals to discuss dysfunctional drinking behaviours which were justified and acceptable. As such, it demonstrates that there is a persistent orientation in interaction

towards 'othering' those who drink excessively whilst justifying one's own drinking as legitimate, even if also quantitatively heavy.

It should be noted that this research was conducted based on a small sample of interviews. However, this research centred around a general sample gathered through snowball sampling and was not focused on a particular sub-set of the population such as gender, age, or university students. Therefore, this provides insight into some of the more general population perspectives that may be reproduced in my own research. Additionally, the findings of this more general – albeit limited – sample, aligns with findings from other research which focuses on more specific sub-sets of the population. As such, this particular research helps to strengthen the link between studying both the general population discourses alongside the more specific and focused sub-samples as seen in the research studies below.

As mentioned, there is other discursive research surrounding constructions of acceptable and problematic alcohol use, but much of these centres on specific groups of the population. One such focus has been older adults. This is a particular age group of concern currently across a number of countries. Statistics show that middle and older adults' drinking and alcohol-related social and health harms has been increasing in both Nordic countries (Tigerstedt et al, 2020) and the UK (NHS Digital, 2017; ONS, 2019), where the studies below are based. As such, there has been an increased focus on understanding this age groups' drinking practices, including considering the attitudes, motivations, and justifications surrounding these drinking behaviours.

Further justification work was considered by Tolvanen and Jylhä (2005) who completed a discourse analysis of 254 interview transcripts from life stories with those 90 or over in Finland from 1995-1996. Alcohol was mentioned in 181 (71%) of these interviews and was largely constructed as a moral and gendered issue. As alcohol use was constructed as a

moral issue, individuals sought to portray themselves as a moderate and decent person. This was mainly done through justifications and comparisons. Comparisons were drawn against others who were referred to vaguely, as 'them', 'they' or 'others', often individuals who drank in a more excessive and arguably problematic way.

More specifically, individuals worked to create justifications for their alcohol consumption. There was a strong focus on medicine and health. Individuals often minimised their drinking, describing themselves as drinking 'a few' and related to this to GP advice, highlighting that they are conscious and responsible for their own health. Furthermore, some individuals suggested a causality between not drinking or drinking moderately with longevity and highlighted that moderate alcohol use reflected their commitment to their own health, therefore a responsible activity. Finally, when discussing moderate drinking, participants also situated this within social interaction. In these circumstances drinking with highlighted as an occasional activity and also something that was acceptable due to the fact that others were also drinking. Throughout these life stories, alcohol was treated as a 'delicate and moral' issue. Within this study, participants oriented to the morality of alcohol and were particularly focused on portraying their own behaviour as within the social norm. As such, this provides further insight into how alcohol use is conceptualised in society around notions of decency and responsible citizens.

Looking again at older adults, Gough, Madden, Morris, Atkin & McCambridge (2020) explored justifications for drinking amongst older drinkers (aged 41-89), an age group directly below that considered by Tolvanen and Jhylä (2005), but equally within the category of older drinkers currently causing concern. Through discursive analysis of 25 interviews, they found a central concern amongst interviewees with portraying themselves as good citizens who were in control of their alcohol consumption. The discursive analysis found four key elements that were consistently drawn upon: strategic vagueness,

downplaying drinking as a mundane practice, reinforcing responsible restraints, and self-serving comparisons.

Firstly, participants were often vague in their descriptions and hinted at low levels of consumption without any specific details, such as using a 'few' or a 'couple'. Drinking was further minimised through downplaying their consumption by linking it to routine practices such as watching tv and having dinner. Within this discourse individuals used minimising language ad situated their drinking at attached to commonplace everyday activities in order to construct it as a routine practice. Other strategies included reinforcing responsible restraint whereby participants provided more details such as quantities consumed or strength and type of alcohol in order to minimise their drinking. Interviewees often denied drinking to excess and worked to construct their drinking as moderate. In order to help portray their drinking as moderate, participants also drew on self-serving comparisons. Often, they compared their drinking to more problematic or excessive drinking behaviours which served to create a contrast between 'us' moderate drinkers and 'them', the problematic drinkers. Overall, these various strategies were used to justify individuals' drinking as restrained, responsible, and therefore acceptable. In relation to justification work around moderate drinking this paper is particularly strong and enhances the current limited field of discursive work. Notably, the authors advocate further work which seeks to understand not just what is said, but also how.

Whilst the above two studies in particular further understanding of how alcohol use behaviours are interlinked with morality through orientations to portraying self as a responsible citizen, these both specifically focus on older drinkers. What is less clear is how well this translates to other age groups and contexts. It is clear that individuals justify their alcohol use by orienting to societal expectations, but there is limited research on how individuals justify their behaviours to their own peers and how this immediate

interactional context may impact their accounts. The authors themselves encourage further in-depth discursive work to continue building this understanding of lay discourses which may be useful for future health promotion campaigns and clinical awareness.

Justifications for unsafe drinking has also been found within younger age groups. For example, Hepworth, McVittie, Schofield, Lindsay and Leontini (2016) conducted 19 focus groups with Australian 18-24-year olds across three universities, focusing the groups on alcohol use behaviours. Within these focus groups the research first identified three themes, before analysing how the discussions were organised around these themes via discourse analysis. Firstly, participants minimised their choice, suggesting that there was significant pressure to drink. Secondly, drinking was explained as being part of the culture to which they felt pressured to conform. Finally, there were also discussions about how to resist peer pressure to drink. In the discourse analysis of these accounts, it was clear there was a pervasive orientation to this being an accountable behaviour and drew upon the above themes as a way to justify their drinking. For example, drawing upon peer pressure, lack of choice in drinking, and the environmental culture was used as a way to make their drinking justified and permissible. Additionally, participants often discussed in terms of generalised groups of people, further identifying these drinking practices as widespread, and therefore 'normal' in this context. Participants drew on social pressure to avoid taking responsibility for their drinking and ultimately mitigating potential negative judgement.

However, there were also discussions about how to resist peer pressure and this was found more often in accounts of their own personal drinking, rather than discussing general groups. In these instances, their decision to not drink alcohol was considered an individual choice of going against the cultural norm in that environment, whereas to drink was described more as conforming to this norm in which non-drinking is seen as problematic or unusual, leading to negative consequences and social pressure. This

research again highlights how individuals can draw upon discursive resources in order to justify their drinking as permissible and appropriate given certain circumstances. This also starts to consider how the alternative behaviour of not drinking can become relevant in discussions about alcohol use. As non-drinking is equally often viewed negatively as outside the social norm, these negative consequences for abstaining can also be used as a way to justify drinking practices, further making relevant exploring accounts surrounding non-drinking in addition to drinking behaviours.

As discussed by Hepworth et al (2016), universities are often settings where drinking is highly visible and heavily ingrained into the culture. As such, further research has also focused on this particular setting. In their study, Piacentini, Chatzidakis, and Banister (2012) began with five focus groups of UK undergraduate students who self-identified as heavy drinkers, further corroborated through focus group questions about consumption quantity. Although not discursive research, a thematic analysis drew upon neutralisation theory (Sykes and Matza, 1957) and identified clear techniques of justification for alcohol consumption. Three neutralisation techniques were highly prevalent: denial of injury, appeal to higher loyalties, and denial of responsibility.

First of all, individuals would deny that anybody suffered from their alcohol consumption. Secondly, participants would prioritise the positive consequences of drinking, such as increased confidence and self-gratification effects, over any negative consequences. Finally, individuals deferred responsibility, notably citing social expectations, retail and marketing, and also how alcohol has been socialised into their family environment. In addition to these neutralisation techniques, individuals drew on comparisons to other stereotypical groups and more harmful behaviours, as seen in previous research above, and justification by postponement in which they cite this as a rite of passage and suggest a change of behaviour in future. Ultimately, these techniques do

not deny their heavy consumption, but provide justifications as to why it is acceptable and should not be viewed negatively or with a stigmatising view.

In the above studies, focusing on both older (Tolvanen & Jhylä, 2005; Gough et al, 2020) and younger adults (Piacentini et al, 2012; Hepworth et al, 2016), there has been a clear orientation to individuals justifying their alcohol consumption. Within these studies individuals do not seem to deny their drinking, rather provide accounts which work to justify their drinking as permissible. There was also a strong sense of 'othering' in which individuals sought to distance themselves who drink in a problematic manner. Overall, this indicates that drinking alcohol is an accountable behaviour and individuals often work to justify their consumption. However, these studies were a few of a very limited field, and all advocated for the use of further discursive research to understand how such justifications are provided across various other contexts and settings.

1.6.4 Justifying non-drinking

In direct contrast to excessive drinking and the increase of alcohol consumption in older adults, the number of individuals – particularly young adults – choosing abstinence or generally reducing their drinking has been considerably increasing recently (Oldham et al, 2018; Fat et al, 2018; NHS, 2018b). There have been many studies on reasons as to why people choose to abstain or limit their drinking, often suggesting motivations such as upbringing or religious reasons (Goodwin, Johnson, Maher, Rappaport, & Guze, 1969; Bradby, 2007; Epler, Sher, Piasecki, 2009), and health reasons (Tolvanen & Jylhä, 2005; Nairn, Higgins, Thompson, Anderson, & Fu, 2007). As not drinking is considered socially risky, the Regan Attitudes towards Non-Drinkers Scale (RANDS) was developed to test the concept that individuals are motivated to drink alcohol in order to resist negative social

consequences associated with non-drinking. A test of the scale carried out with 430 students across Irish secondary schools identified that the scale was a significant predictor of risky drinking behaviours. Again, this suggests that understanding attitudes towards non-drinkers and how these negative perceptions are oriented to are an important aspect for the alcohol field. Whilst much of the previous work has focused on how drinkers work to justify their consumption and construct it as moderate and reasonable, there is an increasing body of work which orients to the need to justify not drinking.

Thus far, the discussed literature has primarily focused on accounts of drinking, whether that be moderate, heavy, or problematic. However, in seeking to understand the general societal perceptions towards alcohol use, it is equally important to consider light and non-drinking. In a society where drinking in moderation is the social norm, to not drink alcohol is seen as unusual and requiring explanation (Paton-Simpson, 2001; Emslie et al, 2012; Bartram, Eliott & Crabb, 2017; Romo, 2017). As such, research has begun to delve into this lack of consumption to understand how individuals account for unusual behaviour on the lower end of the alcohol spectrum.

Whilst Piacentini et al (2012) studied accounts of those who drank heavily, they also explored individuals who abstain or nearly-abstain, conducting nine interviews with individuals from the same university. Whilst heavy drinkers drew on neutralisation techniques, abstainers provided counter-neutralisations. Rather than using such techniques to create an 'us' and 'them' group and distance themselves, they used these techniques to challenge the negative perceptions of not drinking, whilst remaining part of the mainstream student culture in which alcohol consumption is the norm. Abstainers appear to perceive themselves as more responsible than their drinking counterparts, and in direct opposition to the heavy drinkers highlight specific instances of injury as a reason to not drink. Whilst the drinkers prioritised positive experiences as a justification for

drinking, the abstaining group referred to positive relationships and values such as saving money, academic attainment, and spending time with family and friends rather than drinking. Finally, the abstaining group pre-empted potential negative views by pointing to instances of embarrassment caused by alcohol use, serving to delegitimise those who may criticise their choice not to drink. Overall, those who abstain took a compromising position and discussed positives of not drinking as outweighing negatives of alcohol use.

In summary, this research explored the way neutralisation theory and subsequent counter neutralisation techniques can be used by those who drink heavily and also those who abstain. This demonstrated how such discourses can be drawn upon for different purposes and arguments across a large spectrum of alcohol consumption. Through uniquely considering both heavy drinkers and abstainers, this provides a useful insight into the interplay between the two groups and highlighted that both groups oriented to potential stigma as a result of their very different consumption habits.

Further research has focused specifically on this group of light and non-drinkers to explore the justification discourses that are available in accounting for this lack of consumption. Nairn, Higgins, Thompson, Anderson, and Fu (2006) completed a study which specifically focused upon non-drinkers from a discursive viewpoint. Through 39 interviews with final-year high school students in New Zealand, Nairn et al (2006) explored how individuals construct a social identity without drinking alcohol. The first strategy was to create a legitimate alternative subject position, often drawing upon sport, health, religious and/or cultural reasons. These identities helped students as non-drinking was not an outright rejection of norms of alcohol consumption, but a rejection based on other well-established norms, thus allowing students to construct a legitimate and meaningful non-drinking identity whilst occupying the same space as drinkers. Secondly, students would change their social environment and rather than attend large parties where alcohol

may be consumed, would prefer to spend time with friends with board games and in cafés. Students rejected the association of drinking alcohol with having fun and instead provided examples of fun whereby alcohol was not the central component.

A third strategy was much more explicitly against alcohol norms and considered alcohol as abject and loathsome. Negative descriptions of alcohol use and negative consequences were provided which worked as a way to justify why students chose not to drink. Within this strategy individuals more explicitly constructed their identity as a non-drinker, drawing upon negative consequences of drinking as a legitimate justification for this identity. Finally, a number of students chose to 'pass' as a drinker. Using similar approaches as seen in other thematic studies, they may choose to drink one alcoholic drink lasting all night or a non-alcoholic drink which may pass for alcohol (Bartram, Elliot, & Crabb, 2017). This allowed students to continue to subvert the norms of drinking alcohol whilst being protected from being noticed and questioned about their rejection of alcohol norms. Ultimately, there were a range of approaches individuals took, some students were more explicit in their non-drinking identity and some may mitigate these positions, whereas others chose to effectively hide this from their peers as a result of the heavy stigma at stake.

Thematic research by Bartram, Eliott and Crabb (2017) on 16 interviews with individuals who had significantly reduced their alcohol consumption identified that not drinking was linked to perceptions of violating expectations around drinking. However, there were some reasons for not drinking were readily accepted, such as driving, health reasons, and charity campaigns in which individuals were able to reduce their consumption without being seen as a threat to group integrity. Follow-up discursive research focused specifically on these health campaigns. Bartram, Hanson-Easey and Eliott, (2018)

considered how individuals partaking in the temporary abstinence campaigns Dry July and OcSober were constructed via discourses.

The pressure of alcohol culture is particularly highlighted by the way individuals are described as 'Dry Heroes' and the experience portrayed as a 'challenge'. This notion of challenge was further highlighted in preparing for the campaign where it is referred to as a 'gruelling marathon' and emails sent to individuals are positioned as mentors offering support. There is particular focus within these emails about how to navigate difficult temptations in their environment such as weekends and temptations from friends. Once the campaign is over, individuals are portrayed as transformed, both in terms of their health and their drinking habits. They appear to have gone through a difficult challenge which has changed them, their ways of thinking, and their behaviour as a result. Ultimately, individuals who abstain from drinking for a month are portrayed positively and as being selfless, sensible, and of good moral standing. To drink responsibly and moderately is considered as adhering to moral principles of society and heralded as something worthy of praise. This further demonstrates how alcohol use (as part of a healthy lifestyle) is interwoven with notions of acceptability and societal judgement and non-drinking is more widely constructed as something requiring explanation.

As discussed above, there are a number of studies where drinking is discussed as so culturally normative, that to not drink is considered unusual and deviant (Paton-Simpson, 2001; Emslie et al, 2012). Previously, research has focused primarily on how excessive alcohol use is discussed. However, the research above has highlighted that non-drinking is also viewed as outside of the social norm and held accountable by others. Furthermore, non-drinking rates are rising and there is therefore an increased need to consider this group of non-drinkers as this trend increases (Oldham et al, 2018; Fat et al, 2018; Holmes et al, 2019). Of the currently limited research focussing on non-drinkers, these

predominantly focus on younger adults, particularly within college or university settings where the drinking culture is further embodied (Romo, 2012; Conroy & de Visser, 2013). As such, this field of research about light or non-drinking is currently under-developed and there is scope for further research. Much of this research on light or non-drinkers tends to focus on the reasons provided, rather than considering the in-depth detailed discursive analysis of how such accounts are provided. Particularly as statistics show abstinence increasing, it's important to consider how such accounts for light or non-drinking are provided and how these may change over time and across contexts.

1.7 Limitations of previous research

Whilst the above research studies have provided critical background insight for this current research, there are also a range of limitations across the studies. Most notably is the quantity of studies available. Attitudes towards alcohol has often been explored through the use of more positivist methods which focus on experimentally derived attitudes (MacFarlane and Tuffin, 2010). However, analysis in the above discursive research studies has identified how important and relevant discursive methods are to this focus of alcohol consumption. In particular, Tolvanen and Jhylä (2005) identified that individuals drew upon culturally shared meanings to discuss and justify their own alcohol use. As such, from exploring individual accounts for alcohol consumption, this provides insight into wider societal perspectives. Despite this clear relevance, there were relatively few articles which employed a discursive approach to studying the way in which alcohol use is accounted for and discussed.

Out of the relatively limited DA and DP studies discussed above, it is apparent that there is a growing body of interview-based analysis. There were some examples of focus

groups (Piacentini et al, 2012; Hepworth et al, 2016), the majority of research that focussed on how individuals discuss alcohol use utilised interview data. Whilst this previous interview research provides useful insight into how individuals make sense of and justify alcohol consumption, it's notable that this is a specific interactional context between an interviewer and interviewee. Within this setting, knowledge and meaning is collaboratively constructed between the two interlocutors (Speer, 2002). Therefore, these interview settings are particularly liable to interviewer influence (Hepburn & Potter, 2005). As such, this research aims to gather interactional data which – although not necessarily fully natural - is more removed from the specific interview context which has been primarily used thus far.

In addition to there being a particular focus on interview data, there is only limited research surrounding text-based materials. Of those which do analyse text-based materials, they tend to focus on either policy documents (Lucas, 2004; Abrahamson & Heimdahl, 2010), newspapers (Törrönen, 2003; Ólafsdóttir, 2012; Hellman, 2017; Calnan et al, 2018) or magazine portrayals (Edelheim & Edelheim, 2011). Whilst these are important and valid areas for research, there is a much wider scope of text-based materials which can be considered. Particularly with the internet becoming more accessible, text-based documents on a broader spectrum are much more widely available. As online text-based materials are the most publicly available and therefore easily accessible sources (Moreno & Whitehill, 2014), it is crucial to add to this literature to understand the way alcohol use is portrayed to a substantial audience.

Additionally, there appears to be very little, if any, research that considers all the different varieties of text-based materials alongside each other. Whilst there is research from many different sources and perspectives, the lack of studies comparing multiple different sources restricts the ability to analyse how discourses are similar or differ based

upon author, audience, and agendas. This restriction to one source type is a major limitation within these research studies and increasing the focus to include a range of sources, both text and interaction, would help to further develop understanding of alcohol discourses in public texts and the linguistic resources that people have shared access to in understanding and explaining alcohol use (Bailey, 2005; Day et al, 2007). The field in general would benefit from research that considers multiple sources written by and designed for different audiences, allowing for more comparative work.

It is also noticeable that throughout the literature review, much of the discursive research has been conducted in the US, Australia, and Northern European countries. There has in recent decades been a significant shift in the way alcohol use is regulated in Northern Europe, making it more accessible and affordable and therefore a key focus for research to understand how this may have affected drinking styles and societal notions of acceptability. Despite Nordic countries retaining a government monopoly on alcohol use, Nordic countries are described as having a similar drinking style to the UK. That is, they tend to be characterised by irregular but high-bingeing and a tolerance for drunkenness (Bloomfield, Stockwell, Gmel & Rehn, 2003; WHO, 2012). From the 1970s onwards, the UK and Nordic countries were the only ones where alcohol consumption increased, whilst the remaining EU countries continued at a stable level (WHO, 2012). Therefore, the accounts and justification work that has been found as prevalent within research in Nordic countries is directly relevant to the UK, but only limited UK based research was found throughout the literature search. Of the UK research that was considered, this was often using non-discursive methods, focusing on heavy drinking, and often with either a gender or age focus. As such, there is a significant gap for understanding the discourses that are available in the UK specific context.

Additionally, there has been a clear focus on studying a particular subset of the population. As much of the above literature has identified clear differences in the way in which alcohol use is reported based upon gender (Lucas, 2004; Day et al, 2007; Edelheim & Edelheim, 2011; Patterson et al, 2016), and different age groups perceive and justify alcohol consumption (Tolvanen & Jhylä, 2005; Nairn et al, 2006; Piacentini, 2012; Gough et al, 2020), it is entirely understandable that these populations have become a key focus for research. Whilst all of the above populations are valid foci, there appears to be limited research considering discourses of alcohol use from the more general population as a whole, providing a more complete representation of societal views towards alcohol consumption. An exception to this was the research by MacFarlane and Tuffin (2010) who focused on a more general population sample but did so with a particularly small sample size of five interviews. Drinking cultures are not homogenous and it is necessary to understand drinking attitudes and practices of sub-cultures. However, these sub-cultures should also be understood in relation to how they interact with wider societal drinking norms, providing an understanding of the drinking cultures at both macro and micro levels (Savic et al, 2016). My current research will build upon previous research which focuses on specific sub-sets of the population and align with the broader scope of MacFarlane and Tuffin (2010) but on a more substantive scale. Through this approach, the current research aims to represent perspectives from both professionals and the general public, and across a range of different contexts to ensure there is both a nuanced and a broader level understanding of how accounts for alcohol use are utilised.

Most research appears to focus upon how heavy drinkers construct their drinking as moderate and acceptable. There is a general sense within the research studies that drinking is the normative behaviour and not drinking is largely viewed as deviant. However, there are only a limited number of research studies which have explored not drinking.

Once again, of those few studies, many focus on young adults – often university or college – due to the increased cultured normativity of drinking within this environment. Firstly, this research centres around considering problematic alcohol use, moderate alcohol use, and also non-drinking. It does not do justice to the complexity of alcohol use behaviours and related discourses to focus only on moderate alcohol use or heavy drinking. As such, the research seeks to consider discourses that available for discussions around all types of alcohol use and will interrogate how these different consumption patterns may or may not draw upon similar or different discourses in accounting for these behaviours.

Whilst this current research cannot explore all the available discourses used to discuss the complexities of the alcohol use spectrum and related attitudes, it can widen the current knowledge within the field. Given the context of a population level harm reduction approach in current alcohol policy in the UK, it is appropriate to explore the discourses available at this broader population level, instead of focusing on pre-determined groups. Rather than studying particular sub-sets of the population, whether that be age, gender, background, or drinking behaviour, this research seeks to broaden current understandings by first exploring the broad population level discourses surrounding alcohol use and how they interlink across various contexts, before considering how these wider discourses are made relevant within micro-level interactions.

1.8 Research aims and questions

Alcohol is a substance with a double standard. For those who drink moderately it is viewed as a positive social enhancer. In contrast, those who develop alcohol use problems are heavily stigmatised and viewed as irresponsible (Crisp et al., 2000; Macfarlane & Tuffin, 2010; Spracklen, 2013). Any behaviour in society is open to judgement, including alcohol.

As drinking is a highly visible and subjective choice, it is particularly exposed to moral judgement. To drink alcohol socially in moderation is seen as socially sanctionable, but to drink excessively is considered deviant, irresponsible, and an accountable behaviour. However, this boundary of socially acceptable drinking is based upon ever-changing societal norms and therefore ill-defined. These perspectives about what consumption behaviours are deemed acceptable are shared through language, both written and verbal. Given that popular opinions about alcohol can shape how alcohol use is viewed within society, it is important to explore common descriptions and accounts that are available to discuss alcohol use. This will provide insight into how the social norms surrounding alcohol use are negotiated and how individuals justify their consumption in relation to such norms, situating their drinking – or lack of – as within socially define notions of acceptability.

This research identifies prevalent explanations that are available across multiple sources, for different audiences and from different perspectives. Ultimately, this will provide a comprehensive understanding of how alcohol use is depicted and how these perspectives are shared through discourse. Through understanding the discourses that are available this will provide insight into how alcohol consumption behaviours interact with societal notions of acceptability.

The overarching aim of this research is to understand what discourses are drawn upon in discussing and accounting for different types of alcohol use within the UK. In order to address this aim, it is important to identify what and how discourses are drawn upon across both the macro and micro level contexts and across the spectrum of alcohol use behaviours. To do so, there are a number of specific research questions that will be addressed to meet this research aim:

1. What are the prominent discourses available within UK society to account for alcohol

use problems?

2. How do individuals locally negotiate the boundary between problematic and socially acceptable alcohol use?
3. How do individuals disclose and account for limited drinking or abstinence?

In answering these three research questions, this will they lead to a nuanced understanding of the discourses that are available to discuss alcohol use from across the spectrum of alcohol use behaviours. This will also provide insight into the ways in which society reacts to various alcohol use behaviours.

1.9 Chapter summaries

This thesis is organised into eight chapters, each covering a discrete element of the research. This first chapter has provided a comprehensive overview of the relevant literature, including both the general background and specific discursive literature on accounts. I first discussed the state of alcohol use within Western culture - moving on more specifically to focus on the UK - including statistics and perspectives related to both moderate and problematic consumption. I then considered some of the leading theories that have been proposed to account for alcohol consumption. Particularly relevant to alcohol use is the way language is used to share perspectives across society. The importance of this focus on language was introduced as a foundational element of this current research before relevant discursive research was reviewed. This provides an overview of discursive alcohol research in order to situate the current research within the wider field and provide an empirical rationale behind this particular project.

Within Chapter Two, the epistemological framework of social constructionism and language will be further explored. This will lead to considering a range of various methods that could have been utilised for this project and some of the benefits and challenges in using the discursive approach. Throughout this chapter, the strengths and limitations of the discursive approach and how this factors into the data collection methods will be discussed. Chapter Three will build upon this epistemological framing in order to further develop the methods used within the first study of this thesis which is a CDP analysis of online text documents. The chapter provides a detailed description of the method including sampling, data collection, and analysis. Throughout each section I will highlight some of the key challenges and benefits with the method and justify the choices made with reference to both theoretical and pragmatic considerations. Finally, I will consider the steps of the analytic process that were taken. Chapter Four will focus on the analysis of the online text-based documents. This chapter is organised around four main discursive findings; pervasive construction of moderation as a social norm followed by three accounting discourses of individual responsibility, culture and policy, and medical disorder.

Moving on from Study One, Chapter Five will detail the methods taken within Study Two and Study Three. These two studies address the second and third research questions above through a shared dataset, both taking a DP approach to analysing interactional data. Similarly to Chapter Three, this chapter will refer back to the epistemological underpinnings and provide detailed information about the sampling and data collection strategies used in relation to the world cafés and focus groups. This also includes a description of the DP analytic process.

Chapter Seven comprises the analysis from the second study in this project, and the first analytic chapter from the interaction data. This chapter will focus on how social acceptability of drinking regularly and/or heavily is negotiated within local contexts. A

number of discursive practices will be considered, including the use of contrasting categories, and normalisation through citing context and building script formulations. Throughout this chapter, there will be a clear exploration of the ways in which individuals seek to portray their behaviour as normal and justified, orienting to potential negative judgement for their personal consumption.

Analysis from the third study is provided in Chapter Eight which focuses on accounts from those who abstain or drink very little. As alcohol use is so heavily normalised within UK culture, to not drink regularly can be considered a deviant act and requires explanation, just as heavy drinking. However, there is as extra layer of justification within this chapter as individuals must orient to the potential that they may be judging those who do drink. This will first explore this additional justification work before moving on to consider the practices used to justify their limited drinking. These strategies included citing responsibilities and drawing upon personal preferences.

The final chapter is the overall thesis discussion in Chapter Nine. To begin, the discussion will first revisit the research rationale and aims before providing a summary of the individual analytic findings. I will then continue to draw together the analytic findings in order to understand how these relate to each other as one coherent project. The findings of this thesis will also be considered in relation to the relevant literature and wider field of research as well as considering the implications of these findings. Finally, I will discuss limitations with the current research and directions for future research. Overall, this thesis uses a discursive lens to provide novel insight into the ways individuals account for alcohol use across a range of contexts, contributing both to research literature and also direct applied benefits.

As discussed, this chapter has provided an overview of the relevant background literature for this current research. The following chapter will consider the epistemological

perspectives which underpin this research. This epistemological framework and the research limitations discussed above will both guide the research methods utilised in order to effectively answer the research questions.

Chapter Two: Epistemology and studying language

As this research is taking a Discursive Psychology (DP) approach, it is conducted within a social constructionist framework. Social constructionism is the epistemological position underpinning the project as whole, including both the methods and the analytic approach. Within this chapter I will introduce the concept of social constructionism and explain how it underpins the DP approach taken within this thesis, considering of a wide range of relevant disciplines (2.1). I will discuss the methodological considerations within a discursive project and how this informed my choice of methods (2.2) and data collection (2.3) alongside functional reflexivity (2.4). This chapter aims to provide a clear overview of the epistemological stance of the project and the rationale behind taking a DP approach, creating a coherent project for researching the language of alcohol use.

2.1 Social constructionism

Social constructionism is the relativist concept that knowledge is created through our social environments, language, and interactions, rather than being a product of objective reality (Burr, 2015). Unlike the traditional psychology approach of positivism in which researchers seek to find objective and generalisable truth (Leahey, 1992; Breen & Darlaston-Jones, 2010), social constructionism argues that such truth is relative and socially constructed through language (Edley, 2001a; Burr, 2015; Locke & Budds, 2020). This is not necessarily to deny that there is such a thing as an objective existence, but this perspective argues that reality is experienced differently. A particularly common objection to relativism is to invoke concepts for which existence cannot be refuted, such as furniture or death (Edwards, Ashmore & Potter, 1995). A table objectively exists and often a physical

gesture of hitting the item is used to further emphasise this point. However, this argument misunderstands a key element of the social constructionist perspective. Social constructionists are not interested in arguing that the item is not real. Rather, a relativist viewpoint would instead ask what defines that item as a 'table'? There are multiple individual components such as legs, top plank of wood, and even screws and any one part would not constitute a table. For example, a single screw would not inherently be identified as a part of a table, unless it was provided in a set for building a table. In such a case, the context identifies this item as being part of a table. Similarly, whilst a table is an easily recognisable object and there is a common-sense understanding of a table within our society, if this item was taken to another society developed independently of our own culture, would they recognise this as a table and use it in the same way? Within our culture there is a shared understanding that tables can be used for a number of things such as working at and eating off, and even then can be further categorised as office desks and dining tables. It is not just the physicality of something – in this case the table – but the common-sense understandings that are culturally shared which identify this is a table and the rules of its use. Thus, social constructionism does not deny the existence of items, concepts, and realities, but suggests these understandings of what items are and how they are used are socially created rather than being an objective truth (Edley, 2001a). Therefore, social constructionists are concerned not by what knowledge *is,* but *how* this knowledge is built through culturally shared understandings.

Within the epistemological framework of social constructionism there are ranges of methods, each of which attempt to unpick the social processes which construct knowledge. A particularly dominant focus is the impact of language and how this is used to construct certain versions of reality. The emergence of social constructionism and focus on language is rooted in a number of different disciplines ranging from philosophy to

linguistics, each of which will be discussed below to provide a comprehensive understanding of the fundamental assumptions which have led to the emergence of DP.

2.1.1 Philosophy

Initially social constructionism was primarily a philosophical consideration. When social constructionism was first developing there was a trend towards positivism and seeing language as a fixed system for reflecting events (Gergen, 1985). Throughout the 20th Century this shift in philosophy was known as the 'linguistic turn', in which it was suggested that there is a close relationship between philosophy and language (Rorty, 1967). A key philosopher in this area was Wittgenstein and his title *Philosophical Investigations* (1953) was published posthumously. In this work he proposed "the meaning of a word is its use in the language" (Wittgenstein, 1953, remark 43), indicating that language is not simply reflective, but language has function and is used to *do* things. Wittgenstein took this a step further to discuss how language is interrelated to our everyday reality. Wittgenstein argued that people engage through socially shared understandings which are also built through language. For example, whilst acknowledging that people do have thoughts and feelings, as soon as these are spoken out loud then they have been translated these into something tangible, to which both participants of the conversation have a shared understanding (Wiggins, 2017). Therefore, language cannot be separated from reality but the two are consistently interlinked, both constructing and being determined by one another. Ultimately, Wittgenstein began to question the existing theories of connection between language and reality, a philosophical consideration that remains at the foundation of discursive approaches.

Building on Wittgenstein's work in a similar timeframe, Austin developed the Speech Act Theory and challenged the mainstream positivist view. Specifically, he took issue

with the idea that if a statement cannot be proved then it must be dismissed as meaningless. In contrast, he argued that all statements are of relevance as they all induce specific actions which he termed 'illocutionary force' (Austin, 1962). Initially this took the form of two distinctly different categories of utterances; constatives which *say* things, and performatives which *do* things. However, Austin later proposed this was a false dichotomy as both these types of utterances say *and* do things and therefore all language should be considered for its illocutionary force (Potter & Wetherell, 1987). Again, the theory underpinning Austin's perspective was that language was a tool, used to perform specific social actions. Philosophers were starting to argue that language is not a natural resource used objectively to communicate but is a key resource for action which can – and should - be studied in order to understand our subjective realities. The linguistic turn served to shift philosophy from a positivist trend towards a more social constructionist viewpoint of language, building the foundations for the method of DP, amongst others.

2.1.2 Linguistics

As discussed above, philosophy was shifting towards focussing on language and its functionality. Linguistics as a field directly focuses upon language and its structure and was also beginning to reconsider some of the most fundamental assumptions of language in the 1960s. In a time of heavily positivist and behaviourist research, Chomsky was aiming to develop a set of rules which are used to create grammatical structures in language. Chomsky aligned with the more cognitive tradition rather than the ongoing shift to social constructionism. It was Chomsky's belief that these rules are representative of cognitive systems and may well be innate rather than learned.

In his work, Chomsky argued for a distinction between the ability to produce grammatical sentences and the production of certain sentences in specific contexts (Potter

& Wetherell, 1987). Similar to how much of philosophy suggested unprovable statements should not be considered, Chomsky preferred to not engage with the messiness of language and human interaction, viewing the complexity (including timing and intonation) as too disordered to be studied as a consequential and performative action (Edwards & Potter, 1992). In accounting for the messiness of language which may not fit within his developed set of rules, Chomsky attributed this to the competence of the individual and their knowledge of language (Chomsky, 1965). Chomsky's view of language was rooted in a cognitive perspective and he did not consider it an explicitly social practice (Edwards & Potter, 1992). Although Chomsky's approach to language, its structure, rooting, and purpose differs radically from that of discursive psychologists, it contributed to this reorientation of identifying language as a phenomenon to study systematically. Chomsky's approach is radically different to that of discursive psychologists today, particularly in terms of the cognitivist stance and oversight of the complexities of language. However, it provided a platform to build upon and for DP to emerge as a method for studying language not from a cognitivist point of view and based on speakers' intentions, but as a performative social action which constructs reality.

2.1.3 Sociology of Scientific Knowledge

A linked and significant foundational influence for DP was also that of sociology, specifically research around Sociology of Scientific Knowledge (SSK). The particularly prominent scholars in this area - Berger and Luckmann – were heavily involved in the development of social constructionism and introduced the term with their 1966 book *The Social Construction of Reality.* Berger and Luckmann considered language and knowledge from what was a distinctly philosophical perspective and crossed disciplines to bring this concept to the forefront of sociology. Within their seminal text, Berger and Luckmann

proposed that reality is not objective, but that our reality and descriptions are constructed by social organisation and practices (Potter, 1996). They further advanced this move towards studying language through suggesting that language is used to communicate meaning, typify experiences, and is essential for understanding the reality of everyday life (Berger & Luckmann, 1966, p52). This discussion of social constructionism was directly tied to SSK and how people understand reality, the very aim of social constructionists. This marked a radical shift in thinking in sociology and began to bring social constructionism out of a primarily philosophical tradition. Instead, Berger and Luckmann advocated for studying social constructionism from a sociological viewpoint, with far-reaching implications for social science in general, including psychology.

Influenced by Berger and Luckmann, a number of studies were conducted in the 1970s based upon the principles of SSK being a 'social enterprise', arguing that knowledge and reality are combined, rather than separate (Wiggins, 2017). Whilst much of science at the time was concerned with what was true and objective, gradually more scholars argued that this was problematic and social scientists needed to adopt a relativist stance (Potter, 1996). Moving away from the more positivist tradition sociologists began to consider the very construction of knowledge and pushed forward this idea of studying language as an action for constructing reality. For example, Gilbert and Mulkay (1984) found that scientists used two competing forms of explanation or repertoires to construct findings as either objectives facts or as a result of competing scientists' personal bias and motivations. This showed that even scientific findings - which were previously considered highly factual and objective - could be constructed for certain purposes and was therefore relativist to some extent. This research on repertoires remains a central tenet of DP work to date, illustrating that the merging of this philosophical shift into sociology and the reorientation to studying language as action was a crucial step in advancing towards DP.

2.1.4 Ethnomethodology and Goffmanian Sociology

Within sociology, the ethnomethodological perspective has had a major influence upon DP Academics within this tradition study the 'social fact' with a particular focus on how this is created, described and transmitted (Garfinkel, 1967). Furthermore, Garfinkel identifies ethnomethodology as "the investigation of the rational properties of indexical expressions and other practical actions as contingent ingoing accomplishments or organised artful practices in everyday life" (1967, p11). More simply, it refers to studying the mundane actions of individuals and the rules, routines, and norms they use to go about their everyday activities. These actions that we may see as 'normal' or common-sense are viewed as specific performative choices. In particular, Garfinkel focused on disrupting this everyday behaviour through 'breaching experiments' to see what happens when this normative order was broken. The logic behind such experiments was that it demonstrates the structure of taken-for-granted reality and shared common-sense knowledge present within reality (Gregory Jr, 1982). The very nature of 'normal' activities was something seen as problematic and worthy of study. Disrupting these events uncovered ways in which these norms are maintained through specific social actions. As such, the concept of how specific realities are created and maintained became something worthy of study, much as DP academics study how language constructs realities.

A second key figure related to Garfinkel's ethnomethodology is Erving Goffman. It should be noted that the relationship between Garfinkel and Goffman is not without problem but is important to understand how their perspectives interlink. While their work holds distinct differences, they also share strong similarities and were reportedly inspired by one another (Hviid Jacobsen & Kristiansen, 2015). Goffman and Garfinkel both considered the micro-orientations to everyday-life sociology and how individuals draw

upon knowledge and competencies in performing everyday social actions (Maynard, 1991). However, Goffman criticised Garfinkel's ethnomethodology as too theoretically oriented, radical, and individualistic (Maynard, 1991). In response to these critiques, he distanced himself from ethnomethodology and developed his own 'Goffmanian sociology' (Maynard, 1991, p277).

Goffman was similarly interested in the ways in which reality is strategically constructed but was more focused on how individuals learnt to adhere and breach social rules as a resource for creating and maintaining social meaning (Hviid Jacobsen & Kristiansen, 2015). More specifically he considered how individuals present themselves through the micro-detail of everyday interaction (Goffman, 1956). Through this approach Goffman argued that – much as philosophy suggested all talk has action - all social interaction is a performance. Individuals perform actions in order to continue to present themselves in a particular way for a certain purpose (Goffman, 1956). He continued to study the everyday mundane interactions as a way to understand human behaviour and the way in which individuals are influenced through interactions with others. Through this particular strand of thinking, Goffman popularised some of the core underpinnings of social constructionism, ethnomethodology, and later Conversation Analysis ([CA] Attewell, 1974; Heritage, 1984). Similarly to the way Garfinkel chose to study construction and maintenance of reality, Goffman focused on specific interactional accomplishments. This led to a focus on interaction in the micro-detail, including the language used by interlocutors. Underpinned by social constructionism, Garfinkel and Goffman had the effect of furthering the rationale for studying everyday instances in micro-detail, including considering the role of language.

Within each of the areas described above, social constructionism has developed as a fundamental concept that reality is subjective and constructed through language. As this

approach gathered in popularity there was growing acknowledgement about the need to study language as a functional tool in constructing reality and performing social actions. With these principles in mind, a number of key methods emerged to systematically study the use of language in both every day and institutional practice.

2.2 Studying language

2.2.1 Conversation Analysis

A central method for studying the micro detail of verbal interaction is that of CA. Harvey Sacks was a student of Goffman and was heavily influenced by this ethnomethodological approach towards interaction. However, Sacks strongly disagreed with the traditional linguistics view that language was too disorganised to benefit from in-depth analysis. Instead, Sacks – aligning with the changing perspectives discussed above, particularly Austin who was developing Speech Act Theory at the same time - believed that there was order and structure within interaction and founded CA in the 1950s alongside Schegloff and Jefferson. Although there were other approaches to studying interaction, such as Austin and Chomsky, CA took an ethnomethodological approach and was the first to study real-life settings rather than invented examples (Wiggins, 2017). CA was based on three core principles; all talk has an action, talk is locally and contextually built, and all talk is ordered (Hutchby & Wooffitt, 2008). All talk, including 'accidental' or 'irrelevant' speech was worthy of study (Wooffitt, 2005). CA does not attempt to make cognitive assumptions about speakers and whether speech is accidental or not but focuses on what was said and how this impacted the interaction. For example, an individual may cough, and this could be argued to not be a part of speech, but if it is oriented and responded to by another speaker, then it is contextually relevant to the interaction. CA argues that such moments

should not be filtered out of interaction but should be preserved. To fully capture the detail of speech, Jefferson developed a transcription system which uses various symbols to denote features of the talk (Jefferson, 2004). Not just what is said, but *how*, including intonation, prosody, and sequence. Through this detail, CA is able to systematically analyse the detailed organisation of communication at a micro-level. Built upon the concept of social constructionism, CA managed to combine the perspective that language is worth studying with the ethnomethodology perspective of studying the everyday, creating a unique method for exploring talk-in-interaction in micro-level detail.

2.2.2 Discursive Psychology

As a method, DP falls under the umbrella term of Discourse Analysis (DA) which is a group of methods that also focus on the study of language. On one side of the spectrum approaches such as Critical Discourse Analysis (CDA) and Foucauldian Discourse Analysis (FDA) seek to study discourse on a more macro or socio-political level (O'Reilly, Kiyimba, Lester & Edwards, 2020). For example, such methods may focus on power structures within society and how language reveals and sometimes reinforces these structures (Wiggins, 2017). On the other end of the spectrum is Discursive Psychology (DP) and Critical Discursive Psychology (CDP).

DP was strongly influenced by CA as it provided a way to study the social actions that were performed through language, using everyday interactions as a focus for study (Wiggins, 2017). It is similar in scope to that of CA and discursive psychologists and conversation analysts can be found to move between both methods with relative ease. However, whilst CA focuses specifically on the interactional elements of talk and the impact this can have on the conversation, DP and CDP are more concerned with language in a broader sense, in both talk and text.

DP is fundamentally rooted in the epistemology of social constructionism and proposes that objects cannot be separated from individuals' representations of them; therefore, it is not possible to identify an objective single reality (Wiggins, 2017). Instead, our reality is constructed, and DP seeks to understand how these versions of reality are constructed through language. Similarly to CA, DP does not argue about participants' intentions or cognitive states, rather it focuses on discourse practices and how interpretations are oriented to within data (Edwards & Potter, 1992; O'Reilly et al, 2020). DP is interested in the social organisation of talk, including content, action, construction, and variability (Potter & Wetherell, 1987). Specifically, it views discourses as performing a social action, or *doing* things. There are three core principles to DP (Wiggins, 2017). First, while discourses are carefully constructed, they subsequently construct versions of reality. Secondly, discourse is both context-dependent (i.e., talking to a friend compared to talking with a supervisor) and sequence -dependent which the discourse can be understood in relation to both what comes before and talk after. Finally, each discourse accomplishes a specific action. Through the lens of DP, there is a functional orientation to language, focusing on how discursive constructions accomplish specific social actions (Edwards & Potter, 1992). This provides detailed insight into how certain topics are oriented to and managed within interaction, but for a project that also seeks to understand more general views about alcohol use, there is a need for a wider scope in method.

2.2.3 Critical Discursive Psychology

Compared to DP, a CDP approach focuses on discourse in a slightly broader sense. CDP seeks to explain not just how a particular issue is understood within the specific interactional setting, but also in a wider cultural context (Wiggins, 2017). As such, CDP bridges this gap between the micro-detail of interaction and the macro-level of CDA and

FDA. CDP offers the opportunity to take into account wider social meanings that individuals draw upon and are made relevant in discourses (Locke & Budds, 2020). CDP places a particular focus upon three key concepts of interpretative repertoires, ideological dilemmas, and subject positions. Interpretative repertoires refer to specific *ways* of talking about a particular topic that are culturally familiar and recognisable lines of argument (Potter & Wetherell, 1987; Wetherell & Potter, 1988). Multiple repertoires can be used and drawn upon, but some are more culturally prominent than others and become normalised over time (Wiggins, 2017). Such dominant repertoires provide insight into broader cultural understanding of particular topics. Ideological dilemmas are contradictory ways of understanding the same concept (Billig et al, 1988; Billig, 1999). These dilemmas can be used to argue for or against different positions depending on the purpose, highlighting the way in which language can be used to portray certain realities. Finally, subject positions refer to ways of identifying oneself, or ways of *being* (Edley, 2001b; Locke & Budds, 2020). These subject positions are closely tied with discourse as the very discourses that make available various different subject positions are used to define identities (Wetherell, 1998).

Though CDP is still fundamentally concerned with what is said within the text or talk, it focuses on how these discourses draw on wider social contexts which are made relevant and for what purpose (Locke & Budds, 2020). Additionally, CDP considers the situated nature in which discourses are provided, which is a key localised element of the context of the discourse (Locke & Budds, 2020). Overall, CDP provides an opportunity to consider available discourses around certain topics from a DP perspective, but retaining the cultural context which informs these discourses.

The aim of this project is to understand *how* people talk (and write) about alcohol use problems and what impact such discourses may have on both a broader level and

within interactional contexts. Therefore, the methods of DP and CDP are most appropriate for answering the different research questions in this project. A CDP analysis will provide an understanding of discourses, allowing for wider consideration of the source and audience, and is most suited to understanding the more population-level discourses that are available. Alternatively, the DP work will focus more of the micro-context of interaction to understand how these discourses and accounts are performed in the interactional setting.

2.2.3 DP in stigmatised disorders

Clearly, language is not a neutral resource but is used to portray certain points of view, subsequently influencing attitudes of those exposed to such discourses. Not only does language construct certain versions of reality, but it is strongly influenced by the local contexts, consequently reflecting wider beliefs and further reinforcing these perspectives (Potter & Wetherell, 1987). Therefore, the discourses that are put forward into public sectors have the potential to be highly influential, either perpetuating or changing public perceptions.

DP is a particularly useful method for studying discourses in stigmatised topics to understand what is being put forth and the impact that this can have. For example, discursive work has been used many times in managing and negotiating negative identities, directly considering the stigmatising impact of such identities. For example, research has considered the management of stigmatised identity in prisoners (Toyoki & Brown, 2014), and parents of children diagnosed with autism (Farrugia, 2009).

One of the most recent and effective areas of language research has been mental health. In recent years there has been a huge shift towards the change in talking about mental health. For example, discourse analytic research has consistently found that there

are negative stereotypes and perceptions around mental health which are perpetuated through language, particularly in the media (Allen & Nairn, 1997). These negative depictions of mental health in the media have been linked to perpetuating negative stereotypes around such issues (Stuart, 2006; Srivastava, Chaudhury, Bhat & Mujawar, 2018). While a lot of discursive research has been conducted in this area of mental health highlighting the negative impact of some discourses this has also begun to filter into mainstream campaigns about how important it is to consider the language that is used. As such, this has had huge implications and has started to break down some of the barriers and taboos around talking about mental health (Baker, 2013; Richards, 2014; UK Parliament, 2015).

A parallel shift and focus on discourse has not yet taken place concerning alcohol use. Though there is a growing acknowledgement about the importance of language surrounding alcohol use (Broyles et al, 2014; Room, Hellman & Stenius, 2015; Kelly et al, 2016; Ashford et al, 2018), this has been only been studied in a limited capacity. While there has been plenty of qualitative research around alcohol use using methods such as thematic and content analysis which was discussed in Chapter One, there is still relatively limited discursive work.

Given that the accounts and explanations for problematic alcohol use are commonly shared through language, it is relevant to explore the popular discourses which both professionals and the public are likely to encounter and may impact perceptions. As such, discursive methods including DP and CDP are relevant to understand how alcohol use is discussed with particular attention to the language used and how this draws upon wider societal contexts.

2.3 Methodological approach

A unique methodological choice within this discursive research is the use of a range of contexts and mediums which allows for an interesting comparison in accounting for behaviour. The first study on text-based documents collects data from a range of public and professional authors in which they primarily discuss others' drinking, and occasionally their own experiences and consumption. In contrast, the second interaction study focuses mainly on individuals' disclosures of their own drinking, with some speakers discussing others' consumption as a response. Whilst individuals are heavily invested in portraying themselves in a particular way, this research will also consider accounts of others' behaviour in which the stake and interest of those authors may differ. As such, this research provides an opportunity to study accounts for alcohol use across a wide range of contexts with differences in author, audience, and interest, ultimately providing a thorough consideration of the ways alcohol use is explained within society.

Within this project I use a range of data sources and collection methods, all of which are consistent with the epistemology of DP and CDP. Within CDP Study One, there aim was to explore the prominent discourses that were available across a wide range of contexts. The approach of collecting six different types of sources from the online setting in which these texts were in the public domain allowed for a wide range of discourses to be considered. During analysis of this data, it was clear that accounts for alcohol use were particularly prominent. As such, it was relevant to further understand how such accounts are provided in an alternative interactional setting. In addition, Potter and Wetherell (1987, p162) discuss that collecting data from many different sources (including documents, recordings, and interviews) can help to provide a much more comprehensive overview and analysis of linguistic practices compared to utilising just one source. As this

study aims to explore both discourses that individuals may be exposed to about alcohol use across both a macro and micro-level context, it's relevant for this project to consider both talk and text. Each of the data collection methods used and how they fit within this CDP and DP methodology are discussed below.

2.3.1 Text-based documents

In terms of discussing and reading about alcohol use, there are a wide range of documents available online. As the use of the internet has become more widespread, it is increasingly likely that individuals will come across discourses about alcohol use in an online setting. For example, people may actively look for guidance around alcohol use online (Diaz et al, 2002; McMullan, 2006; Kuehn, 2011) or may come across discussions on social media. As such, it is relevant to understand the different types of discussions that are taking place and the discourses that are being drawn upon and put forth within this context.

In particular, Study One considers documents from a range of sources – both professional and general public - and utilises a CDP approach on this data. This allows for an analysis of not only what the discourses are, but consideration of the context in which they are situated (Wiggins, 2017). For example, texts written for professional audiences will likely have a different purpose than those written for general public audiences and the same can be said for authors of different political leanings and different experiences with alcohol use. Furthermore, research has suggested that the online setting affords anonymity to authors and this can lead to the sharing of more controversial views (Kahn, Spencer, & Glaser, 2013). This element of the research project aims to explore some of the prevalent discourses that are available to talk about alcohol use in a broad macro-level context. More detail about the specific text-based documents chosen and why are provided in methods Chapter Three.

2.3.2 Interaction Data

Study Two and Study Three are focused upon interaction data. The text-based documents provide an understanding of some of the available discourses on a broader spectrum, taking into account the wider societal context. However, this research is also interested in how these discourses may be drawn upon within interactional settings. Whilst the discourses in the text-based materials are static, asynchronous – where posters are not necessarily online at the same time – and may be constructed over a certain amount of time (Meredith, 2016). In contrast, within interaction these discourses are more fluid and interactive. Furthermore, this interaction approach takes more of a traditional DP perspective in which the focus is specifically on how these discourses are managed and oriented to in interaction with others. In order to gather this interaction data, both world cafés and focus groups are used to provide a range of interactional settings. More specific detail on both methods are provided in Chapter Five when these studies are introduced.

Discursive psychologists work on a continuum, from naturally occurring data in which the researcher has no influence, to experimentally derived data with researcher input (Potter & Wetherell, 1995; Speer, 2002). However, there is an ongoing debate about how we define what is or is not naturally occurring data and whether DP should analyse this researcher-generated data or focus upon naturally occurring settings. Historically, a wide range of methods of data collection have been used in DP studies. Interviews, for example remain a dominant research method within social psychology, including DP. For the most part, interviews and focus groups are generally considered an appropriate data source, with a number of well-known discursive studies taking this approach (Potter and Mulkay, 1985; Potter and Wetherell, 1995; Widdicombe & Wooffitt, 1995). In such

'contrived' situations, the interaction itself remains genuine, merely within a different setting and context (Potter & Wetherell, 1995; Speer, 2002).

However, there are reservations about the use of interviews and focus groups in discursive research as they are ultimately driven by predetermined research agendas (Edwards & Stokoe, 2010). For example, the setting encouraged discussions about alcohol use and was more likely to invoke such accounts for alcohol use than in entirely natural discussions. This in itself is not problematic, as the context remains interactional, but it should be acknowledged and considered. As such, interviews and similarly collected data (focus groups and world cafés in the case of this project) should not be treated as entirely natural data (Potter & Hepburn, 2005). This was also a limitation of much of the previous research identified in the literature review which also focused on primarily interview data.

Whilst there are limitations to the use of focus groups and world cafés, these are different limitations to those present from using text-based data. For example, there is naturalistic data in the text-based documents, but these may not always be interactional. In contrast, there is interactional data with the focus groups but these are experimentally contrived and open to interviewer influence (Potter & Hepburn, 2005). However, in comparison to interviews, focus groups allowed for more interaction between participants which helps to minimise researcher contributions and also may lead to the sharing of a wider range of thoughts and ideas than individual interviews (Löhr, Weinhardt, & Sieber, 2020). Finally, the world cafés offer a middle ground in that they are interactional, but more removed from researcher input than the focus groups (Löhr et al, 2020). Within world cafés the only researcher input was to provide material for participants to discuss within their groups, but was not present during such discussions, which helps to remove researcher input (Lamont, Murray, Hale, & Wright-Bevans, 2017). In contrast, the focus groups had more direct researcher input through asking specific questions directly to

participants. In general, both focus groups and world cafés are described as collaborative discursive methods which seek to facilitate dialogue in which knowledge and perspectives are shared (Stöckigt, Teut, & Witt, 2013). As such, these methods both work to elicit discussions about alcohol use to further explore the discourses available to talk about alcohol use within a micro-level interactional context.

2.4 Functional reflexivity

Whilst the research process requires strategic decisions in the data collection process, it is also important to consider how these choices impact the data collection methods, process, and analysis (Mauthner & Doucet, 2003; Finlay, 2012). Here, I consider functional (Wilkinson, 1998) or epistemological reflexivity (Willig, 2001) and how the relation to the methods and data collection specifically, whilst personal reflexivity (Wilkinson, 1998; Willig, 2001) is discussed in Chapter Eight.

Overall, the methodological decisions made in this project have been made with consideration of the epistemological position and discursive principles. However, in some cases the decisions on methods have also been made with pragmatic considerations. As discussed above, both focus groups and world cafés are appropriate research methods for discursive research, but it is important to identify the practical considerations that influenced these decisions. For example, gathering spoken interactions regarding alcohol use in an entirely naturalistic way would not yield enough data for this research. Such discussions are unlikely to be common in unprompted interaction and therefore there was a need to prompt such discussions for this current research. As such, the research conducted focus groups and world cafés to gather this spoken data, with an acknowledgement that these are not fully naturalistic settings. These settings still provided

more interaction between interlocutors than interviews as used by much previous research. Additionally, within these settings I prompted general discussions about alcohol use and not specific accounts. Therefore, the focus on accounting was still data-driven rather than as a result of a pre-defined agenda.

Additionally, the epistemological positions underpinning this research suggest that the construction and sharing of knowledge is achieved through interaction and the use of language (Willig, 2013). As such, knowledge is constructed and shared within this setting, but is also open to influence from myself as the researcher. This was primarily in the focus groups and word cafés in which I was part of the data collection. Whilst I was not present during discussions in world cafés, I developed the table questions and vignettes (more details in the following chapter) which were used to prompt discussions. In the focus groups, I was directly involved in the moderation of these groups and consequently the way in which knowledge was constructed between the interlocutors. Throughout the research process this potential influence was acknowledged, and a conscious effort was made to reduce this influence where possible. For example, I decided to use participant facilitators within world cafés, created open questions across both the world cafés and focus groups, and directed the focus groups as participant led as much as possible. Further detailed information about the precise methodological processes can be found within the following chapter.

2.5 Summary

This chapter has discussed the underpinning epistemological framework of the project. This research takes a DP approach based upon social constructionism principles with a focus on how language is carefully used to create discourses for discussing alcohol use.

Specifically, the project uses both CDP and DP methods on text-based and verbal interaction respectively. As discussed above, text and talk are different mediums but both are relevant and appropriate to study from a CDP and DP perspective on discussions around alcohol use. Within these two mediums, three different methods of online data collection, focus groups, and world cafés are used to gather data for this project, each method with their own unique strengths and limitations. This allows the project to consider discourses on a broader level - taking into account wider societal context - and also observe how these discourses are drawn upon in more micro detail of a spoken interactional setting. The next chapter will provide more detail on Study One (the CDP study) including the data collection methods and analytic steps.

Chapter Three: Study One Methods

Study One focuses on the broader societal-level discourses that are available to discuss and account for alcohol use problems in the UK. As discussed in the second chapter, CDP focuses on the performative use of language with a consideration of the broader societal context that informs such discourses. Building on the previous chapter, here I will provide detailed information about the data collection and analytic process for this study. I will first consider the importance of studying online text-based documents (3.1) followed by a rationale for each of the six data sources that were drawn upon (3.2). I will then provide detailed information regarding data collection for each source such as inclusion and exclusion criteria, the collection procedure, and the amount of data that was gathered (3.3). Finally, detail will be given on the CDP analytic process which was taken within this study (3.6). Overall, this chapter will provide detail about the data collection and analytic steps taken for Study One.

3.1 Studying online texts

In considering discourses around alcohol use, text documents are highly relevant sources of information and therefore an excellent data source for analysis. Research has shown that discussions about alcohol use between healthcare providers and patients are difficult, with healthcare providers experiencing discomfort, negative patient reactions, and lack of confidence, all of which lead practitioners to sometimes 'gloss over' these conversations (Lock, Kaner, Lamont, & Bond 2002; McCormick et al, 2006). Based on these discussions being viewed as difficult and uncomfortable, it is plausible that individuals may seek out information and advice from alternative sources, such as text-based documents.

Therefore, it is relevant for this project to explore such documents to understand what discourses people may be exposed to when seeking advice and information.

In line with the digital evolution, online sources have become much more important. For example, the traditional mass media of newspapers is a key knowledge source, but many newspapers now have an online platform, with some moving online-only due to changes in readership and knowledge building habits (Jeffres, Neuendorf, & Atkin, 2012; Thurman & Fletcher, 2018). In particular, the internet has become increasingly popular for health and lifestyle advice, with up to 80% of Americans using the internet doing so for health advice, including deciding whether or not to seek professional help (Diaz et al, 2002; McMullan, 2006; Kuehn, 2011) and similarly up to 80.3% of British adults (Nicholas et al, 2003). Particularly for stigmatised illnesses, the internet is a valuable health information tool, making it possible for clients to access information and become better informed about sensitive issues where discussions may be a barrier to seeking treatment, such as in areas of alcohol (Monahan & Colthurst, 2001; Berger, Wagner & Baker, 2005; De Choudhury & De, 2014).

There are concerns about accuracy and quality of online information which may be provided from many sources with varying agendas (Monahan & Colthurst, 2001; Sillence, Briggs, Harris, & Fishwick, 2007; Cheong-lao Pang, Vespoor, Change, & Pearce, 2015). A wide range of individuals and organisations, both professional and general public, are freely able to put forth information about alcohol use for a range of purposes which can in turn impact others' perception and understandings. It is clear that individuals considering their alcohol consumption may well consult the internet and in doing so there are a wide range of different types of discourses they may be exposed to. Therefore, Study One will explore online documents to understand some of the prevalent accounts and

constructions available in contemporary discourse to discuss alcohol use that individuals may be exposed to.

In particular, text-based documents hosted on the internet are becoming an increasingly popular site for discursive analysis including work with online forums (Horne & Wiggins, 2009; Jowett, 2015), blogs (Sakki, & Pettersson, 2015; McGannon, McMahon, & Gonsalves, 2017), social media (Burke & Goodman, 2012; Kreis, 2017), instant messaging (Meredith & Stokoe, 2013) and many other online platforms. Such online data provides an alternative opportunity to observe, collect, and analyse naturalistic communications in situations which may sometimes be hard to capture naturalistically in spoken interaction. These DP methods are typically used on asynchronous platforms – where posters may not be online at the same time – and focuses on the topic of the discussion and narrative accounts, where posting on these platforms is a social practice (Meredith, 2016). Just as with traditional textual data, online platforms are a rich data source for understanding how discourses are constructed to perform specific social actions.

3.2 Data sources

In order to ensure a broad understanding of available discourses, data was collected from a variety of sources written by different authors for different purposes. After considering the authors and sources that are available for online documents, it became apparent that were two distinct sets of sources: those written by professionals and those written by members of the general public. Low perception of need is a significant barrier to engaging individual in treatment for alcohol use issues (Pitman, 2015; Probst et al, 2015). For clinicians to be able to effectively engage with clients in discussions about their alcohol use, they must be prepared and able to counteract some of the prominent discourses that individuals may draw upon to justify their alcohol consumption. As such, this first research

study is particularly focussed on understanding the broad-based discourses across the UK including from both professional and general public sources which may differ or align with one another. Part of this research will consider not just what discourses are prevalent, but how these interact with each other and to what extent this may impact upon individual perception of acceptable and problematic alcohol use.

Whilst it is clear that many do search online for health advice, research has also found that individuals are most likely to consult official and professional websites for advice on diagnoses, treatments, and practical advice (Kuehn, 2011). These sources are likely to have a purpose to their writings based upon professional training and their responsibility for providing advice, regulation, or conducting research about alcohol use. Alternatively, individuals also turn to non-professional sources for health information such as peer-support, everyday lifestyle advice, and emotional support (Kuehn, 2011). Such sources are likely to be drawing on non-professional experience with a broader range of perspectives and purposes. As such, there are a variety of sources that individuals may be consulting with different purposes and sharing different perspectives (McMullan, 2006; Sillence et al, 2007). In contrast to many other studies which typically focus on one or occasionally two data types, this study aims to capture the wide range of sources that individuals are likely to be exposed to. In total, six data sources were chosen which fall within these two categories. For the professional category policy documents, journal articles and newspaper articles were collected and for the general public category the online comments for the newspaper articles, blog posts, and tweets were collected.

The CDP approach of this study allows for analysis of both the context of the authors and audience of these sources and the wider societal context they draw upon. In addition to providing insight into discourses surrounding alcohol use, this approach will

also contribute to discussions around methodological choices and studying multiple sources.

3.2.1 Professional sources

As alcohol use is a major public health issue, there are a number of professional bodies that are invested in alcohol regulation and treatment of alcohol use problems. Such organisations often have specific policies in place to manage alcohol use. Since such policies can be made by key organisations on an international, national, and local scale, these policies have the potential to impact the way in which society perceives alcohol use. Previous research has suggested that government alcohol policy largely reflects the populist accounts of alcohol use and subsequently shifts in line with updated professional explanations (Lucas, 2004; Abrahamson & Heimdahl, 2010). As such, it is important to understand the ways in which policies discuss alcohol use and how this interacts with other professional documents and more populist accounts.

Whilst policy documents are often conducted on a large scale and are directed as guidance, journal articles are more often conducted by and for researchers, academics, and clinicians. Such journal articles portray knowledge and research about alcohol use which is key in guiding policy. In addition, the results of such research are sometimes filtered down and distributed to the general public through newspaper articles. It is therefore important to understand how the research portrays alcohol use and how this compares to the other professional sources which build upon the findings.

In addition to alcohol policy, the media has been repeatedly identified as a key influencer in debates around alcohol use (Casswell, 1997; Catalán-Matamoros, 2011; Katikireddi & Hilton, 2015). The news media provides useful and factual information, part of which involves reporting on alcohol use where applicable. Whilst academics and

organisations produce guidelines and knowledge about alcohol use, the media further disseminates these explanations, influencing general public perceptions surrounding alcohol use. Due to the role of the media as relaying professional information to the general public, they are classified within this study as holding a professional status. Furthermore, whilst the journalists reporting the news articles may not have expert knowledge of the specific topic being reported on, they often cite experts within these reports to further build the credibility and expert status of their reporting (Amend & Secko, 2012; Henke, Leissner, & Möhring, 2020). As a result, the newspaper articles are considered as professional source for the purposes of this study. It is relevant to consider how these accounts are being put forth to the general public and the way in which this may shape perspectives around alcohol use.

3.2.2 General public sources

Whilst the newspaper articles above were written by a professional source, in comparison to the other professional sources they were written for the purpose of dissemination to the general public. This growth of the internet for disseminating news has led to 'participatory journalism' (Wolfgang, 2019) and the 'public sphere forum' in which readers have the opportunity to engage with and comment upon the news reporting directly (McDermott, 20016). Much as the journalists are presumed to fall within the professional category, the readers and comments are assumed to be members of the general public. Although it cannot be guaranteed that the commenters are general public, within this research they were categorised as general public unless they explicitly stated and made relevant a professional identity within their comment. Collecting both the articles and the general public responses provides an opportunity to understand the interplay between the professional and general public in relation to perspectives on alcohol use (McDermott,

2016; Gregg, Patel, Patel, & O'Connor, 2017). It is an opportunity to directly consider how the general public interpret and respond to these discourses, whether they agree or disagree with the perspectives put forth.

Alongside more traditional media such as newspapers, the rise of social media has had a major influence upon the way social norms are portrayed to individuals, including alcohol use (Moreno & Whitehill, 2014). As of the first quarter of 2017, there were 327 monthly million users of Twitter (Statista, 2019), making it a hugely popular social media website. Social media, and Twitter in particular, is commonly described as micro-blogging (Java, Song, Finin, & Tseng, 2007; Zhao & Rosson, 2009) which presents an opportunity for individuals to publicly share their own opinions and perspectives on a variety of topics in short bursts. Often, Twitter is used in order to remark on daily life and opinions of issues of note in the news and to respond to others' opinions on such matters (Jones, 2014). Because individuals have the ability to post anonymously, such a platform is suggested to encourage controversial and judgemental viewpoints (Kahn, Spencer, & Glaser, 2013). As such, Twitter is highly relevant to this project as it is likely to be host to a wide range of discourses surrounding alcohol use.

In comparison to Twitter, blogs are a more expansive format for sharing experiences. There are a wide array of blogs available, from those written by organisations to those written by individuals with some that focus on politics, news, and general information, through to academic blogs or those which are entirely of a personal nature (Kaye, 2007; Kaye & Johnson, 2011). Although there are such a wide range, research has suggested that individually authored blogs are most common and act as a personal journal (Nardi, Schiano, & Gumbrecht, 2004). Although these blogs are written from a personal perspective, they are public (unless made private by the authors) and authors actively orient to the public nature and the audience who may be reading them (Eastham, 2011).

Therefore, these blogs are likely to offer a much more personal narrative and are different in scope to the other general public sources.

3.3 Data collection

As the project included such varying sources, there were a number of steps taken to ensure the sources were contemporaneous and could be compared within a similar cultural and historical context and could be integrated into a single, coherent dataset. The first inclusion criterion was the timeframe for the documents. The aim was to collect data that was recent and therefore reflected current perspectives and discourses around alcohol use. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is one of the key classification systems for alcohol use problems and the latest version was published in May 2013. As far as possible, data was drawn from sources posted after 2013 until data collection in 2017, coinciding with the latest publication of this manual and therefore reflecting the clinical perspectives surrounding alcohol use at the time of data collection. The exception to this was some policy documents as these are written across a longer time span and some were therefore written prior to 2013.

The second inclusion criterion for all sources were key words used to search and identify the dataset. As part of the research design process initial scoping searches were conducted on each source to check that they provided relevant data. This also provided insight into the language that was used within each source. Following this initial search, literature was consulted from a range of both academic and clinical professional sources (Alcohol Change UK, n.dc; Language Matters, n.d; WHO, 1992; NICE, 2011; APA, 2013; Office of National Drug Control Policy, 2017). In total, 10 keywords were chosen to enable an expansive initial data collection. The terms were chosen to reflect the use of both

clinical terminology used in professional sources and also more populist terms which were more commonly used by the general public. A specific effort was made to include terms which are both advocated for and against in order to ensure the sample was not biased towards discourses using non-stigmatising language. Although not an exhaustive list of words for discussing alcohol use, these words were prominent across sources and it was felt that these keywords achieved saturation and allowed for a large data corpus.

Table 1

Official versus colloquial classifications of keywords.

Official	Colloquial
Alcohol abuse (DSM)	Alcohol addiction
Alcohol dependence (WHO/ DSM/NICE)	Alcoholic
Alcohol misuse (NICE/NHS)	Alcoholism
Alcohol Use Disorder (DSM/NICE)	Drinking problem
Harmful drinking (WHO/NICE)	Risky drinking

These two criteria of timeframe and keywords helped to identify a large amount of data which was comparable across sources. After this initial identification, further exclusion and inclusion criteria were applied to ensure a more manageable data set. As each data source was different, the inclusion and exclusion criteria were specific and appropriate to the individual data sources as described below.

3.3.1 Policy documents

In order to ensure a range of policy documents were included they were gathered from public health-related organisations with relevance to alcohol use in the UK, ranging from international through to national public and private sector organisations. Due to the long-term nature of organisations' strategies, the policy documents did not all adhere to timeframe of 2013-2017 as with the other data collected. Although many of these policy documents were implemented prior to the timeframe, they have since been reassessed and the most recent versions have been used where possible. A breakdown of the policy documents chosen can be found in Appendix B. A conscious effort was made to gather documents from a range of levels and therefore included the WHO (international), EU (continental), UK Government (UK political), NICE (UK clinical), and DrinkAware (UK alcohol charity). These five policy documents reflect a range of scope. Rather than treating policy documents as one generalisable source, this will provide insight into the nuanced ways in which policy may discuss alcohol use within this source type, depending on the scope and nature of the policy source.

3.3.2 Journal articles

To identify five journal articles the EBSCO database was used, focusing on the Health, Psychology and Sociology, Humanities, and Social Policy/Social Work database sections in order to ensure a wide range of relevant articles were included. The specific databases included in this search were; Academic Search Complete, Allied and Complementary Medicine Database, APA PsyArticles, APA PsycInfo, Child Development and Adolescent Studies, CINAHL Plus, European Views of the Americas 1493-1750, and MEDLINE. Between the four different sections of EBSCO searched there was a lot of crossover between the

individual databases, particularly the APA databases, MEDLINE, and Academic Search Complete.

Across these databases each of the 10 keywords from table 1 were inputted in the 'Title' box with the use of inverted commas around each term and separated by 'or'. For example, "alcohol use disorder" or "alcohol abuse" or "alcoholism" and so on for all keywords. These keywords were searched from 2013 - 2017 within academic journals in line with the previously mentioned inclusion timeframe. In total, 3,018 articles were returned from this search. In order to choose the final five articles, the database search sort functions were used to find the 'newest' article, the 'oldest' article, and the three defined as 'most relevant' by the EBSCO sorting filter. The specific five journal articles can be found in Appendix C. Within the data there were articles from across various journals, including empirical research and literature reviews focused on a range of alcohol use, such as college drinking, contextual factors, and treatment options. As with the policy documents, the journal articles collected had a wide-ranging focus and provides the opportunity to consider how discourses may differ across journal articles in addition to the other five data types.

3.3.3 Newspaper articles

In order to ensure that data was from across the political spectrum, three newspapers were chosen which reflect left-wing (The Guardian), central (The Independent), and right-wing (The Daily Mail) political perspectives as defined by a recent YouGov poll (2017). When the data was collected, two of the three websites had a specific section dedicated to alcohol use. For both The Guardian and The Daily Mail this section was called 'alcohol' found under 'society' or 'lifestyle' headings respectively. For The Independent, a range of alcohol-related categories were available, but to remain consistent with the other two

newspapers, 'Alcohol' was chosen as a keyword to find relevant articles using the website search function.

Table 2

Political leaning and quantity of alcohol-related articles from 2013-2017 for newspapers.

Newspaper	Political Leaning*	Articles Identified
The Daily Mail (+)	Right-wing	1,770
The Independent	Centre	1,874
The Guardian	Left-wing	1,114

*Political standpoint as defined by YouGov (2017).

(+) The articles were originally collected from The Daily Mail. Upon write-up of this chapter, the articles are available on The Daily Express website.

Using the search function on The Independent website, and the 'alcohol' section on both The Daily Mail and The Guardian websites, each of the articles which were written within the 2013-2017 timeframe were manually screened for relevance. Although 'alcohol' was used, often the articles were not specifically focused on alcohol use. For example, many used the term alcohol only once and it was a minor element of the article's narrative. Such articles were removed from the data corpus. I used the number of comments as a pseudo-measure for the level of exposure and relevance the article had achieved with the general public and selected the 15 most commented-on articles from each newspaper for inclusion, making a total of 45 articles across the three sources. However, it should be noted that there appeared to be a skewness towards more recent articles having a larger

number of comments, potentially due to an increase in online newspaper readership (ONS, 2018). A full list of the newspaper articles can be found in Appendix D.

3.3.4 Newspaper article comments

The collection method for the newspaper articles is listed in the section above. For each of the 45 articles collected from the newspapers, the top page of comments sorted by relevance/top comments was collected in order to capture general public reactions and perspectives towards these articles. The most relevant/top comments are those which have the most interaction, whether this be starting 'threads' of comments in direct response to the original comment (as opposed to individual comments) or receiving the most 'likes' by other users. As with collecting the articles with the most engagement, these comments similarly reflect those which created debate and were most likely to elicit differing viewpoints and/or more nuanced discussions than stand-alone comments with limited engagement. Typically, each 'page' included up to 25 threads which may also include additional comments, see Appendix D for a list of the comments collected per article. Furthermore, as discussed earlier in this chapter, it is not possible to guarantee that the posts were from general public members. However. However, none of the posters explicitly identified as a professional within the comments collected.

3.3.5 Tweets

To collect tweets from the full time period would lead to an unmanageable dataset which was not comparable in size to the rest of the data corpus. In collecting the Twitter data, there was the opportunity to collect the most recent data possible. As such, the data was gathered using an iterative process of collecting Tweets using the 10 keywords every 2

weeks using the NVivo software and extension NCapture. NCapture is a browser extension which allows users to capture online data such as tweets or Facebook posts for import into NVivo (Hays & Faker-Whie, 2015; NVivo, nd.). Tweets were collected until they appeared to reach saturation point (2,431 Tweets), over a 10-week period between 26th January and 6th April 2017. Further information about the Tweets collected at each timepoint and keyword can be found in Appendix E.

3.3.6 Blogs

In order to collect these blogs a snowballing sample was utilised. Initially the 10 keywords and 'blogs' were individually searched through Google in order to locate addiction and recovery blogs. Following this initial list, further blogs were identified through the 'who i'm following' links on the blog sites until saturation had been reached and blogs routinely linked to other identified blogs. 40 blogs were identified but many did not provide contact details or a contact form on their blog. In total, I was able to contact and invite to participate 20 of the blogs, to which 8 replied indicating interest and 6 completed and returned the consent form.

Once the blog authors had returned their consent forms, I read through all blog posts written within the project's specified timeframe. The five posts from each blog which were deemed most relevant were collected. Similarly to the newspaper articles, some blog posts were general life updates and did not specifically discuss alcohol use. Posts were decided as most relevant based on how much discussion was provided around alcohol use/and or the recovery process.

3.4 Data Overview

Table 3

Overview and comparison of all the data collected across the six sources.

	Data Source	Data Amount*
Professional	Policy Documents	5 documents (162 Pages)
	Journal Articles	5 articles (78 Pages)
	Newspaper Articles	45 articles (98 Pages)
General Public	Newspaper Comments	566 comments (45 Pages)
	Blogs	30 posts (65 Pages)
	Tweets	2,431 Tweets (101 Pages)
Total		3,082 items (549 Pages)

*The number of pages refers to an A4 page in standard font size 12.

3.5 Ethics

This study received ethical approval from the Keele University Ethical Research Panel (ERP: 3127) in January 2017. In line with the British Psychological Society (BPS) guidelines for online research (BPS, 2017), consent was not sought for the use of published policy documents, journal articles, newspaper articles, or the attached comments due to the public nature of these. In addition, Twitter users have the choice to protect and keep their posts private and were therefore deemed as public and not requiring permission. Although blog posts could also be considered private, due to the personal and sensitive nature of the posts, individual consent was sought from blog authors (Appendix G email, Appendix H information Sheet, Appendix I blank consent form).

Following data collection, the policy documents, journal articles, and newspaper articles were not anonymised. All potentially identifying information in newspaper comments, tweets and blogs such as real names, usernames, and specific narrative details were changed in order to protect individuals' anonymity. Due to the sensitive and personal nature of blog posts an extra measure was included. As well as anonymising the posts, any extracts used in publications were run through Google to ensure extracts did not lead back to the original source. If the extracts did lead back to the original source, the extract was redacted further in order to protect participant anonymity. As blogging is often used as a therapeutic tool (Hoyt & Pasupathi, 2008; Nagel & Anthony, 2009), blog owners were asked for consent to use previous posts but no posts beyond the date of providing consent in order to reduce the possibility of impacting the therapeutic use of blogging. In addition, blog authors were given the option to remove any extracts or posts they did not wish to be included in the project although no authors took this option.

3.6 Analytic approach

Critical Discursive Psychology (CDP) is designed to explore how certain realities are constructed through the language and discourses used, whilst also considering the broader context in which they are produced (Edwards, 2005; Wiggins, 2017). As discussed within Chapter Two, there are many analytic strands to CDP which a researcher may choose to focus on, such as ideological dilemmas, subject positions, and interpretative repertoires. Within this study, the research question was purposefully broad and aimed to identify prominent interpretative repertoires used across the data corpus to make sense of, and account for alcohol use problems. Although interpretative repertoires are the main focus the analysis also takes into account both the immediate and wider context in which these

discourses are produced, the subject positions and orientations of those producing the discourses (Edley & Wetherell, 2001). This analysis provides insight into prominent discourses that are available to discuss alcohol use across a range of contexts and understand the varying impacts of these discourses.

Within CDP there is no one analytical framework for conducting the analysis. Rather, general steps are used as a guide to the analysis. To conduct the analysis, I drew upon more general discursive guidelines from Potter and Wetherell (1987), and Goodman (2017) to provide a guide for my approach, keeping in mind the central elements of CDP and the particular focus of interpretative repertoires for my analysis. In addition, my research was novel in that it included a wide range of different data types, whereas research typically focuses on only one data type. As such, I adapted the guidelines to reflect this approach to my data collection. Due to the difference between source types, there are likely to be differences in the purposes of the texts, the audience they are written for, and the way in which they are written. For example, policy documents are very lengthy and are designed to be informative for relevant professionals, whereas tweets are 140 characters used more colloquially (Moreno & Whitehill, 2014). These are markedly different from one another even in their structure and organisation. Whilst this is of key analytic interest, this also impacts the way I chose to approach the texts during the analysis. To begin with, each source type was analysed independently of all other source types as a case-study approach and the analysis of each source type was then considered as one overall data corpus.

The initial stage of all discursive analysis is familiarity with the data. Some of the documents such as newspaper articles and blog posts were read during data collection in order to assess relevance, whereas others were not read in full until the analysis. During this first step all the data for a source was first examined. During a second reading,

sections of the data that discussed alcohol use were coded and identified for further analysis. These identified extracts were then studied in more detail for distinct ways of describing and discussing alcohol use, with a particular focus on sections which provided an account or explanation for alcohol use. As this was done, notes were kept alongside to highlight the key discourses that were identified within each source.

Once this process had been completed for each source type, the data was compared across the whole data corpus. Consulting this list of key discourses allowed a comparison of which discourses were similar across data types and also those which were in direct contrast to each other. From comparing the discourses across all data types, the data seemed to initially fall into two broad categories of directly blaming individuals for their actions or dissolving personal responsibility through describing alcohol use problems as a medical disorder, closely reflecting the moral weakness and biological/disease models. Once these two overall discourses were identified it became relevant to focus specifically on blame and accounts for alcohol use. As this research centred around a data driven approach, it first focused on a broad research question about what discourses were available to discuss alcohol use in the UK. As the analysis progressed, the research question for this study was adapted to reflect the emerging focus of the analysis. Instead, the research question was refined to explore how blame and responsibility was attributed in accounts for alcohol use problems.

Once this more focused aim was established, relevant extracts were gathered for each discourse to build two separate collections based around attribution of blame for alcohol use problems: explaining alcohol use problems as an individual responsibility and portraying alcohol use problems as a medical disorder. Although I had now built two collections on ways of accounting and attributing blame for alcohol use, these were still very broad. The collections were then independently analysed in detail to further specify

the various interpretative repertoires. Within this stage, the focus was on identifying what the invocation of these specific discourses was accomplishing (Locke & Budds, 2020). Through this process, the collections became more refined and a third collection was developed around culture and policy. These three collections became the overarching interpretative repertoires for discussing alcohol use on a broad spectrum. These repertoires were also further analysed in relation to how they are constructed and the impact of these particular discourses and the perspective they put forth. As this analysis became more detailed, the repertoires were re-structured in relation to these more nuanced elements within the overarching repertoires. In addition, the subject positions and the context of the source and the audience were also considered in relation to the context in which the discourses were produced.

It is important to note that as with all discursive projects this was not a linear process, but rather the phases of analysis overlapped at times (Potter & Wetherell, 1987). In particular, a key phase of the analysis is that of validation and refinement. Typically this is described at happening towards the end of the analysis, but this was an ongoing process through my analysis, as can be seen through the way the collections changed and adapted. The extracts were continually analysed until the structure of the collections appeared to reflect the broad-based discourses in the data. The analysis identified three overarching discourses which were used to describe and account for alcohol use: individual responsibility, medical disorder, and culture and policy. Through each of these discourses blame was attributed to a different agent, ultimately making relevant very different courses of action in order to reduce alcohol use problems. This CDP analysis of Study One is presented in the following chapter.

Chapter Four: Study One Analysis

Accounting for alcohol use online

Throughout this thesis so far, I have demonstrated the importance of studying language used to discuss alcohol use. I will first briefly revisit the rationale and methodological choices for this study (4.1) before presenting the analysis. After this overview I will consider the first strategy of normalisation of moderation (4.2). This particular discourse is not a form of account but is a distinct interpretive repertoire which runs heavily throughout each of the three subsequent discourses which do account for alcohol use. The three forms of accounts will then be discussed in order ranging from attributing the most blame through to justifying and excusing the behaviour. The first discourse is Individual responsibility which provides an explanation for alcohol use drawing upon notions of rationality (4.3.1) and accountability (4.3.2). The analysis then discusses exoneration discourses starting with culture and policy (4.4) in which cultural normalisation (4.4.1) and policy involvement (4.4.2) are used to mitigate individual blame. The final discourse is medical disorder (4.5) which excuses individuals for their alcohol use behaviours through constructing addiction as a disorder (4.5.1) and their alcohol use being uncontrolled (4.5.2). Finally, all of these discourses will be summarised and discussed together before considering how this relates to the second study of interaction data (4.6). Overall, this chapter will present and discuss in detail the analytic findings for Study One of online text-based documents to answer the first research question regarding the broad societal level discourses available to discuss alcohol use.

What are the prominent discourses available within UK society to account for alcohol use problems?

4.1. Introduction

Whilst alcohol is widely consumed and seen as socially appropriate, excess alcohol use or alcohol problems are heavily stigmatised and viewed with intolerance (Macfarlane & Tuffin, 2010; Spracklen, 2013). Individuals often orient to alcohol use problems as an accountable behaviour and requiring explanation. As such, it is relevant for this research to consider the current language used to discuss alcohol use problems and how these descriptions construct the notion of blame and responsibility for these behaviours. The aim of Study One is to identify the broad societal level discourses that are available to account for alcohol use problems and how these discourses attribute blame and responsibility.

Throughout the analysis there were four clear interpretative repertoires. The first is that of moderation as normalised, in which it does not provide an account for alcohol use problems but constructs moderate alcohol use as a societal norm. This concept of moderation as a social norm was consistently drawn upon within the following three discourses which do provide accounts. These three discourses also reflected different types of accounts, with the three discourses providing explanations, justifications, and excuses. Excuses absolve an individual of any blame through denying responsibility for a behaviour, justifications accept responsibility but portray such behaviour as permissible (Scott & Lyman, 1968), and explanations provide a cause for behaviour (Antaki, 1994) and seem to do so without necessarily engaging in dissuading blame. Each of these three discourses offer a different perspective on how alcohol use problems can be explained, each attributing the cause of the alcohol problems to different agents with varying levels of blame – and judgement – levelled at individuals. Studying these discourses provides insight into some of the prevalent ways in which alcohol use problems are explained and

how these accounts are disseminated through language. This analysis will consider not just what and how accounts are provided but also the context in which they are produced and the impact this can have for perceptions of alcohol use problems within society more broadly.

The four discourses are discussed below in turn, each with a number of extracts which illustrate the core elements of the discourses. These extracts are presented in an order which builds the analysis, with each extract adding to the previous to gradually explore the nuances of the discourses. Whilst the focus is on how the extracts demonstrate the analysis of the discourses, consideration is also given to the context of these extracts and how these reflect the prevalence of the discourses across different sources within the data corpus. Each section below will thoroughly explore the discourse and its impact, drawing upon relevant literature to further evidence how these discourses relate to the wider research context.

4.2.1 Normalisation of moderation

Throughout the data corpus, there was a consistent endorsement of alcohol as a positive aspect of culture which can be enjoyed in moderation. This repeatedly draws on the commonality of drinking socially in moderate levels to construct this behaviour as a social norm which the majority of people in society engage with on a regular basis. Within this discourse, the extracts presented demonstrate how alcohol use in moderation is constructed across a variety of sources as a social norm with positive impacts. Alcohol use is not portrayed as being the problematic agent at the cause of alcohol use problems. Rather, those who are unable to drink moderately are considered deviant. However, there is no attempt to provide a reason or casual explanation for this, either in the way of blaming or exonerating this behaviour as seen within the following accounts. Rather, these

extracts simply worked to build the notion that moderate alcohol use is the social norm and therefore to drink otherwise is an accountable behaviour.

This first extract is from Donna who defines herself as being in alcohol recovery. Within the extract below, Donna has been exploring her options about how much to engage with alcohol use and is specifically considering a moderation approach.

> *I think, yes, I should. IF I can drink moderately, I should drink a glass of wine at night while relaxing with the hubby and talking about our day. Then be done. Switch to something else. I think having a glass socially at a bar, or while having dinner with friends, can be relaxing. I think I have a better relationship with my hubby if I relax a bit in the evening. I do feel there are some health benefits to the body by relaxing it.* (Extract 1: Blogs_Donna)

Within this blog post Donna has been questioning whether or not moderate drinking is an option for her. Donna utilises an if-then formulation of "IF I can drink moderately, I should". The "IF" makes her moderate drinking conditional and in this example that condition is Donna's personal ability. Furthermore, Donna also uses the modal auxiliary 'should' which ascribe a level of obligation to this behaviour (Halliday, 1970), further reinforcing this view of moderation as the normative expectation. The combination of both the if-then formulation and the modal "should", serves to blend the responsibility for a behaviour (in this case drinking moderately) with the logic and probability (whether or not Donna has the ability) and indirectly attribute blame (Sneijder & te Molder, 2005). In this example, Donna is unclear about whether moderation is a possibility for her but that if she is able to, then this is not only what she would prefer to do but that she "should" do it. Therefore, moderation is constructed as a behaviour which is expected.

There are a number of different approaches to recovery from alcohol use problems. Most notably, there is a choice between total abstinence and moderation. Abstinence is widely promoted by programmes such as Alcoholics Anonymous (AA) and it is suggested that individuals with alcohol use problems are 'powerless over alcohol' (AA, 2001, p.59) and must have a 'desire to stop drinking' (AA, 2001, p.562). Alternatively, a harm reduction or controlled drinking approach as seen through various programmes such as Moderation Management ([MM] Moderation Management, n.d), and reduced-risk drinking ([RRD] Denizen, 1993; Marlatt, 1998), have become increasingly popular and aim for moderate drinking over abstinence (Rotgers, Kern, & Hoeltzel, 2002; Moderation Management, n.d; Saladin & Santa Ana, 2004; van Amsterdam & van den Brink, 2013). Furthermore, research suggests that the specific goal orientation should be based on individual preference (Marlatt & Witkiewitz, 2002; NIAAA, 2005; van Amsterdam & van den Brink, 2013). It appears that Donna is aligning strongly with this approach in which controlled or moderate drinking is the aim.

Once Donna has confirmed this moderation goal, she continues to qualify why. Donna contextualises her alcohol use as being restricted to social situations such as at a bar or with friends at dinner. She also makes it clear that her moderate alcohol use would be a way to facilitate social interaction, suggesting she would ''have a better relationship'' with her husband if she were able to drink moderately with him. Not only a facilitator of social relationships, Donna points out the relaxing nature of moderate amounts of alcohol, suggesting ''there are some health benefits''. Overall, Donna portrays moderate alcohol use as being something which is not only socially acceptable, but as something which can have a direct positive impact in terms of sociability and even health. As such, this notion of moderate drinking is constructed as being a key goal.

Despite the fact that Donna is in recovery from alcohol use problems, Donna does not see alcohol itself as inherently a problem. On the contrary, Donna portrays the view that alcohol can be a positive substance for relaxation and facilitating social relationships, suggesting that her life would be improved with alcohol. However, Donna does also point out that this is an ‘‘if’‘ scenario and there is an obstacle in her personal ability to drink in this manner. Therefore, Donna to some extent does implicate herself and her personal ability as being the problematic agent, rather than the alcohol. This focus on alcohol as a positive substance is particularly striking from someone who has had problematic experiences with alcohol and actively acknowledges themself as in recovery. Despite this experience and a concern that moderation may not be possible, Donna still highlights the positive effects that can be had from drinking alcohol in moderation and suggests this is preferable to not drinking at all, reinforcing the view that alcohol in moderation is the social norm.

A positive view of moderate alcohol use is further highlighted in Extract 2. Whilst the previous extract is taken from a personal blog, this extract comes from a professional policy document, illustrating how this notion of moderation is upheld and promoted across a range of authors and audiences. The UK Government’s Alcohol Strategy set out to provide a national mandate for how to deal with negative consequences due to alcohol.

> *In moderation, alcohol consumption can have a positive impact on adults’ wellbeing, especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities. And a profitable alcohol*

industry enhances the UK economy. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess.

(Extract 2: UK Government Alcohol Strategy 2012, page 3)

This document is the UK Government's guidelines on how to approach and deal with problems that arise as a result of alcohol use. Early in the strategy (page 3), it takes a particular stance in describing alcohol as a substance which in moderation "can have a positive impact on adults' wellbeing". In particular, the document emphasises how this consumption in some cases ''encourages sociability'' highlighting alcohol not as a passive substance but as having a direct positive impact. This view is further emphasised as alcohol is described as being a ''key part of the fabric of our neighbourhoods'', suggesting alcohol is interwoven in the make-up of communities. Furthermore, the strategy uses language such as neighbourhoods and communities, creating a sense that alcohol is something which facilitates social cohesion in society. Through drawing upon these notions of ''community pubs'', ''neighbourhoods'', and ''local communities'', the strategy invokes a pre-existing discursive resource of the community interpretative repertoire. This repertoire can be used across contexts and typically refers to overwhelmingly positive characteristics of friendliness and warmth, with individuals linked through sharing common perspectives and interests (Potter & Reicher, 1987; MacQueen et al, 2001). Through relying on this notion of community, the text invokes positive notions of a group who share similar views and attributes. Within this ''community'' alcohol is described as being a major contributor both socially and economically and playing a positive enhancement role, rather than being problematic.

The extract specifically refers to moderation as drinking in an ''entirely responsible way''. Often, societal notions of what is morally acceptable are tied up with a responsible

lifestyle and behaviours (Moore, Pienaar, Dilkes-Frayne, & Fraser, 2017). Responsibility further ties in with this notion of community and shared understandings of socially acceptable behaviours. To describe a behaviour as irresponsible pushes the discussion about alcohol use to within a moral debate. The strategy continues to refer to those who ''drink alcohol to excess'', suggesting this is an active choice to drink beyond the level of acceptability. Those who drink in this socially approved manner are considered responsible and adhering to the cultural norm shared within this community membership, whereas those with alcohol use problems are seen as drinking excessively and irresponsible, outside of the positive community boundary. Rather than portraying a sympathetic view towards those with alcohol use problems, this creates distinct groups of 'us' and 'them' which collapses all drinking into a binary of adhering to responsible social norms of drinking moderately or being irresponsible and drinking excessively.

This document is a strategy to manage negative consequences arising from alcohol use. The early portion of this alcohol strategy advocates for alcohol as a positive and important substance in our society. The strategy ties up moderate alcohol use with positive notions of community, even describing alcohol as being a ''key part of the fabric'', suggesting it is almost inextricably interwoven into what builds a community both in terms of socially linking people and contributing economically. This notion of pubs as vitally important was further seen within other sources not presented here including The Daily Mail in which further potential alcohol restrictions were described as harming pubs, which were "a crucial part of our economy employing around 1.1million people". As such, there is an ongoing orientation towards alcohol use being normalised and relevant trade as crucial to creating a positive social economy.

Whilst the previous extract is from the UK Government, Extract 3 is from the comments section of The Guardian in which the commonality and positive nature of alcohol use is further highlighted. The below comment is in response to an article which discusses the challenge of Sober October which has gained popularity in recent years. The author of the article takes issue with Sober October being considered a 'heroic' act (as seen in Bartram et al, [2018] in Chapter One) and suggests that alcohol is far too omnipresent in British life.

> *Not everyone gets shitfaced at every opportunity, plenty of us enjoy moderate drinking that fits in perfectly well with a healthy lifestyle.*
>
> (Extract 3: The Guardian_Comments)

Within the above comment the poster makes clear that drinking to excess is not the aim for all who consume alcohol. The poster draws upon Extreme Case Formulations (ECF) of ''getting shitfaced at every opportunity'', constructing this behaviour as both excessive and repetitive. The poster explicitly distances themself from such drinkers and provides an alternative of moderate drinking instead. In direct contrast to the ECF of the first type of alcohol consumption, the poster states that ''plenty of us enjoy moderate drinking''. Firstly, getting "shitfaced" was not qualified by any positive verbs, whereas moderate drinking is described as something which people "enjoy", and therefore a more positive behaviour than the former. Additionally, the poster referred to "plenty of us" to generalise the behaviour to a wider group of people. As such, the poster portrays moderate drinking as being an enjoyable and positive behaviour engaged with by a large group of people and therefore a normalised and accepted practice, whereas the former is not.

Not only is alcohol in moderation described as something that individuals enjoy, but also as fitting within a ''healthy lifestyle''. Living a healthy lifestyle can be considered

responsible and a moral virtue (Moore et al, 2017). A lifestyle is an active choice made by individuals. Through describing alcohol in moderation being part of a healthy lifestyle, it further normalises the behaviour as existing within parameters of what is morally acceptable. Within this short extract the poster has created a clear distinction between those who drink excessively and those who drink moderately. This moderate drinking was constructed as enjoyable, fitting within a healthy lifestyle, and generalised as something enjoyed by a wider group of people, further normalising this type of consumption as acceptable. Similarly to the explicitly positive view of moderate alcohol use seen within the previous extract, this post indicates how this construction of alcohol in moderation as being unproblematic is also seen within general public texts.

The positive endorsement of alcohol in moderation can also be seen within newspaper articles such as the one below. Above the extracts have expressed that alcohol can have a positive impact and that many individuals drink in such a way with no issues. The final extract of this section is taken from an article reporting a reduction in the alcohol unit guidelines. This extract continues to build upon this notion of moderate drinking as positive, and again expands this to defend individuals' rights to drink moderately in response to lower unit guidelines.

> *Obviously it is right to target wildly excessive alcohol intake, because that disables and kills the relatively young, and costs a fortune to treat. But why frighten moderate drinkers out of a nightly brace of drinks if the best outcome from that is eking out an apology for a life in senescent misery in a hideous care home, or as an NHS bed-blocking victim of the unpardonable failure to provide adequate social care?*

(Extract 4: The Independent)

Similarly to previous extracts, this highlights the negative nature of excessive alcohol use and contrasts this to moderate alcohol use which is described more positively. Again, this extract used an ECF in describing the more problematic alcohol behaviour as ‘‘wildly excessive alcohol intake’‘. This behaviour is described as disabling and killing and being particularly costly. This description of the negative consequences of excessive alcohol use is used to qualify the author’s assessment that such consumption certainly should be challenged through policy and guidelines. It constructs such behaviour as clearly problematic and not permissible within society.

In direct contrast to this negative and excessive alcohol use, the author constructs an alternative drinking style of moderation. The posts describes people as ‘‘moderate drinkers’‘ providing a label to this group, rather than generalising to a less specific group as seen in previous extracts. Moderate drinking is not described in terms of the health and economic costs, rather the opposite. These moderate drinkers are described as drinking alcohol as a ‘‘nightly brace’‘, suggesting the purpose of this consumption is part of a routine lifestyle which requires no state or health intervention, unlike excessive drinkers. This focus on moderate drinking being outside the parameters of what requires intervention suggests again that alcohol use in moderation is socially acceptable and normalised, particularly in comparison to other more problematic drinking habits.

4.2.2 Summary

Throughout both the extracts presented above and the wider data corpus, there was a persistent construction of alcohol use in moderation as being a normalised and culturally acceptable behaviour. Moderate alcohol use was often described in positive terms,

referring to positive impacts such as enhancing sociability, being a key economic contributor, and fitting within a healthy and responsible lifestyle, a general moral expectation. These are all notions which are widely understood to be acceptable and positive attributes within society and situates moderate alcohol use as within the realm of acceptability. This behaviour often draws upon script formulations to situate it as routine and also generalised to wider social groups to provide consensus and further normalising the behaviour. If a large portion of society engages in such behaviour, then it further suggests that this is not problematic but is socially acceptable and normalised. The way in which alcohol use is described goes one step further to highlight numerous positive impacts of such consumption. In contrast to the moderation engaged with by the 'us' group, an alternative 'them' group is often invoked who do not drink in moderation. This type of behaviour commonly drew upon ECFs such as ''wildly excessive'' and ''getting shitfaced at every opportunity'' to show this behaviour as a negative contrast point which further underlies that this is the deviant behaviour and moderation is acceptable.

The notion of moderation as being socially accepted - and even prompted in some instances - was prevalent across the data set. As seen within the extracts presented above, it was present across both professional general public texts. Of particular interest was that even an individual who had direct experience of alcohol use problems described moderation as a goal and constructed it as she ''should'' drink moderately, reflecting wider societal expectations. Additionally, the UK Government's Alcohol Strategy was worded particularly strongly in favour of moderate alcohol consumption. As a document setting out guidelines for how the Government would deal with negative consequences from alcohol use, it was interesting that the early pages actively described alcohol use as a positive social facilitator and a key element of social cohesion. In line with previous research (Nicholls, 2012; Savic et al, 2016), this stance taken by The Government strategy

appears to align with the cultural norm, in this case moderation. However, in 2016 the alcohol unit guidelines were updated and became even stricter, but the Government alcohol strategy is yet to be updated to reflect the changing guidance. Furthermore, two newspapers have extracts included above, comments from the left-leaning The Guardian and an article from the politically central The Independent and further examples were also present within The Daily Mail, although not presented here due to space constraints. This indicates how this notion of alcohol in moderation being not only societally normalised but promoted in many instances was prevalent across the range of authors, audiences, and political leanings.

Throughout this discourse alcohol use is promoted as a facilitator of positive events and relationships. Where there are discussions around problematic alcohol use and increased regulation to tackle such issues, the notion of moderation is heavily defended, and it is highlighted that there are many who do act within the appropriate moral boundaries of alcohol. Extracts begin to create a distinction between 'us' and 'others' who drink excessively. This discourse focused on defending the notion of moderate drinking as a social norm and therefore to drink otherwise is deviant and accountable behaviour. Once this group of deviant 'others' has been distinguished, it is possible to explain the behaviour of these individuals as a whole group. Whilst this discourse illustrated little explicit orientation to attributing blame, the following three discourses build upon this repertoire of moderation as normalised and orient to the accountability for problem drinking through constructing explanations, excuses, and justifications for the deviant consumption.

4.3 Individual Responsibility

One of the most prevalent discourses found throughout the dataset was that of Individual Responsibility. Within this discourse individuals are portrayed as being responsible for their

own alcohol use problems. This discourse falls within the realm of accounts but does not provide any exoneration for the behaviour as seen within justifications and excuses. In contrast, individuals are constructed as engaging in problematic behaviour through personal choice. Within this thesis, such accounts which provide a reason but no mitigating exoneration are referred to as explanations.

Within this overarching discourse of individual responsibility, it constructs individuals as to blame for alcohol use through the use of two discursive strategies. As discussed in 4.2, alcohol in moderation being normalised underlies all the discourses. Additionally, this discourse of individual responsibility also draws upon notions of rationality and accountability. Within this discourse, moderation as normalised is drawn upon to help highlight that rational humans are able to make informed decisions and drink responsibly. As a result of this ability to make informed choices, any alcohol use problems that develop are viewed as being down to personal choice. Throughout the discourse individuals are described as being rational and therefore in control of their behaviour – as seen in those who do moderate – and individuals are held accountable for their personal consumption. Together, these discursive practices work to construct individuals as being personally responsible for their alcohol use and therefore open to blame. Each of these elements are discussed in more detail below as to how they attribute blame and account for alcohol use problems.

4.3.1 Rationality

Excessive alcohol use and alcohol problems are deemed as deviant and outside of the norm, requiring an explanation. These two distinct categories of drinking were repeatedly contrasted to one another, with one being portrayed as responsible and the other irresponsible. This next section considers the construction of blame and accountability.

Documents heavily drew upon the notion of individuals being rational as a key discursive strategy. This construction suggests that as rational individuals, when provided with the appropriate information people are able to make informed and sensible choices about consumption. Therefore, problematic alcohol use is constructed as an active choice to act outside of this rational behaviour of moderation and individuals can be held personally accountable.

The extract below is taken from the DrinkAware national strategy for 2017-2022 which primarily focuses upon increasing awareness and knowledge around alcohol consumption.

> *Obtaining knowledge about alcohol helps people better understand what it is they are drinking and the amount they drink, and understanding its effects is critical in assisting people to reflect on their drinking and make informed choices. Accessing advice and guidance helps people to develop strategies on what to do to prevent harm from alcohol.*
>
> (Extract 5: DrinkAware)

Within the above extract there is a clear emphasis on providing knowledge surrounding alcohol use. The extract emphasises that if given more information about alcohol and its consequences, then individuals are able to use this knowledge to "understand", "reflect" and ''make informed choices''. A key element of this is "informed", implying that making the choice to drink moderately takes into account the positives and negatives and leads the individual to make the rational and appropriate decision of moderation. As seen throughout other extracts so far, drinking alcohol in itself is not portrayed as a behaviour which is innately negative and there is no suggestion that alcohol should not be consumed

at all. Rather, individuals should use information to avoid ‘‘harm from alcohol’‘ which is portrayed as the incorrect or irresponsible choice and can happen if individuals do not act in accordance with the advice and guidance. Individuals are presumed to be able to make individualised decisions based on a rational thought process as a result of evaluating the available information and therefore to not do so would be deemed irresponsible.

Additionally, the extract further puts the onus of responsibility on the individual by many of the words using an active orientation. For example, an individual must make the effort to obtain or access knowledge and reflect upon their drinking. In particular, the extract refers to how people will “develop strategies” to ensure they are a responsible drinker and reduce negative consequences from drinking too much. These are all active choices that an individual makes in ensuring that their drinking remains appropriate and non-problematic. As such, drinking alcohol is not portrayed as being an impulse decision but something that can be rationally considered and ultimately controlled by an individual. Therefore, if an individual does drink in a way which leads to negative consequences then it is constructed as being a choice on their behalf to drink in this way, despite the guidance available to help them make the “informed” decision.

This extract from DrinkAware makes clear that moderate drinking is a socially acceptable and rational decision backed by information and guidance, but the act of drinking to harmful consequences is problematic and happens when individuals make incorrect decisions. Ultimately, if the public are provided with accurate information and increased knowledge about alcohol, then they will use this to make sensible decisions about their alcohol, constructed as drinking moderately. This extract constructs and builds upon the notion that individuals are rational and are therefore able to make responsible decisions about consumption, preventing harmful consequences. As many individuals are able to drink moderately, this extract supports the view that problem drinkers are

personally responsible as they have failed to act in a rational and responsible manner despite the available advice and recommendations.

The Daily Mail also suggests that being in possession of accurate information regarding alcohol use should lead to responsible drinking behaviours.

> *If the Government wants people to take the guidance seriously then it needs to present people with realistic and believable advice, which they can use to judge their own risk when it comes to responsible drinking.*
> (Extract 6: The Daily Mail)

Within this extract The Daily Mail is arguing that the unit guidelines need to be ‘‘realistic and believable’‘ for the general public to use in calculating the potential harm of their alcohol consumption. Once again, this highlights that if individuals are given accurate advice and information then they are likely to use this in order to think critically about their alcohol use behaviours and ensure they consume alcohol in a moderate manner. The extract suggests that individuals will “judge’‘ their own behaviour and ‘‘risk’‘ in relation to these guidelines, indicating that individuals do orient to the notion of there being an appropriate level of alcohol use. Again, the notion of moderation is present as the extract does not highlight a need for abstinence, but instead refers to ‘‘responsible drinking’‘, suggesting that there is a level of alcohol use which is deemed reasonable and acceptable and that the guidance should be used to avoid going above this level.

There is blame directed at both the Government and individuals. To begin with the extract suggests that the government are not providing individuals with realistic advice. This makes it difficult for individuals to accurately judge their own risk, which they would

do if they were provided with ‘‘believable’‘ information. This provides a defence and exoneration for those who may drink more than the current guidance, but without being deemed problematic by standards other than the official guidance. Alternatively, it also suggests that responsible drinking is a concept which individuals are able to judge for themselves as rational individuals, even when presented with guidance that does not match their personal understanding of responsible drinking levels. Therefore, to drink to the point of developing an alcohol use problem would be an active choice as it would defy both the guidance and the more personal rationality. Both of these professional extracts construct individuals as being rational and therefore able to use information and guidance to make appropriate decisions on regulating their alcohol consumption and reducing problematic drinking.

Constructions of rationality were also seen amongst general public sources. Extract 7 is from the comments section following an article from The Guardian based upon the reduction in the Chief Medical Officer’s unit guidelines.

> *The problem is that people ignore these fake limits in part because they are so very (and impractically) low; and then they end up drinking far, far too much since they have no idea what the real limit is and alcohol is so moorish. Being in possession of the real facts, i.e., the real limits, then perhaps the grown, responsible adult might actually limit themselves.*
>
> (Extract 7: The Guardian_Comments)

The previous right-leaning The Daily Mail extract described the need for “realistic and believable” guidelines -implying the current ones are not- this general public comment

posted in the left-leaning The Guardian similarly suggests the current unit guidelines are too low and are “fake limits”. It is suggested that as a result of being ‘‘impractically‘‘ low individuals do not take into account this guidance and this is the reason why people drink “far, far too much” rather than in line with the official guidance. Even though this extract discusses people drinking over the limits, the author justifies drinking over the guidance as permissible given the current unrealistic guidelines. As such, there are many who drink over the guidelines, but they are not specifically labelled here as problematic drinkers, rather are attributed to a general group of “people”. Similarly to the previous extracts, the author suggests that if people are aware of the ‘‘real facts‘‘ then they would act in accordance with them. As with other extracts there is a clear orientation to this notion that individuals are rational and will act within socially approved parameters when this guidance is clear.

In addition, the extract refers to the “grown, responsible adult”, suggesting that acting in line with guidance is the responsible and adult behaviour. In contrast, when in possession of these “real limits”, to drink above them – such as problematic drinkers - would be considered irresponsible. Previous extracts have suggested that people will make the right decisions with all the information. Those who to continue to drink in excess of the limits even when in possession of accurate guidance would be considered irresponsible. Therefore, although there are people drinking above the unit guidelines currently, there remains a distinction between those who are being portrayed as responsible and somewhat justified in currently drinking in excess of the guidelines, and problematic drinkers who would not abide by the guidelines even when provided with accurate information.

Across these extracts, the notion of individuals being rational was used to construct alcohol use in moderation and controlled drinking as achievable when provided with

appropriate guidance. Individuals are able to draw on available guidance to make active choices about their own drinking and avoid harmful consequences of alcohol use. Even when discussing those who currently drink more than the official guidelines, the limits are described as being problematic, rather than the individual. It suggests that individuals are inherently rational to the point that they are still able to moderate their drinking even when provided with seemingly "unrealistic" guidance, presumably drawing upon alternative guidance and metrics to help them judge what is appropriate and avoid drinking problematically. In contrast, those who drink far above the unit guidelines to the point of alcohol use problems would still be considered responsible for not acting in a rational manner as many others do, regardless of whether they had access to the appropriate guidance.

4.3.2 Accountability

In constructing this notion of rationality, it is implied that individuals are responsible for their alcohol use behaviours and potential problems. The above discourse suggests that individuals should be able to make appropriate choices and therefore can be held accountable for decisions and behaviours, including those which may lead to developing problems with alcohol. Within this section of the individual responsibility discourse the notion of rationality is built upon in order to hold individuals accountable for deviant behaviour, in this case drinking problematically.

The first extract in this section explicitly holds individuals accountable through describing alcohol addiction as a choice.

> *There are 2 primary choices in life- #addiction is a #choice not a #disease => #alcoholism #addiction*

(Extract 8: Twitter_23.02_Alcoholism)

The above tweet draws upon the concept of choice. The posted explicitly states that there are "2 primary choices in life", going on to describe addiction as one of these two binary choices. Through doing so, the poster has created a distinct binary of either being addicted or not. Furthermore, the post clarifies that addiction is "not a #disease", pre-empting the defensive viewpoint of the disease model of addiction in which addiction is seen as uncontrollable and removes some blame from individuals (see section 4.5). Instead, the poster makes clear that alcohol use problems can be explained through the disease model, but is an active decision made by individuals. As discussed previously, any choices made and subsequent consequences of these choices are open to judgement from others (Bergmann & Linell, 1998). Whilst not being addicted is also constructed as an active choice, there is a clear orientation that being addicted is the negative choice and therefore this is the option that is held accountable. Within this extract there are no attempts to mitigate this view and the blame attributed to individuals with alcohol use problems. Rather, individuals are simply constructed as having made an active choice and are therefore directly responsible for their addiction as a result of these decisions.

The comment below illustrates a particularly explicit perspective in which individuals are directly held to account for their alcohol use problems.

If you think you have a problem with alcohol, here's a thought, and a simple solution: Don't drink. Try taking personal responsibility for your actions instead of expecting the state (taxpayers) to pick up after you.

(Extract 9: The Guardian_Comments)

Within this extract the author suggests that there is a simple solution to alcohol use problems; willpower. The author does not argue than an individual does not have control over alcohol itself, but that they do have control over whether or not to drink. Comparing this to the first extract in this chapter from Donna's blog, she was considering moderation and stated that she should drink moderately "if" she could. This "if" suggests there was some doubt about whether moderation was possible for herself or complete abstinence would be more appropriate based on her personal ability. Donna was engaging in a rational thought process with herself about whether or not she should aim for moderation. Similarly, this extract further suggests that for some who may already be debating whether they have a problem with alcohol, there is the option to not drink in order to avoid negative consequences and developing further issues. This option is provided as a "simple solution", again drawing upon the notion of individuals being rational and able to make logical and appropriate decisions for their personal situation. In this case, the clear and logical option is to not drink. This is one of few instances in which moderation was not drawn upon. Instead, there is the suggestion that if individuals find themselves unable to moderate then they should make the rational decision to not drink at all which would halt developing problems.

Not drinking is not only constructed as rational but as the responsible choice. The author continues to suggest that individuals should take "personal responsibility" for their "actions". An individual's alcohol use problems are constructed as being a result of them continuing to drink alcohol past a certain point, which is an active choice for which individuals can be held accountable. As seen within the previous extract, both addiction and not being addicted were constructed as choices, although one was clearly negative and not tolerated. This is further reinforced in this extract in which the responsible choice

is to not drink. Therefore, to continue drinking is constructed as irresponsible and alcohol use problems caused by continuation of drinking can be directly attributed to individual choice, as they had an alternative option to not drink.

A further example of this notion of individual responsibility can also be seen within The Daily Mail. Across the corpus, there were a number of examples in both the comments and newspaper articles where The Government were described as ‘‘nannying’‘ or being a ‘‘nanny-state’‘. One such example is illustrated below in an article which focuses on Public Health England (PHE) advice on not drinking two days in a row.

> *“We are supposed to be living in times of austerity and the Government is spending tens of millions of pounds on a nanny-state quango.”*
>
> *Tory MP Andrew Rosindell added: “We live in a free society and it’s up to people to decide if to drink, when and how often.”*
>
> (Extract 10: The Daily Mail)

Within Extract 10, it is first notable that The Daily Mail draws upon experts within the article title, the very first part of the article that readers will be exposed to. The article adapts Snowden’s quote (the first quote in the extract) for use in the title in which it describes the PHE advice as being “dismissed as ‘‘NANNYING’“. Furthermore, the article itself quotes a number of experts, including both Chris Snowden from the “Institute of Economic Affairs think-tank” as well as Tory MP Andrew Rosindell within just the short extract included above. As research has found, citing such individuals and organisations

who can be considered experts helps in building credibility in news reporting (Albæk, 2011; Laursen & Trapp, 2019). As such, the statements included by these individuals may carry more weight within the article, particularly as they present views which oppose latest Governmental action.

Within these quotes the updated PHE advice is described as a result of the Government investing in a "nanny-state quango", implied as being a mislaid focus in opposition to ongoing problems of austerity. This term of "nannying" or "nanny-state" has been found to be employed across a range of topics, but often as a critique against public health regulation in which Governments are cautioned against taking action, particularly in Western liberal democracies (Carter, Entwistle, & Little, 2015; Magnusson, 2015). Such calls of "nanny-state" typically refer to the interfering with individual autonomy and the Government is constructed in direct contrast to individual responsibility (Carter et al, 2015; Hœk, 2015) In line with this research on the "nanny-state" term, the second quote in the above extract further implies that this guidance goes against the "free society" of the UK and imposes on the individual choice to "decide if to drink, when and how often". Rather, this article proposes that in place of this PHE guidance and "nanny-state", it would be preferable to allow individuals to take responsibility for their choices and decisions to drink alcohol, or not.

As mentioned, this was not the only article from The Daily Mail which included this strong negative reference to "nannying". It's important to note that the data corpus include 15 articles from 2013-2017, but this still included three articles with reference to "nannying" present in the headline and article itself. Additionally, this term was also found in the comments of four of the articles collected. In contrast, this term was not found in the articles or comments of The Independent and was only found in one comment from The Guardian and one article (in which it was used to defend why the Government should

take more action, see Extract 19). Both the authors and commenters of The Daily Mail articles drew heavily on this notion of individual choice as opposed to Government actions.

The previous extracts have constructed individuals as rational and therefore able to make responsible choices about alcohol when given accurate information. Notably, all of these posts were directed towards people with alcohol use problems. Although it cannot be confirmed that the authors did not have alcohol uses, it was not oriented to in any of the posts. In contrast, the extract below is taken from a blog post by Donna who is currently undergoing recovery for alcohol use problems and therefore has a different stake in how blame for alcohol use problems is attributed.

> *I think the reason I was able to quit this time is that I finally had enough information to make a decision. All the reasons in my list laid it out for me. It was time to stop. I couldn't drink anymore the way in which I was. Wine had a become a problem. I needed to change. Bam. Easy. Then quit. So I did.*
>
> (Extract 11: Blogs_Donna)

Within Donna's extract she discusses the reason why she was able to quit "this time'', suggesting that there have been a number of unsuccessful attempts. On this occasion Donna appears to be successful because she ''finally had enough information to make a decision''. The ''finally'' suggests that previously this information had not been available and therefore the decision to quit drinking was not the clear answer. Again, this further indicates how rationality and having the information to make informed decisions is constructed as a key element in guiding behaviour. On this occasion Donna identifies that everything was in front of her. As Donna explains her thought process she uses very short

and factual phrases such as “It was time to stop.’’, ‘‘wine had become a problem. I needed to change.’’ Donna had drawn upon the information that was made available and used this to rationally consider her options and come to the realisation and decision to stop drinking. Again, once Donna had realised the issues with her drinking, she is very short and direct in her writing; ‘‘Bam. Easy. Then quit. So I did.’’

It appears that when in possession of the facts regarding the harm alcohol was causing her, Donna took accountability for her own drinking and reached the decision that she needed to quit. This was not a case of she slowly started to stop drinking or she was convinced into it, she made this choice directly from being provided with information which clearly identified that she ‘‘couldn’t drink anymore the way in which [she] was”. At which point it became a rational and clear decision to stop drinking. Donna’s narrative reinforces this construction of individuals as being rational and accountable for their drinking. Once Donna had access to knowledge and awareness around alcohol use, she used this to inform her decision to stop drinking. Donna then made the active choice to stop drinking as a direct result of this information. As a rational individual, Donna utilised appropriate guidance to make decisions about her own alcohol use, reflecting individual responsibility for her actions.

4.3.3 Summary

Throughout this discourse, the extracts have drawn upon the previous notion of individuals being rational and taken this a step further to invoke personal accountability. As rational individuals, it means that people can make informed and responsible decisions about their drinking and therefore can be held accountable for problems that arise as a result. Alcohol use problems are constructed as being an active choice and decision by individuals to act out of line with the rational and responsible alcohol use behaviours such as moderation.

Some of the extracts even go as far as to criticise Government involvement, instead invoking the importance of individual autonomy in making responsible choices. The extracts suggest that some individuals with developing or current alcohol use problems simply may not be able to drink moderately but that as rational individuals, they should then make the responsible choice to abstain. When individuals do not act in line with these socially approved behaviours, they are viewed as having made a specific choice to not act responsibly.

As discussed within the literature, any behaviour is open to moral judgement (Bergmann & Linell, 1998) and this judgement is due to the personal choices made. Within this section, the extracts have all promoted the use of education and knowledge in bringing awareness about the harms of alcohol use and need for responsible drinking. The extracts construct individuals as rational and that when given factual information about alcohol use, they are able to make an informed choice to regulate their alcohol consumption in line with responsible drinking. Throughout this discourse it constructs moderate drinkers in society as the rational and ‘‘responsible citizens’‘ who have made the choice to drink sensibly, whilst simultaneously describing those with alcohol use problems as ‘others’ who are irresponsible as a result of an active choice to continue drinking, despite the available guidance. Throughout this discourse, alcohol use is constructed as a choice. As rational individuals people have the option to make an informed and active choice to drink alcohol responsibly in moderation, as many do. As such, alcohol use problems are portrayed as stemming from poor choices by an individual. therefore, an individual can be - and is - held personally accountable for their problematic drinking.

Within this discourse of individual responsibility there are few attempts made to justify and excuse problematic drinking, rather it is constructed as the person actively making the decision to drink in an irresponsible manner. Discursively, this falls within the

category of accounts, but there is no exoneration work as seen with justifications and excuses in which there is no attempt made to mitigate any responsibility, deny the problem behaviour, or portray it as permissible (Scott & Lyman, 1968). Rather, this discourse constructs an individual as entirely responsible and provides the most simplistic explanation of the three discourses in which an individual had developed an alcohol use problem as a result of their choice to drink in such a manner. Ultimately, this discourse explains problematic alcohol use through holding the person of concern accountable for making irresponsible choices. Such an explanation serves to further entrench the normalcy of alcohol in society, whilst reinforcing a punitive view towards those who have problems with alcohol and is likely to be linked to heavily stigmatising positions.

4.4 Culture and Policy

The previous discourse reflects an explanation for alcohol use problems which constructs individuals as rational and therefore accountable for their consumption. Within this discourse, the blame is solely attributed to the individuals and there is no attempt to exonerate the behaviour. This second discourse of Culture and Policy builds upon the previous discourse of individual responsibility in which individuals are implicated as being responsible for alcohol use problems. However, this discourse mitigates the blame directed at individuals and constructs them as only partially responsible, with some of this blame being attributed to external factors.

In order to provide the justification for alcohol use problems, this discourse draws upon culture (4.4.1) as heavily encouraging alcohol use - particularly moderate consumption as seen in 4.2 - and policy (4.4.1) which allows alcohol to be cheap and readily accessible. As such, this second discourse does not deny individual responsibility for this deviant behaviour but justifies this behaviour as understandable through

acknowledging the wider societal culture and alcohol policy as external mitigating factors. Both of these discursive strategies are discussed below in relation to how they negotiate the responsibility for alcohol use problems.

4.4.1 Cultural normalisation

Within the first discursive strategy discussed in this chapter (4.2), moderate alcohol use was constructed as not only acceptable, but culturally expected in certain circumstances. A core discursive strategy of this current discourse similarly focuses on the way alcohol use is heavily normalised within society, to the extent that to not drink is considered unusual and requiring explanation (Bartram, Eliott & Crabb, 2017). Whilst this normalisation of moderation runs throughout all three discourses, it was a particularly prominent strategy used here in mitigating the blame for problems with alcohol. This heavy cultural normalisation of alcohol use was constructed as being an external factor which impacted individuals' ability to make 'responsible' decisions around alcohol use, and therefore mitigates some of the blame.

The below extract is taken from a Guardian article which discusses the role of alcohol use within the university experience.

> *For students, alcohol can be as much a part of university life as lectures. Much of student culture – freshers' week, sports initiations and late nights out – is associated with heavy drinking, right up to a celebratory beverage on graduation day.*
>
> (Extract 12: The Guardian)

Universities are often portrayed as a place in which alcohol use is a central element of the culture and is largely expected by fellow students, to the extent that not engaging with alcohol use in this setting is accountable (Romo, 2012; Conroy & de Visser, 2013). This extract highlights this centrality of alcohol use through comparing it to being ‘‘as much a part of university life as lectures’‘ which is commonly understood as being one of the foundational elements of attending university. Through comparing alcohol use consumption to such a large part of the university experience, it constructs alcohol use as highly important and centralised.

The extract continues to construct a specific notion “student culture”, creating a three-part list of activities which have negative connotations of excessive drinking and irresponsible behaviours (Lafferty, Wakefield, & Brown, 2017; Fuller, Fleming, Szatkowski & Bains, 2018; Gambles, 2019). This is further explicitly related to heavy drinking within the extract, suggesting that such behaviour falls out of the appropriate realm of moderation and is a negative behaviour commonly engaged with within the university student culture. Furthermore, the extract specifically points to various situations from the very start of university during ‘‘freshers’ week’‘ through to the final milestone of ‘‘a celebratory beverage on graduation day’‘ alcohol is highlighted as being a core element throughout the entire university experience. Alcohol use is explicitly constructed as being a heavily normalised element of the university experience. However, in contrast to when normalisation of alcohol use was discussed in 4.2, the normalisation here is constructed negatively, particularly focusing on the heavy drinking aspect.

However, it isn’t only university lifestyles which are underpinned by alcohol use, but this is also seen within wider society. For example, in the extract below the article is discussing the Sober October campaign which has become increasingly popular in recent

years across the UK. It should be noted that although this extract comes from a newspaper, it is a guest author describing personal experiences with alcohol use.

> *I haven't drunk booze for a month. My mother hasn't drunk for 34 years. This is not because we're pregnant, or in recovery, but because booze is – despite what British culture may insinuate – not actually intrinsic to your survival. In spite of what Keats and Omar Khayyam and all those other saturated poets may have swashed down in verse over the years, drinking is not in itself a necessary, creative or vital act.*
> (Extract 13: The Guardian)

At the start of the above extract the author states that herself and her mother have been sober for varying amount of times. The author immediately goes on to deny that this is not due to being ''pregnant, or in recovery''. As health reasons are seen as legitimate explanations for not drinking (Tolvanen & Jylhä, 2005; Nairn, Higgins, Thompson, Anderson, & Fu, 2007), drawing upon pregnancy and recovery would provide a socially accepted account for not drinking. However, the author denies this need to draw on such explanations for not drinking, using this to argue that the UK culture is too centred on alcohol consumption. The author constructs alcohol use as being negatively normalised within British culture, drawing upon ECFs to deny that alcohol is ''intrinsic to your survival'', ''necessary'', or ''vital''. This further highlights the elevated position that alcohol is given within British culture but similarly to the previous extract constructs this as a negative.

Within this extract, the author of the article has made clear that people have the option to simply not drink, as it is not a necessary consumption habit. This reflects the previous notion that individuals are responsible for their consumption behaviours and do

have to drink alcohol. However, whilst this extract draws upon this individual responsibility it also invokes the role of cultural normalisation as a mitigating factor which justifies the individuals' behaviour. Through making relevant this normalisation of alcohol use, it suggests that cultural norms impact personal consumption habits. As such, individuals are not solely responsible for their choices as these are influenced by wider societal values and expectations which heavily encourages drinking alcohol. Therefore, although individuals are ultimately responsible for their consumption, the culture also plays a role and mitigates some element of the personal responsibility.

As seen within the previous two extracts, there is a construction of culture as encouraging alcohol use. To some extent this can be expressed as playing a negative role in the development of alcohol use problems. The below extract is taken from an article discussing a new potential drug for managing alcohol use problems.

> *"The main problem is the really high relapse rate after treatment," said Das. "People can successfully quit using over the short term while they're being monitored in the hospital ... but when they return home they're exposed to those environmental triggers again."*
>
> (Extract 14: The Guardian)

Within the above extract a mixture of personal choice and environmental factors are drawn upon to attribute the responsibility for alcohol use problems. Initially, the extract discusses the effectiveness of the medical setting and positive outcome of medical treatment. However, despite discussing "treatment" and citing medical intervention over the short term, the quote still states that individuals "successfully quit using". Therefore, although they are within a medical setting, it is the individual who makes the active choice

to stop drinking alcohol. In this case, individuals are constructed as taking responsibility for their consumption, but this environment factor of the hospital setting supports them in making this choice. Therefore, neither the individuals nor the environment are solely responsible, but it is due to a complex interplay between the two.

Additionally, the extract further highlights the role of environmental factors from the alternative perspective. The extract refers to there being a "high relapse rate after treatment". During treatment, individuals are within a supportive environment which is created specifically to help them in their choice to reduce or abstain from alcohol use. Once back in the community and out of that sterile and supportive medical setting, alcohol is accessible, available, and encouraged by society. When individuals return home they are no longer within a setting that discourages alcohol use, rather the environment encourages consumption. Even if an individual has actively made the choice to stop drinking and sought help and treatment, the cultural environment can be detrimental to this decision. Therefore, although individuals do have some personal responsibility, the environment influences behaviour and can complicate the recovery process and mitigate the personal responsibility.

Similarly to the previous extract, the below is taken from another newspaper which discusses the environmental difficulties some individuals can face. In particular, this article discusses the dangers of Christmas time for those recovering from alcohol use problems.

> *Recovering addicts who will be spending their first Christmas sober might choose to avoid parties, pubs and maybe even Christmas Day festivities – but alcohol, if only the sight of the stuff, is impossible to avoid. Canny supermarkets put all their on-sale booze in prominent displays, urging us to stock up for Christmas. The shops are*

lousy with drink, the pubs and restaurants are rammed with office-party goers. (There's a tab behind the bar, so they really go for it.)

(Extract 15: The Independent)

Whilst the previous extract implies that the normalisation of alcohol use creates a problematic environment for those in recovery, this extract is much more explicit. This extract again draws upon the notion of personal responsibility by highlighting that individuals can make the active choice to remove themselves from difficult situations. In order to help continue their recovery, individuals will make the choice to remove themselves from tempting environments which may lead to drinking. Extract 15 focuses particularly on the Christmas period and previous research has also found an increase in alcohol use and alcohol-related injuries and admissions during this festive season (Ghani, 2012; Lloyd et al, 2013). The extract creates a three-part list of typical social events tied to Christmas including "parties, pubs and maybe even Christmas Day festivities". As such, those in recovery from alcohol use problems are able to remove themselves from difficult physical environments which encourage alcohol consumption, but at the consequence of also removing themselves from the social festivities taking place. The extract constructs the events as being so centred around alcohol use that for those in recovery the better option can be to forego the event altogether. This further highlights how alcohol use is heavily prominent within society, particularly within social events, which makes these difficult environments for those trying to reduce or abstain from drinking.

The extract continues to discuss that even when removing themselves from the problematic environment, alcohol "is impossible to avoid". The extract cites the way in which supermarkets increase drinks offers, alcohol is more available in shops, and social environments such as restaurants are full of office parties where people ''really go for it''

and drink to excess. Although alcohol is heavily culturally normalised, the presence and use is particularly heightened at Christmas time. So much so, that even those attempting to be responsible and putting in place measures to help them avoid alcohol find it difficult. This highlights the way in which the cultural environment is not suited for helping those in recovery but makes the process to avoid alcohol particularly difficult. Even when taking responsibility and removing themselves from tempting situations, the normalisation of alcohol is present within mundane situations such as watching tv and food shopping. Therefore, whilst individuals may well be making positive choices in their recovery the cultural normativity of alcohol use within wider society does not support individuals in making these choices.

A final example of this cultural normativity of alcohol use guiding behaviours can be seen in a blog post by Tracey below. This is Tracey's first holiday season during recovery and is describing her plans to negotiate this difficult period.

> *I've been nervous about the holidays, but I am confident that I will get through them just fine. However, my counselor does not want me at any family functions where booze will be served during the holidays. My boyfriend also thinks this is a good idea. […] I guess this isn't a rant, but maybe more of a pity party. I've had a rough year, I almost freaking died, I've had to make some major decisions and life changes. Can't I just enjoy Christmas with my family?*
>
> (Extract 16: Blogs_Tracey)

In line with the previous extracts and research which suggest Christmas is a difficult time due to increased alcohol use (Ghani, 2012; Lloyd et al, 2013), Tracey discusses how she has

been “nervous” about the festive season but is “confident” she could cope with the increased temptations. However, she appears to have discussed this with others around her, including her boyfriend and counselor who have a difference of opinion. Her counselor advises her that she shouldn’t be present at “family functions where booze will be served”, presumably as this would be a difficult temptation for Tracey who is only six months into recovery. This aligns with Extract 16 in which the article discusses how in some instances it’s more appropriate for individuals in recovery to simply remove themselves from the environment where alcohol is present.

However, Tracey goes on later in the blog to discuss the negative impacts this will have on her experience of Christmas, described as “pity party”. Tracey lists the difficult experiences she’s been through during the year and discusses how she wishes to “just enjoy Christmas with my family”. In addition to the associations with alcohol, Christmas is also traditionally associated with celebrating with family and close friends (Lacher et al, 1995; McKechnie & Tynan, 2006; Petrelli & Light, 2014). Similarly to the previous extract, Tracey may have to make the decision to not participate in Christmas festivities due to it not being a positive environment for assisting in her recovery. Again, this demonstrates how heavily ingrained alcohol is within society, to the extent that those in alcohol recovery are advised to remove themselves from these activities and environments.

Moderation has previously been discussed within this chapter for the way in which it is promoted as a positive facilitator of social interaction and is a socially normative behaviour. In contrast, within this particular discourse this normalisation of moderation is constructed as being problematic. Moderation is constructed as being so intertwined with societal culture that it encourages drinking on a negative level. This cultural expectation to drink alcohol use is particularly difficult for those engaging in alcohol reduction behaviours

as the wider social environment encourages them to make alternative decisions. Therefore, although individuals may be actively working towards reduction or abstinence, this choice is often made more difficult and complicated through the wider society in which drinking is encouraged as the cultural norm.

Furthermore, the previous construction of moderation as being a positive facilitator of socialising was promoted within official Government sources written during a Conservative leadership (see Extract 2). In contrast, the extracts above which construct normalisation of alcohol use negatively were all taken from professional newspapers situated politically on the centre and left side of spectrum. There were no instances within The Daily Mail in which this normality of moderation was critiqued. Therefore, there appears to be a distinction between the way the current Conservative Government constructs alcohol use in moderation as being a positive within society, in direct contrast to the centre and left constructions here of moderation being part of the problem and mitigating the responsibility for individuals' alcohol consumption.

4.4.2 Policy involvement

Within many aspects of culture, the concept of what is socially acceptable both influences and is influenced by legal policies (Danielson & Stryker, 2014; Muers, 2018). This is similarly clear with regards to alcohol use, in which policy is used to regulate the price and availability of alcohol consumption, both reflecting and impacting ''drinking culture'' and societal standards of acceptable alcohol use (Savic et al, 2016). Within this discursive strategy the policy surrounding alcohol use is constructed as influencing negative alcohol consumption and making it more difficult for individuals to make responsible consumption choices due to the accessibility of alcohol.

For example, the below extract is taken from the WHO strategy, discussing options for approaching alcohol consumptions and related harms.

> *Public health strategies that seek to regulate the commercial or public availability of alcohol through laws, policies, and programmes are important ways to reduce the general level of harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by vulnerable and high-risk groups. Commercial and public availability of alcohol can have a reciprocal influence on the social availability of alcohol and thus contribute to changing social and cultural norms that promotes harmful use of alcohol.*
>
> (Extract 17: The WHO)

Within the above extract, laws and policies are specifically mentioned as a key way to reduce harmful alcohol use. In particular, such strategies are cited as being able to reduce the ‘‘general level’‘ of alcohol use harm across the population. In addition to this broader harm from alcohol use, the extract specifically refers to ‘‘vulnerable and high-risk groups’‘. This invocation of ‘‘vulnerable and high-risk’‘ constructs these individuals as requiring help and support to make responsible choices in terms of alcohol consumption. Specifically, the extract cites the ‘‘easy access’‘ and ‘‘commercial and public availability’‘ of alcohol use as being a key issue in making decisions which may lead to harmful alcohol use. This directly targets the issue discussed in the previous section where many in recovery face difficulties due to the environment, where alcohol use is both encouraged and easily accessible. The responsibility for this availability of alcohol use is directly tied to policies and laws around regulation. As such this extract constructs some of the responsibility for alcohol use

problems as resting with the policy makers in supporting individuals to make the right decisions.

In addition, the WHO discuss how making alcohol less easily available may help to shift cultural attitudes which ‘‘promotes harmful use of alcohol’‘. Not only does the extract reinforce the view that alcohol use is socially acceptable, but that the culture encourages alcohol use to a harmful extent. Again, it is not the individuals who are blamed, rather the policy and culture is constructed as responsible. This extract builds upon the previous discursive strategy of culture (4.4.1) and further suggests that whilst the culture is problematic, this negative culture is reinforced through policy and regulation. Through changing the policy and regulation this will also work to change the negative culture surrounding alcohol use and lead to a reduction in harmful alcohol use through encouraging different decisions. Whilst this extract does not absolve individuals of all responsibility for alcohol use harm, it does acknowledge the current culture and availability is problematic. It constructs policy as having a responsibility for managing and changing this environment to encourage responsible alcohol consumption.

Whilst the WHO advocates for changes in policies from the perspective of a professional body, this view was also seen within newspapers. Although classed as professional for the purpose of this study, newspapers do not have control over policies or regulation and represent a distinct difference in source type.

> *The state can only do so much. Most of us aren’t alcoholics. We just drink too much. With every drink, we make a decision. We need to make different decisions. But the state can shape attitudes and it can legitimately do so, citing the costs and losses*

that result when it does little or nothing. The state can do more without being accused of nannying. And it should.

(Extract 18: The Guardian)

Within the above extract, the author creates a distinction amongst categories of drinkers. The individuals are constructed as drinking ‘‘too much’‘. The author draws upon the more extreme end of the spectrum of “alcoholic” to situate their drinking as less problematic. There is a particular grey area in which individuals are drinking over the recommendations for low-risk drinking, but not considered problematic. The article goes on to make the point that this level of alcohol consumption is something people are individually responsible for. It states that these are active decisions made by individuals ‘‘with every drink’‘ and that they have to take control over these decisions. It is their personal responsibility to ‘‘make different decisions.’‘ in regards to their drinking and drink within a responsible level. The author reinforced the notion of individual responsibility through acknowledging that individuals are drinking too much as an active choice and are therefore accountable for their actions.

However, the extract also highlights that although there is individual responsibility, the state also plays a role and ‘‘can shape attitudes’‘. Whilst individuals must make their own choices, these are influenced by the wider societal attitudes which can be impacted by state regulation and policies that direct drinking practices. The extract accuses the state of doing ‘‘little or nothing’‘. Furthermore, the extract suggests that the state can do more ‘‘legitimately’‘, without ‘‘being accused of nannying’‘, pre-empting the potential criticisms that can be levelled at a government with strict regulations on individualistic behaviours. Furthermore, the author suggests that the government ‘‘should’‘, drawing upon modal verbs to construct the government as being obligated to take more responsibly in changing

the culture surrounding alcohol use. There is a clear construction here that although alcohol consumption is an individualistic behaviour and they are accountable for this, the state shares some responsibility for alcohol use in terms of creating an appropriate environment and shifting cultural attitudes.

Whilst the previous extracts have illustrated the need for authoritative bodies to take more action in relation to alcohol use, the below two extracts are much more critical of the lack of action taken thus far. The below extract is taken from an article which discusses the ‘‘Café Culture’‘ created through relaxation on alcohol regulations.

> *While individuals do have choices, options and responsibilities, this is only half the equation. New Labour's third way approach to alcohol licensing had the effect of removing from the debate the constraining, and at times coercive, structural issues within the night-time economy, such as competition, price and physical geography. In their place the behaviour of individuals is put forward as the only realistic cause of – and solution for – problems.*
>
> (Extract 19: The Guardian)

As a key aspect of this discourse, the above extract highlights how individuals do have an element of responsibility in relation to their alcohol consumption. However, as constructed continuously throughout this discourse, ‘‘this is only half the equation’‘. In addition to individual accountability, the extract cites the government's policies as encouraging alcohol use through making it more easily accessible and cheaper. The previous regulations are described as ‘‘constraining, and at times coercive’‘, suggesting that the previous regulations did create barriers which helped to limit alcohol consumption. The change in

these regulations are constructed as encouraging alcohol use through removing barriers of physical availability and financial accessibility. As such, alcohol is constructed as now being both cheaper and more available, with less barriers in the way to discourage alcohol consumption.

In addition, not only did the removal of these barriers increase the availability, but the extract also portrays this change as increasing the amount of responsibility directed towards individuals. Whilst the change in regulations provided individuals with more freedom and opportunities to consume alcohol use, it also made them more responsible for their consumption in place of the regulations. Rather, the individuals are portrayed as being both the ‘‘cause of – and solution for – problems’‘. Displacing the blame from the government. Within this extract this is constructed as negative move by the government and that they should be providing stricter regulations to discourage alcohol use, rather than making it easier and more based on individual responsibility. The stricter controls which were removed led to a less supportive environment in terms of making responsible choices surrounding alcohol and relying more on individuals to make the responsible choices. This extract constructs this negatively, implying that the government should be taking more responsibility for encouraging and regulating responsible alcohol use consumption.

The final extract in this section continues to advocate for more action from authoritative bodies. The extract is taken from an article discussing the declining trend of alcohol consumption in universities over recent years.

> *Students are redefining university and its ethos, shaming the authorities that should have stepped in. Schools and universities should have a zero-tolerance policy on*

unrestrained drinking and public disorder. It is time for uncompromising action in other public and private institutions too. Laws against smoking have irreversibly shifted attitudes. The same drive is needed for alcohol consumption.

(Extract 20: The Independent)

The decline in alcohol consumption is framed within this article as students taking a stand against the reputation of university as a place for excessive alcohol consumption (see Extract 12), and ‘‘shaming the authorities that should have stepped in’‘. Again, rather than students themselves being held to blame, the authoritative bodies are constructed as having failed in their responsibilities to ensure a responsible culture towards alcohol use. It suggests that there is a shift happening in culture and what is considered acceptable and this is backed up by recent trends in alcohol use (Oldham et al, 2018; Holmes et al, 2019). However, it is made clear within this extract that this was not due to appropriate regulation and guidance from authorities, such as a ‘‘zero-tolerance policy’‘ but that it ‘‘should’‘ have been. Again, this use of modal verbs ties the authorities to obligations of putting in place effective regulations surrounding responsible alcohol use, but that they did not uphold this, with individuals instead taking on this responsibility. There is a strong sense that policy and regulation can impact change in cultural attitudes and that this is part of the responsibilities of such authoritative and regulatory bodies.

Within the extract it specifically shows how such policies have previously dramatically shifted attitudes. This is compared to regulations for smoking and suggests that the ‘‘same drive is needed for alcohol consumption’‘. Similarly to alcohol, although it was clear that smoking was harmful for health, many still smoked and it was legal to do so. Laws did not make it illegal to smoke, but did make it less accessible and convenient which ultimately shifted attitudes so that smoking was less acceptable in society (Bell,

McCullough, Salmon & Bell, 2010; Lee, Glantz & Millett, 2011). Through drawing on such a clear example where regulation has worked to ‘‘irreversibly’‘ shift attitudes, this extract illustrates how this could be used for changing alcohol consumption. This constructs a strong argument for the role that policy and regulation plays in managing alcohol expectations and levels of harmful drinking within society. Rather than individuals being hold solely accountable for their alcohol use, policy has the ability to make alcohol less accessible and shift the wider societal culture surrounding what is considered acceptable alcohol consumption.

Policy was critical on a number of levels, most notably in the way that it has the ability to impact and shift cultural attitudes and norms in relation to alcohol use. Reduced regulation has been linked to and blamed for encouraging excessive alcohol use. The state was repeatedly shunned for not doing enough and implored to increase regulation in order to help reduce the cultural acceptability of such behaviours. Overall, this implication of policy and regulation accepts that there is a certain level of personal responsibility for alcohol use consumption but that the state also has a role to play in directing appropriate alcohol use. Therefore, those with alcohol use problems are justified to some extent due to the failure of the authoritative bodies to step in.

Furthermore, similar to how the notion of culture being problematic was mainly constructed through professional centre and left political texts, the invocation of policy and regulation was also mainly drawn upon by professional sources. Not only did this include newspapers with political leanings in contrast to the government, but policy makers also drew upon this notion of such authoritative bodies as holding some of the responsibility for alcohol use problems. As the very bodies who would be responsible for putting in place such regulations, this is particularly interesting viewpoint in which they are taking responsibility for their role - or lack of in some places - and construct themselves as

having a responsibility to the general public to assist them in making responsible decisions regarding alcohol use.

4.4.3 Summary

Throughout this discourse, individuals are consistently portrayed as being responsible for their own choices and they ultimately decide whether to drink or not. However, the wider societal culture and authoritative bodies were also implicated as holding some responsibility. This discourse suggests that this personal responsibility is only part of the problem as our actions are often shaped and influenced by the environment around us. This social culture (further reinforced by various alcohol policies) actively encourages drinking and creates a particularly difficult environment for those with potential or actual alcohol use problems. The policy and regulation surrounding alcohol use has the ability to shift these cultural attitudes and support individuals in making the responsible choices.

Based on these issues with the environment this discourse of Culture and Policy does engage in discursive exoneration in justifying alcohol use problems as understandable given the wider context of culture and policy around alcohol use. Additionally, this discourse draws upon both the previous notions of individuals being responsible - to an extent – for their alcohol use consumption and moderation being heavily encouraged through societal norms, culture, and alcohol policy. In contrast to previous discourses, Culture and Policy drew upon this notion of moderation but constructed it as a negative which discourages and makes it more difficult for individuals to make responsible choices regarding alcohol consumption. As a result, this discourse constructs individuals as partially responsible but that it is understandable how they may make less preferable choices. Even those who are actively trying not to drink alcohol are repeatedly tempted by price, availability, and cultural cues to drink and are required to explain if they do not drink in a

social situation. The responsibility for such alcohol use problems then cannot lie solely with the individual. This justification does not absolve individuals of responsibility for alcohol use behaviours but that the entire responsibility cannot lie with the individuals and is an interplay between individual choice, the environment, and how certain actions are encouraged. Together, the cultural attitudes and regulatory policies creates an environment to support individuals in making responsible decisions about their own alcohol use behaviour, mitigating the level of blame attributed to the individual.

4.5 Medical Disorder

Throughout this chapter, the discourses have been reducing in relation to the level of blame attributed to the individual. The final discourse provides the highest level of exoneration by excusing alcohol use problems. Whilst the previous discourses have both attributed some level of blame for alcohol use problems to the individual, the Medical Disorder discourse explains alcohol use problems as being a medical disorder and an inherent disease. As such, an individual is constructed as excused and not to blame for their alcohol use problems as they are not within their control.

To excuse individuals for alcohol use this discourse draws upon two key strategies. Firstly, there is a reliance on medicalised terminology and diagnoses used to construct alcohol use as a medical disorder. In addition, this discourse also relies upon the notion of lacking control, suggesting that as a medical disorder a key element is the lack of control and therefore not within the individuals' responsibility. Through this discourse, alcohol use problems are not constructed as a personal failing, but as a medical disorder for which an individual cannot be blamed as they do not have the ability to actively control their alcohol consumption.

4.5.1 Addiction as disorder

The first discursive strategy drawn upon in this discourse is constructing alcohol use problems as a medicalised disorder, rather than a choice made by individuals. A key strategy of reinforcing this perspective is by drawing upon medicalised terminology and official diagnostic classifications which situate alcohol use problems with the medical field. By drawing upon medical expertise, this helps to legitimise problematic alcohol use as a clinical concern, rather than being due to individual actions.

The extract below comes from an article reviewing advances in treatment for Alcohol Use Disorder (AUD) which is a disorder within the DSM-V (APA, 2013).

> *Alcohol use disorder (AUD) is a chronic heritable brain disorder with a variable clinical presentation. This variability, or heterogeneity, in clinical presentation suggests complex interactions between environmental and biological factors, resulting in several underlying pathophysiological mechanisms in the development and progression of AUD.*
>
> (Extract 21: Seneviratne & Johnson_2015)

This extract is taken from the abstract of the above article in which the authors define AUD as a ‘‘brain disorder’‘ with a ‘‘clinical presentation’‘, immediately situating AUD within the realm of medical and clinical disorders. The language used throughout is heavily medicalised, relying on scientific and clinical terms such as ‘‘chronic heritable’‘, ‘‘variable clinical presentation’‘, and “pathophysiological mechanisms’‘. Through grounding the descriptions of AUD in clinical terminology, this highlights that AUD is being discussed as a clinical disorder within this paper. Previous discourses have not discussed alcohol use

problems as a clinical issue but have instead portrayed it more generally as individuals making particular lifestyle choices which lead to alcohol use problems. Instead, this extract constructs this as being a medical concern with underlying biological elements rather than individuals' choices.

In addition to generally portraying AUD as a medical disorder, the authors also explicitly cite several factors related to the ''development and progression of AUD''. This includes ''chronic heritable'', ''environmental and biological factors'', and ''pathophysiological mechanisms''. With the exception of environmental factors, these are all innate or genetic factors constructed as being part of the root cause leading to AUD. Within the abstract alone this paper positions alcohol use problems as being something which is both developed and escalated through primarily biological and genetic traits, and not a result of choices made by the individual. The individual blame is not only mitigated but is almost entirely absolved as they are not able to control the genetic and biological factors which contribute towards the development of alcohol use problems.

Typically, medical and diagnostic terminology is disseminated by and for professional clinical sources in order to reflect science – including research – as seen in the above extract (Botticelli & Koh, 2016). Whilst the above extract is taken from a professional source, this medical and diagnostic terminology is also commonly adopted by the general public over time (Botticelli & Koh, 2016) and this was no different within the data for this project. The below extract is from the comment section of an Independent article in which the poster attempts to account for the discrepancy between those who can drink moderately and those who develop alcohol use problems.

> *So why do some people become addicted and some not, even when exposed to the same amount of substance. I was addicted to Alcohol from the first drink I ever had*

? If I had no predisposition (disease) why is that then ? For a developmental process to occur , surely time is a factor , repeating the same behaviour. But I never needed to , I was hooked from day one. And I know I'm not alone so why ? What causes some to become addicted if not a disease. Next you'll be suggestion it's a choice.

(Extract 22: The Independent_Comments)

Throughout this chapter there has been a consistent distinction made between those who drink moderately and the 'others' with alcohol use problems. The author makes clear that their own position is within this latter group. Therefore, although this is considered a general public source within this project, this extract is written by someone with first-hand experience and therefore with a certain level of knowledge and entitlement to discuss their experience of alcohol use problems as an expert by experience (Potter, 1996). Additionally, the author also draws on medicalised terminology throughout such as ''predisposition'', ''disease'', and ''developmental process'', which helps to situate their knowledge as within the medical field and may be used as an attempt to increase credibility (Thompson, Bissell, Cooper, Armitage & Barber, 2014). As such, the author has constructed themselves as being an expert source in terms of both personal experience and through using relevant medical terminology, therefore having appropriate epistemic rights to provide an account for alcohol use problems which conflicts with alternative perspectives. Within this extract, the author uses their constructed expertise to refute some of the more stigmatising and negative perspective towards alcohol use, providing an alternative construction of alcohol use problems as medicalised.

The first common explanatory discourse the author refutes is that this is a ''developmental process'' which happens over time with repeated behaviours. This reflects the individual responsibility discourse which accounted for alcohol use problems by

suggesting individuals actively continued to drink past the point of moderation into excessive drinking. In contrast, this extract suggests that there is an underlying biological reason or ‘‘predisposition’‘ which explains this difference. The author particularly focuses on the immediacy and development of an alcohol use problems, describing themselves as being ‘‘addicted to Alcohol from the first drink’‘, and ‘‘I was hooked from day one.’‘ This suggests that there was not a period of moderate drinking for the author whereby they chose to continue to drink and ultimately develop alcohol use problems, but that alcohol in itself was an immediate problem for them, rather than developed over time due to a lack of responsible choices. They clearly advocated that there are innate factors which lead to the development of problems with alcohol use.

Furthermore, the author explicitly asks the rhetorical question of what may account for alcohol use problems in some individuals and not others ‘‘if not a disease’‘. In response to their own rhetorical question, the author pre-empts the negative challenge of personal choice as an alternative construction through saying ‘‘Next you’ll be suggestion it’s a choice’‘. Through explicitly making relevant this discourse of individual responsibility which negatively stigmatises individuals, it undermines the legitimacy of this potential argument. Ultimately, within this extract the author has explicitly made relevant alternative accounts and used their experience and knowledge of medical terminology to refute these negative constructions, further strengthening the construction of alcohol use as a medical disorder and mitigating individual blame. Compared to the previous professional extract, this author completed more work to construct the legitimacy of their exonerating account.

The final extract within this section is a quote by Russell Brand taken from an article in The Independent focusing on his experiences of alcohol and drug addiction. In terms of the professional versus general public distinction, the article comes from a professional source

but is part of an interview with someone who is debatably a member of the general public. However, similarly to the previous extract, Russell Brand has well-documented personal experience with alcohol and drug problems and therefore has a certain status of expert by experience.

> *Doesn't make sense unless you accept that addiction is an illness. Otherwise, you think hang on a minute why'd he do that?*
>
> (Extract 23: The Independent)

Similarly to previous extracts in which alcohol is explicitly attributed to the category of 'disorder' or 'disease', this extract also explicitly names such issues as being "an illness". Whilst the previous extracts have relied heavily upon medicalised terminology, this extract used limited medical terminology. Rather than drawing upon this terminology, the extract instead draws upon the notion of rationality to construct alcohol use problems as a medical concern. Similarly to how the previous extract used contrasting perspectives to argue alcohol use as a ''disease'', this extract drew upon the notion of rationality which was central element of the individual responsibility discourse to construct a directly contrasting discourse of alcohol use as a disorder.

Within the individual responsibility discourse, the notion of rationality was used to argue that individuals choose to make informed decisions about their alcohol consumption and act responsibly, therefore they are accountable for making irresponsible choices and developing alcohol use problems. This extract also draws upon this notion of rationality but in direct contrast it is used to argue that alcohol use problems do not ''make sense'', positioning this account as being based on logic and rationality. He further explains that the only way to account for this is to ''accept that addiction is an illness''. In order to

further reinforce the point, this is expanded to provide a rhetorical question of ‘‘hang on a minute, why’d he do that?’‘. As the rational decision – as constructed within the individual responsibility strategy – is to not drink to the extent of developing an alcohol use problem, this extract also suggest individuals are rational and therefore there must be an alternative factor guiding their consumption behaviours that choosing to act against this rationality. As such, the alternative argument is attributing alcohol use problems to being an illness, rather due to personal choice.

Throughout this extract, alcohol use problems have been accounted for using the same discursive strategy of rationality as seen within the individual responsibility discourse. However, this notion of rationality is used to argue for a conflicting construction of alcohol use problems as being irrational and therefore part of an illness outside of an individual’s control.

Within the above extracts, alcohol use problems have been clearly constructed as a medical disorder. In addition, two of the extracts drew upon the notion of rationality which have already been seen elsewhere within this chapter. In contrast this discourse used this rationality strategy to argue for a conflicting viewpoint of alcohol use as a disorder. Whilst the previous two discourses have suggested that individuals are at least partially to blame due to being able and expected to make rational decisions regarding alcohol use, this discourse suggested that this is in fact a sign that alcohol use problems are a medical disorder and not due to individual choices. Rather, this discourse constructed alcohol use disorders as something that are inherently genetic or biological in nature and therefore not within an individual’s control or ability to make rational decisions about.

4.5.2 Uncontrolled

As seen within the previous section, the notion of rationality was drawn upon again in this discourse to argue that alcohol use problems cannot be attributed solely to personal choice. This construction suggests that if individuals are rational and this is entirely due to personal choices, then it follows that individuals would make the decision to stop drinking and thus halt negative consequences from their drinking. In contrast the strategy discussed below suggests that alcohol use problems are not controllable. As a medical disorder, an individual has as much control as they would over any other biologically based disorder, which is very limited. Within this discourse it is common to find explanations of individuals not having control over their own alcohol consumption, ultimately denying responsibility and working to excuse their behaviour.

The below extract provides a clear definition of alcohol ‘‘addiction’‘, attributed to NHS guidelines and cited within a newspaper article as a professional source.

> *Addiction is defined as losing control over your behaviour and taking or using something to the point where it is debilitating and harmful, according to the NHS.* (Extract 24: The Independent)

Within the article an operational definition of addiction is provided based on the NHS guidelines, situating it specifically within a medical context. Within the definition such alcohol use problems are explicitly considered as ‘‘losing control over your behaviour’‘. Firstly, the statement uses the term ‘‘losing’‘. This suggests that an individual does initially have control but that this is lost as a result of the alcohol use. It is not that they are

inherently an irrational individual, but that this is a symptom of the alcohol use problem itself. Additionally, the individual is considered to not be in control of their behaviour. If an individual is not in control, then they are not actively making decisions and therefore cannot be held accountable for their behaviour.

The extract continues to specify that individuals may take or use substances ‘‘to the point where it is debilitating and harmful’‘, further highlighting the lack of rationality that is involved in alcohol use problems. Again, a rational person would not continue to engage in an activity that is actively harmful and detrimental to their health but would be expected to make the responsible decision to halt such behaviour. Furthermore, many individuals do drink moderately, but do not drink to the point of harm. This loss of this rational control is constructed here as being a key element of alcohol use problems. The very notion of rationality and control over behaviour is compromised as part of the medical disorder of alcohol use problems. Therefore, as a result of this disorder, individuals cannot be held responsible for such behaviours and continuing to engage in destructive alcohol use behaviours as this is beyond their personal responsibility.

Whilst this view is reflected by professional discourses as seen above, it was also found within recovery blogs such as that by Tracey in the extract below.

> *I was done feeling bad for being unable to control something that I would never be able to control, no matter how hard I tried. I was done feeling guilty for lying to friends and family to cover up my tracks. For waking up and not knowing how I got home. For feeling this horrible sense of doom all day following a particularly crazy night, worried to hear from my friends about the stupid things I had said or done while being drunk out of my mind.*

(Extract 25: Blogs_Tracey)

Within the extract, Tracey is reflecting upon her feelings of guilt and ‘‘doom’‘ during her episodes of heavy drinking. Upon reflection Tracey explains that she was finished with ‘‘feeling bad for being unable to control something that I would never be able to control, no matter how hard I tried’‘. Tracey reinforces this construction of alcohol use as something that is uncontrollable, using ECFs to state that she would ‘‘never’‘ be able to control her usage. Tracey also states ‘‘no matter how hard I tried’‘, suggesting that she has actively tried to control her drinking in the past. Tracey acknowledges that it was not a problem of not trying or not trying hard enough, but that the alcohol and related problems were something beyond her personal control.

Tracey continues to expand upon the negative feelings she experienced, including guilt, doom, and worry. In particular, Tracey mentions that she is worried to hear about the ‘‘stupid things’‘ she had done or said whilst ‘‘drunk out of my mind’‘, further strengthening this construction of not being in control of her behaviour and the subsequent consequences. Tracey is subject to these feelings as a direct result of not having made these active choices through a rational thought process. Rather, she describes these things as being something she had done whilst ‘‘drunk out of [her] mind’‘ suggesting she was not actively aware of this behaviour at the time due to her alcohol use. Tracey has further added to this construction of alcohol use as being uncontrollable as well as the subsequent actions as a result. Within this extract Tracey has repeatedly focused upon the way in which she was not able to control her drinking, regardless of the effort she put in to do so, reinforcing this perspective of alcohol addiction being synonymous with a lack of control.

Similarly, Donna has been reflecting on her relationship with a range of substances, including alcohol and the way in which these relationships differ.

> *WHY do I not over indulge in things that make me feel good? Because I have control. These temptations which cause those neurotransmitters to activate are then tempered by my willpower.*
> *BUT ALCOHOL KILLS WILLPOWER because it is a drug. Duh! I am powerless if I drink a drug that does this to me. Why do I expect different?*
> (Extract 26: Blogs_Donna)

Donna views herself as being a rational individual as she is able to control herself in relation to other substances which have a positive effect. Donna uses chocolate as an example and suggests that she is able to restrict herself as a result of willpower, a key element of rationality. These substances are considered ‘‘temptations’‘ associated with positive consequences but Donna is able to restrict her usage as excessive consumption would be detrimental. Donna’s ‘‘willpower’‘ leads her to not overindulge. This demonstrates that Donna is able to act rationally in relation to other situations and is not inherently morally weak as other discourses suggest. Donna is able to act in a way which takes into account various factors and helps her to make the appropriate decision in relation to her behaviours.

In contrast, Donna highlights that she has a distinctly different relationship with alcohol and attributes this to alcohol being a drug which ‘‘kills willpower’‘. Donna has already described her willpower as being something which stops her from overindulging in other areas, but alcohol is constructed as inhibiting that response. She further describes herself as ‘‘powerless’‘ and that alcohol is a substance with the ability to dampen

willpower, suggesting that she has a lack of control over alcohol consumption. Throughout the extract Donna is reflective about her own behaviour and acknowledged that she shouldn't expect any different and she is aware the effect alcohol has on her, however she continues to engage. This is not a rational response – and Donna has already described her rational behaviour elsewhere – suggesting that alcohol use in itself is problematic in this situation, not the individual. As Donna is able to utliise willpower in relation to other substances, it denies the construction of individual with alcohol use problems as being inherently irrational or engaging in problematic behaviours. Rather, it creates a distinction between substances and instead attributes the blame to the alcohol rather than the individual. Therefore, individuals cannot be held accountable for their actions in relation to alcohol use as this diminishes their level of willpower, leading to limited control over such a substance.

As seen in previous extracts, there is a clear distinction between those who drink too much and those with an alcohol use problem. Within this discourse, the latter category is constructed as lacking the ability for control over their consumption.

> *When you've suffered ulcers at 21, principally because you drank too much on a regular basis and didn't make time to eat, you tend to take an unmoralised stance on those who drink too much alcohol. When you've tried and failed to get off the Central Line before being sick after a night's boozing, you see the issue in a certain way. When you've woken in strange places, strange beds, travelled comatose around the entire Circle Line for a couple of hours, thrown up from taxi windows … you have the sense that the human capacity for self-control is sometimes superceded by the craving for our national stimulant of choice.*

(Extract 27: The Guardian)

Within the above extract the author describes themselves as having an ‘‘unmoralised stance’‘. In doing so, they are managing their stake and presenting themselves as objective as a result of their own experiences which guard them against negative moralistic perspectives. The extract lists a number of behaviours which are unlikely to be considered rational and controlled, such as being sick in various public settings and waking in ‘‘strange places, strange beds, travelled comatose’‘. Similarly to in previous extracts, the author presents this information in order to demonstrate that they have experienced the more extreme side of alcohol consumption first-hand and therefore has an expert status in discussing the causes of such behaviour. The author grounds their perspective in personal experience which others may not have, constructing themselves as an expert by experience. As such they are portrayed as being someone with certain epistemic rights and ability to comment on such issues.

In accounting for why people choose to engage in such detrimental behaviours, the author cites self-control in direct comparison to ‘‘craving’‘ for alcohol use. The author suggests that many individuals do engage in self-control as the default position but that this can be overcome by the urge and desire for alcohol which leads to the negative consequence as described. It is constructed as though nobody sets out to engage in such behaviours, but it is a consequence of the self-control of willpower being ‘‘superceded’‘ by alcohol. Therefore, the individual is not constructed as irresponsible or to blame, but alcohol itself is problematic and overrides this self-control.

Finally, this lack of moderation and control was also seen in the Tweet below as not being a plausible option for many.

I ran countless experiments on controlled drinking on myself. Sooner or later the experiments all failed. #drinking #alcoholism #AA.

(Extract 28: Tweet 23.02_Alcoholism)

The poster of this Tweet explains that they tried "countless experiments" of moderation or "controlled drinking". It appears that on multiple occasions this individual has attempted to moderate their alcohol intake, as many individuals successfully do on a regular basis. However, the individual also continues to say that at some point, all of these "experiments" failed, suggesting that this person was not able to moderate their alcohol use. The use of the ECF "countless" further suggests that these attempts at moderation were on a high number of occasions. However, each time these failed and the poster appears to have come to the realisation that moderation is not a possible option for their consumption of alcohol. Whilst this post was short and direct, it demonstrates the difficulty of moderation from another perspective, further supporting that for some individuals it not a possible option.

Throughout the extracts in this section, there has been a clear construction that alcohol use cannot be controlled for some people. Despite best intentions and attempts to control their alcohol use, for some individuals this is not possible. Furthermore, a key element of alcohol use problems is the symptom of lacking control over the substance. Rather than constructing individuals as to blame for making the decision to drink, this discourse instead attributes the responsibility to the alcohol itself, suggesting that alcohol overrides the personal responsibility. This is particularly striking when compared to other behaviours – such as eating chocolate – in which individuals do exert control, but that this is not the case regarding alcohol. individuals are not inherently lacking control, but this is

only in relation to this one substance. Therefore, individuals are not constructed as being responsible for their behaviour, but that the problem lies in the substance itself. which cannot be controlled.

4.5.3 Summary

Whilst the previous discourses suggests that individuals are responsible – whether fully or partially -for choosing to drink to such excess, this discourse constructs this as not being a choice but rather an innate inability. As discussed previously, there are many in society who do drink in moderation. In accounting for this difference in alcohol consumption, this discourse puts forth the notion that the inability to control alcohol use is a specific symptom of medically diagnosed alcohol use problems. If an individual is able to control their drinking but chooses not to, then that is something they can be held responsible as it is an active choice to act irresponsibly. In contrast, through constructing alcohol use problems as a medicalised concern, this removes a significant amount of the blame for the individuals as they cannot be held accountable for medical diagnoses with genetic and biological underpinnings. As such, this discourse works to deny responsibility for the individual and instead displaces this blame to the alcohol as the agent of the disorder.

As with all discourses, this medical disorder perspective was seen across all the sources to some extent. However, this discourse was most prevalent across the more clinically-oriented sources and those with alcohol use experiences. In terms of professional documents, the policy documents and journal articles were most align with this discourse. Additionally, this discourse was also found prominently within sources where individuals have personal experience of alcohol use problems. This was particularly clear within the online newspaper comment (see Extract 22), blog posts (Extracts 25 and 26), and also the Tweet (extract 28) where posters specifically identified as having previous experience of

alcohol use problems. In addition, in the newspaper articles (which were typically left-leaning and centre-leaning) these tended to draw upon either clinical and official sources (such as the NHS in Extract 24) or quotes (see Extract 23 – Russell Brand) or were written by (see Extract 27) someone with experience of alcohol use problems and discussing their own experiences. It appears as though the more clinically relevant sources and those with experience of alcohol use problems aligned with this more sympathetic discourse, working to exonerate the blame directed at individuals.

4.6 Discussion

The key focus of this analysis was identifying the discourses used to discuss and account for alcohol use. Within this chapter I have discussed four prominent discourses, three of which account for alcohol use problems, each with varying outcomes ranging from explanations which largely blame the individual, through to excusing alcohol use problems and absolving individuals of responsibility. Of key importance is that this accounting work was prominent across all sources in the data. As discussed in Chapter One, the social action of providing an account marks it as something accountable and requiring an explanation in some way to mitigate social judgement (Bergmann & Linell, 1998; Linell & Rommetveit, 1998; Drew, 1998; Tileagă, 2010). The overwhelming prominence of these accounts across the data corpus demonstrate that alcohol use problems are viewed as behaviour which is morally unacceptable. Furthermore, as alcohol use problems were made an accountable issue, it was also then open to moral judgements (Scott & Lyman, 1968; Antaki, 1994). The wider societal notions of what is morally acceptable behaviour - in this case moderate alcohol use - is made relevant through language and the way in which these perspectives are shared through discourse (Tileagă, 2015). These moral judgements for alcohol use problems were directly observable within the discourses drawn

upon to discuss alcohol use in Study One. In line with previous research, it was clear that those with alcohol use problems were constructed as engaging in a behaviour which was portrayed negatively through the discourses (Crisp et al., 2000; Macfarlane & Tuffin, 2010; Spracklen, 2013). Furthermore, accounts provided for negative behaviours are tied up with attributions of responsibility and blame for negative event or behaviour in question (Edwards & Potter, 1992; Kidwell & Kevoe-Feldman, 2018). Across the discourses, the way in which the authors accounted for alcohol use and attributed blame and responsibility for this behaviour differed across the sources, as discussed below.

The first discourse discussed in this chapter was normalising moderation. This was different to the other discourses as it did not attempt to provide an account for alcohol use. However, it was a key discourse which was drawn upon throughout the three accounting discourses. Within this discourse alcohol use was constructed as normalised and socially accepted within society when consumed in moderation. This was to the point that to not drink alcohol could be seen as an unusual behaviour requiring explanation, further highlighting the cultural normativity. Even Government documents actively promoted moderate alcohol consumption, citing it as a positive facilitator of social relationships.

Within the following three discourses, this construction of alcohol in moderation being socially acceptable was drawn upon. Within Individual Responsibility it was used to draw a distinction between those who drink problematically and everyone else, using the normalisation of moderation to construct alcohol use problems as a personal problem. The second discourse of Culture and Policy further highlighted the social acceptability of moderate alcohol use but constructed it as a negative. Moderation was constructed as being a negative cultural attitude which both influences and is influenced by policy and makes it difficult for individuals to make responsible choices about alcohol. Finally, the

third discourse also invokes this notion of moderation and uses it to suggest the exact opposite to as seen within Individual Responsibility. Rather than it being a reason as to why individuals with alcohol use problems are responsible, it was used to suggest that this must mean it is an innate disorder that individuals cannot control. Although the moderation discourse in itself is not an account for alcohol use problems, it was a key element of all three following discourses but was drawn upon to construct different accounts across the discourse. This highlights how heavily ingrained this notion of moderate drinking is within UK society as it underpinned all three of the accounting discourses which follow, also demonstrating how the same discourse can be used by different actors in performing different social actions.

Of the accounting discourses, the first was that of Individual Responsibility which relied heavily upon the notions of moderation and rationality. Moderation was drawn upon in order to highlight that many people are able to drink in moderation without developing an alcohol use problem. In addition, this discourse argued that humans are rational being and will make informed choices in line with being a responsible citizen. As such, this discourse portrayed alcohol use problems as being solely down to individual choices and behaviours. Developing an alcohol use problem was identified as being a personal failing and individuals acting irresponsibly and deviantly. This discourse most closely reflected the moral weakness model and made no attempts to mitigate blame from individuals for their alcohol use problems (Miller & Kurtz, 1994; Lassiter & Spivey, 2018). Out of the three discourses, this was the most explicit in attributing blame and would likely lead to further stigmatisation of those with alcohol use problems (Frank & Nagel, 2017; Pickard, 2017).

The discursive literature focuses on categorising accounts into typologies based on how they diminish blame (Scott & Lyman, 1968). However, this individual responsibility

discourse focused on a more general approach of explanatory talk (Antaki, 1994) and providing a reason which did not attempt to reduce blame. There is a wide range of literature which considers accounts, but this typically focuses on excuses and justifications (Scott & Lyman, 1968; Antaki, 1994; Buttny & Morris, 2001) and how individuals account for their *own* behaviour (Tolvanen & Jhylä, 2003; MacFarlane & Tuffin, 2010; Gough et al, 2020). In contrast, it is notable that throughout this particular discourse authors were talking about others' alcohol use rather than their own and therefore had no stake in orienting to the judgement and moral status of their own behaviour. Rather, they were able to orient to the morality of others' behaviour for which they did not need to manage. This may explain why this discourse which was most critical of the individuals with such issues was prevalent when accounting for others' behaviour.

The discourse of Culture and Policy took a more moderate view and worked to justify the behaviour of those with alcohol use problems. Individuals were portrayed as being partially responsible for their actions and choosing whether or not to drink alcohol. However, it was also highlighted that the current cultural norms and expectation encourage alcohol use and make it particularly difficult to decide not to drink. In line with previous research, to not drink was constructed as unusual and requiring explanation (Paton-Simpson, 2001; Romo, 2012; Bartram et al, 2017). This ever-present nature of alcohol in social life makes for a difficult environment in which to be in recovery from alcohol use problems. Additionally, policy – or lack of - was cited as having a major impact. In recent years UK policy and regulation around alcohol use has changed and led to alcohol being cheaper and easily accessible (Thom, 2005; Measham & Brain, 2005). This has taken away some of the barriers which previously may have helped individuals in making the choice to not drink alcohol. There was a sense that policy also has the ability to directly influence culture through setting out what is and is not considered culturally acceptable.

The Individual Responsibility discourse was most critical of individuals with alcohol use problems and this blame was constructed when discussing others' alcohol use consumption. Similarly, the context of the sources within this second discourse was primarily professional sources discussing others' alcohol use. In particular, these sources were mainly public health sources or centre and left-leaning newspapers. Through directing blame at least partially towards the policy and the culture it encourages, this implicates the government and regulatory bodies as responsible for not fulfilling their responsibilities or failed to have "stepped in" (Extract 20) in providing an environment encouraging responsible alcohol use. This is not unexpected from the centre and left newspapers, as these are from a contrasting political leaning to the current government.

However, this construction from a public health source (WHO, Extract 17) is interesting as it partially claims responsibility for the current rates of alcohol consumption. However, the WHO is not directly responsible for UK alcohol regulation, but does advise countries on appropriate courses of action, which currently do not appear to align with UK Government policy and regulation. The extract suggests that such regulatory bodies have a responsibility for promoting a culture which encourages individuals to make responsible decisions. Through highlighting the role of policy, it also takes some responsibility for the current difficulties individuals may face. Overall, this discourse suggested that individuals do ultimately have responsibility over their actions but that it is understandable why some people may drink excessively due to the policy and cultural environment they are surrounded by which does not support them to make other choices.

Finally was the notion of alcohol as a medical disorder. This discourse strongly situated alcohol use problems as being part of medical disorder. Notably, both the previous arguments of moderation and rationality from the first discourse were drawn upon again here, but to argue for an alternative perspective. There was a view that alcohol

use problems must be a medical disorder in order to distinguish between those who can drink moderately and those who do not. It was shown in a number of extracts that many have tried to drink moderately as part of a healthy and social lifestyle but have been unable to do so (Extracts 25, 26, and 28) Even when actively trying to make the rational choice to drink moderately this was not possible and the suggestion was underlying genetic and biological predispositions to explain this discrepancy. In addition, if individuals are rational then they would not choose to drink to a detrimental level as this in itself is not a rational or responsible choice (Extract 23). As such, their alcohol use problem itself is irrational. Between this rationality and not being able to drink moderately many – including official classifications - viewed alcohol use problems as being uncontrolled. If a behaviour is not controllable then an individual cannot be considered to be responsible for it and therefore this discourse worked to excuse individuals with alcohol use problems for societally irresponsible behaviours. To some extent this is most likely to reduce blame toward individuals within alcohol use problems, but there are other stigmatising connotations associated with medical disorders and being unable to control your behaviour. This discourse is not necessarily a fix for diminishing stigma regarding alcohol use problems but may have significant impact on how individuals are perceived as to blame for such problems.

As seen within the previous two accounting discourses, there was an association with the author of the source. This excusing construction of alcohol use problems as a medical disorder was primarily found across clinically relevant sources (i.e., public health bodies and treatment-related research articles) and also in data written by people with their own personal experience of alcohol use problems. It can be suggested that due to their association with individuals with alcohol use problems (either through personal or work experience), they have a vested interest in portraying alcohol use problems in a

positive light and worked to diminish internal blame to this group, instead preferring to attribute external blame where possible. Overall, this discourse was much more sympathetic towards those with alcohol use problems and portrayed individuals less negatively than the other discourses.

Across the discourses there were a range of ways in which blame was directed towards individuals with alcohol use problems, from attributing full blame, justifying the behaviour as permissible given certain circumstances, and exonerating the individual of responsibility. This study demonstrates that across the UK there are nuances in how alcohol use problems are discussed, and these vary across sources and their purposes, particularly differing in relation to 'self' and 'other' descriptions. However, the key finding from Study One was the prominence of these accounts for alcohol consumption across a wide range of settings. This clearly demarcates alcohol use problems as a morally bound behaviour for which various agents are held to account. As such, the above analysis answers the first research question in this thesis of exploring the broad-based discourses that are available for discussing alcohol use in the UK, specifically focussing upon how alcohol use problems are constructed as an accountable issue and blame is attributed on different levels across these discourses.

It should be noted though that these texts may be constructed over an extended period of time, with one or multiple authors, and are typically limited in their interaction. Whilst some texts such as newspaper comments and tweets offer an element of direct interaction in response to other authors, this is often asynchronous, meaning the recipient is removed from the direct interaction context. Online platforms also offer an element of anonymity which has been found to lead to more controversial viewpoints being shared (Min, 2007; Baek, Wojcieszak & Delli Carpini, 2012). As such, the online text-based documents are a very specific setting in which such discourses about alcohol use are

shared. Additionally, the majority of these discussions focused on others' drinking, with the other being removed from the immediate interaction. Therefore, this is likely to have played some role in the elicitation of negative views which attribute blame to individuals in particularly. Furthermore, discussions about alcohol use take place in a range of contexts and mediums. If accounts and management of self-presentation in relation to alcohol use were so heavily prevalent within the online setting, then it is relevant to also consider how discussions about alcohol use play out within in-person interactional settings in which there are additional considerations at stake.

This research considers how these discussions construct alcohol use in both text and interaction to develop a comprehensive understanding of the different ways alcohol use is accounted for across society in both macro and micro level contexts. Building on the analysis of Study One, Study Two and Study Three further explore how these accounting discourses are performed within an interactional context, specifically focusing on justifications and negotiations of the boundary between acceptable and problematic alcohol use and accounts for light or non-drinking.

The following chapter provides methodological detail regarding the second and third studies of the research project.

Chapter Five: Study Two and Three Methods

Overall, this project seeks to understand the discourses drawn upon across a range of contexts and thus the second and third study uses a discursive psychology (DP) approach to explore discourses of alcohol use within interactional contexts through the use of a shared dataset. This provides an opportunity to understand not just what discourses are publicly available and prevalent in society, but also how they are managed and responded to in interaction. As with the first study, this discursive analysis study also gathers data from a range of contexts and sources utilising both focus groups and world cafés. This chapter will outline the design (5.1) participants (5.2), materials (5.3), procedure (5.4), ethics (5.5), and data for both the world cafés and focus groups in turn (5.6). Additionally, in 5.7 this chapter will also describe the steps taken in regard to transcription and data analysis to provide a thorough understanding of the methods and data used within this research. This will all provide a thorough description of the data collected and the analytic process which leads to the findings discussed in the following two interaction analysis chapters.

5.1 Design

DP is an approach rooted in the social constructionist epistemology. In focusing on language construction, DP explores psychological topics and concepts through a discursive lens. DP respecifies the cognitive approach to traditionally cognitive psychological topics such as attitudes, persuasion, and emotion amongst others, to explore how such actions are made relevant and demonstrable through language as a shared discursive practice (Huma, Alexander, Stokoe & Tileagă, 2020; O'Reilly, Kiyimba, Lester, & Edwards, 2020). DP

moves away from a cognitivist perspective and instead focuses on exactly how these processes are performed through language (Edwards & Potter, 1992), in this instance explaining and accounting for potentially problematic alcohol use behaviours.

Similarly to CDP in Study One, DP does not subscribe to a strict process for completing a DP project and there is no one single approach to analysis (Goodman, 2017; O'Reilly et al, 2020). Rather, there are a number of guides that have been developed (Potter & Wetherell, 1987; Edwards & Potter, 1992; Wiggins & Potter, 2007; Goodman, 2017). Many of these guides follow similar steps and highlight that this is a particularly inductive process which values a data-driven approach to the analysis. This study in particular followed the original ten step guide by Potter and Wetherell (1987). Steps one through four of this process focus on the overall project and methodological choices, discussed here, whilst the remaining six steps focus upon analysis of the data and are discussed in 5.6. Of these initial steps, the first is deciding upon a research question. In DP such questions should focus on how discourse is constructed for specific purposes (Potter & Wetherell, 1987).

Furthermore, a key element of the DP analytic process is being data-driven (O'Reilly et al, 2020). It is important that the initial research questions are broad enough to guide the project, but without constraining the data-driven analytic approach and are subject to further refinement throughout the project (Wiggins, 2017). In keeping with this DP approach and following on from analysis of the first study, the initial research question for Study Two and Study Three focused generally on how individuals account for alcohol use. This broad scope research question allowed for a data-driven approach to the analysis which further informed the final research focus. Throughout the analysis the research questions became more refined to focus on how the actions of negotiating acceptability and justifying alcohol use, both heavy and limited, is performed within interaction. As such,

these research questions are consistent with a DP project focussing upon the use of language to complete specific actions.

Following the development of research questions and choosing an appropriate methodology, the second step is to select the sample. Rather than the sample referring to participants as with in other methods, within a DP project the sample is the data and linguistic practices contained in that data, therefore this step refers to selecting the appropriate sources of data (Goodman, 2017). Furthermore, DP does not subscribe to a set boundary of what is considered enough data (Potter & Wetherell, 1987). Rather, the focus in sampling should be about the richness of the data, as well as acknowledging it is often guided by what is both practical and available (Potter & Wetherell, 1987; Wiggins, 2017; O'Reilly et al, 2020). Due to the in-depth approach of DP analysis, smaller samples still produce analytic saturation, and in some cases one single case may well be enough (Schegloff, 1987; Peräkylä, 2004; O'Reilly et al, 2020). In keeping with these principles, the specific focus of sampling in this project was to create a diverse sample of data which included rich discussions from those with differing backgrounds and perspectives. Through including individuals with a wide range of backgrounds (discussed in 5.2), this promotes discussions in which individuals make their perspectives discursively relevant and account for this within the interactional setting.

The third and fourth steps both refer to generating a corpus of data, step three focuses on collection records, while step four focuses on collection of interviews. Potter and Wetherell (1987) advocate combining text-based analyses with more 'directive interviewing' to provide a fuller understanding of linguistic practices than are available through consulting one source alone. For that reason, it was important to gather data of people talking about alcohol use to complement and strengthen the analytic findings from the textual data in Study One. These second and third studies consider how discourses of

accounting for alcohol use are drawn upon within interaction. Within interaction these discourses are not created in a static environment but are constructed in front of others where others may well have similar or differing viewpoints. As such, this provides an opportunity for understanding how such discourses are drawn upon and negotiated in relation to potentially conflicting discourses. Within a DP approach, this interaction is not understood as an unbiased telling of individual feelings and beliefs but is a conversational encounter in which diversity and variation is emphasised (Potter & Wetherell, 1987). In order to capture such discussions about alcohol use in a way consistent with the DP approach, this study utliised two different researcher-generated methods of focus groups and world cafés.

5.1.1 World café

In addition to focus groups, world cafés were also utliised to provide an alternative interactional context. World cafés are similarly a discussion method, but a participatory format which seeks to promote informal discussions around a particular topic (Brown, Homer, & Isaacs, 2007). A key aim of the world café method is to achieve a 'conversational process' through creating a 'café-style social context' in which such informal discussions and sharing of information can take place (Löhr et al, 2020).In comparison to focus groups, world cafés typically host larger numbers of participants (organised into smaller tables of four or five) and are scaffolded by giving participants a topic or a broad based question to discuss, rather than a topic guide where the researcher asks multiple questions.

Each group identified a 'facilitator' from amongst the participants to mediate three rounds of discussion. The facilitator's role was to remain on their table throughout the world cafe, welcome new members to the table, and ensure that all members had an opportunity to contribute to discussions (Brown, 2010; Lamont et al, 2018). Whilst I was

there to oversee running of the world café in general, I was not directly present at any of the tables during discussions as this may have impacted the openness of discussions. it maintains the element of having multiple speakers who may share similar or different viewpoints about a particular topic but allows for discussions which are less researcher directed and moves further towards more naturalistic discussions. One description of the method is as being a self-facilitating focus group, (Aldred, 2011) allowing for conversations to take place which were ultimately led by the participants themselves, particularly as the 'table host' or moderator is also an active participant rather than a researcher. This method provided a more natural way of collecting data than that provided by the focus groups, but also provided the face-to-face interaction that was not available with the text-based documents.

5.1.2 Focus groups

Focus groups are a group-based discussion format used within the social sciences. Originally developed by Robert Merton and colleagues in the 1940s, gaining in popularity to become a staple of qualitative research (Lee, 2010; Braun & Clarke, 2013). This method has been used across the social sciences to explore an extensive range of topics, including alcohol use (Abrahamsom, 2004; Emslie et al, 2012; Piacentini et al, 2012; Hepworth et al, 2016). However, a large number of the alcohol use studies drawn upon within this project focused on interview data.

Compared to interviews, focus groups allow for multiple voices to be heard at once. Such voices and their perspectives may be similar or may be conflicting and therefore allow the opportunity to explore how individuals manage (through negotiation, disputes, and agreement) potentially conflicting perspectives and accounts (Wilkinson, 1998; Kristiansen & Grønkær, 2018). Compared to interviews, focus groups allow for a

more ‘naturalistic’ setting which more closely reflects social interaction and everyday social processes than seen in interviews (Wilkinson, 1999). Although not entirely naturalistic focus groups are a social interaction in their own right (Puchta & Potter, 2004). Furthermore, the research aim is to explore how perspectives and accounts for alcohol use are shared and managed within various forms of interaction and therefore does not restrict this research to the use of naturalistic data. As such, the focus groups provide a key opportunity to observe such discussions in which these management practices take place.

5.2 Participants

As with Study One, the data collection for this data set also centred around two distinct categories of professional and general public groups. Professionals were categorised as anyone who regularly worked with alcohol use and related issues. This inclusion criterion was purposefully lenient to include jobs such as alcohol counsellors, university health officers, stewards and many other roles. The general public were classed as anyone who did not regularly deal with alcohol or related issues as part of their employment, regardless of level of personal experience with alcohol. In addition to this overarching classification system, there were a wide range of background and experiences involved including adults from age 19 (above the age of 18 was an exclusion criterion) through to retired adults. An active effort was made to ensure the data included a wide range of participants with different experiences and perspectives.

The only overarching exclusion criteria were participants must be of legal drinking age and not currently undergoing treatment for alcohol use problems at the time of the study due to the potential of triggering difficult issues and hindering their treatment progress. These criteria were on both the information sheets (Appendix J) and consent

forms (Appendix K) and participants were asked to confirm they met these criteria as part of their consent.

5.2.1 World café

Student Services

The professional world café was run in conjunction with Keele University Student Services in February 2018 during Healthy University Week, an initiative to increase awareness and engagement in healthy lifestyles. The world café was run as part of a staff development session and all members of the Student Services team were invited through email from the Student Services management. As university staff they all regularly dealt with the consequences of alcohol use in a professional capacity and therefore held relevant professional knowledge regarding alcohol. 30 staff members signed up beforehand and all 30 members attended the world café on the day.

Young adults

The general public world café was held at the Keele University School of Psychology during February 2018. Ten students were recruited through an internal Psychology School scheme whereby they received course credit for taking part in approved research studies. The remaining 11 participants were recruited through online social media and emails sent throughout the university. Due to adverse weather conditions on the day, there was participant attrition and in total 12 participants took part; seven students receiving course credit and five recruited from other methods. As such, there was an acceptable split between those receiving course credit and those attending for other reasons which indicates the participation and data was not skewed. In comparison to the other world

café, the participant mean age was considerably lower and within the young adult age range due to the majority of participants being current university students.

Table 4

World café participant characteristics

Group	Mean Age	Std Dev Age	Male	Female	Undisclosed Gender	Total
Professional	42.76	11.07	6	24	0	30
General Public	24.42	11.27	3	8	1	12
Total						42

Note: One professional participant did not provide age.

5.2.2 Focus groups

Professionals

An online search was conducted for alcohol recovery services - both residential and outpatient - in a local two county area of Staffordshire and Cheshire. A second search was conducted for national alcohol charities, many of which also offer support services and would be a relevant professional group. In addition, alternative relevant services such as Keele University Student's Union, University security and Public Health England were also contacted.

Over 20 services were initially emailed with a short introduction to the project and a request to meet and discuss their potential involvement in the studying total, five services agreed to meet and four focus groups were organised, three of which successfully

took place. Three focus groups took place, each with a different alcohol recovery service located throughout Staffordshire and Cheshire. Therefore, this created further variety within the professional focus groups as each recovery service had a different scope, aim, and approach to their work with alcohol use.

General public

As the world cafés were conducted with predominantly staff and students from the university, a concerted effort was made to ensure the general public focus groups recruited people external to the university. Additionally, it was notable that the general public group consisted of mainly young adults and the professional group of middle-aged adults. As a result, a special effort was made to include participants from across a wider age range in the focus groups. The main recruitment method for focus groups was through emails, social media, and personal connections. An online search was conducted to find appropriate groups in the view it would be more efficient to recruit from pre-existing groups. Nationwide groups and their various local branches (either the social secretary or head of the branch where appropriate) were emailed including University of the Third Age and the Women's Institute, alongside contacting local councils for advice and connections to community groups such as local libraries and churches. Gaining access to such groups was particularly difficult and this research also utilised personal acquaintances who were known to belong to community groups such as new mother and fitness groups. In total six groups were organised and due to participant attrition two successfully took place. These focus groups were conducted with individuals from a retirement village in the North West and a Midlands-based local rugby club.

Table 5

Focus group participant characteristics

Group	Mean Age	Std Dev Age	Male	Female	Undisclosed Gender	Total
Professional	43.3	10.3	9	11	3	23
General Public	50.6	27.0	6	5	0	11
Total						34

Note: Six professional participants did not provide age data.

5.3 Materials

5.3.1World café

In both world cafés, the materials consisted of two vignettes (Appendix L) and four table questions (Appendix M). Each world café began with a round of discussions about a vignette. In a similar approach, Ritch & Brennan (2010) had participants watch a drama piece prior to the world café and participant feedback shows this was a helpful introduction to the topics at hand. Similarly to how both interview and focus groups often start with more general warm-up and 'gentle' questioning (Braun & Clarke, 2013), the vignettes acted in a similar way and were included to help participants to become comfortable with the research setting. The vignettes in this project provided rich material for participants to discuss and were used to help stimulate conversation and critical thinking.

For each world café I designed two vignettes; one which reflected a scenario of explicit problematic alcohol use and another which highlighted the complex boundary

between social and heavy drinking. For the problematic alcohol use category, the vignettes described either the Head of an English Department who drank up to a bottle of wine each night and was on a warning at work for being late (professional group) or a Law student drinking up to a bottle of wine a night to cope with a high workload and denied a drinking problem to her counsellor (general public group). The professional vignette described either a businessman who consumed five drinks at the weekend with childhood friends but was overweight with high blood pressure and occasionally drank too much (professional group), or a 'typical lad' university student who was part of the rugby team and consumed seven drinks twice per week and sometimes did not remember the night before (general public group). The vignettes were developed by adapting the National Institute of Alcohol Abuse and Alcoholism (NIAAA) online case studies (NIAAA, 2005), and considering the scores, categories, and definitions of the Alcohol Use Disorder Identification Test (AUDIT; Saunders, Aasland, Babor, de la Fuente & Grant, 1993; Babor, Higgins-Biddle, Saunders & Monteiro, 2001) to ensure they reflected the level of alcohol use they were designed to imply. All of the vignettes were also approved by all three members of the PhD supervisory team and ethics committee and deemed appropriate to help facilitate discussion around problematic alcohol use.

I devised four table questions to use in each world café. These table questions provided the main discussion prompts and were developed from the text-based document analysis from Study One. Throughout early analysis of the Study One text-based documents, notes were made about potential areas of focus. Through this process, four areas were identified as core topics that were prominent across the data corpus. These four areas were: boundaries and levels of alcohol use, responsibility for alcohol use, cultural normalisation of alcohol, and the role of policy in alcohol use. Each of these four areas were developed into a table question:

1. What are the differences between moderate alcohol use, heavy alcohol use, problematic alcohol use and alcohol addiction?
2. Who or what do you think is responsible for alcohol addiction?
3. What role do you think alcohol plays in UK culture?
4. What role do you think the government alcohol unit guidelines play in guiding alcohol consumption?

These materials remained identical throughout both the professional and general public world cafés.

5.3.2 Focus groups

Similarly to the world café questions, the focus groups drew upon the initial text-based document analysis for designing questions. In the focus groups the four topics were developed into four sections of questioning: defining problematic drinking, attributing responsibility, cultural role of alcohol, and impact of unit guidelines and other policies. Within these four sections there were a number of key questions and a selection of prompting questions if required which were included on the focus group schedule (Appendix N).

The world café vignettes were replaced with two videos to help prompt discussion. Again, there was a more subtle scenario in the form of a clip from a BBC Horizon documentary on binge drinking (Appendix O) and an explicit alcoholic scenario in a scene from EastEnders where a character is challenged about her drinking behaviours (Appendix P). Similarly to the vignettes in the world café, these videos were included to help facilitate discussion and were particularly beneficial in groups where discussions where shorter and required more prompts.

5.4 Procedure

5.4.1 World café

After expressing interest, participants were directed to an online Google form. In addition to the forms being provided through email, the sign-up process on the Google form included an online version of the participant information sheet and consent form so participants could provide consent beforehand. Paper copies of both the information sheet and consent forms were also available on the day.

Prior to the world café the room was set up with refreshments and a number of small tables (three for the general public group and five for the professional group) with room for four to six participants on each. Each table was covered with poster paper for writing on, a variety of colourful pens for writing, and a potted plant for ambience. Each table also had a Dictaphone for recording the discussions.

When all participants had arrived, there was a brief five-minute overview of the world café procedure and each table was asked to nominate a 'facilitator'. The facilitator is often a member of the research team. However, in order to reduce researcher bias and any impact on discussions, I followed Lamont et al's (2018) advice to use participants as facilitators to limit the impact of my presence upon discussions. Once fully informed of the procedure, participants were reminded of the key aspects from the information and consent forms and given an opportunity to ask questions or to amend their consent.

After confirming consent all Dictaphones were turned on and the world café began. The first round of the world café was based upon the vignettes and each table received one of the two available vignettes for their group on a coloured piece of card. After 15 minutes a bell was rung and all participants (except the facilitator) were directed to move

to another table. Participants were asked to move to a table with different people on to ensure that they engaged in discussions with a variety of individuals. In this second round the vignettes were swapped for the table questions. Again, after 15 minutes of discussion all participants were asked to move tables for the final round of discussion. In total each table discussed one vignette and two questions, with counterbalancing of the table questions to account for odd table numbers.

Following the third and final round of discussion all Dictaphones were turned off and participants were offered the chance to debrief. All participants were also reminded of the researcher's contact details for any further correspondence. In the professional world café, participants shared what their tables had discussed as a group. For the general public world café pizza was provided at the end of the session during an informal space in which participants had time to debrief and reflect on their discussions.

5.4.2 Focus groups

As part of this study a pilot focus group was conducted in order to test the focus group schedule. During the pilot group the questions elicited thorough discussions around the topics they were designed to discuss. All focus groups were arranged to take place in appropriate venues including within a university, recovery service meeting room, rugby club community centre, and the communal meeting room of the retirement village. Each focus group was conducted around a table with multiple Dictaphones to ensure all participants were recorded adequately. As with the world cafés, refreshments were also provided.

All participants were provided with information sheets and consent forms in advance of the focus group but participants signed consent on the day of the focus group. Once participants had signed consent the Dictaphones were switched on and the focus

group began. Participants were directed that the focus group should be conversational and they were encouraged to discuss what they viewed as relevant, rather than sticking rigidly to the schedule. The focus group began by asking all participants to go around the table and state their name for the purpose of transcription, but they were directed to use a pseudonym if they preferred. The focus group began by asking about knowledge of unit guidelines and continued to work through the schedule. This was a semi-structured focus group and therefore discussions were fluid and open, allowing for areas of interest to be explored even if not directly related to the question schedule.

The focus groups lasted between 45 minutes and 1 hour depending on the time constraints of the groups. When time had come to an end or the focus group schedule had been fully discussed, participants were all thanked for their time and asked if there was anything further they would like to add. At this point Dictaphones were turned off and all participants had the opportunity for a debrief and were reminded of the researcher's contact details for any follow-up correspondence.

5.5 Ethics

Ethical approval for this study was granted by the Keele University Ethical Research Panel (Ref: ERP3127) on 30th November 2017 (Appendix Q).

Participants were advised that they could leave the session at any point, but they would be unable to withdraw their data as there is no guarantee of accurately identifying an individual's talk. All participants were provided with pseudonyms and any identifying information or specific details of stories was anonymised during transcription. All participants were also provided with options of further anonymity, such as pitch shifting voices, and not showing their data in presentations.

5.6 Data

Overall, 10.2 hours of audio data were collected.

Table 6

Table of data collected across all interaction settings.

	World Café	Focus Group	Total
Professional	3hrs 45mins	(A) 43 mins (B) 44 mins (C) 48 mins	
General Public	2hrs 25mins	(RV) 61 mins (RC) 46 mins	
Total	6hrs 10mins	4hrs 2mins	10hrs 12mins

5.7 Analysis

As described earlier in section 5.1, there is no strict method for DP, but this study follows the original ten steps provided by Potter & Wetherell (1987). Steps one through four concern development and design of the project and have already been described within this chapter. The following six steps focus on the analytic process and are discussed in detail below in relation to how these were followed for analysis of the data.

Step five is transcription. A verbatim transcript was created for each recording in which all identifying details such as names, places, and specific story details were changed to protect participants' anonymity. This step of transcription is often overlooked as a step of analysis, yet there are important analytic insights gained during the transcription

process (Melia & Newman, 2019). Firstly, this transcription stage builds familiarity with the data and helps to identify recurring instances which may lead to analytic focus. As DP takes a data-driven or 'unmotivated looking' approach (Psathas, 1995), this means the analytic focus is derived from the data and what participants make relevant. During this stage of transcription, notes were made in a separate document about instances within the data that were noticed as being potentially analytically relevant. Through making these notes it preserves the integrity of the data-driven approach as it provides a clear record of how phenomena were identified and acknowledges the potential influence researcher interest may have on the analysis. The nature of a data-driven approach means that there are often numerous phenomena which are identified as potential avenues for analysis. For example, this included comparisons to other potentially taboo behaviours such as smoking, discussions of Britain having a culture of excessive drinking, and many discussions about lack of awareness of the unit measurement and associated guidance. Across these various phenomena it was noted participants would offer information about their own drinking habits and provided explanations for their drinking, or lack of.

Following transcription is step six which refers to coding. At this point, the data is read through and coded for phenomena and repeat instances. Whilst notes were made on some potential focuses in the transcription phase, this sixth step goes through the data in a systematic and rigorous way. As mentioned, DP engages in unmotivated looking in which the analysis is driven by the data and what is made relevant by the participants. During this coding process there is a particular focus on coding for instances which are made analytically relevant by the participants themselves. It was clear that participants were making relevant their own drinking habits and holding both themselves and other people to account over drinking behaviours through consistently engaging in justification work alongside such disclosures of drinking habits. This was being made both discursively

relevant in the data and also aligned with the focus of the previous study on explaining and accounting for alcohol use problems. As such, instances of discussing personal drinking habits were chosen as a key focus of interest. After reviewing the data, 58 extracts were identified for more detailed analysis, 34 from the professional groups and 24 from the general public groups. Each of these extracts were then transcribed in accordance with Jefferson transcription conventions (Jefferson, 2004; Hepburn & Bolden, 2017) in order to capture relevant details of the interaction, such as timing, prosody, and sequence organisation which can be crucial to the interactional analysis (Appendix R for Jefferson transcription conventions).

Step seven is a case-by-case analysis of the data. Following Jefferson transcription each extract was initially fully analysed on a case study basis to understand the different ways in which alcohol use was discussed and how this was reacted to by fellow participants. This ensures that all extracts were analysed rigorously in-depth rather than picking only the most obvious and clear extracts which fit within emerging patterns. Rather, the data was analysed thoroughly and notes were made about the key elements of each extract.

Once the full analysis was complete for each extract, the notes were compared for all extracts across the data set. This helped to identify both patterns and variations across the data set. Through this strategy the extracts were re-grouped and refined a number of times which is step eight. For example, although the extracts initially were identified through discussions of personal drinking habits, after initial analysis there was a clear distinction in how individuals discussed their own drinking and extracts were organised into two final collections based on types of drinking that was accounted for. In the first collection of 25 extracts, speakers were justifying their lack of drinking in resistance to the cultural norm of drinking alcohol use and being viewed as accountable due to not drinking.

Within the second collection of 33 extracts, speakers were justifying more heavy and regular drinking and justifying this consumption through comparison to more extreme behaviours. Across these collections there was a slight skew towards the professional role but this was not a noticeable distinction, particularly as there were more professional participants. Within the heavy drinking collection, 17 extracts were from the professional groups and 15 from the general public and in the limited drinking collection, 9 extracts were from the general public and 16 from the professionals. These two collections were then analysed separately in relation to their individual research questions and were continually refined to develop analysis of the individual discursive strategies drawn upon in each collection. These final two collections relate to negotiating the boundary of acceptable alcohol use in justifying regular or heavy drinking and accounting for more limited drinking behaviour which is equally viewed as deviant and requires speakers to orient to and manage potential judgement.

Step nine refers to validation in which the analysis is subjected to specific questions around coherence. This specific step largely takes place throughout the refining process as this continual analysis and refinement ensures that collections reflect the data extracts as accurately as possible. In addition, select extracts were also analysed in data sessions with supervisors and at early-career researcher events. During these data sessions, other academics in the field of DP provided their analytic insight which continued to raise questions and refine the analysis further.

Once the phenomenon and analysis are clearly defined, the extracts are written up in step ten. However, it is key to note that these steps are not to be viewed as linear stages. Rather many of the analytic steps – particularly seven through ten - are fluid and are repeated multiple times until a clear analysis is reached. As can be seen through the above process, refining and validation took place through multiple rounds of analysis. This

analysis also continued throughout the write-up process whereby extracts previously removed from the collection may have been reintroduced and other extracts removed. For example, initially the first analytic chapter focused on managing subjectivity (i.e., personal stake, ulterior motives etc) which may undermine an individuals' defence (Edwards, 2007) when discussing and justifying personal heavy drinking habits. However, there were a number of discursive practices taking place within the extracts. Subsequent rounds of analytic refinement led to a tighter focus on specific discursive resources used by the participants to accomplish specific actions within the interaction. As such, the analysis moved from a general focus of membership categorisation (Sacks, 1992; Schegloff, 1997; Fitzgerald & Housley, 2015) and managing subjectivities (Edwards & Potter, 1992; Edwards, 2007) to the precise practices being used to position personal alcohol behaviours in relation to judgements from other group members.

The very setting of the world cafés and focus groups made this behaviour relevant to discussions and therefore alcohol consumption becomes a judgeable subject. Ultimately, this setting provided a rich dataset for examining orientations to accountability and justifications of alcohol use within group interaction. As demonstrated above, the analysis was an iterative process. Throughout analysis of the interaction data, a number of phenomena were apparent in the data and justification was an overarching phenomenon prevalent across both focus groups and world cafés and both general public and professional groups. The following two analytic chapters consider the discursive strategies which were used in orienting to the moral complexity of alcohol use and work to mitigate potential negative judgement through accounting and providing justifications for their drinking, or lack of. Chapter Six presents data and analysis from Study Two focused on justifying alcohol use through negotiating the boundaries of acceptable and problematic

alcohol use, followed by accounting for limited or no alcohol consumption in Chapter Seven.

Chapter Six: Study Two Analysis

Constructing and negotiating the locally occasioned boundary of problematic alcohol use

As discussed in Chapter Five, the data for this second study are audio recorded focus groups and world cafés. These recordings were conducted with either members of the public or professionals and are distinguished within the extract titles as GP for general public and Prof for professional groups in the extracts below. During the study participants were not directly asked to disclose their own drinking behaviours within these interactions. However, the research setting of the focus groups and world cafés encouraged discussion specifically about alcohol use. As such, the nature of this discussion makes relevant personal experiences and across all groups speakers independently offered accounts of their own drinking habits. It therefore offers a rich dataset for exploring the discursive practices used by speakers when constructing this boundary of 'problematic drinking' in relation to their own consumption patterns.

This particular chapter explores how speakers carefully negotiate the boundary of problematic alcohol use within the local interactional setting in order to justify their own consumption as socially acceptable and therefore avoid negative judgement from peers. To begin with, some of the previous literature and rationale for this focus of study is discussed in section 6.1 to provide more context around the focus of this chapter. Throughout the analysis a number of discursive practices were identified in negotiation of this boundary line and justifying personal alcohol consumption. Specifically, this chapter will discuss two main discursive practices which were used to justify consumption; invoking and contrasting categories (6.2), and normalising (6.3). In addition, this second practice of normalising is further specified into the use of context (6.3.1) as well as script formulations

and consensus (6.3.2). Throughout the analysis in this chapter, I make the argument that the boundary line of what is considered acceptable or problematic alcohol use is negotiated between speakers in the local interactional settings and draws upon a number of nuanced and contextual factors rather than objective guidelines. One such example is provided in section 6.4 which explicitly demonstrates the challenge that drawing upon objective boundaries can lead to in interaction. Finally, the chapter will summarise the analysis with a discussion in 6.5. Overall, this study explores the second research question based on justifying and negotiating what is acceptable alcohol use.

How do individuals locally negotiate the boundary between problematic and socially acceptable alcohol use?

6.1 Accounting for alcohol consumption

Morality is consistently interwoven within interaction, but this is particularly noticeable regarding personal choices, such as alcohol use, which leaves it open to subjective judgements from others (Bergmann & Linnell, 1998). Disclosing one's own drinking might be a risky step for a speaker to take unless they can be confident their drinking will be positively evaluated by the group. As such, the incipient potential for moral judgement can prompt individuals to provide justifications to account for their consumption and mitigate negative perceptions from others.

As discussed in Chapter One, a range of research has considered how individuals resist negative perceptions from others and work to portray themselves as moderate drinkers, acting in line with societal expectations (Tolvanen & Jylhä, 2005; Guise & Gill, 2007; Gough et al, 2020). However, alcohol use behaviours exist on a nuanced spectrum, from moderate drinking as widely accepted (see Study One analysis), through to

problematic drinking which incurs heavy stigmatisation (Room, 1975; Crisp et al., 2000; Macfarlane & Tuffin, 2010; Spracklen, 2013; Morris & Melia, 2019). Within this continuum, precisely what is considered problematic is heavily subjective and ill-defined (Room, 1975; Dawson, 2011) and the boundary at where these two categories of drinking diverge is open to negotiation. Whilst the Study One focused on perspectives of acceptability on a macro level, Study Two explores how personal alcohol use is accounted for within interactional context. This negotiation of acceptability is not only relevant to the immediate local environment in which the speakers are discussing, but also provides insight into wider societal values (Tileagă, 2015). This analytic chapter explores how speakers locally negotiate the boundary line between acceptable and problematic drinking in order to situate their own consumption as socially acceptable.

6.2 Invoking and contrasting categories

Within this first discursive practice, participants construct the boundary between acceptable and problematic drinking through making relevant extreme problematic behaviour as a comparison group. Participants build the notion of what problematic drinking is and use this as a contrasting frame of reference for their own behaviour to position their consumption as acceptable and on the 'safe' side of this boundary.

Within Extract 1, Collette discloses a heavy drinking pattern which opens her to possible judgement and negative perceptions by other group members. Throughout the extract she continually contrasts her behaviour to more extreme drinking which is clearly problematic and denies belonging to this category, therefore creating a boundary of what she considers acceptable drinking.

Extract 1: Prof_C_E1

```
1  L:  Ze[ro-  zero  tol]erance.
2  C:    [I haven't got-] (.) any addiction (.) issue::s
3      fortunately (.) err:m (0.7) so I'm not gonna lie I do
4      (0.6) indulge,
5      (.)
6  H:  Tssss[shhh ]
7  C:       [Err:m]
8      ((3.7 seconds of biscuit packet rustling))
9  C:  (But),
10     ((1.1 seconds of more biscuit packet rustling))
11 C:  Errm
12     (0.8)
13 C:  Errm
14     (0.8)
15 C:  I'm you:r (0.3) stereotypical binge drinker, (0.6)
16     I:: (0.8) probably go out (0.3) I got out say once a
17     month but (0.2) stereotypically:: I will go out (.)
18     probably about once every three months and (1.3) make
19     a good job of it.
```

Collette states that she doesn't have "any addiction issues fortunately" (line 2). She invokes common knowledge around the patterns of drinking behaviour exhibited by those with addiction issues, whilst simultaneously distancing herself from such behaviour. She describes not having addiction issues as "fortunate", thus avoiding attributing individual blame or personal responsibility to those who do, but still enabling her to construct this behaviour as a negative category. Collette continues to say "So I'm not gonna lie↑ I do (0.6) indulge" (lines 3-4). Her TCU-initial "so" connects the second TCU as a relevant and contingent consequence of her first (Bolden, 2009). As a result of not belonging to the "unfortunate" category of those with addiction issues, she can belong to the alternative – those who "indulge". Indulgence in alcohol is often described in relation to being an active choice and a form of hedonism, suggesting that it is not problematic but merely a choice of enjoyment (Measham & Brain, 2005; Crocket, 2016). This use of the term "indulge" further marks her drinking as purposeful and enjoyable, rather than being negative or out of control through having an addiction to alcohol. Collette constructs her indulgent drinking

as an honest disclosure ("I'm not gonna lie" line 3), thus displaying openness and truthfulness about her drinking. This construction serves to contrast her (non-problematic) drinking to the invoked categorical behaviours of those with addiction issues who might hide or distort their (problematic) drinking. These categorical contrasts position Collette close to the boundary line for problematic drinking, but securely on the 'safe' side.

Collette goes on to state that she is a "stereotypical binge drinker" (line 15), explicitly invoking and placing herself within a specific category, which is neither addicted or problematic drinking. Generally, binge drinking is equated with drinking excessively on one occasion and specifically defined as consuming more than six units on any one occasion (NHS, 2019). Such binge drinking behaviours have been found to be managed as acceptable and tolerated by constructing it as "calculated hedonism" and as an enjoyable activity rather than focusing on the heavy quantities consumed (Smizgin et al, 2008; Guise & Gill, 2007). Collette relies upon an assumed shared knowledge about binge drinking to avoid being too specific about her consumption levels. Instead, she speaks euphemistically about making "a good job of it". Such euphemisms are often used in potentially taboo topics to mitigate negative perceptions (Lucas & Fyke, 2014). In this case it enables Collette to construct binge drinking as something that one can be "good" at, and that her full performance of a stereotypical heavy drinking behaviour is actually a socially admired skill and does not constitute problematic drinking. Collette further mitigates the risk that self-categorising as a heavy binge drinker might make her a problematic drinker though her time references. Though she may "make a good job" of binge drinking, she only goes out "once a month" and does not drink this way every time she has a night out ("once every three months" lines 16-19).

Although not technically a recommended behaviour, Collette is able to construct binge drinking here as a positive activity, especially when compared to the drinking

patterns of people with addiction issues. Her use of the contrasting categories locally constructs the boundary line for problematic drinking and positions her own drinking as non-problematic

Prior to Extract 2 the group members had been discussing different variations of alcohol consumption and building up what is considered problematic. The group discussion was currently centred around needing a drink first thing in the morning and this being a possible sign of problematic drinking. Thus far, the participants had been discussing general alcohol behaviours rather than personal experiences.

Extract 2: GP_T1_Q1_E1

F: Like you could have someone who's once a week (0.7) doing like has like a massive like has a massive like (.) time, (.) .hh and (then there's there's) maybe like some people that (0.5) nee::d a drink (0.2) to: (.) wake up in the morning.
(.)
C: Ye[ah]
F: [Or] to go to sleep at night and that (.) [that's worrying.]
B: [That's proble]ma[tic.
C: [That's=
B: =(It's) part of their normal]rout[ine.]
C: =when it becomes problematic yeah.]
F: [Erm]
(1.8)
C: Cause I mean like (0.9) if I wanted to like (0.2) cause I don't really drink that much at all, (0.3) like maybe once a month, (0.2) but then if I do have a drink I might have like (.) a whole bottle of wine?
(0.2)
B: °Yeah°.
(.)
C: >N or like a bit more, which is like heavy alcohol use but then I don't like rely on it?
(0.2)
F: Yeah.

At the start of this extract we can see the end of the discussion about defining the term "problematic" and Fiona provides a contrast between two hypothetical forms of drinking. The first is a vague description of an individual who has a "massive like (.) time" (line 2), orienting to heavy drinking. Fiona goes on to create a second category of people who need a drink to "wake up in the morning" (line 5). These two categories are constructed as distinctly different and mutually exclusive through the use of "and then there's there's maybe like some people" (line 3) setting up an explicit contrast between these two groups. Through highlighting that these are contrasting groups, Fiona places a clear boundary line between them before going on to unpack the behaviour of the latter group which the group ultimately define as problematic. Fiona provides an assessment that this second category who "nee::d" a drink are "worrying" (line 9), whereas the first group may not be. In direct overlap, Becky provides a similar but upgraded assessment that such behaviour is problematic and begins to qualify this assessment by stating it is part of a routine. On line 13, Charlotte provides a same evaluation (Pomerantz, 1984), confirming Becky's assessment of the described behaviour as being within this problematic category. The assessment and agreement sequences and extended pause indicates that the group has completed the discursive action of defining problematic drinking within the context of this discussion.

Once the group has built this boundary line of what is considered problematic drinking, Charlotte is then able to safely discuss her personal consumption. Through knowing where this locally occasioned boundary is, Charlotte is able to ensure she positions herself on the non-problematic side of the boundary and therefore avoid negative perceptions from others. Charlotte notably starts her account with "I mean" which is suggested to be common in thoughtful or opinionated talk, where speakers may engage in more careful discourse as to express exactly what they mean to say (Fox Tree &

Schrock, 2002). This is further supported by a long pause after which Charlotte continues to provide the start of what appears to be a hypothetical account and is then repaired. The disfluency in Charlotte's turn highlights that there is some difficulty in providing this information. As previously noted, providing information about your own drinking behaviour is a risky interactional action which opens the individual to judgement from others. Therefore, it is important for Charlotte to manage her description through careful discursive work. In Charlotte's initial description of her drinking she is vague but produces a number of downgrades with the use of "really", "that", and "at all" (line 17). Charlotte continues to provide more detail about frequency, but again this is downgraded with the use of "like" and "maybe". Charlotte continues to explain that when she does drink she drinks a "whole bottle of wine". The use of "whole" suggests an acknowledgement that to drink a full bottle to oneself can be seen as heavy alcohol use, but this is again produced with modifiers of "might" and "like" (line 19). Charlotte then upgrades her drinking by stating that she might have "a bit more" and explicitly labels this as "heavy" alcohol use (line 23). Throughout Charlotte's description of her own alcohol behaviours, she has oriented to how this can be viewed as heavy alcohol use and her units would objectively constitute binge drinking under NHS guidelines (NHS, 2019). However, Charlotte has continually used moderators to downgrade her drinking and on line 24 contrasts her drinking to the concept of reliance which the group have already locally agreed as a defining characteristic of problematic drinking. Charlotte compares her drinking to this more extreme and problematic behaviour as to position her own drinking as admittedly heavy, but within the non-problematic category as defined in this local interaction.

At the start of this extract, the group collaboratively constructed a clear boundary between what is and is not considered problematic. In line with literature, the group refuted objective measures of quantities as being the defining factor of problematic

drinking, rather they considered a "nee::d" for alcohol as the key characteristic (Room, 1975). In order to manage potential negative judgement about her own behaviour, Charlotte actively draws upon this pre-constructed boundary of the contrasting groups and denies having a reliance on alcohol, therefore positioning herself within this 'safe' category. As the group has locally constructed this boundary line, it provides parameters for describing one's own drinking as acceptable. Within this extract we see both how the group creates this boundary line within the local group setting and how this can be drawn upon in safely providing a description of individual alcohol use and carefully positioning this behaviour as socially acceptable.

In contrast to the above extracts the boundary line is not always unproblematically agreed by all participants, its local construction is a negotiated and contestable matter. Within Extract 3, Clare discloses her personal consumption and positions it as socially appropriate. However, this categorisation is challenged by another group member which prompts Clare to contrast to more problematic behaviour in order to redefine this boundary, ultimately categorising Clare's drinking as acceptable.

Extract 3: Prof_T1_VR_E1

```
1   C:  Speaking from experience (1.1) I drink of a weekend,
2       Friday and Saturday night and I have three or four
3       drinks.
4       (1.2)
5   A:  m
6   C:  possibly a glass or so more.
7       (1.3)
8   C:  Every weekend, it's the weekend [(you do[ it,]] you=
9   B:                                  [  huaha[ha  ]]
10  A:                                          [ mm ]
11  C:  =know). And that's-
12  A:  So what you're saying is
13      £[if we're gonna say Robert  has a  ]drinking problem
14  C:    [so that's        (  0.5   )  so   ]
```

15 C: [(Basically/basing on)]
16 F: [a.hh(h)uh(h)ee] (h)e(h)eh.]
17 (0.3)
18 C: But equally, equally: e- equally i:f we feel we were
19 Doing something else while going away for the weekend
20 or whatever(0.7) a:nd heading (0.3) draf- travelling
21 on a friday night,(0.3) I wouldn't be like oh my god
22 I'm missing out on (.)precious drinking time,
23 [when we arrive at midnight I need =
24 A: [a(H)i(h)i(h)u(h)u(h)u(h)u(h)u(h)u=
25 C: =to drink like] (0.3) a whole bottle.
26 A: =[(h)u(h)u(h)u(h)]u:h.hh
27 (.)
28 B: .hhh (h)u(h)u(h)u[(h)u (h)uu (h)u (h)u (h) uh]=
29 C: [£dya k(h)now what I m(h)ean? (H)a]
30 B: = h)u(h)u(h)u(h)uh.HHh

On line 1, Clare prefaces her upcoming disclosure as personal experience, explicitly orienting to the subjective nature of alcohol use. At first Clare acknowledges that she "drinks" at the "weekend", both of which are vague and general, which are then respecified to "friday and saturday night" (line 2) and that she has "three or four drinks". This is only minimally less than Robert's alcohol consumption of four to five drinks in the vignette (Appendix L) and is further upgraded so that Clare places her own drinking within the same consumption level as Robert. Following no uptake from other group members, Clare explains that "it's the weekend, you do it" (line 8), suggesting this activity is bound to the weekend and commonplace within that context, therefore not problematic. However, in contrast to the previous two extracts, the group have not yet constructed what is considered problematic. As such, on line 12 Alice states "so what you're saying is", marking her upcoming turn as a direct response to Clare's description of drinking. Alice orients to Clare's drinking as being objectively similar to Robert's and explicitly highlights the problem of such an admission. If the group conclude Robert has a drinking problem, then due to previous admissions among the group so does Clare, and potentially other group members. This explicitly demonstrates how personal disclosures make the speaker

vulnerable to negative perceptions and how speakers negotiate discussion of their own drinking to manage this potential judgement from others.

Despite the use of mitigating laughter, on line 18 Clare begins to provide an account as to why her drinking is not problematic by constructing a contrasting description of what would be problematic behaviour. Clare draws upon an Extreme Case Formulation of arriving at midnight and going on to "drink like (0.3) a whole bottle". ECFs are commonly used to defend against - or counter - challenges to legitimacy of defences (Pomerantz, 1986). Although this ECF is clearly identifiable as semantically extreme, it provides an example of how participants could go to such extremes (Edwards, 2000). Clare draws upon this extreme behaviour to construct what would be considered problematic, as opposed to her own behaviour which is clearly not problematic in comparison. Through pointing out an alternative and more concerning drinking practice, it provides a contrast between one behaviour which is acceptable and one which is problematic, ultimately placing the boundary line between these two behaviours. As Clare's hypothetical scenario describes very extreme behaviour it serves to diminish the intensity of Clare's drinking and frames it as reasonable and on the 'safe' side of this boundary. Although Clare's drinking may still be considered heavy in terms of quantities consumed, similar to in Extracts 1 and 2, Clare has locally constructed the boundary between acceptable and problematic drinking through drawing explicit contrasts, ultimately positioning herself on the non-problematic side of this boundary.

Although in Extract 3 Clare does ultimately manage to position her own alcohol use as socially acceptable, her initial description is challenged by another group member as being heavy and potentially problematic. Clare is only able to position her drinking as acceptable once she has constructed this more problematic category as a contrast. Within the previous two extracts, the problematic category – and consequently the boundary of

acceptable alcohol use – was constructed before individuals provided information on their own drinking and they were then not challenged as a group consensus had been reached. However, this lack of a pre-constructed contrasting category in Extract 3 appears to have caused issues and opened Clare up to challenge and negative perceptions from other group members. It is clear that it is important to collaboratively define this boundary of appropriate alcohol consumption within the local context of the group *before* providing information about one's own drinking. Individuals are then able to safely rely on this group consensus as a contrast to their own drinking in order to justify their personal consumption.

6.3 Normalisation

An alternative approach used by participants to justify their drinking was to draw upon the notion of social acceptability itself in order to position individual consumption within this 'safe' category. Individuals position their own drinking as normative and lying within the limits of what is considered acceptable within wider society. Participants construct the boundary of acceptable drinking as a fluid concept which relies heavily upon context and perceptions of normality amongst the interlocutors in each group. To do so, they use two key discursive practices; context and consensus.

6.3.1 Context

The notion of problematic drinking, particularly in policy and health guidance, is often based upon objective measures. For example, drinking over a certain number of units or reaching a certain threshold on the AUDIT would automatically place someone within the problematic drinker category. In contrast, this sub-section argues for the importance of context. Certain patterns of consumption (i.e., heavy use, or drinking in the morning)

which are often considered verging on problematic are positioned as reasonable by individuals invoking the context of specific situations. There are certain contexts in which potentially problematic alcohol consumption is normalised and is therefore not problematic, but permissible given the circumstances.

In the lead up to Extract 4, speakers have been discussing whether the act of drinking at home is inherently a problematic behaviour. One group member argues against this static boundary of what is problematic drinking, instead drawing upon contextual factors as a way to reconstruct this boundary line.

Extract 4: Prof_A_E3

```
L:  I think you're right in what you're saying about (0.2)
    you want that drink but I think there's another side
    to it is as well.=If I'm sat at home on my own
    watching football, (1.0) I wouldn't enjoy the football
    as much.
    (0.5)
B:  [Without a drink?]
?:  [(Without a drink] in your hand.)]
    (.)
B:  Yeah.
B:  [The two    ] go together thou[gh don't they?]
L:  [An it's not]                 [But it's not  ] (.) the
    fact that I wanna get smashed,
B:  Ye[ah ]
C:    [mmm] (0.2) it's the so[cial ((???))   ]
L:                           [I [enjoy the ma]tch with a]=
K:                           [You're enjoying the drink-]
L:  =beer.
    (.)
K:  Yeah
    (.)
R:  It's the association that you've built up [that] when=
C:                                            [Yeah]
R:  =you're watching your [footy] ya- you have a (.)=
K:                        [Yeah ]
R:  =glass of beer [or whatever.]
```

At the beginning of this extract Luke aligns with the previous speaker to some extent by agreeing about the issue of motivation of wanting a drink but invokes the notion of context

to justify why drinking at home is not necessarily always problematic. Luke proposes a specific situation of watching the football at home, drawing upon an 'if-then' formulation to construct drinking while watching football at home as a commonplace and interconnected activity (Edwards, 1994). Luke suggests that if he was watching the football at home, then he would enjoy it less, implicitly referring to the lack of alcohol. Therefore, to watch football without a drink would be a breach formulation and lead to a less enjoyable experience. His drinking at home is not motivated by desire for a drink, but due to being an activity directly connected to watching football. Within this account Luke has refuted the notion that drinking at home is automatically a problematic activity, rather there are contexts – such as watching the football – where drinking at home is entirely appropriate. Similarly to the way in which individuals have previously rejected objective behaviours or quantities (i.e., binge drinking or drinking a heavy amount of alcohol) as a way to draw this boundary line of acceptability, Luke rejects a blanket basis for drawing this boundary line and argues for context when defining problematic.

Following Luke's assessment of drinking at home being acceptable when watching football, two group members respond, one appearing to check their inference of Luke's statement (line 7) and another which aligns with Luke's explanation (line 8). On line 11 Bella aligns with and reiterates the interconnected nature of the two activities, utilising a tag question to reinforce the commonality of this activity through suggesting it is shared knowledge (Mithun, 2012). As seen in the previous section of this chapter, Luke further justifies his drinking as non-problematic through contrasting his behaviour to more problematic motivations, stating it is not "the fact that I wanna get smashed" (line 13). Through denying this as his motivation (and through making relevant the group's previous conversation around this – not included in extract), Luke constructs a motivation of drinking at home for the purpose of getting drunk as a key element of problematic

drinking. In contrast, he is drinking due to the context of watching football which is positioned as being a commonplace and therefore non-problematic behaviour. Again, two group members align and Luke continues to explain that he enjoys "the match with a beer" (lines 16-18), drawing on his purpose of drinking for enjoyment, the specific context of the football match, and the limited amount of drinking as opposed to getting "smashed". Furthermore, on line 22 Rebecca highlights the association between football and a "glass of beer", again constructing this boundary of acceptability around a specific context.

Throughout his turns, Luke has worked up the context of the football match and drinking at home to be a commonplace and normal activity. Numerous group members have also worked collaboratively with Luke to recognise and reformulate Luke's justification. Through doing so, the other group members show alignment and provide a consensus opinion that this type of behaviour is socially acceptable and on the safe side of the boundary line, despite earlier suggesting drinking at home was problematic. This boundary has been negotiated within this local context and the group has reconstructed what is considered problematic in order to maintain Luke's behaviour as acceptable. As seen within the first section, drawing upon contrasting problematic behaviours is a particularly effective strategy and works within this extract to reconstruct this boundary between acceptable alcohol consumption and more problematic consumption.

Extract 5 provides a further example of how context-dependent the acceptability of alcohol consumption can be. Previously the group has talking about drinking early in the morning and are now discussing if there is a specific time of day at which it is acceptable to start drinking. Thus far, the group have stated that it depends and within this extract they go on to provide examples of situations when it is appropriate to drink at what would otherwise be a concerning time of day to drink.

Extract 5: GP_RC_Ex8

```
1  K: So if I was going to watch the cricket which starts at
2     Like eleven ay em, (0.2) I would start drinking at
3     eleven ay em. But then on a normal weekend I wouldn't
4     think of drinking [bef]o:re
5  H:                   [No ]
6     (0.4)
7  K: Til midday.
8  E: Yeah
9  G: ((Laughter))
10    (0.7)
11 K: But yeah I'd say midday (0.4) as a ru:le.
12    (0.6)
13 K: Unless there was something different on.
14    (0.6)
15 K: Eh.
16    (0.3)
17 H: Huh.
18 E: Yeah [it depends on the event (0.3) you're[ go]ing to=
19 K:      [But that's obviously-  ( (   I  n  a[ u ]d I b =
20 H:                                          [Yeah]
21 E: doesn't] it.
22 K: l e ) )]
23    (0.8)
24 D: See I- I go football with my dad and sometimes I'll
25    like have a cider and it's like (0.3) one o'clock in
26    the afternoon or something so it doesn't matter .hhh
27    (0.3) too much but yeah.
28    (0.8)
29 T: If it's [  a    weekday    usually-  ]
30 D:         [It depends what you're doing] later.
31    (0.4)
32 E: No.
33    (0.4)
34 D: Mmm
```

At the beginning of this extract Kyle provides an if-then formulation (Edwards, 1994) to construct morning drinking while watching the cricket as commonplace due to the early start time of the match. Kyle goes on to directly contrast this behaviour with a "normal weekend" (line 3) when to drink at 11 am would be concerning and on the wrong side of the acceptability boundary ("I wouldn't think of drinking before (0.4) till midday" lines 4-7). Kyle highlights that watching cricket is not a normal occasion which helps to mitigate any

potential accusations of regular morning drinking (i.e., non-contextually dependent), which would be problematic. He orients to the societal "rule" that normally applies (line 11) and clarifies that if the cricket was not on, he would not drink before midday. This further identifies morning drinking as an infrequent occurrence within a specific context and illustrates that he is aware this is not societally viewed as acceptable in normal circumstances. Thus, morning drinking for the cricket is presented as permissible due to the context of an early cricket match in which it is a normative category-bound activity.

In Extract 4 the ostensibly problematic behaviour of drinking at home was constructed as contextually acceptable during football matches. Likewise, in Extract 5 the ostensibly problematic behaviour of morning drinking is normalised through the specific contextual circumstance of cricket watching. The speakers locally construct the boundary between acceptable and problematic drinking to behaviour to position their drinking as contextually normative. This clarification that Kyle does not usually drink before midday is met with alignment from other group members, thus reinforcing and making locally relevant the cultural norm prohibiting morning drinking. Following Kyle's description, two other group members go on to provide other situations where drinking early on would be acceptable, further adding to this consensus that there are specific situations where drinking early in the day is socially acceptable, despite usually being concerning. Within both of these extracts, it is clear that there is no static or objective boundary which demarcates acceptable alcohol use from problematic drinking. Rather, this boundary of what is and is not acceptable alcohol use is a discursive resource which individuals use to account for their own behaviour and avoid negative judgements from others. Individuals locally construct this boundary line in relation to specific contexts and nuances which allow them to position their own drinking as non-problematic. As such, this boundary line shifts

across different interlocutors and contexts to align with what is considered morally appropriate for that particular situation.

In Extract 6 we again see how individuals orient to drinking behaviours as potentially problematic and open to negative judgement. This time however, the context being drawn upon to justify their drinking as acceptable is not an event (as in Extracts 4 and 5), but a discourse of social responsibility in which there are no other pending commitments or obligations. Prior to Extract 6 Brian has mentioned how the weekend is his only time off with family or to run errands and would dislike losing this time to being hungover. The group discussed young peoples' excessive drinking at the weekend and sleeping late the following day with a hangover, implying that this is irresponsible behaviour.

Extract 6: Prof_T1_VR_E2

```
D: But it's a life choice though isn't it really.
   (.)
B: Mm=
D:   =I mean (0.3) I agree with you: if I've got things to
   do: I would not want to go out a[nd [get]] completely=
F:                                  [Ye [ah ]
B:                                      [Yeah]
D: =hammered the night bef↑ore
   (0.4)
D: But then if I- if I'd finished everything I wanted to
   do and just wanted to really just to relax,
   (.)
B: Yeah
   (0.3)
D: I probably would have (.) a few too many drinks (.)
   a:nd spend the whole day in bed.
   (0.2)
D: On a saturday or sunday. And I still do it.
   (.)
B: Mm
   (.)
D:  Even at my age.
   (.)
A: ((La[ u g h t e r))]
F:     [Was gonna say ]this is it yeah yeah I
```

```
26      [will happily-]
27  A: [   You   par ]ty animal.
28      (.)
29  F: I'll happily stay in bed until half nine.
```

To begin with, Dianne prefaces her talk with "but", indicating an upcoming disjunction with the previous talk in which the group implied drinking to the extent of being hungover was irresponsible. Dianne provides a declarative assessment asserting that this form of drinking is a "life choice" rather than something inherently wrong (line 1). This is in line with the notion of calculated hedonism and through positioning alcohol use as a choice foregrounds the personal morality of that choice and it being available for judgement by other people. Following a lack of immediate uptake, which may indicate lack of agreement, Dianne repairs her declarative statement to a substantially different version that switches from a discourse of choice back to one of responsibility. The repaired version is prefaced with "I mean" (line 4), indicating upcoming adjustments (Schiffrin, 1987; Fox Tree and Schrock, 2002) and explicitly aligns ("I agree with you" line 4) with Brian's previous discussion to diminish the disjunctive nature of Dianne's assertion. This also helps to distance Dianne from potentially being seen to endorse heavy drinking behaviours. Dianne uses an ECF and agrees she would not get "completely hammered" (line 8) if it would impact on her having "things to do" (line 4). Dianne aligns with the previous discussion (not included) and reiterates that this behaviour is unacceptable and something she disagrees with, therefore distancing herself from the irresponsible category of some who might make the "life choice" to drink until hungover. However, whilst the previous discussion implied that such drinking was inherently irresponsible, Dianne has introduced the contingency of having commitments to attend to as being a key contextual feature in locating the boundary between acceptably hungover and problematically incapacitated through alcohol.

Having introduced a mitigating context of discharging responsibilities, Dianne uses it to preface the upcoming description of her weekend drinking behaviour as being contingent upon completing all of her commitments (lines 10-16). She therefore maintains that she is a responsible person on the right side of the problematic drinking boundary. Dianne uses moderators ("probably") and vagueness ("a few too many drinks" line 15) to further diminish the potential severity of her drinking. Although Dianne leaves the exact amount consumed vague, it does suggest increased levels of drinking which would lead to spending "the whole day in bed" (line 16). In a further incremental TCU (line 18) Dianne specifies her non-functioning days would be on a Saturday or Sunday, which are weekend days and therefore would not interfere with other responsibilities such as work, further maintaining her position as a sensible person on the right side of the boundary, regardless of quantity consumed. This is further aligned within by laughter on line 24 and again on line 29 when another group member states that she would also "happily stay in bed until half nine". Again, suggesting that it is not the potential hangover and staying in bed late which is inherently problematic. Whilst the previous discussion suggested heavy drinking to the extent of a hangover was inherently irresponsible, Dianne has used context to refute such a blanket judgement. Throughout her account Dianne has consistently drawn upon the context of attending to commitment and responsibilities in order to construct the boundary line of acceptability in alcohol consumption

Although boundary lines are locally constructed, there does nevertheless seem to be an overall calibration between participants throughout an extended conversation. For example, amongst the group who feature in Extract 7, the participants drink a limited amount of alcohol in comparison to other groups. When Audrey provides a description of her recent drinking she clearly orients to this local context and works hard to mitigate

negative perception from the group through providing much more detailed information about the context as seen in other cases.

Extract 7: GP_RV_E7

A: Well (.) at- my last one was (0.8) in april we had three people (.) who were (0.2) >s it was their birthdays within te[n]like=
C: [okay]
A: =a week.
(0.5)
A: A:nd we went to a place in East Builton called the Tudor.
(0.2)
C: ◦m◦
(.)
A: And we had- ↑we had a few drinks n- none no one was plastered nothing like that .h but we also had a meal
(0.2)
R: M[m]
A: [An]d I think the meal (0.2) soaks up [the dri]nk as=
R: [Mmm]
A: =well.
(0.3)
A: I mean I had three brandy and cokes.
(0.4)
R: HM
(0.2)
A: I wasn't even tip↑sy.
(.)
R: No.
(.)
A: I wasn't (.) [you know]
R: [If you have] foo:d
(.)
A: ↑Yeah.
(.)
A: [I'd had food to] eat.
R: [Seems to]
(.)
R: Yes[ss.
A: [Bu:t we were having a good time.
(.)
R: Mm
(0.2)
A: I mean it was my birthday then it was Gina's eighteenth.
(0.2)
A: And then it was Mel's fortieth.
(0.2)
A: All in with- in [the week.]

47 R: [Yeah.]
48 (0.7)
49 A: But we (0.3) yeah we went out we had- there was say
50 seven of us went out we had a good- we even had a game
51 of bingo!
52 (0.2)
53 R: Ye[ah.]
54 N: [hu]hu[(h)uh]
55 A: [And this] cr- this watcha call it so we were
56 doing something besides drinking.
57 (0.5)
58 A: But not one of us was plastered.

In discussing her alcohol use, Audrey first works to justify the quantity of alcohol consumed. This group comprised individuals who drank little or nothing at all and therefore Audrey was orienting to a more stringent boundary than seen in others extracts. Audrey is at first vague, pointing out that the group had a "few" drinks, but uses an ECF to deny that anyone was "plastered" (line 13). Audrey further specifies that the group had a meal which "soaks up the drink" (line 16), therefore diminishing the impact of even a "few" drinks. Audrey continues to provide further specifics, prefacing her turn with "I mean", stating she had "three brandy and cokes" (line 20). Again, not only does Audrey provide specifics about the limited quantities consumed, but she explicitly denies even being "tipsy", which is often considered on the convivial end of alcohol intoxication rather than a negative state of drunkenness (Zajdow & MacLean, 2014). Audrey also utilises a "you know" tag to indicate an element of shared knowledge (Shiffrin, 1987) that three brandy and cokes with a meal is not excessive drinking. Throughout this account Audrey has repeatedly mitigated her drinking. Although Audrey's drinking is limited compared to other extracts in this chapter, it is elevated in comparison to other group members in the context of this specific group. The understanding of what is appropriate is locally constructed and Audrey orients to the local perceptions as opposed to wider societal notions of drinking acceptability which may see her drinking as acceptable. As such,

Audrey engages in a significant amount of justification work to situate her drinking as appropriate for this group based on their locally grounded perceptions of acceptability.

Whilst Audrey has thus far focused on mitigating the quantity of alcohol, she now begins to downplay the role of alcohol to change the context of the event. On line 37 Audrey points out that they were "having a good time", further suggesting that this was a positive situation in which alcohol was not problematic. In fact, the focus throughout the rest of this account is on the celebratory nature of the event, rather than the presence of alcohol. On lines 50-51 Audrey provides more context and again downplays the role of alcohol by mentioning they went out and "even had a game of bingo!", again shifting the focus from alcohol. Audrey starts to sum up her account on line 55 where she again mentions the focus on activities other than solely drinking and reiterates that none of them were "plastered" (line 58). Through clearly positioning the focus of the event as birthday celebrations, Audrey further mitigates the role of alcohol.

Throughout her account Audrey has first dealt with the immediate threat of the quantity of alcohol consumed and then further mitigated this consumption through drawing upon the context of the situation. As discussed earlier, the boundary of acceptability within this group is likely to be much lower due to the limited drinking practices amongst group members. As the boundary is locally constructed, Audrey must orient to this lower level of acceptability, whereas her drinking may not have required as much justification in other contexts, highlighting how the boundary shifts between the different interactional settings. This demonstrates the importance of studying how a boundary is discursively constructed, rather than attempting to measure what would be a socially acceptable boundary which is static across contexts and interlocutors.

Within the above extracts, individuals have drawn upon contextual information to explain why their drinking is acceptable and reasonable, despite the potential for it to be viewed as problematic. For example, drinking at home alone, early in the morning, or drinking to intoxication. All of these are behaviours which are widely considered as concerning or problematic and are in breach of a general societal rule regarding acceptable alcohol use which is oriented to within the extracts. However, in these extracts individuals have relied upon and introduced contextual factors to suggest such behaviours are not inherently problematic. Drinking at home or in the morning while watching sports events is constructed as normative. Similarly, becoming intoxicated through alcohol as part of a celebration is presented as acceptable and reasonable due to the context of the circumstances. What remains clear from the data is that the boundary between acceptable and problematic not an objective and consistently stable rule, but definitions of acceptability must be locally constructed, allowing for nuances in particular contexts and situations.

6.3.2 Script formulations and consensus

Within the below extracts, individuals also draw on consensus in order to normalise their drinking. In building a consensus that they engage in a commonplace behaviour; this helps individuals to position themselves on the right side of the boundary line as it is clearly a culturally acceptable and normative behaviour. Such consensus constructions can be built through the use of script formulations. Script formulations are a way of describing events or instances as scripted; predictable, routine, or commonplace (Edwards, 1994). Such script formulations may start from a specific event and working it up into a generalised, commonplace activity, or it may start as general and go on to include more specific event details on certain instances (Edwards, 1994). Script formulations can be built up in many

ways, but most notably utilise modal verbs (would, will), event pluralisation (arguments) and temporal verbs (always, usually, often), to name a few.

Consensus formulations build a description of an activity as something routine and commonplace but go a step further than simple script formulations to describe it as something that everybody takes part in (Edwards, 1994). As such, these behaviours do not require an account in order to justify the behaviour, merely being rendered as normal and within the societal moral order is enough.

As previously seen in Extract 5, providing corroboration from other group members served to help build a more convincing description. Normalisation of behaviour is often a co-constructed activity which relies on support from interlocutors (Lawrence, 1996). This corroboration serves to normalise the activity through presenting it as something that is engaged in by many and widely viewed as normal or commonplace (Edwards & Potter 1992; Edwards, 2000).

Within Extract 8 we can see the group work together collaboratively build a consensus amongst the group that the described behaviour of drinking at the weekend is a predictable and scripted behaviour, therefore not problematic.

Extract 8: Prof_T1_Q1_E1

```
1  F: Etcetera so it was that sort of discussion about (0.7)
2     n- (0.2)it was a difficult one because
3     (0.8)
4  F: [S-]
5  C: [It]'s so common.
6     (.)
7  F: Who doesn't have a: (.) drink on a: on a friday and a
8     Saturday ni:ght [if ya] an (I [know alright)] >well=
9  C:                 [Yea:h]
10 B:                                [     Mmm     ]
11 F: =this is it< you know it's it's- it's one of those
12    things where actually it's Friday ni:ght, (0.5) I'm not
```

13 going out to the pub I'm [not] going out anywhe:re.
14 C: [Mm]
15 (0.5)
16 F: I'll have- I'll >open a< bottle of ↑wi:ne.
17 (0.2)
18 F: Because (0.3) you know erm (0.4) it's=
19 D: =It's the end of
20 the week isn't i[t.] [It's like] [Yeah]
21 F: [It]'s [a soc]ial t[hing] at the
22 end of the wee:k.
23 (0.3)
24 A: [And you feel like you've earnt [it (like-]=
25 F: [It isn't an addiction it isn't [a-]
26 C: [It's a]=
27 A: =[like a rewa:rd)]
28 C: =[very difficult]spectrum isn't it because I- it's a
29 very wide spectrum

On line 2, Faith says "it was a difficult one", setting out that the previous group struggled in discussing the vignette and deciding on whether it was problematic alcohol use or not. On line 5 Carole provides an object-side assessment (Edwards & Potter, 2017) and explicitly invokes the normality of such consumption behaviours through stating that "it's so common", the "it" presumably referring to the specific alcohol behaviour by Robert. On line 7, Faith upgrades this with a rhetorical question of "who doesn't have a: (.) drink on a: on a friday and a Saturday ni:ght", suggesting that to drink at the weekend is the norm and in fact not drinking at the weekend would be considered an accountable behaviour. Two group members both agree with Faith's assertion, which provides a robust consensus within the group itself about the commonality of this behaviour and establishing it as on the normative (and therefore acceptable) side of the boundary line.

It is only after establishing the acceptability through consensus of Friday night drinking that Faith moves on to specify her more contentious personal drinking of engaging in Friday night drinking when not going out. She frames her drinking modally "I'll have I'll open a bottle of wine" which positions it as scripted or standard behaviour (line 16). Line 16 is delivered matter of factly, without embedded minimisation, normalisation

or other qualification that have been shown to accompany personal disclosures of borderline drinking activities. The context for such a bold disclosure rests on the prior work to establish a consensus. However, it is a fragile foundation and when there is no immediate uptake Faith begins a because-prefaced turn that appears designed to retrospectively introduce an account or justification for her personal disclosure (line 18). Again, this highlights the careful attention required to create a locally occasioned consensus of the boundary line for acceptable drinking and to bridge between modally scripted activities and specific personal examples.

In this case, Faith is rescued by Denise, who steps in to provide a collaborative completion. Denise aligns with the previous group members about the normality of this behaviour and states "it's the end of the week isn't it." (lines 19-20). This reintroduces the previous consensus built by the group and encompasses Faith's personal disclosure within the category of acceptable drinking. She invites other participants to reinforce the consensus through the tag question "isn't it" which suggests a commonsense knowledge shared between the group (Mithun, 2012). Following this, further support is provided by two other group members which provides more consensus to this being a normal and social activity, carefully positioning this as something which is entirely acceptable and on the appropriate side of the boundary line. As seen within many other extracts, the group do not only define what is acceptable, but also contrast to problematic behaviour in order to construct the boundary between the two behaviours. On line 25 Faith orients to the potential that their routine, potentially risky drinking could be considered problematic and begins to provide a justification why the drinking shouldn't be considered problematic through comparing and denying more severe behaviours of addiction to show a clear and distinct contrast.

Throughout this extract the group have built the notion of drinking at the weekend as a script formulation, something that many people regularly take part in. Therefore, the group have positioned this behaviour as non-problematic but entirely reasonable and appropriate in line with societal norms, allowing for disclosure of more heavy and risky drinking which would usually be open to more negative judgement. However, the group does also orient to the potential that such behaviour could be considered problematic and – as seen within many extracts – draw upon contrasts to more extreme behaviours as a justification strategy.

Before Extract 9 the group members have been discussing the unit guidelines and have been asked their thoughts about them. It again shows how the group work collaboratively together to build up a notion of normality around their particular behaviour in order to position it as not problematic.

Extract 9: GP_RC_E1

```
1  K: >I MEAN I DON'T drink< in the week but [ at ] weekends=
2  E:                                        [Yeah]
3  K: = (.) I will drink that every night.
4     (0.6)
5  E: Yeah it's hard[(core)((laughter))you were sa[ying yeah]
6  G:               [     ((     l a u g h t e r        )) =
7  H:                                           [Take it ]=
8  G: =((laughter))   ]
9  H: = like a rugby pla[yer. ]
10 R:                   [Every] night.
11    (.)
12 K: A(h)heh.
13    (.)
14 H: Hu(h)
15    (0.2)
16 H: a.hh
17    (0.7)
18 T: Yeah I'd probably say that's a rugby Saturday.
19    (0.4)
20 E: Y[eah.]
```

T: [Like]six pints.
(.)
E: I tell you [most people]
K: [((l a u g] h t e r))
((14 lines omitted of a joke and laughter sequence about six pints being low consumption for the rugby club))
D: Erm
(0.2)
E: I'd say most people: (.) in the rugby club probly drink like that

On line 1 Kyle responds to the unit guidelines through stating that although he does not drink in the week, he does at weekends and suggests "I will drink that every night". Kyle has made "weekends" a pluralistic event, used the modal verb "will" and an ECF of "every", all which are highlighted as ways to build an activity as a scripted event that does not therefore require justification (Edwards & Potter, 1992; Edwards, 1994). On line 5 Ed agrees with Kyle and provides an assessment that it is "hardcore" before laughing in overlap with the rest of the group who are already laughing. In between the group laughter, on lines 7 and 9 Hayley can be heard to say "take it like a rugby player". This statement of "take it like a rugby player" suggests that heavy drinking is a category-bound activity of this identity as someone who plays rugby. That is, for a player to drink heavily at the weekend is expected. This is line with previous research which suggests that rugby is a sport particularly associated with heavy drinking (O'Brien & Lyons, 2000; Kahu-Kauika, 2011; Fuchs & Le Hénaff, 2013). This is followed in overlap by Robbie restating "every night", further corroborating this sense of commonality and predictable nature of such behaviour. Therefore, within this particular group context, that level of drinking is seen as something that is commonplace and potentially expected for this particular group of people, rather than being problematic. Additionally, Kyle on line 1 acknowledged that he would not drink this way during the week but suggests this kind of drinking is acceptable at the weekend, echoing the sentiment seen in Extracts 3 and 8. Not only is this kind of

drinking tied up to rugby players, but is specifically described as a "rugby Saturday" (line 18) by Tara. Therefore, it is not necessarily the quantity that is highlighted as being the key factor here, but the context of when the drinking occurs and it being within the parameters of the weekend deems it as different in some way to drinking in the week.

Furthermore, this notion of a "rugby Saturday" again highlights the normality of rugby and drinking excessively, formulating this as acceptable and somewhat expected behaviour. This is further aligned with by Ed before Tara provides more specific on "six pints". Six pints of a typical 4% beer would be the equivalent to 13.8 units (DrinkAware, n.d), above the recommended unit guidelines and within the category of binge drinking. However, through constructing this as a routine element of being a rugby player, this serves to normalise and mitigate the level of consumption as more reasonable. This leads to a joke and laughter sequence about how six pints would constitute a "quiet" rugby Saturday, further drawing upon this notion that heavy drinking is entirely normalised within this context. Once the laughter from this sequence has tailed off, Ed restarts his turn to say "most people: (.) in the rugby club probly drink like that.", again orienting to this notion of drinking excessively inside the rugby club. The rugby club is consistently drawn upon as a group in which drinking high levels of alcohol is considered a normalised activity which is consensually engaged with by many group members. This level of drinking is framed as predictable and entirely normal, therefore the drinking is considered reasonable and appropriate rather than excessive in a problematic way.

These extracts have shown how participants can work collaboratively to reach a consensus that normalises potentially problematic drinking behaviours. Individuals can then disclose personal drinking behaviours similar to those normalised through the consensus without risking being accused of problematic drinking themselves. This practice is similar to the

context category in which individuals relied upon context in order to justify their drinking in certain situations as normative, despite otherwise being viewed as potentially problematic. Within both the context and consensus sections, the discussions have all worked to build up individuals' behaviour as normal and acceptable and therefore in line with the safe side of this boundary of acceptability. However, this boundary line remains something which is locally constructed depending on what is considered normal within the local interaction and perceptions amongst the group.

6.4 Challenges with objective boundaries

Throughout the chapter the analysis has continually made the argument that the boundary between what is considered socially acceptable versus problematic drinking is locally constructed within the interactional setting. However, there are objective unit guidelines which are given in order to direct individuals towards safe levels of drinking. Below in Extract 10 we see an example of a discussion where these objectives units were used in an attempt to define the problematic boundary. From this extract it is clear how this can lead to significant challenges and may not be a reliable way for constructing what is or is not problematic alcohol use.

Extract 10: Prof_B_E1

```
1   L:   Because my background was in drugs and I didn't (.)
2        know a grea(h)t d(h)eal about alcohol, (0.3) but now
3        (0.3) knowing what I know (0.7) I I think fourteen is
4        still (0.2) too high.
5        (0.7)
6   CM:  ◦Tch. kay◦
7        (.)
8   D:   .hh It's it's weird though cause when you say tha:t I
9        drink more than fourteen a week.
10       (.)
11  L:   So [do I.]
12  A:       [Yeah ]
```

(0.3)
D: Way more.
(0.4)
L: But I [am now more]conscious of [my own drinking.]
D: [an I I no- am-]
R: [((clears throat))]
(.)
D: I am conscious of it (.) working in this field but-
an an you've gotta obviously someti:mes (.) it's
about practicing what you- what you pr[ea:ch],(0.2)=
L: [mmm]
D: =but at the same time it's like I know (.) that
I(.)= don't have an (.) unhealthy (0.2) relationship
with alcohol.
(.)
?: mm:
(0.4)
D: Erm (0.3) and I have a healthy lifestyle, (1.4) and I
Think fourt(h)een's is too lo(h)w(h)hh.
[(h)ua(h)[u(h)ha(h)].hh(h)]
L: [(h)ua(h)a(h)[a(h)a(h)a](h)a(h)a]haha
?: [a(h)e(h)]
(24 lines omitted – start to talk about confusion about basing guidelines on units)
R: =Err::m (0.2) and I think (.) it's not just about the
units consumed it's also about the relationship that
they have with alcohol why are they doing it?
(.)
L: mmmm.=
R: =Cause Donna may well be drinking all sorts but
she know I know she's a (0.3) gym bunny (0.5) she
eats well, and she's not- (.)drinking to cope, at
least I'd hope she isn't,
(0.6)
D: A(h)eh(h)eh(h)e(h)

At the beginning of this extract Lisa prefaces that she has recently learnt more about alcohol use and disagrees with the Chief Medical Officer's unit guidelines (DoH, 2016). Lisa suggests that they are too high at 14 units, implying that this is potentially problematic. There is a noticeable delay in uptake for any group member until Donna challenges Lisa's assessment on line 8. In direct contrast to other extracts where individuals work hard to distance themselves from the problematic category, Donna states that she drinks more than 14 a week, explicitly positioning herself within the problematic category that Lisa has

constructed. Lisa quickly agrees that she also drinks on this level, as does Anne, and it leads to a further upgrade by Donna of "way more" on line 14. This disclosure of heightened drinking appears not to be an admission of being a problematic drinker, but more of a challenge to this objective and stable boundary line that has been drawn by Lisa based upon units.

Rather than challenge the group's level of consumption, on line 16 Lisa begins to justify her consumption through explaining that she is "more conscious" of her drinking, suggesting that her level of drinking is an active choice, and this is an important factor as opposed to only focusing on the sheer quantity consumed. Similarly, on line 20 Donna agrees that she is also conscious of her drinking due to her profession and continues to explain that she knows she does not have "an (.) unhealthy (0.2) relationship with alcohol", confirming on line 30 that she has a healthy lifestyle. Despite drinking above the guidelines, Donna resists the category of being a problematic drinker through drawing upon this notion of relationship with alcohol and being healthy or unhealthy. Through implying that her drinking is not problematic because she does not have an unhealthy relationship with alcohol, this suggests that an unhealthy relationship is a key element of problematic drinking rather than the objective and measurable unit guidelines as implied earlier. Donna finishes her resistance of this problematic category by stating that she still thinks 14 is too low with interpolated laughter which is responded to with laughter almost immediately. Throughout her turns Donna has disclosed that she does drink considerably more than what is recommended, and this opens her up to the challenge that she may drink on a problematic level based upon an objective measure of alcohol consumption. However, Donna does this in order to challenge where this boundary line has been drawn and uses it to reconstruct what would be considered problematic, such as having an unhealthy relationship with alcohol.

The group goes on to further discuss the difficulties of basing guidelines around units and moves away from specifically discussing Donna's drinking. However, on line 37 Rachel starts to discuss the notion of healthy and unhealthy relationships with alcohol, again drawing on this shared professional knowledge about relationships with alcohol. On line 42, Rachel specifically refocuses the conversation back to Donna's drinking and uses the earlier discussion as an example of what is not problematic drinking, further constructing this boundary line of acceptability. Rachel acknowledges that Donna objectively drinks a lot through saying she "may well be drinking all sorts" (line 42) but goes on to explain that her drinking is not problematic due to other more nuanced factors. Rachel provides more specifics on Donna's lifestyle, listing that she is a "gym bunny" and "eats well", which are all common notions of healthy living. In addition, Rachel denies that Donna is "drinking to cope", again suggesting that this is a category-bound activity of problematic drinking which Donna does not possess. Therefore, if Donna does not possess a key characteristic of the problematic drinking category, then she cannot be placed in such a category, as she would be based upon the initial boundary line drawn by Lisa. Within this extract we can see some of the problems that arise when there is an attempt to draw the boundary line based upon an objective and stable measure, such as the unit guidelines. Instead, this is heavily resisted by the group members and the group works collaboratively to reconstruct this boundary, taking into account more subjective elements such as lifestyle and reliance upon alcohol use which are deemed as more useful features to categorise problematic drinking.

6.5 Discussion

Similarly to the previous study of text-based documents, this second study identified that alcohol use is persistently oriented to as an accountable behaviour. Within this second

study, all of the speakers were discussing their own alcohol consumption and oriented to a need to justify their behaviour in line with what is considered socially and morally acceptable. As has been discussed, alcohol use is a personal choice and therefore it is open to judgement. In particular, heavy or potentially problematic alcohol use is often viewed negatively and perceived as going against the societal norm. If individuals are drinking in ways which may breach societal norms of acceptability in relation to alcohol use, they must carefully manage potential negative judgements from others. A key element of this is to describe their behaviour in a way which does not breach societal standards of acceptability. Research has repeatedly shown that individuals orient to positioning themselves as moderate and sensible drinkers (Tolvanen & Jylhä, 2005; Schomerus et l, 2013; Wallhed Finn et al, 2014; Gough et al, 2020), ultimately managing potential negative perceptions and ensuring they are not placed within the problematic drinker category. However, there has been limited discursive work on exactly how such justifications and constructions of moderate drinking are worked up in interaction.

A key finding of this study was the way in which speakers locally constructed the boundary line of acceptable and unacceptable alcohol use. The first key element of this was that the boundary line was locally negotiated, rather than being a static and objective definition if what is acceptable and problematic. Previous research has identified that definitions about problematic alcohol behaviours do not typically rely on objective measures such as units consumed (Room, 1975; Dawson, 2011; Yeomans, 2013; Thurnell-Read, 2017). Rather, this notion of what is considered acceptable was constructed within the interaction itself. As discussed within the literature, definitions of what is acceptable is negotiated collaboratively between interlocutors in the immediate interaction, simultaneously drawing upon wider societal values (Scott & Lyman, 1968; Orbuch, 1997; Buttny & Morris, 2001; Tileagă, 2015). This research similarly demonstrated that the

negotiation of what is considered acceptable alcohol use is identified throughout interaction. One such example in which a static boundary was drawn upon (extract 10), was explicitly challenged as it did not align with individuals' alcohol consumption and therefore would portray theirs as potentially problematic. Instead, the local negotiation of the boundary line allowed speakers to construct the boundary in a way which they could ensure they were always on the safe side of the boundary.

Speakers appear to have been less concerned with the precise quantity and whether they adhered to the objective unit guidelines, but rather they focused upon portraying their consumption as socially acceptable and avoiding negative judgement from other group members. From both previous research (Lovatt et al, 2015; Khadjesari, 2019) and within this analysis, it has been clear the objective and static boundaries are not widely used in individuals' understanding of their alcohol use consumption in relation to socially appropriate levels. Rather, these conceptions of problematic drinking were much more subjective and based upon consequences, circumstances, and context. The orientation within the data is not to the objective boundaries but ensuring personal alcohol use is observed as being on the correct side of this boundary line by their peers in the interaction.

Furthermore, sequentially the boundary line was consistently constructed before producing disclosure of potentially heavy alcohol consumption. It was critical to first construct this boundary line of acceptability before then going on to provide disclosures of personal drinking habits, which could be described in relation to the boundary line, ensuring they were situated on the safe side of this distinction. In situations where this boundary was not first defined (Extract 3), it left individuals open to challenge and further justification work was required to situate their drinking as socially acceptable. The very construction of the boundary line served as a way for individuals to identify within the

group what was considered socially acceptable and then provide a disclosure in line with this locally defined socially acceptable consumption.

Furthermore, following a traditional DP approach in which the focus is primarily on the interaction and language and less on the author of the source. This focus on the general public and professional identity was only considered if made relevant by the interlocutors. Primarily, disclosures were provided from a personal perspective in which individuals justified their own alcohol use and highlighted the subjective nature of their experiences. This was made explicitly relevant in some of the extracts, for example in Extract 3, when Clare starts her disclosure by stating that she is "speaking from experience", and therefore this experience and perspective she is sharing is unique to herself. In the above exacts there are two examples in which the groups made relevant their identity. In Extract 9 being a rugby player was used to invoke common associations of rugby players and situate their drinking as part of a rugby culture in which heavy alcohol use is normalised (O'Brien & Lyons, 2000; Kahu-Kauika, 2011; Fuchs & Le Hénaff, 2013). In Extract 10, Lisa starts the extract by situating her viewpoint as being as a result "knowing what I know now" and invoking her professional identity. In contrast, this professional identity is again made relevant shortly later in the extract during a disagreement by Donna where she acknowledges that "working in this field" has some impact on how she views her own drinking. To a large extent the general public and professional distinction was not consequential to the analysis of how individuals justify their alcohol use behaviours as these were framed as personal and subjective, but these category memberships were occasionally drawn upon in furthering justification work and mitigating negative perceptions.

This analysis builds upon the subjectivity of alcohol use and further demonstrates that perceptions of what is acceptable or problematic alcohol use is socially constructed by

speakers within the local interaction (Scott & Lyman, 1968; Orbuch, 1997; Buttny & Morris, 2001; Tileagă, 2015). This justification work was pervasive across the range of contexts - including professional, general public, focus groups, and world cafés - demonstrating the pervasive orientation to maintaining positive self-presentations within particularly risky interactional settings (Pomerantz, 1984; Heritage, 1984; Locher, 2004). Specifically, in this study the focus was on portraying the self as a responsible, moderate drinker and distinctly different to the category of problematic drinkers (Rødner, 2005; Tolvanen & Jhylä, 2005). As such, this boundary line allows individuals to simultaneously construct those on the upper side of the continuum negatively whilst maintaining their own positive self-presentation as on the 'safe' side of this boundary.

As seen throughout the analysis, there are a range of discursive practices which individuals can draw upon to help justify their alcohol consumption and portray it as moderate or acceptable as opposed to problematic. Most notable is that regardless of which particular technique was used, each of these discursive approaches worked to mitigate potential negative judgement for alcohol consumption through helping to position an individual's alcohol consumption on the 'right' side of the boundary, as also seen throughout previous research on justification practices (Tolvanen & Jhylä, 2005; Nairn et al, 2006; Piacentini, 2012; Gough et al, 2020). In many of these extracts the boundary of what is acceptable or problematic was directly negotiated within the interaction itself, which then allowed the individuals to use discursive practices to ensure they were considered to be on the non-problematic end of the spectrum.

This chapter has focused on how this boundary of acceptability is used in justifying alcohol use consumption which may be open to negative judgements or deemed as problematic. On the other hand, there were a number of disclosures in the data in which individuals described limited or no drinking at all and similarly worked to justify this

consumption behaviour. The following chapter considers this alternative drinking behaviour and focuses on how this behaviour is also justified in order to manage and avoid negative judgements from others.

Chapter Seven: Study Three Analysis

Orienting to not consuming alcohol as an accountable behaviour

Study Two focused on how speakers justified their alcohol consumption through negotiating the boundary between acceptable and problematic drinking behaviours. Speakers consistently oriented to potential negative judgement for drinking too much and worked to portray their consumption as on the non-problematic side of the boundary. However, this justification for alcohol use was not only found within those who drank regularly and/or heavily, but also in descriptions of limited or non-drinking. Whilst problematic drinking can be seen as an accountable behaviour in all situations, it is the level of what is considered excessive which is negotiated. In contrast, limiting or abstaining from alcohol use is not a deviant behaviour in all contexts. Therefore, this chapter focuses more on how a justification is made relevant, rather than at what level of abstention a justification is warranted. Furthermore, within these accounts there is a double-edged judgement which is not present for the higher-level drinkers in Chapter Six. Non-drinkers similarly justify their own consumption decisions (as it is a non-normative behaviour), but also work to resist potential accusations of judging those who drink. As such, although both of these interaction studies explore justifications for alcohol use, they orient to different perceptions and require separate analytic attention.

To explore justifications for non-drinking, extracts were collected which related to providing information about drinking which could be considered as limited consumption or abstinent. There are a number of reasons why these consumption types have been combined for this chapter. Firstly, alcohol use is on a continuum rather than a binary perspective of those who do and do not drink (Morris & Melia, 2019). Whilst Chapter Six

negotiates the upper boundary of acceptability, there is also a risk of 'underconsumption' at the lower end of the continuum which violates minimum drinking norms (Paton-Simpson, 1995). Therefore, a person may still consume alcohol but less than the societal norm. Whilst research in this area has typically focused on non-drinkers, with the rise in popularity of the harm reduction approach more research is considering both non and light-drinkers (Herring, Bayley, & Hurcombe, 2013; Bartram, Eliott, & Crabb, 2016). Furthermore, both non and light drinkers identify themselves as situated outside of drinking norms (Piacentini & Banister, 2009). In the upcoming analysis there was no discernible difference between light and non-drinkers, with both drawing upon similar discursive techniques in justifying their lack of consumption. Therefore, both breach cultural norms and orient to similar potential judgements in justification of their lack of drinking.

This chapter first draws upon previous literature on managing judgements for abstinence or limited consumption of alcohol. In addition to the research literature, section 7.1 also provides an extract from my own data in which speakers discuss negative judgements they have faced as a result of decisions to not drink, explicitly demonstrating the importance for managing such disclosures. Moving onto the analysis, section 7.2 provides extracts in which speakers resist the notion of their drinking being based on a moral aversion and pre-empt potential accusations of judging those who do drink. The rest of chapter focuses on how speakers justify their decision to not drink in the socially normative manner. The first discursive practice is discourses of (ir)responsibility (7.3) whereby speakers discuss commitments which prohibit them from drinking and therefore make their lack of consumption not only permissible, but responsible. The second overarching discursive practice in justifying consumption is drawing upon personal preferences (7.4). There were two approaches taken here, either describing negative

experiences as a way to make limited consumption understandable (7.4.1) or to invoke the notion of alcohol use being a lifestyle choice, making their behaviour valid as their individual choice (7.4.2). Finally, section 7.5 provides an overall discussion of the analysis and how speakers worked to justify their consumption behaviours as acceptable despite being outside of the wider UK alcohol consumption norm. In summary, this study answers the third and final research question for the overall thesis:

How do individuals disclose and account for limited drinking or abstinence?

7.1 Managing identity and judgement as a limited drinker

Heavy or problematic drinking may incur negative judgements due to negative impacts of such behaviour. It is important to note that under-consumption is likely less stigmatised as it can be associated with a positive lifestyle through being a healthy choice (Romo, 2012) or related to religious observances (Michalak, Trocki & Bond, 2007; Huang, DeJong, Schneider & Towvim, 2011). Therefore, non-drinking may be seen as a form of 'healthy deviance' in which a healthy behaviour violates social norms (Romo, 2012).

Despite the way in which limited drinking could be viewed as a positive choice – and open to less stigma than problematic drinking – it is clear that under-consumption is oriented to as an accountable behaviour. Studies have shown that choosing not to drink is often considered unusual and deviant (Bartram, Elliot, & Crabb, 2017) and requires explanation (Paton-Simpson, 2001; Romo, 2012; Bartram et al, 2017). Specifically, non or light drinkers are open to being seen as judgemental, a threat to fun, and not drinking as a threatening act for both non-drinkers and their drinker counterparts (Romo, 2012; Herring, Bayley & Hurcombe, 2013; Romo, Dinsmore, Connolly & Davis, 2015; Cheers, Callinan & Pennay, 2020) As such, those who abstain or drink very little face a difficult task in

managing these potential negative perceptions (Goffman, 1963; Herman-Kinney & Kinney, 2013; Romo, 2017). Studies have explored ways in which individuals work to pass as drinkers (Herman-Kinney & Kinney, 2013; Bartram et al, 2017), noting that in some instances individuals avoid disclosing their non-drinking behaviour altogether, finding it less risky to remain 'in the closet' (Romo, 2017).

Whilst some individuals may avoid disclosing this lack of drinking, there are times where disclosures happen, either voluntarily or involuntarily. In such situations, there is consistent evidence that individuals explain and justify this choice (Nairn et al, 2006; Conroy & de Visser, 2013; Conroy & de Visser, 2014; Supski & Lindsay, 2016; Bartram et al, 2017). As seen in the previous chapter, behaving in a way which may go against societal norms makes relevant a justification, and non-drinking is no different.

In addition to managing personal judgements about their behaviour, individuals must also manage judgements that they are judging those who do drink alcohol (Romo 2012; Romo et al, 2015). Whilst both non-drinkers and drinkers alike are required to provide a justification of their consumption behaviours, non-drinkers navigate a complex narrative to manage positive self-presentations for both themselves and those who do drink. This chapter seeks to understand some of the ways in which non-drinkers account for their behaviour in light of this complexity.

Extract 1 below provides an example from the data of some of the negative perceptions that individuals may be confronted with when identifying themselves as a light or non-drinker. Within the extract, the group have been asked about the responses that they have received as a result of their limited consumption.

Extract 1: Prof_C_E2

CM: What response have any- have any of you gone to an event with the intention not to drink, (0.4) and what response have you got from that?
(1.1)
H: Tch erm (0.5) .hh I've been called a weirdo before when I've gone back to see my family.
(0.8)
H: And errm someone said aw Hank d'ya want a pint and I'm like no I'm alright ya fucking weirdo what's the matter with ya? (0.4)You know. (0.7) What are you actually here fo:r (0.7) sort of thing? If i'm still there at twelve o'clock at night and everyone else is drunk and I'm- I'm I'm the only sober one,(0.6) I know I don't fit into that you know that env(h)ir(h)onment anymore.

Within this particular group there are a range of drinking behaviours present, including frequent but low consumption, occasional binge drinking, and also zero tolerance. In the focus group, Hank has described himself as previously having had substance use problems and therefore preferring a zero-tolerance approach to any substances, including alcohol, and is therefore used to attending events sober. On line 5 Hank recounts that he has been called a "weirdo" when visiting family and choosing not to drink. Through describing Hank as a "weirdo" this assesses Hank or his behaviour as "weird", meaning odd or unusual, indicating his choice to not drink at events is against the norm. Furthermore, for something to be "weird" is associated with strangeness and a strong negative connotation (Tagliamonte & Brooke, 2014), thus suggesting a negative assessment of Hank's choice not to drink. On line 8 Hank provides more information, describing turning down an offer of a pint. This appears to have been immediately met with a negative assessment of being a "fucking weirdo". Further support that this is unusual or odd behaviour comes from the following question of "what's the matter with ya?". Within the situation, it appears that to not drink is so unusual that something must be wrong and that this is a severe breach formulation.

This is reported speech and therefore it is not possible to analyse whether this response was delivered in a negative way. However, Hank frames it as such and orients to this as a negative judgement on his own behaviour of not drinking rather than a positive or neutral response. Hank further goes on to explain how he is aware that within that particular situation he is in a minority as a non-drinker and states that he "doesn't fit" into that environment anymore. In addition to the literature indicating potential negative judgements, this extract shows the very explicit negative judgements that can occur when individuals choose not to drink, particularly in situations where drinking is considered the norm amongst the group. Within the following extracts in this chapter, we will see various ways in which individuals manage these potential negative perceptions including explicitly orienting to this judgement and justifying their behaviour.

7.2 Resisting morality

Whilst all actions are open to judgement from others, personal choices which violate social norms are particularly liable to negative judgements (Bergmann & Linell, 1998). Throughout the analysis of both this and the previous chapter, we see how speakers orient to this and provide justifications for their behaviour to mitigate such potential negative perceptions. When positioning one's self as an abstinent or light drinker, this falls outside the social norm in relation to alcohol consumption. Therefore, much as heavy drinking is an accountable behaviour, so is under consumption.

However, as briefly discussed earlier in this chapter, there is an additional layer of justification present for those who abstain or consume limited alcohol. Although alcohol use is a personal and subjective decision, the act of choosing not to drink has been found to be a potential threat to those who do drink (Romo et al, 2015; Cheers et al, 2020). Those who engage in behaviours outside of the cultural norm may see themselves as being

'superior' through the act of 'not doing' and negatively view those engaging in mainstream behaviour (Copes & Williams, 2007). Specifically, in relation to alcohol use, those who do not drink have been shown to feel they have a responsibility to make drinkers feel 'at ease', ensuring they do not feel judged by non-drinkers (Romo et al, 2015). Particularly as non-drinking can be evaluated positively as being a healthier lifestyle choice (Romo, 2012), non-drinking is a specific behaviour which is potentially more likely to lead to assumptions that non-drinkers may judge drinkers. There is a growing body of research which supports judgement related to not drinking alcohol as being double-edged. The orientation to this double judgement is demonstrated within the extracts below whereby speakers combined their description of limited or abstinent drinking with denial of a moral basis to their non-drinking, therefore inoculating against accusations of innate negative perceptions towards those who drink.

Prior to Extract 2 the group have been discussing the unit guidelines and are now being asked about their opinion of teetotallers, as can be seen at the start of the extract.

Extract 2: GP_RV_E1

C: Or do you just (0.2) think they just don't drink?
(2.4)
R: I have found people who who don't drink think (0.2) .hhh that (.)erm (0.7) it's an awful thing (.) to be drinking.
(0.4)
C: Okay.
R: They do have an attitude sometimes .hh towards people who don't drink (0.2) .h and I have to sa:y .h when I'm with people and I'm asked do I want a drink, .h even a- a glass of wi::ne .h (.) #I- I have to sort of- I feel I have to say .hh I don't drink, not because I have anything against drink (.) .h but because (0.5) I just don't like it.

On line 3, Rose is the first to answer the question by explicitly orienting to the issue of judgement. Rose explains that she has met individuals who do not drink who think "it's an awful thing (.) to be drinking." This aligns with previous literature in which those with alternative identities – such as non-drinkers - are assumed to be judging those who engage in mainstream behaviours (Copes & Williams, 2007). As such, these 'non-drinkers' Rose speaks of are negatively judging the individuals who do drink alcohol. Notably, at the start of her turn Rose describes that she has met "people" and later refers to this group as "they" (line 8) serving to distance herself from being a member of this group. She reiterates that such individuals within this group have an "attitude" (line 8) and are generally negative towards those who do drink. Through resisting being categorised as within this group of people who are negative, Rose implicitly suggests that she does not share that negative view of drinkers.

After describing this group with a negative perception of those who do drink, Rose continues to discuss her own personal experience with alcohol. Rose explains that when she is offered a drink she feels as though she needs to explain her reason for declining the drink. She specifies even "a glass of wi::ne" (line 1), highlighting feeling the need to explain this abstinence as opposed to a small amount of drinking which may be seen as more acceptable. In the course of explaining her total lack of drinking, Rose orients to one possible explanation for her abstinence; having a personal aversion to alcohol. Rose explains that she feels compelled to explain her lack of drinking to others and states that it is not because she has "anything against drink" (line 13). Here, Rose has explicitly denied that she has a negative view towards alcohol – and by association those who consume it – and this is not what her own drinking is based upon. Instead, Rose highlights that her abstinence is not based on an innate moral aversion towards alcohol, but more simply "I just don't like it." (line 14). Within Rose's turn she has given a simple explanation based on

personal preference. By relying on this justification of personal choice (see section 7.4.2 for discussion of this discursive practice as a justification technique) within this context, it also makes this personal choice discourse relevant to those who do drink alcohol.

Whilst Rose has provided some justification here, the main work completed in her turns has been focused on denying having a negative perception towards those who drink. Despite such a challenge not actually being made within the interaction, she has oriented to the potential that she could be accused of negatively judging those who do drink. She first distances herself from the group of non-drinkers who negatively judge drinkers and then denies her behaviour as being based on a moral aversion to alcohol use which may lead to a negative view of drinkers. As such, Rose orients to this potential double judgement and has explicitly pre-emptively inoculated (Potter, 1996) against such a challenge that she may judge drinkers.

Extract 3 follows a conversation in which the group have been discussing the unit guidelines. There is a consensus amongst the group that units are a difficult concept and most members of the group do not know how many units they drink which causes difficulties when asked about their consumption during health appointments.

Extract 3: Prof_T4_Q4.1_E1

```
1   B:  He(h)e(h)heh .hh well [I ] tend to answer it in terms=
2   D:                        °[So]°
3   B:  =of how much I drink, which is (0.3) virtually nothing
4       [in a] typical [week].
5   D:  [Yeah]
6   F:                 [Mmm ]
7       (0.3)
8   B:  Erm not for any (0.2) you know virtue reasons but just
9       because (0.2) [that's] (.) my lifestyle °[and-] (
10  D:                [  mm  ]
11  F:                                          [ mm ]
12      (0.4)
13  B:  But erm (1.0) so I tend to answer in terms of (0.5)
14      well I had this much to drink last week
```

On line 1 Billie provides information about how she answers question about unit consumption, stating that she answers based off what she drinks, and Billie clarifies that this is “virtually nothing in a typical week” (line 4). Although this is an admission of very limited drinking, it is also slightly downgraded throughout the use of “virtually nothing” and “typical week”. This suggests that although Billie does not drink in a normal week, this is a generalised statement and implies that she may drink alcohol on certain occasions which fall outside of a “typical” week for her.

After describing her consumption pattern, on line 8 Billie states that her personal limited drinking is not for any “virtue reasons”, denying she has any strong or inherent moral stance against alcohol use. Therefore, Billie’s turn suggests that she does not have an automatic negative perception of those who drink alcohol. This lack of moral aversion is also supported by her previous description of her drinking, where she suggests that she does engage in drinking alcohol on certain occasions. Similarly to the previous extract, Billie continues to explain that rather than being an issue of morality and something she is innately against, her limited consumption is simply her “lifestyle”. Through describing her limited drinking as a lifestyle choice, Billie is building upon the subjectivity of such behaviour. This makes her own lack of drinking less likely to be viewed as leading to a negative judgement on other people. When things are described as a personal choice, they become something which is much harder for others to argue with. Billie implies that the choice to drink alcohol is also a personal choice and does not necessarily incur a negative judgement from herself. Similarly to Extract 2, there was no direct accusation that Billie does negatively judge those who drink alcohol. However, Billie has oriented to this unspoken challenge denying being innately against alcohol consumption.

Prior to Extract 4 the group have been discussing various other habits which may verge on being problematic but are not considered unhealthy in the same way alcohol is, such as intense exercising.

Extract 4: Prof_T5_Q1.2_E4

```
1   C:  But er (0.7) but yes I think it's- (0.3) I think there
2       is a kind of a stigma around alcohol that that isn't
3       perhaps to other (0.4) unhealthy,(0.3)
4   B:  I [just wanted to-]
5   C:    [Y'know I have  ]£plenty of unh(h)ealthy
6       l(h)ifest(h)yle [ch(h)oic][es ] many many of them.£
7   B                   [ Yea::h ]
8   ?:                            [mm ]
9   D:  Yeah.=
10  C:       = ((Chuckle)) but alcohol just doesn't happen to
11      be one of them [and that's] not a moral virtue at a:ll
12      [it's just-  ]like=
13  D:  [   m m m    ]
14  A:  [I also thin-]
15  C:  =you I don't I'm just not that fussed about it.
```

Within Extract 4, Clara begins to describe alcohol as an unhealthy choice, but highlights that alcohol has a unique stigma attached to it, suggesting it is often met with negative judgement. Clara describes herself as having plenty of unhealthy lifestyle choices "many many of them" (line 6). Combined with plosive laughter and smiley voice, Clara provides a confession that she partakes in comparable unhealthy choices. Therefore, this positions Clara as someone who does engage in choices that may not be wise and helps to highlight herself as someone who is not judgemental of others' choices. This is met with alignment by multiple members of the group, suggesting that they also acknowledge their own unhealthy choices. Clara continues to explain that alcohol "just doesn't happen to be one of them" (lines 10-11), referring to her various other unhealthy life choices. Clara states that this is "not a moral virtue" with an upgrade of "at a:ll". Similarly to the previous two extracts, Clara has explicitly denied having a moral aversion to alcohol use which would

suggest an automatic negative judgement of those who do drink. Whilst Clara has acknowledged the negative judgements that are sometimes associated with drinking alcohol, she negates the perception that this is her personal viewpoint through highlighting that she also engages in unhealthy practices. As such, Clara groups herself with others who engage in debatable behaviours, rather than as an 'other' who negatively judges drinkers.

Following this denial of a moral opposition to alcohol use, Clara refers to another group member who has previously stated they do not like alcohol "like you I don't I'm just not that fussed about it" (line 15). As seen within the other extracts, this again highlights that this abstinence from alcohol is not a reflection of a negative stance towards alcohol but is simply a personal preference. This choice to not drink alcohol is somewhat mitigated here through the inclusion of "that fussed", rather than an outright statement of not enjoying alcohol use. Rather than describing herself as strongly disliking alcohol use, Clara has softened her statement to suggest ambivalence towards the substance, which further supports her lack of judgement towards those who do drink. This invocation of personal choice simultaneously works to justify Clara's own limited consumption whilst also providing a justification for those who chose to drink.

Throughout each of these three extracts, all have provided information which highlights their limited level of alcohol consumption. In each extract the speaker immediately goes on to produce a denial of this limited consumption being based on any moral aversion against alcohol. Through denying that they have "anything against" alcohol or that their chosen consumption level is for a moral or virtuous reason, it mitigates potential challenges of being seen to negatively perceive other group members who may well drink. There is a lot of work completed to pre-emptively defend such a challenge, which even

comes before justification for their own personal alcohol use. This denial of an inherent aversion was even present in Extract 2 which was a group consisting of individuals who drank little or nothing and therefore was not an immediate concern within the interaction. Although this accusation has not been explicitly mentioned within any extract - or within any of the data collected - each speaker orients to an implicit view of non-drinkers as being judgemental with a moralistic stance against alcohol. As such, it provides insight into some of the wider social assumptions that individuals are orienting to and make relevant in their interactions when discussing alcohol use.

Furthermore, although this section focuses on this orientation to not wanting to be seen to judge those who drink in a direct contrasting manner to themselves, once speakers have set out this position, they have all then drawn upon the justification of alcohol use – or not as the case may be – as a personal and subjective choice. It is clear that this practice of ensuring they are seen not to be judging drinkers is intertwined with the practice of justifying their own non-drinking behaviours. Much as speakers have not been directly accused of negatively judging those who drink, they have also not been explicitly challenged about their lack of drinking. Rather, they are orienting to the awareness that non or light drinking is socially atypical. Not only is this unusual within wider society but there may well be other group members who do drink and would consider such limited consumption as an accountable behaviour. In these particular extracts, each of the speakers drew on the notion of personal choice, which simultaneously worked to justify their own drinking as well as those who do engage with alcohol. The remainder of this chapter will now focus in-depth on some of the discursive practices – including personal choice – that were used within the data to justify non or light drinking.

7.3 Justifying lack of consumption

As seen in the above extracts and throughout literature (Romo, 2012; Romo et al, 2015), despite the lack of direct challenge, there is an ongoing orientation to the implicit assumption that individuals are judging those who do drink. However, as seen above this is not the only way in which individuals manage their drinking practices. Similarly to how those who drink heavily consistently justified their drinking, those who drink little or nothing also regularly chose to justify their consumption, or lack thereof. Rather than this chapter focusing on negotiating what is or is not socially acceptable as seen in Chapter Six within these extracts individuals orient to their lack of drinking being in breach of the social norms. Rather than deny their behaviour as being deviant, they instead negotiate the creation of socially legitimate reasons and circumstances for breaching the social norm, but also orienting to second-order judgements of judging the social norm and those who do drink. The data demonstrated a range of different ways in which individuals managed this, drawing on; discourses of (ir)responsibility, negative experiences, and lifestyle choices. Each of these three justification discourses are explored below in further detail.

7.3.1 Discourses of (ir)responsibility

This section focuses upon how speakers orient to limited consumption being an accountable behaviour and draw upon the notion of responsibility to justify their lack of consumption. Speakers justified their alcohol use through explaining they had certain responsibilities or commitments which prohibit them from drinking alcohol. The specific circumstances varied across the extracts, but all of the speakers would be seen as irresponsible if they chose to consume alcohol rather than align with these other responsibilities. In these instances, the social expectation that they meet these responsibilities is held in a higher moral order than the social expectation of drinking

alcohol. The invocation of these specific commitments provides a legitimate and socially acceptable reason for not drinking alcohol without it being judged negatively as a deviant behaviour. Whilst the drinkers in the previous study discussed discharging their responsibilities as a way to justify their drinking, in this study non-drinkers equally draw upon this notion of responsibility but use it to justify their lack of drinking. This demonstrates how responsibility is drawn upon to justify both consumption and lack of consumption, orienting to responsibility as a higher moral issue that guides individual alcohol consumption.

Shortly before Extract 5 the group have been discussing regulations in other countries and how this has impacted the way in which people drink.

Extract 5: Prof_T2_Q2.1_E1

```
1  F: I th[ink you] do] have to take some responsibility=
2  C:     [ Yea:h ]
3  D:     [((cough])) ]
4  F: = thou::gh,
5  E: I [was just about to say that.]
6  F:   [So for instance I could    ] go for a meal and I
7     [know] even if I have two glasses of wine [I'll] get a=
8  ?: [ mm ]                                    [ mm ]
9  F: =headache.
10 C: Yeah.
11 F: so I just won't have them.
12 D: M[m.]
13 F:  [Or] if I've got work the next day, (0.2) I just- I'll
14    drive and won't drink at a:ll.
15    (0.5)
16 F: So I think you have to take responsibility  [in] some=
17 E:                                             Y[es]
18 F: = way for  your own act[ions] and [know your li]mitss.
```

On line 1, Frances provides a general statement that "you" have to take some responsibility for alcohol use, which is aligned with by two group members. Frances

continues to clarify her point with an example that she could go for a meal and drink a moderate two glasses of wine which is largely seen as acceptable and sociable (line 5). However, Frances mentions that she knows that with even this moderate amount she'll "get a headache " (lines 7-9) and therefore she "just won't have them" (line 11) in order to avoid the consequences. Frances is positioning herself as someone who is sensible with regards to her alcohol use and will ensure that her alcohol use does not negatively impact her, such as giving herself a headache. However, a headache is a well-known and common consequence of drinking alcohol and is not something that will necessarily prohibit someone from drinking and therefore may not be a legitimate reason in and of itself. Recognising this as a potentially weak justification, Frances continues to provide an upgraded example of circumstances which control her drinking behaviour.

In this second example starting on line 13, Frances explains that if she has work the next day then she will choose to "drive and won't drink at a:ll". Whilst the previous example cites a personal consequence, this second example relies upon an external responsibility and provides two reasons for not drinking. First of all, if an individual's alcohol use impacts their ability to work the next day then this is often considered as problematic. To regulate your drinking as a result of a being able to function properly as part of a moral obligation and responsibility, such as turning up to work, was accepted as a legitimate reason and less likely to incur negative judgement. However, if Frances was working the next day then it could be argued that she could drink but just not enough to the point of feeling negative consequences the next day. In addition to the work commitment, Frances also states that if she was working the next day then she would drive. Drink driving is repeatedly highlighted as a major road safety issue despite the legal limits for alcohol consumption (THINK!, 2013) and is widely agreed upon as an anti-social behaviour (Keatley, O'Donnell & Joyce, 2020). Frances draws upon this responsible

behaviour of not drinking “at a:ll” if she is going to drive as a way to further justify her lack of consumption. In addition, making this choice to drive also prohibits Frances from drinking, as to do so would be considered as more negative than to not drink in the first place. Rather, these two reasons both help Frances to position herself in a positive light as a sensible and responsible citizen (Tolvanen & Jylhä, 2005), as opposed to being viewing as boring (Herring et al, 2014) or as having an innate moral aversion to alcohol. This notion of responsibility has also been seen within Chapter Six (Extract 6), in which group members discussed they would only have enough drinks to end up with a hangover if they had completed all of their responsibilities. In the previous study, speakers confirmed they had met their appropriate responsibilities which then allowed them to engage in alcohol consumption. Similarly, responsibility is here used as a legitimate reason to prohibit or control alcohol consumption. As such, both drinkers and non-drinkers orient to being seen as a responsible person, constructing this notion of responsibility as a higher moral order which underpins their consumption.

Frances finishes her turns on line 16 by returning to her initial statement at the start of the extract that people have ”to take responsibility” for their actions and alcohol use in line with their own circumstances and personal “limitsss”. Once the group had aligned with that statement, Frances engaged in self-disclosure of her own drinking which demonstrated the way in which she weighed up her drinking against potential negative consequences. Therefore, Frances positions herself as someone who makes an active decision in her drinking that is based upon avoiding negative consequences such as a headache and completing her various responsibilities of going to work. Frances builds on the earlier alignment by the group about taking responsibility and demonstrates how she does this in relation to her own drinking. Frances describes her drinking not as being a personal choice but as being restricted due to her responsibilities which act as an external

barrier. As such, Frances uses these commitments and the notion of responsibility to justify why her drinking consumption is low and positions herself as being a responsible citizen which helps to defend against potential negative judgements for not drinking.

Prior to Extract 6 the group have been discussing the role of children in regulating alcohol use behaviours at home.

Extract 6: Prof_T5_Q1.1_E2

```
1   C:  =[Yeah (not be-)]
2   D:  =[I don't know I] think that's up to them though isn't
3       it. I mea:n we- on our table before we were talking
4       about that so when I had my children I never used to
5       drink because you ca::n't,
6   G:  Yep
7   D:  because if they wake up you've got to look ou- after
8       them so .hh but then if (0.4) if (0.5) when
9       [(are my children that have been small)] yeah but (.)=
10  B:  [    Some women do though don't they   ]
11  D:  =if my children had been small and someone else had
12      been looking after them, .h and I was stressed all
13      wee:::k (0.3) and wanted to go out at the weeke::nd
14      (0.6) why not?
15  G:  Ye[ah]
16  D:    [I d]idn't (.) but (0.4) would  have  been  ni:ce.
```

At the start of this extract Daisy explains that she previously did not drink as a direct result of needing to look after her children. Within this initial turn on line 4 Daisy uses multiple ECFs including saying she "never" drank because you "you ca::n't" (line 5). It is noticeable that Daisy uses "you" in a generalised way, referring to "you" as a group of people who are looking after children and therefore positioning her defence as something which is not unique to herself but is generalised and commonplace. Daisy formulates being abstinent is a category-bound activity of being someone looking after children and goes on to further say that you have to be able to "look ou- after them" (line 7), strongly invoking the

category of parent. Connected with this identity is a number of connotations of what makes a 'good' parent including responsibility (Assarsson & Aarsand, 2011; Widdling, 2014; Sihvonen, 2018) and putting the needs of the child above their own (Johnston & Swanson, 2006; Graham, 2017). Within her account Daisy implies that drinking alcohol would inhibit her ability to be the responsible adult and look after her children. Therefore, if she drank alcohol she would be putting her own enjoyment or needs before her children and would not be fulfilling her commitments as a good parent. Therefore, Daisy presents this notion of needing to be a good and responsible parent as a higher priority than her alcohol use, justifying her lack of consumption. As this notion of parenting is so morally bound and well-known within society, it's very unlikely that other group members would challenge Daisy for putting this above her alcohol use and therefore provides a robust and legitimate justification for her limited consumption.

On line 11 Daisy provides an alternative scenario where her children were looked after by someone else. In this scenario she would be absolved of her identity as the parent figure for a period of time and not responsible for looking after her children as this is being fulfilled by someone else. In this instance Daisy would not have immediate responsibility for her children and is therefore able to drink alcohol. Additionally, Daisy does not only rely on this removal of parental responsibility, but also explains that in this scenario she may have been stressed all week and discusses going out at the weekend, which is a normalised occasion to drink. Therefore, Daisy makes clear that when her parental responsibilities have been removed, she would drink alcohol, further supporting her argument that her lack of alcohol use is not due to a personal aversion but is driven by her parenting. This also works to help Daisy deny any challenges that she may judge those who do drink as the discloses that she would herself engage in this behaviour.

It is noticeable however that Daisy is still careful to present her drinking as within a reasonable and acceptable framing of drinking at the weekend and after a stressful week. As seen in Chapter Six, drinking during the weekend is seen as a normalised behaviour and drinking to relax is also often cited as a legitimate reason to drink. This is markedly similar to Extract 6 in Chapter Six in which the group members state they would not drink to the point of not being able to complete their commitments. However, when these commitments have been complete or if they are not relevant for a specific time period, then speakers in both of the extracts discuss that they would drink alcohol and that it is then justified as it is not impacting on any other responsibilities. As such, Daisy has ensured that not only is her lack of drinking justified, but also her hypothetical drinking is acceptable.

Throughout her account, Daisy has strongly positioned herself as the responsible parent and with this identity comes an inability to drink alcohol due to the commitment she has to looking after her children. Not drinking alcohol was not a personal choice as much as a part of her role and commitment as a parent which acted as a barrier towards her drinking. Similarly to the previous extract, Daisy's lack of consumption is framed as a positive as it is something that she has given up in order to fulfil her commitments as a responsible and 'good' parent. In addition, Daisy makes clear that she is not entirely abstinent and is not against drinking and would her even enjoy the ability to drink on occasion. However, even when describing hypothetical scenarios of drinking, Daisy is careful to describe a reasonable level of drinking. Within her account she has oriented to potentially negative judgements of not drinking, potentially being seen as judging those who do drink, and also negotiated the potential negative judgement that may be incurred from an admission of drinking.

Shortly prior to Extract 7 the group have been discussing the unit guidelines and the consensus that many of the group are not aware of their own unit consumption.

Extract 7: Prof_T4_Q4.2_E2

```
1   E:  .hhh S[ee I don't, I'm on methotrexate] which is a=
2   B:        [ ( ? ? ? ? ? only one a week.) ]
3   E:  = drug for arthritis and I have to control the units I
4       Have because it's got an adverse effect with it .hhh
5       so I'm (0.2) unit awa::re (0.3) that's why I don't
6       drink very much.
7   A:  Yeah
8       (0.3)
9   E:  Because it's [ it]'s affect on the liver (0.4) but=
10  F:               [mm ]
11  E:  =that's >the only because I have to go to-< the
12      regular check-up and (they) how much [are you]=
13  F:                                       [  mmm  ]
14  E:  =consuming on a weekly basis.
15      (0.2)
16  B:  Mmm
17  E:  That's the only reason I think a[bout it] but
18  F:                                  [  mmm  ]
19      (0.2)
20  F:  Mkay
21      (0.4)
22  A:  [For] health rea[sons yeah.  ]
23  B:  [mm ]
24  E:                  [Yeah for hea]lth reasons becuz I'm on
25      a medication and the medication has prompted me to
26      think more about the uni[ts.]
27  A:                           [Yea]h
28      (0.9)
29  E:  It's n[ot the- not-    ]
30  A:        [I think it's hyp]ocritical.
31      (0.8)
32  A:  Actually (.) what the government do.
```

At the start of this extract Ella appears to potentially start giving a description of how much she drinks, but repairs this to instead provide context regarding her health. Ella explains that she is on health medication for arthritis which has adverse effects with alcohol. As noted, it's very common for individuals to not be fully aware of the unit guidelines (Rosenberg et al, 2018) and this group have already made clear that they fall into this

category of people who do not know, even as alcohol use professionals. As such, Ella uses her disclosure about her health and medication to explain why she understands the units compared to others in the group. Not only does she situate her unit guideline knowledge as being related to her health, but she also states "that's why I don't drink very much" (line 5-6). Rather than stating she doesn't drink, Ella downgrades this with "very much", resisting the category of being an entirely abstinent drinker.

By drawing upon her health and related medication Ella is able to use this as an explanation for her limited drinking. Rather than being a personal choice which would then open her up to potentially negative judgement and accusations of having a moral aversion and judging drinkers as seen in 7.2, she positions herself as unable to drink due to health and medication reasons. Within the UK there are low risk drinking guidelines which advise individuals on appropriate levels of alcohol for avoiding harm to health (DoH, 2016). For Ella, the alcohol consumption that fits in with her being a responsible drinker is much lower than these guidelines as a result of her personal medication. Therefore, although she is under-consuming in comparison to the societal norm, her personal drinking aligns with the notion of responsible drinking. To drink above this – even at a socially normative level – which may have a negative impact on her health would be seen as negligent and irresponsible. Through justifying her lack of consumption on medical issues it portrays Ella positively as being responsible, rather than opening her up to potential negative judgements.

After explaining that the health medication is why she doesn't drink very much, Ella continues to focus on explaining her knowledge of the units. As the rest of the group have made it clear prior to the extract that they are not aware of the units, Ella makes a concerted effort to explain why she has more of an understanding of units. On lines 17-26 she highlights that she only thinks about the units because she is regularly asked about this

by health professionals. Various group members provide alignment tokens to this explanation and Anne aligns with Ella by summarising "For health reasons" (line 24). Again, Ella reiterates that her consumption and awareness of units is not due to a personal choice to not drink, but rather her health and the medication require her to take stricter control of her alcohol consumption. Therefore, she avoids negative judgements for her decision to not drink. Similarly to Extract 6 where parenting is used as the external barrier, Ella draws upon her own health and medication as being a legitimate reason to not drink. To disregard these barriers and consume alcohol instead would be seen as irresponsible and likely to be more negatively judged than the act of not drinking.

Throughout this section the extracts have illustrated how responsibilities and commitments can be drawn upon to aid the justification of limited alcohol consumption. Within the extracts, speakers have oriented to non or light drinking as being outside of the social norm and an accountable behaviour. As with the denials of judging those who drink, speakers in this section were not challenged about their lack of drinking, but voluntarily offered these disclosures and justifications.

However, through citing responsibilities which act as barriers to drinking, such as parenting, health, or driving, this removes the aspect of personal choice. Instead, speakers situate their drinking as being prohibited by external circumstances in which it would be more irresponsible and deviant for them to drink. In general, drinking to the point of not being able to attend to commitments was constructed as problematic. This is further supported by professional sources in which is listed as a specific screening question on the AUDIT due to being a prominent symptom of problematic alcohol use in the DSM-V (APA, 2013). More specifically, each of the circumstances drawn upon above are all well-known within the realms of social acceptability. For example, to drink to an extent that it may

impact upon your children or your health would undoubtedly be viewed severely negatively. Instead, the requirement to meet these commitments is held in a higher moral regard than the social expectation of drinking alcohol. Therefore, these are safe barriers to cite in order to justify a limited drinking behaviour which avoids negative judgements of those who identify as non or light drinkers.

7.4. Personal preferences

In justifying non or light drinking, section 7.3 considered barriers which are widely seen as socially acceptable reasons to not drink, such as health and parenting. This helps to distance the choice to not drink from the individual and diminishes potential negative perceptions, particularly of judgement towards those who do drink. In contrast to the robust justifications of responsibility given above, some individuals directly drew upon the personal nature of alcohol use.

As argued throughout this thesis, alcohol use is a lifestyle practice which is highly individualistic. In particular, such lifestyle practices are emphasised by personal choice and individual responsibility (Measham & Brain, 2005; Room, 2011; Gough et al, 2020; also see Chapter Four analysis in this thesis). As seen within all analysis chapters of this thesis, individuals have the personal responsibility to act in accordance with social norms, or otherwise account for their actions. Conversely, this emphasis of responsibility being placed on the individuals themselves also makes relevant personal choice. In contrast to the previous section where external circumstances were relied upon as guiding individual behaviour, this section will explore how personal choice is drawn upon as a justification practice. There are two distinct discursive practices used in relation to personal preference; negative experience and lifestyle choices.

7.4.1 Negative experience

Under the concept of personal preferences some individuals drew upon negative previous experiences to explain why they would rather not drink lots of alcohol. As experiences are personal to the individual, this discourse further highlights the individuality of alcohol use. However, these experiences are formulated in a negative way as to provide a justification as to why someone may not drink alcohol and make relevant epistemic primacy in their accounts. In all interaction, speakers take into account the stance of what recipients know and their status of what they have access and rights to know (Drew, 2018). Particularly in discussing personal experiences, the tellers of these experiences have privileged access and 'ownership' by virtue of having experienced a certain event (Norrick, 2013). Such subjective experiences are unavailable to other group members, thus creating an epistemic asymmetry (Schutz, 1967; Pomerantz, 1980; Sacks, 1984; Weiste, Voutilainen & Peräkylä, 2016). As these experiences are highly personal, others do not have full epistemic rights to challenge the experience or decisions made as a result of such experiences. This therefore provides an explanation for limited alcohol use which is difficult for others to dispute or negatively judge.

Prior to extract 8 the group have been attempting to define what is considered problematic alcohol use versus social drinking.

Extract 8: Prof_T5_Q1.1_E1

1 G: I think (0.3) I: am bias:ed because (0.5) I don't drink

```
2     at all.
3     (0.4)
4  G: ~Erm~ (0.3) and I have a very close family member whos
5     an alcoholic.
6     (.)
7  G: .hh <so my: view of alcohol>[ would be ver di:ff]erent
8  B:                             [  Very    negative.]
9  B: Very very [negative.]
10 G:          [  Than   ] someone else's [I mean]
11 C:                                     [    mm]m
12    (2.1)
13 G: I- >if someone wants to go out on a weekend< that's
14    fine, but #I# think I (0.4) I I'm a little bit mo:re
15    (1.0) quick to (.) say someone's a problem drinker if
16    they're drinking like every single da:y?
17    (.)
18 B: I'm not afraid to [ say I   actua]lly lost- I've lost=
19 G:                  [(someone else)]
20 B: =two family=members to alcohol[ism ]
21 G:                              [yeah]
22    (0.2)
23 B: T- I- actually no longer [alive] because of it .hh=
24 G:                         [yea:h]
25 B: =[and then-  ]
26 G: >[do you find] that< changes [your perceptions?]
27 B:                             [.hhh    it does  ]but it
28    also- it makes you- be- it- (0.5) it-
29    (0.5)
30 B: And within the family if you then show classic si:gns
31    of what they then think- o:h th-  you you're going down
32    the same road as your auntie
```

At the start of this extract Gina hedges her personal opinion on the topic about what is problematic alcohol use by stating "I: am bias:ed" (line 1). In this very first line Gina attributes her behaviour and upcoming perception of appropriate alcohol use as being highly subjective and specific to herself. She further explains that she does not "drink at all" (lines 1-2) squarely placing herself within the category of an abstinent drinker. It is noticeable that Gina does not downgrade this disclosure by suggesting she may sometimes drink but is instead matter of fact that this is a non-negotiable behaviour for herself and she completely abstains. Gina then goes on to provide an account which is prefaced with a wavering "erm" and a 0.4 second pause (line 3), suggesting some interactional difficulty in

the upcoming disclosure. Gina's account for this abstinence is described as being a result of an alcoholic family member, which she explains has impacted her view of alcohol as being very negative. By drawing upon not just a negative experience but one which can be recognised as being of great emotional intensity, other group members are morally obligated to affiliate with the speakers' stance and meaning making of this experience (Heritage, 2011). As such, this use of such a negative personal experience makes it particularly difficult for any other group members to challenge this as a legitimate justification for not drinking. Furthermore, Gina continues to manage the alternative position in which she could be seen to condemn those who do drink. In explaining how her view has changed she takes care to attribute it to herself specifically, with an emphasised "my:" (line 7). Additionally, she also states that this view she has would be "very di:fferent" (line 7) in comparison to others'. Again, this further reinforces that this is a very personal view which is due to her own experiences and does not necessarily match that of others who have their own different experiences. In addition to highlighting her own view as personal, there is an acknowledgement that other people have equally different personal views and experiences. Gina does not describe her view of drinkers but remains neutral in that it would be "very different".

In response to Gina's disclosure, it is notable that there is little explicit alignment from other groups members. Such empathic moments create dilemmas for recipients as they are required to affiliate with the speakers' position, without having the epistemic authority to authentically do so (Heritage, 2011). The exception to this is Brooke who strongly aligns with Gina and adds that her view would be "Very negative. Very very negative" (lines 8-9) and aligns with the way in which this would have changed Gina's perception and attitude towards alcohol. Brooke is the only one to provide such a strong response and upgrades Gina's fairly neutral description to become much more negative

towards alcohol use and continues to align with Brooke's more negative upgrade and states that she is more likely to judge somebody's alcohol use as problematic than other people may do. Gina explicitly orients to the potential that she may in some instances judge other drinkers as a result of her own experiences. However, the potential accusation of her judging others is downgraded as she acknowledges there are people who drink at the weekend which she views as "fine" (line 14). Additionally, in describing her perception of what would be a problematic drinker, she draws upon the frequency of "drinking like every single day" (line 16) which is a commonplace perception of problem drinking. Although she has acknowledged that she may well judge drinkers, she has made clear that she does not find alcohol innately problematic and sets out parameters for what she thinks is acceptable which aligns closely with general societal perceptions.

Although this is a personal experience to Gina, Brooke now makes relevant her own experience and suggests that she does have epistemic rights to comment on this as she has her own personal experience of family with alcohol use problems (Heritage, 2011). Brooke also provides knowledge that she has had close family members with alcohol problems on line 18. This information about family members is prefaced with "I'm not afraid to say", orienting to the social and moral judgement that is attached to alcohol use, particularly excessive alcohol use (Romo, 2017). Whilst Brooke is not disclosing personal alcohol dependencies, to disclose problems within the family is still a difficult due to the stigma around such issues and can be seen by how Gina earlier faced some interactional difficulty in her disclosure. In addition, Brooke's disclosure does not simply provide knowledge and begin to build a rationale behind her own drinking, but aligns herself with Gina through this experience, providing support in discussing such a sensitive and personal topic. Following this disclosure, both Gina and Brooke are the only group members to speak and Gina returns to her earlier point about it changing perceptions towards alcohol.

Gina recognises Brooke's upgraded epistemic authority and asks if the experience has also changed her views and works to build a consensus around how such negative experiences dramatically impact an individual's own alcohol consumption patterns.

Within the interaction, it is noticeable that it becomes a discussion between the two group members who have experienced alcohol problems within the family. Others in the group do not interrupt, engage, or disagree with the discussions. As this was such a personal and sensitive experience, it is difficult for other group members to comment, much less disagree with this as a rationale for not drinking. Ultimately, both Gina and Brooke have disclosed alcohol problems within the family, which is widely recognised as a severe negative experience, and have explicitly stated that this has directly impacted their alcohol consumption. Within this particular interaction these disclosures have been used in order to mitigate potential judgement for not drinking through providing a socially understandable reason behind such behaviour.

Leading up to Extract 9, the group have been discussing various stories of when they last drank alcohol. Rose below describes a story from years ago which was negative, and she did not enjoy, which has since impacted her own alcohol use

Extract 9: GP_RV_E6

```
1   R:  I didn't like the feeli:ng (0.3) of being drunk I have
2       Been twice .hh and I'm going back over forty yea:rs,
3       and I hav- and I hate- it was awful. .HH The fe- the
4       ground we- we were at having a meal and we were at
5       this .h place and it was only within walking distance
6       of where our friends lived, (.) .h and the pavement
7       would just coming up to meet me.=
8   A:                                  =Yeah
9   R:  I was- y- an-
10  N:  And to get on the pavement she was [lifting her leg]=
11  R:                                     [  (( sigh ))   ]
12  N:  =th(h)is h(h)i(h)g(h)
```

H: ((Chuckle))
N: It [was (loads) a (h)e(h)e(h)e]
R: [I didn't like the fee]ling of the other time I was drunk was .hh it was a Christmas (0.3) night no- Christmas night yes .h and and I- I (0.3) never felt so bad, (0.6) .h erm and and (0.4) the thought of being like that agai::n (0.6) erm (0.6) it's never ever happened. That was about the last ti:me (0.5) our boys were (1.8) abou::t huhh. (0.2) twelve and nine? (1.7) and and (0.4) they would be now sixty one and fifty eight that's the last time .h that I drank.

Within Extract 9, Rose is describing the experience of the previous times that she has been drunk. At the very start on her description Rose states that she "didn't like the feeli:ng (0.3) of being drunk" (line 1). There are clearly many who do not have an aversion to this feeling, but Rose simply states that she did not enjoy it. Again, this is a very personal experience as other individuals do not have access to the feeling that Rose had. She continues to utilise an ECF and make clear how negative this was by saying "hate- it- it was awful" (line 3). As Rose tells the story of her experience she is specific about the details, such as specifying it was only "twice" and "over forty yea:rs" ago. The detail of this memory further suggests it was a particularly negative and memorable experience which has deterred Rose from future alcohol use. Throughout the story her husband Nigel provides further details about the story and laughs along as a humorous memory. This highlights how it was clearly a different experience for different individuals who were involved. Even though Nigel was present at the time and therefore does have the epistemic authority to comment on the story and add in additional details (Heritage, 2011, 2013), it is noticeable that he does not comment on how Rose felt as he does not have access to such subjective personal feelings. This further highlights the subjective and personal experience as both Nigel and Rose experienced this situation differently.

Rose has already stated in the extract that she has only been drunk twice and did not like either time. Following her initial story, Rose begins the description of her second

experience. She prefaces this by stating that she "didn't like the feeling of the other time" (line 15). Again, Rose uses specific details about it being Christmas night and includes ECFs such as "never felt so bad" (line 17), all which work to support this experience as negative. Rose goes on to say that the "thought of being like that agai::n (0.6) erm (0.6) it's never ever happened." (line 18), highlighting how strong a negative memory this was. Rose further continues to explain how long ago this was by comparing her children's age at the time to now. Within these previous two lines, Rose has directly identified these negative experiences as deterring her from drinking again. Through reminding the group of how long ago this second experience was, this further reinforces Rose's statement that these experiences have guided her drinking behaviour and lack of consumption since. In addition, it is not a one-time occurrence, but Rose discusses two different times where she did not enjoy the experience of being drunk. Due to being such a personal and embodied experience, it is not available to others and therefore makes it more difficult to remark upon or judge and appears to be accepted by the group. This is further demonstrated by the only limited alignment and affiliation seen by other group members.

As this abstinence is a result of negative personal experience, Rose's behaviour is less open to accusations of being connected to moralistic views about alcohol and judgement of others. Similarly to Extract 8, Rose has highlighted how her own previous experiences have underpinned her current abstinence in an effort to avoid these negative experiences again. Rose has made clear that she is not morally against drinking, as the negative experiences she is discussing directly involve her drinking alcohol. Although not explicit as seen in other extracts, this also mitigates potential accusations that she could be seen to judge others who do drink.

Within these discussions, none of the group members have been directly asked how they drink or why they behave in that manner. However, the act of providing an account for their behaviour orients to acknowledging that their decision to not drink alcohol is outside of the social norm. The individuals in these extracts are not drinking due to personal preference as they have previous negative experiences. In order to justify their abstinence, the speakers make relevant these negative experiences which are specific to themselves and have guided their alcohol consumption in a way which may be different to others'. In relation to alcohol, the social norm is to drink in moderation with many individuals who drink without developing alcohol use problems (see Chapter Four analysis for discourses around this argument) and also many who presumably do enjoy the feeling of being drunk, which guides their decision to consume alcohol. However, in these two extracts the speakers have disclosed an alternative negative personal experience. As such, the circumstances behind their lack of drinking are not in line with the social norm and therefore it is understandable that such experiences will have changed their personal perception and behaviours towards drinking alcohol. Through relating their lack of consumption to personal negative experiences, other group members do not have personal access to such experiences, and it is much harder for anyone to judge whether their choice to not drink as a result is deemed legitimate or not.

Furthermore, by invoking personal experiences which are specific to an individual, this could work in the reverse order. These individuals cannot be easily judged for their lack of consumption as other group members do not have access to their experiences. Conversely, the speaker may also not judge others who drink as their experiences are equally unavailable and specific to the individual. This issue of potentially being seen to judge others is oriented to within the extracts, particularly by Gina whereby she points out that she is aware her perception of alcohol and behaviour is "di:fferent" to how others

may perceive it. Additionally, speakers feeling a need to justify their lack of drinking provides evidence that they are aware their behaviour is not in line with the social norm. As such, within both extracts there is an orientation towards accepting that alcohol is a substance that people consume and implying that the very act of drinking alcohol is not an inherent problem. Through drawing on circumstances which are negative and highly personal, this provides a justification for individuals' abstinence and diminishes potential accusations of being seen as judgemental towards those who do drink. Rather than only justifying their own consumption as acceptable as seen within the previous study, non-drinkers continually justify this choice to not drink, whilst simultaneously orienting to constructing the alternative behaviour of drinking moderately as socially acceptable.

7.4.2 Lifestyle choices

Within the extracts in both of the previous sections, individuals have reduced their consumption in order to avoid a negative outcome, whether that be a repeat of negative experiences or being unable to complete responsibilities. In contrast, within this section are examples in which individuals highlighted their lack of consumption as a personal or lifestyle choice. As previously discussed, this fits with the personal nature of alcohol use, but can also leave people more open to judgement from others. Through drawing upon the very personal nature of alcohol, this discourse closely aligns an individual's behaviours with their beliefs and being an active choice that they have made. As such, this can be a difficult strategy to navigate in order to mitigate potential negative perceptions.

Shortly before extract 10 the group have been talking about 'Dry January' and the increased engagement in this event in recent years.

Extract 10: Prof_T5_Q1.2_E2

```
1   C:  I mean I [think< (.) part of  ]the reason I don't-
2   F:           [ how  are  drinking-]
3   C:  =drink very much is because I live on my ↑own and I I
4       s- you know it doesn't (.) sort of it's not something
5       I particularly want to sit and do in the even[ings]=
6   D:                                                [ mm ]
7   C:  =to sit and (0.5) get dr(h)un(h)k
8       [or or or at all though) ]
9   F:  [(I:::::'m )the opposite.]
10  ?:  A(h)u(h)u(h)i(h)u(h)[e(h).]
11  C:                      [( I  ]told you)
12      (.)
13  F:  I was the opposite [when had a day off ]
14  C:                     [ u(h)i(h)u(h)u(h)u ](h)eh.
15  F:  Me gl[ass of wi:ne tv  ] love it.
16  C:       [(h)ua(h)a(h)a(h)a]
17      (.)
18  C:  ↑Ye::ah o:h [ oh ]
19  B:              [(h)m]
20      (0.3)
21  C:  I- I think I I'm just I'm not that fussed about
22      [alcohol] really [the]re's not many alcoholic drinks=
23  F:  [ Yeah  ]
24  D:                   [mm ]
25  C:  = that (0.7)>if I was told I had to give< up alcohol I
26      (0.7)
27  D:  Ye[a: h  ( I'm  the  same ) ]
28  C:    [I wouldn't lose any sleep] over it.=>If I was told
29      I had to give up< chocolate (.) [my life w(h)ould]=
30  B:                                  [ m(h)m(h)m(h)m  ]
31  C:  =f(h)a(h)ll ap(h)art (h)u(h)u(e)(h)e(h).
```

At the start of this extract Carly explains her personal circumstances of living alone and specifically attributes this as being "part of the reason" guiding her lack of alcohol consumption. She mentions that it is something she does not particularly "want to sit and do in the evenings" (lines 4-5). Wants are a personal and subjective decision, further emphasising that this is a personal choice of whether or not to drink. This is followed with plosive laughter and although Carly initially makes the distinction of getting dunk, she repairs this to say any drinking at all at home. Following this there is laughter from other

members of the group and there are jokes about other group members being the opposite way round and enjoying drinking at home. Rather than aligning with Carly's preference of not drinking at home, Felicity disputes this and instead claims the direct opposite, that is exactly what she does when she has the day off at home. In contrast to the previous section with very personal negative experiences, drawing upon a circumstance such as living alone is an experience that could be available to other interlocutors and is framed as less of a strong negative experience. In this case, Felicity has disagreed with Carly's use of her personal circumstances as being legitimate reason to not drink by displaying the exact opposite position.

While Carly has previously stated that her personal circumstances of living alone is "part of the reason" she does not drink at home, this has been challenged by Felicity. Whilst Carly has epistemic rights to evaluate drinking at home alone as a negative behaviour, she has based this solely on the fact that she lives alone. This is not a personal subjective circumstance, and Felicity implies that she equally has epistemic rights to comment upon this behaviour through her own experience (Heritage, 2011). As such, both Carly and Felicity are now at a stalemate in which they are both occupying the same position of holding epistemic primacy, but with conflicting opinions (Drew, 2018). As a result, Carly 'resolves' this stalemate by shifting her justification to focus on a more personal preference discourse which is more subjective and unique to herself, therefore reasserts her epistemic primacy (Heritage, 2012; Drew, 2018).

On line 21, Carly explains that she is just "not that fussed about alcohol". Being "not that fussed" is a subject-side assessment which serves to identify Carly's perception towards alcohol as personal evaluation (Edwards & Potter, 2017; Potter, Hepburn & Edwards, 2020). Such subject-side assessments allow for contrasting views and opinions about something by different interlocutors, without it being seen as conflict or a

disagreement with other group members (Edwards & Potter, 2017). This works to situate Carly's opinion as being personal to herself and not a negative perspective towards others. Furthermore, Carly's opinion is not an overtly strong view of alcohol in either direction and is a mitigated way to say that she does not drink much. She has not described herself as being innately against alcohol or having a strong opinion about it, but rather positions herself as holding a neutral opinion, thereby diminishing claims of judging others who drink more than herself. Carly starts talking about specific alcoholic drinks and appears to be about to discuss how there are not many which she enjoys drinking. However, this is abandoned and instead Carly draws upon a hypothetical scenario where she is told to give up alcohol (line 25). Carly explains that she "wouldn't lose any sleep" and quickly compares this to chocolate, which would have a much larger impact for her. Carly highlights how she has a particular preference for chocolate, but not alcohol and this is simply a case of personal taste, rather than being a judgement of other people.

Throughout this extract Carly has initially discussed that she does not drink because she lives alone. However, this was not accepted by the group as a legitimate justification for her alcohol consumption and was challenged by Felicity who had a similar epistemic claim, but with a contradictory evaluation. Instead, Carly changes the basis of her justification to instead rely on personal choice and that she simply does not particularly like alcohol. On this occasion, the personal preference is not challenged by other group members but is accepted as legitimate account for her limited consumption. In this instance, drawing upon simple personal preference is more successful than drawing upon personal barriers which are not extreme and could be countered by other interlocutors with similar personal experiences. This personal preference reinforces that not everyone necessarily experiences alcohol in the same way and that it is a subjective and personal behaviour. Whilst some may enjoy the taste and feeling of consuming alcohol, Carly has

made clear that she is relatively ambivalent towards it and has other substances which she feels more strongly about, i.e., chocolate. As such, Carly is making an active choice in choosing not to drink regularly which is respected on account of her not liking much alcohol. Through invoking this notion of preference, Carly's lifestyle choice appears to become less contestable within the interaction.

This final extract follows a discussion where other group members have been discussing the role of alcohol in UK culture.

Extract 11: GP_T3_Q3_E1

```
A:  I enjoy (0.4) going and (0.2) being with people where
    I have a ↑drink but it wo- would rarely be more than
    two or three,
    (0.8)
B:  Whereas I:: tend to go out and not drink.
    (0.4)
A:  Yeah.
    (.)
B:  So I will dri:ve normally,
    (0.2)
A:  Mm
    (.)
B:  [And I will drink ]
F:  [   I'm usually   ] the driver
    (0.3)
B:  A lime and lemona:de [cause] I'm not- (1.0) I don't=
A:                       [  mm ]
B:  =think I need to have a drink to
    (0.6)
A:  M
    (0.2)
B:  be myself.
    (1.2)
B:  With a group of people.
    (0.4)
A:  No
    (.)
F:  Mm
    (.)
B:  Per- personally I just don't I don't really get it
    .hhhh
```

At the start of this extract Adam has explained how he likes to go out but will drink a limited amount. On lines 5-18 Beth further downgrades Adam's example to explain how she normally drives and therefore will drink soft drinks rather than go out and drink alcohol. Although Beth has explained that she usually drives, she has formulated this as though she drives because she does not drink, rather than the driving being a barrier and is the reason why she does not drink as seen in Extract 5. Instead, Beth starts to provide an account on line 16 as to why she does not drink when out with friends. Beth first states what she drinks and begins to provide an explanation of "cause I'm not" but this is abandoned. Following a long pause, she continues to say she does not think she needs "to have a drink to be myself". Alcohol is often cited as a social lubricant and has been discussed as such within this group's previous discussion, but Beth refutes this and states that she does not drink because she does not need that social enhancing effect. Following this turn there is a noticeably long pause and no uptake from the rest of the group. There is a potential implication that others in the group see this as a judgement on those who do drink when with friends as needing a drink to be themselves. Particularly as Adam has just disclosed that he does usually drink when going out with his friends.

Following this lack of uptake, Beth provides an increment to specify she is referring to being "with a group of people" (line 24). This use of "people" is vague and general and works to rework Beth's turn so that it does not refer to drinking in the context of going out with friends, which Adam has previously discussed. This re-specification is then agreed with by two group members, including Adam. It appears that this increment has worked to negate any potential negative perceptions that have been caused by Beth's previous comment and Beth continues to state "personally I just don't I don't really get it" (line 30). Through using the word "personally" Beth emphasises that this is a personal choice she

has made and minimises the view that others should have made similar choices. It serves to highlight that this is a highly subjective choice which is personal to her, rather than something she expects others to agree with. This is particularly important given that within the group others have discussed drinking when going out with friends and therefore her view may be seen as competing with their own view. Through highlighting this as a subject-side assessment this allows for contrasting views within the group to co-exist without causing offence (Edwards & Potter, 2017). The nature of highlighting this discourse of personal choice allows Beth to both protect her own decisions and also those of other group members which are also due to their personal choice. Throughout this extract, even though Beth is directly disagreeing with another group member, her minimal account of based on consumption of alcohol being a personal choice is not challenged by other group members.

In each of the extracts in this section, individuals have provided accounts of their limited drinking, but these are relatively minimal accounts. These accounts draw upon personal choice and simply not liking alcohol and choosing not to drink it for that reason. Individuals have highlighted the individualistic nature of alcohol use and used this to emphasise that they are making a personal choice to not drink. When highlighting and drawing upon the personal nature of alcohol consumption, this orients the not drinking as an active choice made by the person themselves. On the one hand, this makes individuals more accountable compared to some of the other discursive strategies seen and can open individuals up to judgment from others for taking such a stance.

Despite this increased potential for judgement, within these extracts this use of personal choice has not been challenged by other group members. Whilst taking ownership of this as a personal choice opens speaker up to judgement, it is simultaneously

difficult for another group member to argue against this choice as it is based on subjective and personal tastes and experience to which they do not have epistemic rights to challenge. Additionally, this notion of personal choice can also be seen as a two-way relationship in which those who do choose to drink are also seen as exercising their prerogative to do so which is equally respected. This invocation of personal preference appears to reinforce that alcohol use is a personal and subjective choice for both those who chose to drink and those who prefer not to, therefore avoiding being seen to judge those who chose to drink.

7.5 Use of multiple strategies

Throughout this chapter there have been a number of ways of explaining limited alcohol use and orienting to potential negative judgement from other group members. There was firstly the explicit denial of having a moral aversion which was used to guard against accusations of judging those who choose to drink. Further justification work was done through invoking personal circumstances and barriers which inhibit a person's ability to consume alcohol, such as driving, work, or looking after children. Finally, the personal nature of alcohol use was highlighted through making relevant negative personal experiences and also more general personal preferences which guide individuals' choice to not drink in line with social norms. However, these practices are not mutually exclusive but can also be used in conjunction with one another to create a compelling account of limited drinking whilst orienting to negative perceptions.

Within Extract 12 the group have been discussing Robert's vignette and Alice has been questioning his friends' reactions to the consumption patterns.

Extract 12: Prof_T1_VR_E3

```
A:  E:rrm (0.6) and so I I think there is a- there's-
    there's a kind of a risk [there] for hi:m (0.2) which=
D:             [Yeah ]
A:  =is not necessarily coming from him (0.3) but is
    coming from hiss (0.5) erm unwillingness to (0.6)
    e:rrrrm stand up to his mates and sa:y you >know what
    I don't wanna< .hh and (.) I mean >I speak as someone
    I drink< very little not (0.3) for any moralistic
    reasons (.) I'm just a complete lightweight and I get
    £drunk really quickly and I don't like myself very
    much when I'm dr(h)unk£    [e::]rrm (0.2) so::
?:                          (h)e[(h)e]
D:  Mm
    (0.4)
A:  It's quite a- there's not many people that I tr(h)ust
    enough(0.2) to g(h)et dr(h)unk in front of (0.3) e:rm
    and so::# #I I tend to drink very l[ittle] and I'm=
D:                                      [ mm  ]
A:  =often I'm driving anyway= so: and I don't drink at
    all if I'm driving (0.4) so- because I'm a lightweight
    and I know that you know even though I might be under
    the limit I- I wouldn't I wouldn't trust myself .hh
    so: I'm often in social situations whe:re you know
    everyone else is having a pint and I'm havi:ng
    something that's not (0.4) [alcohol][ic ] an (0.3)and=
C:                             [  Mmm  ]
D:                                      [mhm]
A:  =I've never had anybody suggest  that that's
    inappropriate [or] [that] you know or oh you're
D:                [mm]
C:                     [ mmm]
    (0.2)
D:  Mmm=
A:     =Pathetic because you don't drink .hh
```

On line 7 Alice begins to provide context about her own drinking and states that she drinks very little, with the immediate caveat that this is not "for any moralistic reasons". As seen within 7.2, Alice makes an explicit denial of her limited drinking being due to having a personal aversion to alcohol. Instead, Alice continues to explain on line 9 that she is a "lightweight" and does not particularly like herself when she is drunk. This use of lightweight invokes a shared common knowledge that she does not need much alcohol to

feel the effects. As such, she only needs a very small amount of alcohol to become drunk and does not like this feeling. This draws upon the concepts of personal choice as seen within 7.4 and is also produced in conjunction with smiley voice, providing a more humorous tone to her account. Following this, Alice explains that there are not many people she trusts enough to get drunk in front of (lines 15-16). This can be seen as a form of avoiding a negative experience as seen in the first part of the preferences section above. Similarly, in this case Alice does not drink often because she does not like to be drunk in front of many of her friends and is actively avoiding potential negative consequences that she has previously experienced. Finally, Alice moves on to explain that she is "often driving anyway" (line 19) and due to being a lightweight will not drink at all if driving. As such, she has also drawn upon the responsibility discourse seen within 7.3 to justify her non-drinker behaviour as socially acceptable.

Throughout her turn Alice has provided a number of reasons as to why she drinks very little. Each of the central discursive practices discussed in this chapter are present within Alice's explanation of her drinking. This highlights that these accounts are not exclusive and are not always used alone but can be given in conjunction with other justifications to build a more compelling account which mitigates multiple potential challenges or judgement from other group members. Used together, it provides a clear case that Alice is not against alcohol use, but that for her drinking is complex and there are a number of legitimate reasons which guide her choice to not drink in line with the social norms.

7.6 Discussion

Whilst the previous two studies have focused upon drinking – sometimes heavily - as an accountable behaviour, this third study focused on non and light drinkers. Despite being a markedly different consumption habit with different potential judgements at stake, speakers also consistently oriented to potential judgement and worked to justify their lack of consumption as socially appropriate. As discussed throughout the literature, not drinking is often seen as something unusual and against the societal norm and therefore requires explanation (Bartram, Elliot, & Crabb, 2017; Paton-Simpson, 2001). Additionally, to admit to abstinence or limited drinking opens individuals up to negative judgement as this non or light drinking is considered as underconsumption and outside of the social norm. To some extent, the very act of providing an explanation for limited drinking is an implicit orientation to this threat of judgement from others. This study overall focuses upon the discursive justification practices that are drawn upon in accounting for limited drinking behaviours.

In analysing these orientations to mitigating judgement for not drinking, there was a further orientation to a concern of drinkers feeling judged by an individuals' choice not to drink. There was a considerable focus not only on how individuals oriented to negative judgements of their own behaviour, but also these second-order judgements of being accused of judging those who do drink. Research has shown that those who drink can feel threatened and judged by individuals who actively abstain from alcohol use (Romo et al, 2015; Cheers et al, 2020). There is a risk that non-drinkers see themselves as morally superior to those who do drink as a result of their choice to not consume alcohol (Copes & Williams, 2007). Despite this challenge and accusation never being specifically stated by anyone – either drinker or non-drinker – speakers in this chapter actively oriented to this

potential interactional difficulty and denied any such judgement or moral stance. This secondary layer of judgement was not present within any of the other studies but was unique to this group of light and non-drinkers. As such, this meant that drinkers were unable to draw upon a boundary line in justifying their drinking. Whilst in the previous study drinkers could compare to more extreme behaviours in justifying their alcohol use as acceptable, for non-drinkers to do so would negatively judge those who drink moderately, which is the wider social norm and a behaviour which a number of individuals in the group may well engage with. Therefore, these individuals are simultaneously managing their positive self-presentation and also mitigation the negative portrayal of both themselves and other group members. As a result, non-drinkers have an additional orientation to ensuring that their lack of drinking is justified without negatively judging those who do drink moderately.

The first discursive practice (7.2) discussed individuals explicitly inoculating against potential claims of being innately against alcohol use and judging those who do drink. The very act of orienting to this unspoken challenge of judgement tells us something about how wider society views those who do not drink. Rather than being held accountable for only their own lack of drinking, there also appears to be an assumption that they judge and hold accountable others for their consumption in relation to social norms. Noticeably, it is the non-drinkers themselves who orient to this assumption that others perceive non-drinkers as judging drinkers. Whilst some research has shown that non-drinkers feel they must acknowledge the threatening potential of their non-drinking for drinkers (Romo et al, 2015), there is limited research on this and even less which shows this discursively happening within interaction. This orientation to a secondary layer of judgement from others is unique to this group of non-drinkers and was not present within Chapter Six.

The remaining strategies were less explicit in orienting to this judgement, but this orientation was consistently interwoven throughout many, if not all, of the extracts above. The first was that of responsibility (7.3). In terms of explaining one's limited or lack of drinking, relying on external factors provides a safe and simplistic explanation. These are barriers and tangible reasons as to why drinking is particularly difficult for some people. To drink in their situation would involve breaching the expected social norm and a responsible identity, which would likely be viewed more negatively. Individuals place their identity of being a responsible citizen above that of being seen to engage in social norms surrounding alcohol use. Individuals citing such barriers which inhibit their drinking are required to provide minimal explanation for their drinking practices. Additionally, drawing upon discourses of responsibility mitigated against people being viewed negatively and instead allowed speakers to reframe their limited drinking as something positive which was done in order to fulfil certain responsibilities in keeping with other social norms. Interestingly, this discourse was also drawn upon without the previous study but in a different way.

Whilst drinkers used this discourse of discharging responsibility to explain why their drinking was acceptable, non-drinkers used this to construct a more personal and subjective boundary line based on their individual circumstances which prohibited drinking. However, this does risk negatively portraying those who identify with similar personal circumstances but engage in drinking. This was oriented to in Extract 10 where a contrasting behaviour of drinking and non-drinking was identified in relation to the same circumstance of living alone. In this instance, the non-drinking speaker then reoriented their justification to an alternative reason which was more subjective and personal to the speaker. Whilst largely health, parenting, and living alone were largely accepted by the groups as legitimate reasons for not drinking, this interactionally risky if there were other group members who could identify with a similar position but did drink.

Building upon the previous discourse of personal circumstances and responsibility, in section 7.4, speakers drew upon even more personal and subjective elements, through personal preference. In some cases, individuals drew upon previous negative experiences in order to explain this preference. Similarly to the discourse of responsibility, this provided a tangible reason as to why their behaviour has been modified. Speakers described negative experiences which directly impacted their alcohol use behaviour as they wished to avoid similar situations again. Additionally, as these were personal negative experiences, they were very subjective and specific to the individual. This meant that such experiences were unavailable to other group members and it made it much harder for any interlocutors to challenge or dispute the legitimacy of their choice to not drink as a result of such experiences (Schutz, 1967; Weiste et al, 2016; Heritage, 2011).

In the final section (7.4.2) speakers highlighted that they had made a personal choice, in some cases simply stating they did not like alcohol. Compared to negative experiences, this is even more subjective as there is no specific experience that is drawn upon to help explain the impact this had on their behaviour. Rather, speakers emphasised the personal nature of alcohol use and their decision to not drink through the use of subject-side assessments (Edwards & Potter, 2017; Potter et al, 2020). In some extracts individuals oriented to the potentially negative judgement that this strategy may incur, whereas others simply relied on the social agreement that alcohol consumption is an individual's choice and theirs is to not drink. Through highlighting it as a personal choice it simultaneously protects their choice and also negates judgement about others as it is also other individual's choice to drink or not drink.

This invocation of personal preference appears to reinforce that alcohol use is a personal and subjective choice and there is no 'right' or 'wrong' way to drink to some extent. I state this qualification as we have already seen within both the previous and

current chapters that certain behaviours are considered problematic or unacceptable. It appears that there are some alcohol use behaviours – drinking every day, needing a drink to wake-up, not meeting commitments and responsibility - which are seen as not being justifiable and will still incur negative judgement. As such the behaviours which are deemed justifiable must align with the social norm, even if on the higher end as seen in Chapter Six, or even under-consumption as seen here. This again highlights that even though under-consumption is open to some judgement; it is more readily accepted – potentially as a form of 'healthy' deviance (Romo, 2012) - than drinking above the boundary of social acceptability. Although both types of alcohol use may be judged by others, there is a difference in the level and type of stigma that such behaviours may incur.

Similarly to in Chapter Six, this third study also found little difference across the professional and general public groups in this justification work. Within this chapter, there are more extracts presented by professional groups. As mentioned within Chapter Five, within this collection there were 16 disclosures of limited drinking from professionals, compared to 9 from general public participants. However, this can likely be attributed to a higher number of professional participants within the study rather than inferring correlations between justification of drinking practices. Across analysis of the disclosures, these justifications transcended the general public and professional distinction. Both professional and general public participants provided justifications alongside disclosures of personal drinking habits, further supporting the overwhelming prominence of this justification work.

This study has focused on how justifications are provided for light or non-drinking behaviours which are deemed as under-consumption compared to wider social norms. In providing these justifications, speakers simultaneously oriented to the potential judgement of their own drinking being seen to be an accountable behaviour, but also potential

accusations of them judging those who do drink. A number of discursive practices have been presented which all served to mitigate these potential judgements. It is clear across this thesis that those who do not drink, those who do drink, and those discussing others' alcohol use consistently seek to provide accounts and explanations for alcohol consumption behaviours, simultaneously orienting to potential judgement in providing these accounts. The following final chapter will revisit all three studies to consider how the complexities of this discursive work compare and contrast to each other, the literature, and what novel conclusions can be drawn from this work with a view to future research.

Chapter Eight: Thesis Discussion

Within this final chapter, I will reflect upon the previous chapters to consider the overall project in its entirety. Firstly, I will consider the research aims and summarise the findings from the three analytic chapters as stand-alone studies and also how they relate to each other (8.1). Secondly, I will relate these findings to the current available research in order to understand how this contributes towards both research and practice (8.2). I will also explore avenues for future research (8.3) and discuss limitations of the current research (8.4). Finally, I will reflect upon the research process and my own biases within a reflexive account (8.5) before concluding this thesis. Ultimately, this chapter will provide a thorough discussion of the research starting from the previous literature through to the results, including impact and potential future research.

8.1 Summary of thesis aims

Throughout Chapter One, I drew upon available research to demonstrate how alcohol use is a highly morally bound behaviour open to consistent justification work by individuals (Crisp et al., 2000; Room, 2005; Macfarlane & Tuffin, 2010; Schomerus et al, 2011; Spracklen, 2013). Alcohol consumption is complex, with a wide range of perspectives about what is societally acceptable. This project aimed to build on previous research to provide a comprehensive understanding of what discourses are available in discussing and accounting for different alcohol consumption patterns. There was a particular focus on how such moralistic views and perspectives are oriented to and made relevant in these discussions about alcohol use across both the macro and micro level. The specific research questions were:

1. What are the prominent discourses available within UK society to account for alcohol use problems?
2. How do individuals locally negotiate the boundary between problematic and socially acceptable alcohol use?
3. How do individuals disclose and account for limited drinking or abstinence?

To answer these questions, this research took a social constructionist approach with a focus on the overarching discourses and specific discursive practices routinely drawn upon. In order to capture a wide range of discourses from various sources and settings, the research gathered data from eight different discursive contexts with both the general public and professionals working in alcohol-related fields. Such an unusually diverse set of data corpora provide a unique opportunity to study language across settings and sources to ensure a generalised understanding of the prominent discourses that are drawn upon within UK society. An overview of the findings for the three studies is presented below.

8.2 Research findings

The first notable outcome was that in line with previous research, the early analysis of the data highlighted a consistent orientation across all of the data corpora to accounting for alcohol use. To the extent that it appeared almost impossible to discuss alcohol use without some form of account. This research focused from an initial broad scope of exploring how alcohol use is discussed to concentrate more specifically on how alcohol consumption accounts are provided and to what impact. Throughout this research on accounts, I found that the way and context in which these accounts were provided differed across each of the three studies, with the key findings from each of the three studies discussed below.

8.2.1 Study One findings

The first study was a CDP analysis of online texts and focused on the prominent discourses that were drawn upon across six diverse contexts to ensure a comprehensive overview of the available discourses. Across these texts the discourses attributed blame and responsibility for alcohol use problems on a spectrum. This ranged from fully blaming individuals in the individual responsibility discourse, justifying the behaviour as understandable through culture and policy, or excusing the behaviour as a medical disorder. Accounts typically attend to the negative identity at stake, working to manage self-other relations and in doing so offer attributions of responsibility (Edwards & Potter, 1992; Kidwell, & Kevoe-Feldman, 2018). Such accounts are tied up with assessments and attribution of blame and are associated with the presentation of the responsible self (Arribas-Ayllon, Sarangi & Clarke, 2008). As such, it's relevant to consider the context in which these discourses were produced and the social action they perform. In analysis of the context there was a notable difference in how self and other-presentations were provided. For example, the excusing construction of alcohol use problems as a medical disorder was primarily found across clinically relevant sources (i.e., public health bodies and treatment-related research articles) and also in data written by people with their own personal experience of alcohol use problems. Due to their association with individuals with alcohol use problems (either through personal or work experience), they have a vested interest in portraying alcohol use problems in a positive light and worked to diminish internal blame to the in-group, instead attributing external blame where possible. On the other hand, the much more explicitly blaming discourse of individual responsibility was primarily drawn upon by those texts discussing others' consumption. The author of these texts would have had less vested interest in mitigating negative perceptions of those with alcohol use problems, often suggesting that further regulations would be 'nannying'

(Chapter Four, Extract 12) and serve to reduce the autonomy of those who unproblematically participate in moderate drinking. Within these texts there was an orientation to 'othering' and presenting those with alcohol use problems as part of a minority out-group, whilst moderate drinkers were the majority in-group. Such othering creates a distinction between the positive self and negative other, simultaneously constructing and evaluating the other as deviant and irresponsible whilst emphasising positive self-presentations as a responsible and moderate drinker (Rødner, 2005). This trend of negatively portraying 'others' has also been found within research on stigmatised groups such as those with AIDS/HIV (Pittman & Gallois, 1997; Schellemberg & Bem, 1998; Petros et al, 2006), and mental health difficulties (Foster, 2006; Cross, 2013; Walsh & Foster, 2020). More specifically in alcohol research, justifications are often provided in comparisons to 'others' who drink problematically and therefore portray the 'us' ingroup more positively (Tolvanen & Jhylä, 2005; MacFarlane & Tuffin, 2010; Gough et al, 2020). As such, there is less at stake in directing blame towards those individuals as it does not place personal judgement upon the author and their own behaviour . The analysis demonstrates how accounting work was highly prominent, but that this can be a different social action and make relevant different perspectives depending on the authors' personal position and stake.

In addition to the discourses differing based on authors' stake, the setting in which these accounts were produced may also be important. Although such explicit blame towards others as seen within my data are not rare, they are rarely unaccompanied without surrounding work which makes this blaming credible (Edwards & Potter, 1992). Whilst within my data there were examples where individuals did engage in this extended explanation sequence for the blame attributed (i.e., Chapter Four, Extracts 5 and 9), there were also very short comments which simply attributed blame without this mitigated

surrounding talk (i.e. Chapter Four, Extracts 10 and 11). These accounts were often more direct as would often be seen in other interactions. One suggestion is that as the text-based documents are available online it removed individuals from the direct presence of those they may be seen to be criticising, and they also had the option of remaining anonymous. Research has suggested that this creates a less personal platform in which it is permissible to share more negative and controversial views than in face-to-face communication (Min, 2007; Baek, Wojcieszak & Delli Carpini, 2012). Therefore, the online setting may have led to more direct and negative accounting discourses as would be seen within other contexts. As such the research identified it was relevant to also examine how accounts for alcohol use are produced within in-person interactional setting in which there are additional considerations at stake.

8.2.2 Study Two findings

Study One identified a consistent orientation to providing accounts for alcohol use problems. If accounts and management of self-presentation in relation to alcohol use were so heavily prevalent within the online setting, then it is relevant to also consider how discussions about alcohol use play out within in-person interactional settings which are more predisposed to maintaining positive self-presentations and social relations. Disagreements are typically seen as a form of conflict and dispreferred as it risks insult or threatening the presentation of self or others within the interaction and such disaffiliation is minimised (Pomerantz, 1984; Heritage, 1984; Locher, 2004). Within interactional settings individuals are in direct contact with other people, therefore making any judgements from or towards others immediately visible, direct, and heavily dispreferred (Heritage, 1984; Heritage & Raymond, 2005). Due to the difficulty in sharing alternative or controversial opinions which may harm relation or self-presentation, such disagreements

are generally provided implicitly rather than explicitly (Holmes & Marra, 2004). As such, the interactional setting is riskier for holding discussions about alcohol use and must be managed particularly carefully by speakers.

As prior literature identifies that making assessments, especially where yours may differ from interlocutors, is a delicate social action that is often delayed or avoided (Pomerantz, 1984; Heritage, 1984). It is clear that there would be interactional contingencies in any disclosures of personal alcohol use. Any attempt by the researcher to directly elicit them (i.e., through a focus group setting) would generate an interactional context far removed from everyday social conversations in which these discussions might occur naturally. Focus groups and world cafés focused on alcohol use more generally offered a more naturalistic context in which assessments and disclosures might occur. As a result, participants were not directly asked about their consumption in either focus groups or world cafés, but speakers routinely volunteered these disclosures.

In contrast to the first study, discussions in this interaction data focused on personal drinking habits only and not assessments of others'. One suggestion is that participants in this setting oriented to their lack of epistemic rights to discuss and assess appropriateness of others' behaviours (Heritage & Raymond, 2005; Raymond & Heritage, 2006; Heritage, 2012). To provide such accounts for and assessments of others' alcohol use is particularly risky as individuals would not necessarily know if other group members had experiences with alcohol use problems and hold a higher epistemic status to discuss and assess such behaviour. Such acknowledgement of no access or insufficient knowledge is routinely invoked as grounds to decline providing an assessment (Lindström & Mondada, 2009). Individuals instead focused on discussions of their personal behaviour which they have full epistemic access to comment upon.

Whilst Study One included a range of attributions of responsibility in accounts for others' alcohol use, the self-disclosures in Study Two consistently oriented to justifying behaviour as socially acceptable and within the moral order. Although drinking alcohol is the societally normative behaviour and therefore drinking is not inherently stigmatised, drinking problematically or to excess is (Crisp et al., 2000; MacFarlane & Tuffin, 2010; Spracklen, 2013). Therefore, speakers oriented to this notion that their disclosures could be considered heavy drinking and carefully managed descriptions of their drinking to align with these notions of acceptable alcohol consumption.

The major contribution to knowledge from Study Two is my observation that speakers construct a locally occasioned boundary line to separate acceptable and problematic drinking into binaries categories in which their drinking falls on the safe side. The boundary line was not based on an objective measure but was developed within the local interactional setting based upon what the interlocutors collaboratively defined as acceptable, drawing upon wider societal values in doing so. Previous research had identified that definitions about problematic alcohol behaviours do not typically rely on objective measures such as units consumed (Room, 1975; Dawson, 2011; Yeomans, 2013; Thurnell-Read, 2017). Rather, both previous research and this current analysis demonstrate that the negotiation of what is considered acceptable alcohol use is identified throughout interaction.

This was particularly important when justifying personal consumption behaviours as this allowed speakers to construct the boundary line in a way which they could ensure they were always on the safe side of the boundary. As such, speakers were less concerned with the precise quantity and whether they adhered to the objective unit guidelines, but rather they focused upon portraying their consumption as socially acceptable and avoiding negative judgement from other group members, therefore maintaining self-presentation.

This was particularly clear as the data included groups of people who drank in different ways. For example, what the rugby club deemed as acceptable alcohol use was very different to that of the retirement village. Within the retirement village in particular, many of the group were non-drinkers and therefore even those who would likely be seen by wider society as light drinkers worked to justify their drinking as permissible. Although speakers may draw on wider societal views in justifying their drinking such as building consensus and generalising to wider societal behaviours, speakers more readily oriented to the immediate local setting and the perceptions of interlocutors in drawing this boundary line.

The boundary line reduced the complexity of alcohol use behaviours and was instead constructed as a binary of acceptability. In providing self-disclosures and accounts of alcohol use, the binary of acceptable and unacceptable alcohol use was effective as there was a clear negative 'other' for speakers to compare their more justified consumption to. However, previous research has suggested that such a binary framing is harmful in increasing othering, stigma, and reduced perception of treatment need (Schomerus et al, 2013; Wallhed Finn et al, 2014; Thurnell-Read, 2017). Within this data the binary framing was used in order for individuals to complete self-serving comparisons to this more extreme and stigmatised group and ensure their drinking was not categorised as problematic, further reinforcing the negative view of being seen as a problematic drinker.

Such resistance of the stigmatised label of being a heavy or problematic drinker was found within previous research on alcohol (Guise & Gill, 2007; Rolfe, Orford, & Martin, 2009; Spracklen, 2013) and also wider stigmatised labels such as mental illness, (Ben-Zeev, Young & Corrigan, 2020; Crabtree, Haslam, Postmes, & Haslam, 2010; Thoits, 2011), and obesity (de Brún, McCarthy, McKenzie & McGloin, 2014). In discussing their own

consumption behaviours, individuals had a vested interest in ensuring it was portrayed as morally appropriate, therefore protecting their moral status and resisting the stigmatised identity of problematic drinking, even if only *just* falling within this accepted category. As such, this analysis demonstrates how this binary framing may be negative for those who may fall into the category of problematic drinking, but for those who do not, or can reasonably minimise their behaviour to fall just under this category, such a binary is an effective discursive resource in managing their identity as a responsible drinker.

It is important to note that this boundary line was only effective when constructed in a specific sequential order; speakers' disclosures about personal consumption was produced *after* this boundary line was created. Such a focus on the sequential ordering demonstrates how the specific sequence structure in certain turns make other actions relevant, such as question-answers, summons-answer, and telling and return telling sequences (Schegloff, 2007; Stivers & Rossano, 2010). Within this particular analysis, it is clear that there is a sequential importance to how disclosures are provided, and that first constructing this boundary is critical in managing disclosures of drinking behaviours which may be negatively judged by their peers. By first constructing the boundary line, speakers had already negotiated the parameters of acceptable alcohol use within the group and therefore had a safe point for speakers to compare their drinking to. When speakers then discussed their own drinking, they oriented to this boundary and ensured their drinking was portrayed as within these parameters of acceptability. Through constructing the alternative position of the 'other' category as unacceptable, this works to portray the speakers' behaviour as acceptable and justified in comparison. In particular, examples in which this boundary line was not first constructed (Chapter Six, Extract 3) were marked by challenges and interactional difficulty, further supporting the importance of this boundary line. This example opened the speaker to explicit challenge from other group members

and led to the need for further justification work. This deviant case demonstrates that although there were few instances where such challenges were raised, the justification work was important as there was indeed a risk of judgement from other group members - even if implicit - which must be managed.

8.2.3 Study Three findings

Individuals who drank worked to situate their drinking as not within the negative category of problematic and therefore justified and morally acceptable, avoiding negative judgement. Similarly, non and light-drinkers justified their alcohol behaviour to mitigate negative judgements incurred from their personal disclosures of alcohol use. However, whilst both were justifying their particular alcohol behaviour, there were different judgements at stake. In a society where drinking alcohol is viewed as the normative behaviour, under-consumption can be considered a deviant act and something requiring explanation (Bartram, Elliot, & Crabb, 2017; Paton-Simpson, 2001). Additionally, this group also oriented to second-order judgements that they could be seen to judge others who do drink (Romo et al, 2015; Cheers et al, 2020). As such, light and non-drinkers occupied a complicated moral space in which they oriented to describing their low/minimal alcohol use as acceptable, but also treated the alternative position (which they have rejected) as also being appropriate due its societally normative status.

In the data, accusations of speakers judging those who drink – and potentially other interlocutors - was not explicitly issued. Despite this, speakers consistently oriented to this potential judgement, sometimes explicitly denying this judgement of drinkers within their justification work. Speakers often denied an inherent moral aversion to alcohol and claimed that their under-consumption was related to other factors, such as responsible

commitments, negative experiences, and personal choice. Notably, this denial of judgement of drinkers did not replace justification work about their actual consumption, but simply prefaced it and dealt with this extra layer of potential judgement. Once this moral judgement of drinkers was denied, only then did speakers continue to account for their consumption using a number of discursive practices.

Within this group they were unable to draw upon a binary construction of their behaviour as acceptable and others as not, due to the potential second-order judgements. A boundary would either situate the non-drinkers as outside of the social norm and unjustified thereby opening speakers up to negative judgements, or it would position those who drink – even moderately – in a negative way and imply judgement towards interlocutors. Furthermore, current alcohol guidelines are defined for low-risk drinking but there are no further higher guidelines. As such, anybody drinking above these low-risk guidelines - even if falling within socially accepted definition of moderate drinking - would automatically be grouped together with those drinking significantly more heavily or problematically. Therefore, although a binary framing may be interactionally useful in justifying alcohol use in comparison to problematic use, this was not a strategy available to justify underconsumption.

As individuals were unable to reliably draw upon a pre-defined boundary of what is acceptable alcohol use, they instead drew upon alternative discursive strategies. Of particular relevance was the discourse of choice, which was drawn upon in two different ways, both of which made relevant epistemics. Firstly, speakers justified their choice through explaining negative previous experiences they had such as family members with alcohol use problems (Chapter Seven, Extract 8) or a negative experience when drinking (Chapter Seven, Extract 9) which guided their decision to not drink. These negative experiences were associated with emotional intensity and therefore the other group

members are morally obligated to affiliate with the speakers' assessment of this experience (Heritage, 2011). Through drawing upon personal experience, it creates an epistemic asymmetry in which the justification is situated as within the realm of the speakers' unique expertise and not something other group members have access to (Schutz, 1967; Pomerantz, 1980; Sacks, 1984; Weiste et al, 2016). In doing so, this makes it difficult for other group members to challenge the legitimacy of this justification, as they do not have the epistemic rights to comment upon such a personal experience (Heritage & Raymond, 2005; Heritage, 2011). The only option found in the data was if interlocutors could leverage a similar personal experience (as seen in Chapter Seven, Extract 8) to comment or challenge another speaker's position. Individuals' lack of consumption is portrayed as justified as a result of their negative experience which was not challenged, therefore suggesting it was accepted as a legitimate and understandable basis for their behaviour.

Alcohol has been described as a personal or lifestyle choice (Huang et al, 2011; Herring et al, 2014; Supski & Lindsay, 2016). Although all behaviours are open to moral judgment in society, such personal choices are open to increased scrutiny (Bergmann & Linell, 1998). Some individuals drew upon the notion of not drinking as a personal choice as the basis of their justification. Individuals highlighted the subjective nature of alcohol use through assessing it using subject-side assessments (Edwards & Potter, 2017). Such subjective opinions included "I'm just not that fussed" (Chapter Seven, Extract 10) or they "don't get it" (Chapter Seven, Extract 11). These subject-side assessments construct the assessment as personal judgement of the speaker and indicates something about their feelings towards the object, in this case alcohol (Edwards & Potter, 2017; Potter, Hepburn & Edwards, 2020). As such, this very firmly situates the assessment and justification for not drinking within the realm of personal expertise and unavailable to challenge from others

(Heritage & Raymond, 2005; Heritage, 2011). Such personal subject-side assessments are useful for avoiding disagreements or causing offence as they allow for contrasting assessments of the same object or behaviour from different interlocutors without competing with them (Edwards & Potter, 2017). This use of subject-side assessment allows individuals to position their lack of consumption as a personal choice and not a negative assessment of drinkers. All alcohol behaviours – whether that be non, light, or moderate drinking – are constructed as being personal, subjective, and due to personal choice and therefore equally valid.

8.2.4 Summary of research findings

Although the research focused on a number of different sources and circumstances, there was one key thread which was prevalent across all three studies; alcohol consumption is a behaviour which invites explanation. Due to the moralistic nature, such accounts for alcohol consumption typically orient to potential negative judgements from other people. However, accounts were not uniformly applied. The turn design and sequential organisation differed based on the authors' or speakers' position. Overall, descriptions for 'self' or 'other' behaviours performed different social actions, with 'other' descriptions more oriented towards blame and 'self' descriptions more aligned with excuses or justifications. This current research further builds upon the previous literature to demonstrate not just that self and other presentations are different, but precisely *how* this is actioned and made relevant within language and discourse.

In summary, this thesis provides a novel contribution to knowledge by identifying specific practices used to account for different levels of alcohol use, from abstinence or limited drinking through to moderate drinking and excessive or problematic drinking. In

producing these accounting discourses individuals must navigate considerable interactional risks to intersubjectivity within the conversation and also manage a number of psychological considerations including self-presentations, social judgement, and morality. Through this in-depth exploration of the language used by a range of individuals across many contexts, I have unpicked the different discourses that are systematically drawn upon in accounting for alcohol use. The findings of this research provide insight direct implications for research and practice, which will be discussed below.

8.3 Contributions to method

Within this thesis, there were a number of novel approaches and findings, each of which help to contribute to and further research surrounding defining acceptability in alcohol use in different ways. Firstly, the approach of focusing upon language through the use of a discursive lens is fairly innovative in itself within the field of alcohol research. Language is not a neutral resource but is used to portray certain points of view, subsequently being influenced by and influencing attitudes (Potter & Wetherell, 1987). Given that accounts and explanations for alcohol use shape the way in which alcohol use is viewed, it is relevant to explore the common descriptions and accounts that are shared and ultimately reflect and reinforce current societal opinions. Rather than working from empirically pre-determined cognitivist attitudes, DP and CDP methods are data-driven approaches focused on how language makes relevant attitudes and descriptions as social actions (Potter, 2003; Billig, 2009). This thesis demonstrate that it is valuable to explore accounts through a discursive lens to understand how notions of morality, judgement and definitions of acceptable alcohol are made relevant and actionable in discussions about alcohol use.

This analysis demonstrated how the moral accountability of alcohol use behaviours was consistently oriented to and made relevant within discourse. The very social action of providing an account for alcohol use issues marks it as something accountable and requiring explanation (Bergmann & Linell, 1998; Linell & Rommetveit, 1998; Drew, 1998; Tileagă, 2010). As such, alcohol use behaviours – from non-drinking through to problematic alcohol use – were overwhelmingly presented as morally accountable. This demonstrated how individuals positioned themselves and their drinking in relation to the interactional considerations of maintaining positive social relations with interlocutors and avoiding conflict or negative judgement from others (Pomerantz, 1984; Heritage, 1984; Locher, 2004). Therefore, this DP approach aided insight into how the social action of accounts was produced in relation to alcohol use across a range of contexts. Studies that gather opinions and attitudes about alcohol use without capturing orientations to the interactional setting risk losing critical context that could influence results, such as the overwhelming orientation to maintaining positive self-presentations and avoiding negative judgements from interlocutors.

The research also took a novel approach to the sampling and data collection methods. Much of the previous literature focused specifically on one sub-set of the population and one primary data source. In contrast, my own research aimed to take a wider approach which analysed both the macro-level discourses and the micro-detailed interaction across a range of contexts, sources, and drinking types. In conducting a wide-ranging discursive analysis, it's relevant to draw upon multiple source types (Potter & Wetherell, 1987). This research first ensured that there was a diverse sample which included participants with and without personal experience of alcohol use problems, non-drinkers through to heavy drinkers, and professionals working in the alcohol field and general public members. This sampling strategy increased the likelihood of identifying a

range of discourses within the analysis based on various background and experiences of the participants. Particularly within the first study, this diverse sample highlighted a range of perspectives in relation to alcohol use, from excusing through to blaming.

Across the three studies, there were two data sets, collected from eight different data sources. A particular focus was considering how discourses differed between the text-based and interaction-based data, providing novel insight into how language is used in relation to the same topic across different formats. The written data encompassed all three elements of explaining, justifying, and excusing behaviour, but the context of the author and source played a role in which type of account was produced and how this attributed blame and responsibility for alcohol use problems.

Of particular interest in this interplay between the text and talk medium was that the only form of account identified across both was that of justifications. In contrast to the text-based data the interaction data in studies two and three did not show any distinct differences between the professional and general public sources or consumption types. This is strong evidence that the local interactional considerations are more consequential for determining the organisation of social action than the social background of the speaker, at least on a micro level.

As noted throughout the results summary above, the two different formats illustrated similar perspectives in terms of orienting to accounting for and justifying alcohol use, but there were distinct differences in the nuances of how such accounts were produced. This indicates that the social action of justifying alcohol consumption – or lack of - was not the same action across all of the data. Rather, the specific mechanisms and ways in which these accounts were provided were context-relevant and highly nuanced, being performed in a number of different ways depending on the purpose and context. Therefore, this thesis argues for the use of data from across various contexts and sources

when completing a broader and more exploratory piece of qualitative research in language.

8.4 Contribution to alcohol and other health-related behaviours

Thus far, my research has aligned with previous literature across a number of contexts. First, it argues that alcohol use is an accountable behaviour across a wide variety of contexts and consumption types. Secondly, individuals orient to this judgement by working to portray their alcohol use as justified and within the boundary of social acceptability. Finally, this research also focused on how individuals draw on different discourses in justifying their underconsumption and orienting to second-order judgments.

First of all, previous research has widely suggested that all behaviour – including alcohol consumption - is accountable and morally loaded (Bergmann & Linell, 1998). Individuals are responsible for adhering to social norms and will be held accountable for any breaches (Heritage, 1988; Robinson, 2016). As discussed within literature in Chapter One and the moderation discourse in Chapter Four, there is a clear sense that moderate alcohol use is the social norm within the UK (ONS, 2018; NHS Digital 2018). To breach this social norm through drinking too much or too little can invite explanation. This research demonstrated a similar construction of alcohol consumption as an accountable issue but went a step further to identify that it was consistently oriented to as a heavily morally bound activity across a wide range of contexts and consumption types.

On the one hand, research suggests that orientations to morality in interaction are often implicit to the extent that this is often overlooked by interlocutors (Linell & Rommetveit, 1998). In contrast, this research demonstrated that this morality of alcohol use was persistently oriented to in interaction, marking it as an accountable by the virtue

of making justifications relevant (Bergmann & Linell, 1998; Linell & Rommetveit, 1998; Drew, 1998; Tileagă, 2010). Rather than waiting for any challenges to be issued about personal alcohol consumption, individuals pre-empted such challenge, further demonstrating the pervasive nature of this potential judgement. Furthermore, it was particularly striking within this research that orienting to this morality and judgement was not confined to certain groups, whether that be age, gender, drinking patterns, or the professional and general public distinction, but was consistent across all of the data. As such, this research went beyond previous studies on morality to identify that alcohol use was heavily morally bound, to the extent that there were very few – if any – instance in which individuals did not provide some justification for their alcohol use consumption.

In addition to identifying and further supporting the morally bound nature of alcohol use, this research also demonstrated a number of discursive practices in justifying alcohol use seen within previous research. Research found that individuals who drink work hard to portray their drinking as responsible and far removed from excessive or problematic alcohol use, often drawing upon health reasons and comparisons to more excessive alcohol use (Tolvanen & Jhylä, 2005; Spracklen, 2013; Gough et al, 2020), downplaying drinking, and portraying drinking as a routine or everyday practice (Gough et al, 2020). This research supported the use of these discursive techniques but went beyond this, identifying how speakers actively constructed the boundary line of acceptable and problematic alcohol use within the interaction itself. Within Gough et al, (2020) there are examples of this construction of the boundary line within extracts, but this is not discussed as a core analytic finding. Within my own data, this was highlighted as a key discursive strategy in itself which allowed speakers to then comfortably disclose their own alcohol consumption with less threat to their self-presentation. Particularly, there were explicit examples in which not constructing this boundary prior to disclosing personal consumption

habits left individuals open to explicit challenge from others. As such, this boundary line construction was a critical discursive technique used by speakers within my data.

Additionally, my analysis also went beyond previous research on justifying non-drinking and orienting to second-order judgements to demonstrate how individuals rely on highly subjective and personal discourses in justifying their lack of drinking. It is clear from both previous literature and this current research that to not drink alcohol within the UK context is viewed as unusual and against the cultural norm (Paton-Simpson, 2001; Nairn et al, 2006; Emslie et al, 2012; Piacentini et al, 2012; Bartram et al, 2017). Of the previous research that has specifically considered motivations behind not drinking, much of it has centred around the younger population, including high-school, and college/university drinking where it is often reported to hold a higher status (Romo, 2012; Conroy & de Visser, 2013). Additionally, these studies most often rely on thematic methods and attempt to understand the reasons behind not drinking, with less focus on how these reasons are presented and what interactional contingencies are being managed by the presentation. This research adds to the body of knowledge surrounding limited drinking by firstly supporting previous studies about how individuals are required to explain this behaviour. However, I build upon that to describe the specific discursive strategies that people often draw upon in doing this.

Similarly to those who drink heavily, there was a significant effort made to justify and explain why individuals chose not to drink. Whilst the non-mainstream choice may be seen as a 'healthy deviance', leads to mitigating potential judgement of condemning the other behaviour. Other health-related lifestyle choices are also open to similar difficulties of accountability whereby individuals engage in healthy deviance and are viewed as behaving outside the social norm, requiring explanation of incurring negative judgement, such as eating healthily (Bouwman et al, 2009), vegetarian (Jabs, Sobal & Devine, 2000;

Boyle, 2011), and vegan diets (Sneijder & te Molder, 2009). Similarly to how drinking alcohol is the mainstream behaviour and being a drinker is often the taken for granted position and non-drinkers need to specifically identify as such, vegetarians and vegans fall outside the social norm of eating meat and is a marked category that may be assessed negatively (Adams, 2008; Cole & Morgan, 2011; de Boer, Schösler & Aiking, 2017). Much as not drinking can be a face-saving threat to drinkers (Romo, 2012; Romo et al, 2015; Cheers et al, 2020), vegetarians and vegans can be threatening and increase dissonance in meat eaters (Adams, 2008; Rothgerber, 2014). Therefore, individuals must carefully manage and justify their identity as a vegan or vegetarian (Greenebaum, 2012; Bartowski & Haverda, 2018). As such, this adds to literature about how 'healthy deviant' behaviours are justified whilst ensuring that this justification work does not also condemn the mainstream behaviour. This demonstrates how even though such behaviours may be viewed positively, there is an extra layer of judgement that individuals need to orient to in discussions of such habits.

This gradual shift towards more discursive research in the area of alcohol use highlights there are strikingly similar approaches used in describing alcohol use behaviours and orienting to judgement. Therefore, this starts to build a picture that there was some societal consensus within my samples around views towards alcohol use which can be further explored. This research also helps to strengthen the rationale that a discursive approach is beneficial in this area and warrants further study, with broad ranging implications for policy and healthcare settings. Amongst these findings, it has been clear that discursive strategies are relevant across a diverse range of contexts. Alcohol use is something which has relevance to individuals of all ages, gender, and backgrounds. Instead, previous research has often focused on specific sub-sets of the population or types of drinking. Instead, this research aimed to provide a broad overview of the available

discourses and consider how these are similar or differ across the various contexts. From this research it is clear that there are some elements which are relevant across the range of settings (such as the act of accounting for alcohol use, your own or others') and others which are more nuanced and specific to the context (online vs face-to-face, your own vs others' behaviour, heavy drinking vs non-drinking). Ultimately, this research has bridged together a wide range of work in relation to accounting for alcohol use, with each focusing on a specific element, to provide a consideration of the available discourses which is much broader in scope, whilst still retaining the nuances of the discursive approach.

8.5 Contributions to applied settings

Additionally to specific alcohol research, this also has direct implications for applied settings and other related health topics. The most relevant applied work is for understanding the disconnect between official policy and subjective public conceptions of what is acceptable and unacceptable alcohol use. Additionally, the way in which justifications were presented provides useful insight for clinicians in adapting their communication and preparing to challenge common justification discourses. Below I will discuss each of these contributions in detail to understand the various ways in which this research has provided novel contributions and how this research can be taken forwards.

8.5.1 Policy and guidance

The clearest applied contribution of this research is in relation to guidance and policy surrounding alcohol use guidance. Previous literature has indicated that policy and societal perspectives often influence each other and are closely aligned. Therefore, I would expect the opinions in this study to reflect the current UK policy. However, this research has

shown that the current alcohol use guidelines do not align with societal perspectives. As discussed within Chapter One, it is well known that there are issues with the UK guidelines, understanding and adherence amongst the population (Yeomans, 2013; Lovatt et al, 2015; Rosenberg et al, 2018). Some of the main arguments refer to the use of units as a measurement and a lack of thinking the guidelines are of relevance to individual circumstances.

A core problem with the unit guidelines is that they create a false binary of drinking that is acceptable and drinking that is not acceptable based on objective measurements. 14 units per week is considered to be a safe and sensible drinking limit (DoH, 2016) and any more would be considered as deviating from the recommended guidelines and therefore require explaining. Firstly, many individuals do not understand what a 'unit' is. Research from the National Audit Office (2008) found that 77% of the public could not accurately recall how many units were in a large glass of wine, only 30.5% of university students in a study could accurately calculate their weekly unit intake (Furtwängler & de Visser, 2016), and across three questions calculating units, only 21% of Junior Doctors answered all three correctly (Das et al, 2014). It is clear that across a range of backgrounds the units are not well understood. As a result of the lack of awareness about definitions of a unit and also the risk of identifying as drinking over unit guidelines, individuals are likely to under-report their own drinking, whether this be through selective reporting, recall bias, or accidental under-estimation (Boniface & Shelton, 2013; Boniface, Kneale & Shelton, 2014; Livingston & Callinan, 2015; Stockwell et al, 2016; ONS, 2018).

Furthermore, within my research I found that the acceptability for alcohol use was not measured by units, but rather by the consequence and context of drinking, such as needing a drink in the morning, (Chapter Six, Extract 2), not meeting commitments (Chapter Six, Extract 6), or drinking to cope (Chapter Six, Extract 10). When justifying

drinking behaviour, participants did not refer to how many units they drank, but rather they would draw upon other factors to portray their drinking as reasonable. This included drawing on context of drinking at certain events, such as cricket or a friend's birthday and whether or not they are able to complete their responsibilities the next day.

Even then, the notion of what is acceptable drinking was locally constructed within interlocutors in the group and was not a static boundary. What is considered acceptable was tied up with the responses and potential judgement from other group members and therefore would change depending on who is within the group and as more knowledge is gathered about each individual's drinking behaviours. This boundary line of acceptability is fluid and exists on a continuum, not as a stable objective boundary. There were very few instances in which an individual was challenged in my data, but an attempt to use an objective boundary line did incur a negative responses and challenge from group members. Across both my own and previous research, it is clear that individuals employ contextual factors in justifying personal consumption (Furtwängler & de Visser, 2017). Therefore, individuals may see the unit guidelines as incomparable to their own lifestyles (Lovatt et al, 2015; Khadjesari, 2019). These individuals are also then unlikely to engage with these guidelines as a reference point for acceptable alcohol use, preferring to draw on more contextual and subjective factors as seen within my data.

My own data reflects both these issues of misunderstanding units and the objective nature of the guidelines versus individuals' contextual assessments. Furthermore, previous research demonstrates that policies and guidance which do not align with public perceptions can be a major barrier in effectiveness of such policy (Napier et al, 2014). The unit guidelines are purposefully objective through a pragmatic approach to make the complex evidence surrounding low-risk alcohol use simple, digestible, and operational for both the general public and also healthcare providers who use such guidelines in clinical

practice (Holmes et al, 2018). Whilst individuals constructed their alcohol use within the immediate local interaction, these guidelines seek to provide stable advice which remains appropriate outside of a single interaction. This objective and pragmatic nature is understandable but there remain clear issues with how such guidelines are interpreted across society.

One suggestion from this research is to focus on the dissemination of these guidelines and related advice. Research suggests that the unit guidelines are well-known, but there is little evidence that this awareness leads to any real or persistent changes in consumption patterns (Steveley et al., 2016; Rosenberg et al., 2018). Recent research has found an 'Adrian Chiles effect' (Garnett et al, 2021). In 2018 the BBC aired a documentary by popular TV and radio host Adrian Chiles. This documentary charted Chiles discussing alcohol with both friends (including other famous characters such as Frank Skinner) and individuals with previous problematic experiences. A key part of this documentary was Chiles considering his own drinking in the process during which he ultimately rejected the common binary framing and advocated for a more complex and nuanced evaluation of personal drinking habits, as seen in my own data (Morris & Melia). As a result of this documentary, there was a step-level increase in downloads of and engagement with the Drink Less app, particularly in older male drinkers (Garnett et al, 2021). A similar and well-known effect has also previously been seen in the increase of cervical screening following the 'Jade Goody effect' after her passing from cervical cancer in 2009 (Marlow, Sangha, Patnick & Waller, 2012). As such, there's increasing evidence that such celebrities may help in more effectively disseminating public health messages to the general public as they find these individuals more relatable to their personal circumstances (Morris & Melia, 2019; Garnett et al, 2021). Focusing on how messages about alcohol use are disseminated

to the public is a key area which may help to increase effectiveness of such guidance and shifting perspectives about assessing personal consumption.

Furthermore, whilst policy and guidance benefit from understanding how individuals perceive their own drinking, the way in which this guidance is disseminated could also be made more effective to encourage actual change in consumption behaviours. Rather than simply increasing public exposure to these guidelines, promotion of drinking guidelines should be allied with effective communication strategies (Steveley et al, 2016). These discourses should link into populist discourses so that they resonate more with the target audience and the emotive and value-based elements of meaning-making (Springett, Owens & Callaghan, 2007; Brownson et al, 2018; Gough et al, 2020). Through linking in with populist discourses, this helps to create a mutual understanding and shared language which may be more effective at disseminating scientific perspectives (Bromme & Jucks, 2020) - in this case public health policy and guidance - to the general public.

Ultimately, understanding the ways individuals situate and justify their alcohol consumption allows health campaigns to adapt their messages and increase the effectiveness of how they are received and interpreted by the general public.

8.5.2 Clinical interactions

In addition to public policy and guidance, this research also has direct impacts for alcohol use practitioners who are likely to come across such justification work in their role. A key barrier to accepting treatment for alcohol use problems is denial and low need perception (Pitman, 2015; Probst et al, 2015). It is also widely known that individuals under-report their alcohol use (Boniface & Shelton, 2013; Boniface et al, 2014; Livingston & Callinan, 2015; Stockwell et al, 2016; ONS, 2018). There is further evidence to suggest that heavy

drinkers are particularly prone to such underreporting (Boniface et al, 2014). The research suggests that individuals who drink heavily are both more prone to under-reporting alcohol use and also denial and a low perception of need. As such, this creates a particularly difficult situation for practitioners attempting to discuss individuals' alcohol use and possibly engaging them in treatment efforts.

Similar research has been particularly useful in increasing the effectiveness of difficult clinical encounters in other areas, particularly increasing treatment adherence an engagement in mental health settings (Thompson & McCabe, 2012; Thompson, Howes & McCabe, 2016; Aggarwal et al, 2016). As such, there are direct implications for using such research in improving these clinical discussions. The findings from this study make clear that there is a consistent orientation to describing drinking in a way which situates the individual within the category of being socially acceptable. In line with other research, my data identified that individuals work hard to portray their drinking as responsible and resist negative stigma of being a problematic drinker (Tolvanen & Jhylä, 2005; Schomerus et al, 2013; Spracklen, 2013; Schomerus, 2014; Ashford, et al, 2018). This orientation was seen across both focus groups and world cafés. Whilst the focus groups were conducted with groups who already knew each other, the world cafés comprised much larger groups of mixed participants who were consistently encouraged to mix groups to discuss with other participants, ensuring discussions with both those they did and did not know. Despite this setting potentially being a one-off event, all group members oriented to this immediate local judgement from other interlocutors. As such, it further demonstrates that discussion about alcohol are highly morally-loaded and open to judgement, even in relatively low threat interactions. This highlights the importance of justifying alcohol use across a wide range of contexts but raises specific questions about how alcohol use is discussed in more risky interactional settings such as clinical encounters.

Such conversations about alcohol are often challenging for both the practitioners and clients (Lid & Malterud, 2012; Tam, Leong, Zwar & Hespe, 2015). Of particular note, practitioners were part of the study sample and similarly oriented to justifying their own personal alcohol use within these interactional settings. It's clear that even professionals carefully manage disclosures of alcohol consumption and recognise this as a risky interactional task. Research focussing on the discursive strategies individuals commonly draw upon in discussion about their drinking can be particularly beneficial to practitioners in helping to navigate these difficult interactions. As seen within Chapter Six, drinkers situate their consumption as acceptable in comparison to the boundary line and construct a clear binary. In line with previous research, this study suggests that this binary framing is not conducive to people reflecting on their alcohol use and a continuum framing is more effective for increasing problem recognition (Morris et al, 2020).

This research further supports suggestions that it would be productive for clinicians to break down this binary framing, making it less interactionally risky for individuals to disclose drinking on the problematic side of this boundary. Rather, switching to a continuum framing may allow individuals to disclose higher alcohol consumption without necessarily placing themselves within the problematic category and therefore may open up such discussions within clinical encounters. This thesis adds to the research evidence which supports the redefinition of problematic drinking narratives into a nuanced continuum rather than a binary framing which may help to reduce stigma and the barrier of disclosing a certain level of consumption which is conceptualised as problematic alcohol use (Rehm et al, 2013).

Furthermore, through understanding the ways in which heavy drinkers justify their drinking, this can be directly useful for practitioners to help prepare more effective conversational strategies to challenge these discourses. As research has shown that low

perception of need is a key barrier to treatment. Ultimately, being aware of the discourses and justifications that individuals commonly draw upon may be useful in preparing clinicians for difficult discussions regarding alcohol use and disputing these justification efforts. However, it is important to note that these discussions have taken place within a research environment and non-clinical setting. Whilst this exploratory research demonstrates the importance of these various discourses from both a macro and micro level, further research would be beneficial to analyse and understand how such consultations take place within clinical settings in particular. Such research would provide a more focussed analysis of discourses drawn upon in applied clinical encounters and ultimately provide specific recommendations for clinicians (see section 8.3.2 below).

8.6 Limitations of research

Whilst this research provides a range of novel insights, it is also important to note that this research does hold some limitations which could be addressed in further follow-up research. Firstly, the interaction data gathered for the second and third studies was not fully naturalistic as a result of primarily pragmatic considerations. As discussed within Chapter Two, gathering spoken interactions regarding alcohol use in an entirely naturalistic way was unlikely to yield enough data for this research. As such, I needed to create a setting in which conversations about alcohol use would develop. To do this I ran focus groups and world cafés. During both forms of data collection, participants were provided with materials (topic questions, cases studies, videos) to help prompt discussions about alcohol use and perceptions of acceptability and blame.

Within this project there was an effort made to include data that was both naturalistic (Study One) and also more interactional data which was generated within a research setting (Study Two and Study Three). From the analysis there were differences in

how justifications were provided across the settings, but it is unclear if the research setting may have played a role in this. For example, the research setting itself may have prompted more explaining behaviour which would possibly not be as prominent in everyday discussions about alcohol use. As such, this project has begun to consider some naturally occurring data but further research would benefit from focusing specifically on naturalistic data to understand if this accurately reflects previous research.

In addition to the type of data collected, it is worth noting that this research was focussed upon the UK culture. However, the UK is a multi-cultural and diverse location and cannot be collapsed into one culture. This research was conducted with primarily white participants. Although there was a mixture of gender, ages, and backgrounds across the group (as part of a concerted effort), no information was collected in relation to ethnicity, religion, or education. Although such information cannot be accurately identified for the text-based documents, within the interaction data there were very few individuals from ethnicities other than White British and many were employed in positions where they were either studying at Keele University or would have gained a degree as part of their profession. Normally, this would not be a major concern for discursive work as the focus is upon the language and how that is used within interaction and to what effect.

Given that this thesis argues that alcohol use is highly subjective, morally bound, and context-dependent, it is critical to ensure that views are represented from across the spectrum of views and experiences. Differences in background may influence perception of alcohol use and as such minority groups are equally important in understanding the overall societal views and language and discourses available. This is not a limitation which is limited to this research project alone. Within literature there is seldom discussions of the ethnic and religious background of participants which may heavily influence the

experiences and attitudes. Future research should make an active choice to include a wider range of voices within research.

8.7 Directions for future research

In addition to the above contributions and understanding this research has provided, it has also raised a number of questions and areas which would benefit from further research. Due this research having a number of underlying concepts of alcohol use as a morally bound behaviour, perceptions of alcohol use problems, and also discursive work on accounts, there are many related ways in which this research can be built upon. In particular, further discursive exploration of the orientation to judgement and morality of alcohol use, applied work in settings and guidance for clinicians, and also research into related health behaviours which have similar moralistic considerations such as smoking, recreational drug use, and unhealthy eating.

8.7.1 Discursive accounts for alcohol use

As argued throughout this thesis, discussing your own alcohol consumption is a risky strategy which must be carefully managed as it opens individuals up to significant judgement from others. Within this thesis I have focused on how these admissions are presented, but there remain the questions of when and why. A key consideration within DP and CA studies is understanding the sequential structure of how social actions are performed (Schegloff, 2007). Whilst the construction of the boundary line demonstrated the relevance of sequential ordering, this was not focused upon in relation to the production of justifications more widely. Therefore, it's relevant to explore how these are produced within the discussion, when and where were these personal disclosures given?

From considering where in the conversation these disclosures are given, it also gives insight into why they have been given and the purpose of such disclosures. It appears that disclosures are often given preceding or in the course of providing an opinion, potentially in relation to epistemics. Particularly in a group setting in which others may hold different views and challenge opinions put forward by others, it is important for individuals to display their epistemic status of personal experience which allows them to provide an informed opinion with minimal challenge from others (Heritage, 2011). Whilst this is provisional speculation from analysing the extracts, this was not within the scope of this particular research project and therefore requires further in-depth analysis. Therefore, there is a case for revisiting the data with a focus upon the sequential analysis of these disclosures.

8.7.2 Applied research in clinical settings

As discussed in the above section, this research has insight for alcohol use practitioners, but it is notable that this research was conducted within researcher-generated settings focusing on more general discussions about alcohol use. As such, these conversations may not accurately reflect the discussions clinicians have with patients in medical encounters. Whilst this research provides insights into how clinicians may draw upon this research in clinical encounters with potential clients, further research would be beneficial to consider these discourses within the specific clinical and therapeutic context. Further research would be beneficial to consider these discourses within the specific clinical and therapeutic context.

It would be a useful next step for research to gain first-hand data of therapeutic meetings in which discussions about potentially problematic alcohol use take place. This may include GP or alcohol use practitioners completing the AUDIT with patients as well as

discussions in which a referral to alcohol use services is made. Particularly with discursive methods, there are a large number of studies which focus on medical interactions and institutional talk (Maynard & Heritage, 2005; Heritage, Robinson, Elliott, Beckett & Wilkes, 2007; Drew, Chatwin & Collins, 2008; Thompson & McCabe, 2012; Stokoe, Sikveland & Symonds, 2016; Barnes, 2019). There is clear precedence and scope to use this method in systematically exploring how these difficult clinical interactions related to alcohol use problems can be made more effective. Studying such discussions through a micro-detailed DP or CA lens would allow an in-depth view into how justifications are provided and how clinicians can most effectively manage these justifications, denials, and low perception of need. This research would have direct implications for alcohol use practitioners and could provide specific guidance and recommendations for practitioners on how to navigate these difficult discussions.

8.7.3 Other health-related behaviours

In addition to morality of alcohol use, there is also scope to expand this research to other health behaviours. There are many other behaviours which may be enjoyed and accepted in moderation but can also be detrimental to health and have associated issues of morality, such as smoking (Butler, 1993; Bell et al, 2010; Gough, et al, 2013; Peretti-Watel, Legleye, Guignard & Beck, 2014), recreational drug use (Kurzban, Dukes & Weeden, 2010; Shiner & Winstock, 2015) and unhealthy eating (Steim & Nemeroff, 1995; McPhail, Chapman, & Beagan, 2011). Healthy lifestyles are seen as responsible and to deviate and engage in an unhealthy lifestyle can be viewed as irresponsible and open to judgement (Conrad, 1994; Crossley, 2002; Brown, 2013; Moore et al, 2017). Within some of the literature and my own data in this project, alcohol was tied in with the notion of being healthy and was even used as a legitimate reason for not drinking alcohol regularly

(Tolvanen & Jhylä, 2005). There are a number of other health-related behaviours which could be further examined, building upon the discourses of morality discussed within this thesis.

One such behaviour is that of healthy eating. Eating healthily is viewed as responsible and associated with higher moral worth (Fielding-Singh, 2019) whereas eating foods deemed unhealthy is judged negatively (Steim & Nemeroff, 1995; McPhail, et al., 2011). When discussing their own food consumption, individuals often work hard to portray their choices as moderate and balanced (Pajari, Jallinoja, & Absetz, 2006; Delaney & McCarthy, 2014). As with alcohol use there are objective guidelines as to what is considered healthy, and there are a number of widely accepted notions such as 'you are what you eat' and an importance to eat in moderation. However, what constitutes moderation is complex and research has suggested that this is linked to personal consumption habits and is subjective (vanDellen, Isherwood, & Delose, 2016). Furthermore, research has begun to explore how healthy eating advice may be managed within interaction, both generic and individually tailored (Wiggins, 2004). Further research could be conducted to explore the ways in which advice surrounding healthy eating is provided across a variety of settings and how this orients to morality. Similarly to how this current research has explored morality of alcohol use and how these nuances impact perspectives on acceptability and providing advice, food choices are a related health behaviour which follows similar concerns about subjectivity and objective guidelines. As such, future research could build upon this current thesis to consider how acceptability of such morally bound topics are negotiated and how this may be reflected within policy to create more effective guidance.

8.8 Personal Reflexivity

Although the data and analysis has been grounded within widely accepted and rigorous methodological principles, there remains an element of researcher influence which should not be ignored. Whilst reflexivity is a core component of much qualitative research, it is traditionally somewhat neglected in discourse analysis (Harper, 2003; Drewery, 2005; Corcoran, 2009). As Harper (2003) suggests, the approach of DP can lead to researchers seeing themselves as being outside of the data, and is therefore often not discussed within DP work. It can be argued that it is interwoven into the analysis where relevant and the epistemological underpinnings acknowledge the co-construction of interaction, with and discursive research inviting reflexive attention to how talk is constructed (Potter, 2010). Despite this, there is certainly less explicit attention to personal reflexivity and influence of the researcher as seen within other qualitative methods. For this doctoral resesearch I feel it's important to acknowledge how the project has developed and where I may identify influence from my own experiences. Therefore, I have chosen to depart slightly from the traditional discursive psychology position to explicitly consider the ways in which I may have personally impacted upon the project, the data, and the analysis. Thus far I have engaged with functional and epistemological reflexivity (Wilkinson, 1988; Willig, 2001) throughout discussions about the particular methods that have been used and how that may have impacted discussions. Within this section I focus more on my own personal reflexivity and potential bias I bring to the research as a result of my own experiences.

Firstly, it is important to note my impact on the broadest level in that my PhD was not a pre-determined project for which I applied. I chose the topic and devised a project plan along with guidance from my supervisor. It was an active choice of mine to pursue a PhD in the field of alcohol use and DP and therefore my personal interest drove the direction of study. Whilst this is not in and of itself a concern, it's critical to highlight that

my personal experience has shaped the foundation of this thesis. As I have argued throughout this thesis, alcohol use is highly prevalent within society and individual lives, and my own is no different. It is important to note that - to some extent - I am conducting research on a population which I am part of and therefore this is likely to impact my own role in the research process. Throughout my life alcohol has been comfortably present within the 'grey area' of the continuum, neither abstaining nor excessive. This very experience is likely to lead to me viewing alcohol use as a continuum rather than a binary framing. My stories and experience with alcohol use is unique to myself but is not unusual from that of many others within the UK and many of the participants in my samples. As such my own personal consumption likely aligns with wider social norms. What is notable as I write this, is that even in disclosure of my own drinking I am working to portray it as appropriate, mirroring the very findings of this research.

In addition to my own personal experiences, I also have professional experience with alcohol use problems through working within mental healthcare settings. Many of the patients that I worked with had particularly high rates of alcohol use problems. My personal interest lies in the understanding of the double standard that is apparent in alcohol use. Even within these mental health settings, those with alcohol use problems were viewed differently to those without. There was often a debate about how to treat the mental health and the alcohol use and they were treated as distinctly different conditions. My motivations for this PhD were to explore societal perspectives towards different forms of alcohol use and to understand the ways in which consumption was viewed and explained by different people and within different contexts. I continued to work in my capacity as a mental health support worker throughout my PhD and therefore this helped to further my motivation in conducting this research.

Throughout the research process, I was aware that my personal experiences have guided my perspectives on alcohol use. This informed my choice to retain the role of researcher and limit my role in the discussions where possible. This was to mitigate 'flooding' the groups with my own opinions and biases (Potter & Hepburn, 2005) and to promote discussion between participants, whilst retaining a somewhat neutral position. Within focus groups in particular, I directed the conversation as the focus group moderator and there was an acceptance that I was a 'non-participant' within the interaction. However, in the retirement village focus group I was asked for my opinion, specifically due to my position as a younger adult. I retained the non-participant role by reminding participants I was interested in their perspectives, but that I would discuss my own during the de-brief session, and this was accepted with good humour. Upon reflection this may have further reinforced the contrived research nature of the group, rather than a more natural conversation where I would have shared my experience. However, as I had distinctly different drinking habits to the group, I felt my own disclosures may have impacted the dynamics of the group and how participants oriented to and discussed notions of acceptability and judgement. Consequently, I believe this decision to maintain my position as a researcher within the interaction rather than a participant was the most appropriate option.

Nevertheless, I was still involved in the co-construction of the data. My involvement in this sense cannot be removed and I remained open to analysing this influence within the data itself if analytically relevant. As such, to guard against deletion of myself as the moderator (Potter & Hepburn, 2005), all elements of my own talk were transcribed and analysed where appropriate (e.g., Chapter 6, Extract 10 and Chapter 7, Extract 1). However, as the focus of the analysis was disclosures there were few occasions where these were provided directly in relation to my own talk. Therefore, although I was

open to analysing my own interaction and explicit co-construction of the data, this was not immediately and sequentially relevant in the chosen analytic focus.

Across all three studies there were a number of potential avenues of analytic focus which could have been chosen. My personal experiences and subsequent interests and motivations will likely have influenced the particular focuses which were deemed most analytically relevant. For example, as a result of my professional experience, my personal view towards alcohol use problems is likely to be more sympathetic than that of others who have not worked in this field. In particular, I struggled with some of the analysis in Study One. The construction of individuals as entirely to blame was something that did not sit well with my personal values and this dissonance may well have impacted my choice to focus on this element of the data as it is in stark contrast to my own views. During initial read throughs in Study One and the transcription process of Study Two, I kept a record of all the potential avenues for research that I noticed as immediately interesting in the data. From looking at these notes it is helpful to see where my own personal experiences and interests may have influenced what I noticed within the data, which may be very different to what others would notice. Whilst ultimately this research has scope to explore only one of the many phenomena, I hope that over time I will be able to return to the data (some materials I have permission to retain for future projects) and to further explore areas that were not within the scope of this particular project.

One particular area for future consideration is gender and class. The previous literature demonstrated a large focus on categories, particularly in relation to gender (Day et al, 2007; Lyons & Willett, 2008; Abrahamson & Heimdahl, 2010; de Visser & McDonnell, 2011; Jones, 2014; Patterson et al, 2016) and class (Kay et al, 2004; Rúdólfsdóttir & Morgan, 2009; Haydock, 2014; Hutton et al, 2016; Lennox et al, 2018). However, this did not appear explicitly relevant within my own data. This disconnect seems surprising and

may be a candidate for further interrogation. Throughout the data analysis, a membership categorisation approach was considered and was kept in mind as a potential avenue of focus within the data. Within the analysis the focus was on the 'othering' and distinction between non-drinkers, moderate, and heavy drinkers. As such, this explicit focus on these particular categories and boundaries may have precluded or limited the analysis from identifying more subtle work involving categorical identities.

Although it is important to acknowledge the ways in which my own experiences and biases may have influenced the research across a range of levels, this does not mark the analytical insights and arguments presented within this thesis as invalid. All analysis has been conducted from the data, and this should be apparent from the analytic chapters in which both the data and my subsequent analyses are available and open to interrogation. Throughout the data analysis process, I engaged in data sessions with supervisors and also during early-career researcher conferences. These sessions provided an opportunity to validate my analysis and check that my personal influences were not biasing the data analysis. Therefore, this helped to ensure validity of the analysis and the findings of the project overall.

8.9 Conclusion

Throughout this thesis, there has been a heavy focus on the potential moral and social judgment for alcohol use. As such, the overall project aimed to explore the ways in which different alcohol use behaviours are accounted for in three empirical discursive studies. Through discursively analysing a range of both text-based and interaction data from a variety of groups, there was a clear sense that alcohol use is heavily morally bound and is consistently justified to other people. When discussing alcohol use people often account for and explain both their own and others' behaviour. In addition, such accounts were

present amongst people who drank heavily and those who drank little or nothing at all. When discussing their own behaviour in particular, individuals oriented to potential negative judgements by deploying discursive practice to mitigate judgement. Furthermore, the justification work completed differed between groups as the concept of what is socially acceptable is locally constructed amongst participants. As such, one account would not necessarily work with another group. The key findings from this study reinforce the morally bound nature of alcohol use and that the concept of what is morally deviant is defined locally - whether that is drinking too much or too little - and disclosures of such drinking must be carefully managed in order to mitigate potential judgement. This research highlights that alcohol use is a very individualistic problem, meaning that both an individual's behaviour and others' perceptions of such behaviour are very nuanced and subjective. As such, this raises issues for alcohol unit guidelines and binary framing of problematic alcohol use with further research needed to unpack how these nuances may fit within official policy and guidance. Additionally, the findings provide insight into some of the common discourses drawn upon by people portraying their drinking as less excessive, with direct implications for practitioners within the alcohol field who may need to challenge such discourses frequently.

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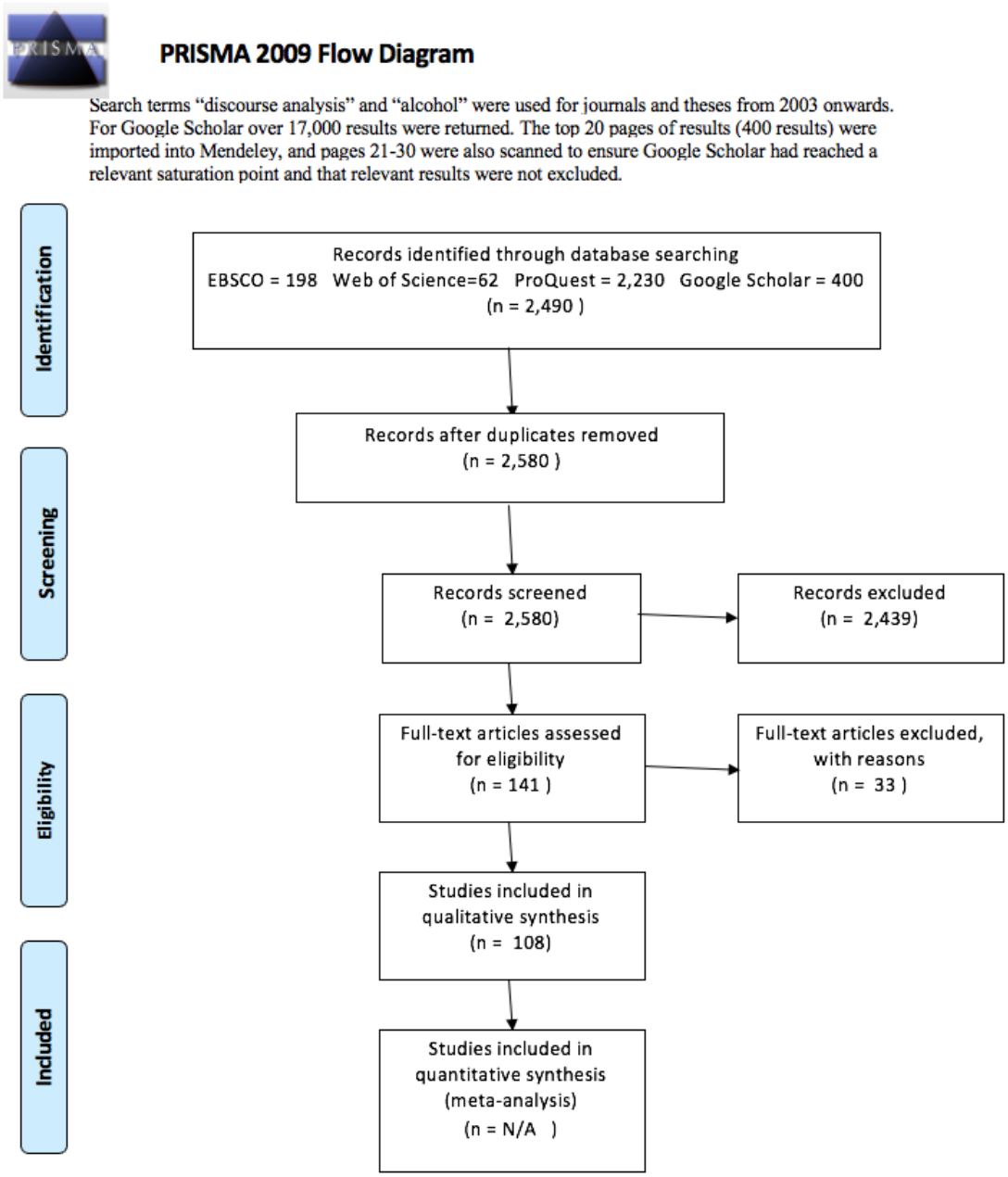
Appendices

Appendix A – Literature PRISMA Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Appendix B – Study One Policy Document Data Collection

Organisation	Policy Document	Strategy Active
World Health Organisation	**International Statistical Classification of Diseases and Related Health Problems (ICD-10)**	**1992- 2018***
European Union	**EU strategy to support Member States in reducing alcohol related harm**	**2006- Ongoing**
United Kingdom	**The Government's Alcohol Strategy**	**2012- Ongoing**
National Institute for Health and Care Excellence	**Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence.**	**2011- Ongoing**
DrinkAware	**Our Strategy**	**2017-2022 (Published in 2016)**

*ICD-11 was released June 18th 2018 and will be in use as of January 2022, therefore it was deemed that although ICD-10 is older, it was more appropriate.

Appendix C – Study One Journal Article Data Collection

Criteria	Author(s)	Year	Title	Journal
Oldest	**K. H. Beck., K. M. Caldeira., K. B. Vincent., & A.M. Arria.**	**2013**	**Social Contexts of Drinking and Subsequent Alcohol Use Disorder Among College Students**	**The American Journal of Drug and Alcohol Abuse**
Most recent	**P. Barrio., & A. Gual.**	**2016**	**Patient-centered care interventions for the management of alcohol use disorders: a systematic review of randomized controlled trials**	**Patient Preference and Adherence**
Most relevant	**B. Bętkowska-Korpała., & K. Olszewska.**	**2016**	**Self-regulation in the process of recovery from alcohol addiction according to Julius Kuhl's theory**	**Archives of Psychiatry and Psychotherapy**
Most relevant	**C. Seneviratne., & B. A. Johnson.**	**2015**	**Advances in Medications and Tailoring Treatment for Alcohol Use Disorder**	**Alcohol Research: Current Reviews**
Most relevant	**M. J. Ickes., T. Haider., & M. Sharma.**	**2015**	**Alcohol abuse prevention programs in college students**	**Journal of Substance Use**

Appendix D – Study One Newspaper Articles and Comments Data Collection

Newspaper	Title	Date posted	Comments collected
The Daily Mail	Eighty per cent of Britons 'hate the meddling nanny state'	27/12/2014	33
The Daily Mail	Men are told to drink ONLY three halves of beer a day	01/01/2016	32
The Daily Mail	No more than SIX PINTS! Fury at nanny state Government over shock new drinking advice	26/08/2016	32
The Daily Mail	'Selfish' partygoers SLAMMED for turning NHS into 'NATIONAL HANGOVER SERVICE' by top boss	31/12/2016	32
The Daily Mail	Alcohol intoxication is not an accident': A&E units are 'swamped' by drunks	17/06/2014	26
The Daily Mail	Dry January hurting pubs as two million drinkers hit the wagon	03/01/2016	18
The Daily Mail	Public Health England advice to 'not drink for two days in a row' dismissed as 'NANNYING'	09/08/2014	16
The Daily Mail	We're drinking twice as much as 50 years ago	22/03/2013	7
The Daily Mail	Most think moderate drinking is good for health and male and female limits should be same	09/08/2016	5
The Daily Mail	Children of '60s more likely to need alcohol and drugs treatment	10/12/2013	4
The Daily Mail	Don't listen to the hysterical health lobby on alcohol	14/03/2013	4
The Daily Mail	Hopes for addiction treatment as new study finds alcoholism really IS in the genes	03/12/2014	3
The Daily Mail	Jab to save alcoholics	03/02/2013	N/A
The Daily Mail	England nation of 'secret boozers'	27/02/2013	N/A
The Daily Mail	Overwhelming majority of passengers BACK alcohol ban on flights	07/11/2016	N/A
The Independent	GPs are now saying two drinks a night is too much – have they seen the state of 2016?	20/12/2016	14
The Independent	Man in the Netherlands euthanised due to his alcohol addiction	29/11/2016	11
The Independent	Lloyds is right to ban lunchtime drinking – but in my day it was the norm	17/02/2015	9
The Independent	Prayer can reduce alcohol cravings, study finds.	05/05/2016	7
The Independent	Going to the pub is officially good for you, according to Oxford University researchers	07/01/2017	7
The Independent	Treating addiction as a disease is wrong and harmful, says leading neuroscientist	18/11/2015	2
The Independent	Christmas binge drinking increases risk of alcohol dependence, expert warns	21/12/2016	1
The Independent	Binge drinking over Christmas can be a big trigger for relapse	16/12/2015	1
The Independent	'Take a lesson from my book': David Potts, Private Eye 'Socialite of the Year' and councillor who laid bare his alcoholism, dies aged 30	29/04/2013	N/A
The Independent	Russell Brand tells Oprah his addictions started as a child: 'I was very lonely and confused'	02/05/2014	N/A

The Independent	**Robin Williams in rehab to help his 'continued commitment' to staying sober**	**02/07/2014**	**N/A**
The Independent	**Shia LaBeouf receiving treatment for alcoholism but is not in rehab**	**02/07/2014**	**N/A**
The Independent	**Paul Gascoigne on alcohol addiction: 'The only person who can save me is me'**	**24/11/2014**	**N/A**
The Independent	**Stop British students boozing – for their sake and all of ours**	**06/09/2015**	**N/A**
The Independent	**Recovering from addiction: a new study highlights the role communities and peer support play in kicking bad habits – for good**	**22/09/2015**	**N/A**
The Guardian	**We can’t expect a magic pill to solve Britain’s alcohol problems**	**03/10/2014**	**75**
The Guardian	**Other people were alcoholics. I just liked a drink – or so I thought**	**01/01/2016**	**25**
The Guardian	**The next AA? Welcome to Moderation Management, where abstinence from alcohol isn't the answer**	**16/03/2015**	**25**
The Guardian	**Does overwork lead to problem drinking?**	**14/01/2015**	**25**
The Guardian	**Pill that helps reduce desire to drink alcohol available on prescription**	**26/11/2014**	**25**
The Guardian	**Female alcoholics need help, not vilification**	**12/11/2014**	**25**
The Guardian	**Minimum UK alcohol pricing gets backing of official health advisers**	**01/12/2016**	**25**
The Guardian	**‘Café Culture’ is pure spin: 24-hour drinking was always going to be a disaster**	**22/03/2016**	**24**
The Guardian	**Should you be worried about your student son or daughter's drinking?**	**16/02/2015**	**22**
The Guardian	**Alcohol use disorder: the urgent issue we can't continue to ignore**	**22/10/2015**	**11**
The Guardian	**Sober October: when did giving up alcohol become a heroic act?**	**01/10/2014**	**6**
The Guardian	**Radical ketamine therapy could treat alcohol addiction**	**24/01/2017**	**6**
The Guardian	**Children whose parents give them sips of alcohol 'more likely' to drink as teens**	**05/01/2017**	**5**
The Guardian	**Children see 'tsunami of alcohol ads', says eminent professor of public health**	**18/09/2015**	**2**
The Guardian	**Alcohol is the only drug epidemic we've got. Where's the national taskforce on that?**	**16/04/2015**	**2**

Appendix E – Twitter Data Collection for Study One.

Keyword	26.01.17	09.02.17	23.02.17	09.03.17	23.03.17	06.04.17	Total
Alcoholism	**48**	**82**	**302**	**215**	**302**	**219**	**1,168**
Alcoholic	**248**	**211**	**188**	**3**	**188**	**198**	**1,036**
Alcohol Abuse	**10**	**16**	**17**	**9**	**17**	**30**	**99**
Drinking Problem	**10**	**12**	**6**	**4**	**6**	**20**	**58**
Alcohol Addiction	**6**	**10**	**13**	**1**	**13**	**8**	**51**
Risky Drinking	**10**	**0**	**1**	**0**	**1**	**1**	**13**
Alcohol Use Disorder	**0**	**1**	**2**	**0**	**0**	**0**	**3**
Alcohol Misuse	**0**	**0**	**1**	**0**	**1**	**0**	**2**
Alcohol Dependence	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Harmful Drinking	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**332**	**332**	**530**	**232**	**528**	**477**	**2,431**

Appendix F – Study One Approved Ethics Letter

Keele University

Ref: ERP391

17th January 2017

Claire Melia
School of Psychology
Keele University

Dear Claire,

Re: Contemporary discursive constructions of alcohol use

Thank you for submitting your revised application for review.

I am pleased to inform you that your application has been approved by the Ethics Review Panel. The following documents have been reviewed and approved by the panel as follows:

Document(s)	Version Number	Date
Blog Invitation E-mail	2	14-11-2016
Blog Information Sheet	4	04-01-2017
Blog Consent Form	2	08-11-2016
Newspaper E-mail	1	10-11-2016

If the fieldwork goes beyond the date stated in your application, **26th September 2019**, or there are any other amendments to your study you must submit an 'application to amend study' form to the ERP administrator at research.governance@keele.ac.uk stating **ERP3** in the subject line of the e-mail. This form is available via http://www.keele.ac.uk/researchsupport/researchethics/

If you have any queries, please do not hesitate to contact me via the ERP administrator on research.governance@keele.ac.uk stating **ERP3** in the subject line of the e-mail.

Yours sincerely

pp C H Bonnerman

Mrs Val Ball
Chair – Ethical Review Panel

CC RI Manager
Supervisor

Appendix G – Blog Initial Email for Study One

Dear …..,

I am a current PhD student in Psychology at Keele University working under the supervision of Dr Alexandra Kent and Dr Richard Stephens. My research focuses upon the ways in which people discuss alcohol use from a range of different sources.
There are many different explanations for alcohol use and different perspectives about the impact that this has upon an individual's life. As such, I want to research the ways in which alcohol use is discussed through online blog posts.
When I've been searching online for potential blogs to include in my research, I came across yours and thought that it would be a great addition to the project due to the amount and detail of your posts. I'm emailing you to ask if you might be interested in letting me use some of your blog posts within my project to help understand the different perspectives and ways of talking about alcohol use.

I've attached an information sheet which provides you with more information about the project and what I would be asking from you. If you're happy with all the information and would be willing to let me use some of your posts for my project, then I would be incredibly grateful. I've attached the relevant consent form to the email which you would need to read through, complete, and then return it to me via email.

If you have any questions about the project or would like some further information about anything then please feel free to contact me.

Thank you for your time and I hope to hear from you soon,

Claire

Appendix H – Study One Blog Information Sheet

Information Sheet

Researcher: Claire Melia, contact on: c.r.melia@keele.ac.uk

Aims of the Research

This research project is being conducted as part of a PhD degree in the School of Psychology at Keele University. The research aims to study the ways in which alcohol use is discussed in a wide variety of contexts. This will include looking at blog posts to understand the different ways in which alcohol use is portrayed. The data gathered will be analysed to identify common practices in how people talk about problematic alcohol use. For example, some people may frame alcohol use as a biological issue, whilst others may portray alcohol use as a social issue. Through identifying the different descriptions that are regularly used about alcohol use, this project will help us to understand the purpose of using these different descriptions and when, where, and why they are utilised.

Invitation

This research is being undertaken by Claire Melia with supervision from Dr Alexandra Kent and Dr Richard Stephens from the School of Psychology at Keele University. You have been invited to consider taking part in the research as you meet the eligibility criteria for the study. This means that you regularly post on a publicly accessible online blog that focuses upon issues of alcohol use.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully and discuss it with friends and relatives if you wish. Ask me if there is anything that is unclear or if you would like more information.

Do I have to take part?

Participation in this research project is entirely voluntary. You are not required to take part in the research project if you do not wish to. If you agree to take part in this study, then please complete the attached consent form and email this back to me.

If there are any posts you don't want me to include in the study, you can list the title and post-date on your consent form and I won't copy them. If you do decide to participate, you can still change your mind for up to one month after sending through the consent form. You can withdraw some or all of your posts from the study by emailing me with the title and date of the posts you would like to withdraw. I will then delete these posts and will not use them in my research.

What will happen if I take part?

If you give me permission to use your data within the research project, then I will take a copy of a selection of the posts that you have already published on your blog site. I will only select posts you give me permission to use. I will not use any posts that are published after the date of your providing consent so you don't need to change your blogging habits in any way. I will study your posts alongside a range of work by other authors and analyse the different ways you describe alcohol use.

What are the benefits and risks (if any) of taking part?
There should be no risks if you agree to participate. You will be aiding research in understanding how alcohol use is discussed within society. From understanding the ways alcohol use is understood and accounted for, this will provide better understanding of the social, moral and health implications of problematic drinking, which has the potential to inform future interventions.

How will information about me be used and who will have access to it?
Once relevant blog posts are identified they will be downloaded onto a personal password protected external hard drive which will be kept within a locked filing cabinet. All identifying information (names, dates, places etc) will be changed to protect your identity. A back-up copy will also be kept in a securely locked drawer with my research supervisor Dr Alexandra Kent (a.kent@keele.ac.uk). Your consent forms and contact information will be stored separately from the data to protect your identity.

For this project I will just be reading what you post on your site and analysing the language you use. I won't be commenting on your posts or getting involved in any other way. This means that I won't follow up or pass on any concerns I may have regarding your own or somebody else's safety as a result of reading your blog. I do however have to work within the confines of current legislation over such matters as privacy and confidentiality, data protection and human rights and so offers of confidentiality may sometimes be overridden by law.

On the consent form there is an option for you to give permission for the data to be stored and used for inclusion in future research. If you are happy for your data to be retained for future research projects, then I will securely store the data following completion of the research. If you do not provide consent to keep the data for future research, then all of your data will be stored securely for five years following the conclusion of my study, and then deleted.

Who is funding and organising the research?
This research project is fully funded by Keele University Faculty of Natural Sciences.

What if there is a problem?
If you have a concern about any aspect of this study, you should contact Claire Melia on c.r.melia@keele.ac.uk.

Alternatively, if you do not wish to contact the researcher you may contact the lead supervisor Dr Alexandra Kent on a.kent@keele.ac.uk

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address: -

Nicola Leighton
Research Governance Officer
Research & Enterprise Service
Dorothy Hodgkin Building
Keele University
ST5 5BG
E-mail: n.leighton@uso.keele.ac.uk
Tel: 01782 733306

Appendix I – Study One Blog Consent Form

Blog Consent Form

Title of Project: Contemporary discursive constructions of alcohol use.

Principal Investigator: Claire Melia at c.r.melia@keele.ac.uk

Please put 'x' in the box if you agree with the statement

1) I confirm that I have read and understood the attached information sheet dated 04/01/17 (version 4) and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and I am free to withdraw my data up until a month after the date of signing this consent form by emailing the researcher. ☐

3. I am aged over 18 ☐

4. I agree to take part in this study. ☐

5. I understand that all personally identifying information will be treated confidentially and my blog posts will be anonymised if they are used in reports and publications. ☐

The following statements are optional. You do not have to agree to them in order to participate in the research:

6. I agree to anonymised extracts of my data appearing in reports, publications and presentations. ☐

7. I agree to allow the dataset collected to be used for future research projects. ☐

8. If there any posts you do not wish me to use then please list them below with the title and the date which it was posted:

_____ _____

Name of participant Date

28/11/17 (Version 2)

Keele University

Information Sheet – Focus Groups
Talk Matters: How do we talk about alcohol use?

Researcher: Claire Melia, contact on: *c.r.melia@keele.ac.uk*

Aims of the Research
This research project is being conducted as part of a PhD degree in the School of Psychology at Keele University. The research aims to study the ways in which alcohol use is discussed in a wide variety of contexts. The data gathered will be analysed to identify common practices in how people talk about problematic alcohol use. Through identifying the different descriptions that are regularly used about alcohol use, this project will help us to understand the purpose of using these different descriptions and when, where, and why they are utilised.

Invitation
This research is being undertaken by Claire Melia with supervision from Dr Alex Lamont[1] and Dr Richard Stephens from the School of Psychology at Keele University. You have been invited to consider taking part in the research as you meet the eligibility criteria for the study. This means that you are over 18 and consent to discussing alcohol use with other participants. As this may bring up sensitive discussions, in order to take part in this study you must not be currently undergoing treatment related to alcohol use issues.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully. Please ask me if there is anything that is unclear or if you would like more information.

What will happen if I take part?
If you agree to take part then I will contact you with an information sheet and arrange a date and time for the focus group. You will be asked to meet myself and between four and nine other individuals in an appropriate setting such as at Keele University or your workplace. When you attend for the focus group you will be provided with an information sheet and a consent form. Once you have read through the information sheet you will be asked if you have any questions. If you are happy to proceed then you will be asked to sign two copies of the consent form, one for you to keep, and one for our research records. Following everyone signing their consent forms, the focus group will begin. A dictaphone will be set up in the room to in order to audio record the focus group. In order to participate in this project, you will need to consent to being audio recorded. Dependent on individual responses on the consent form, a video camera may also be used to visually record the session in order to aid the transcription process, however this is optional. If you agree to be video recorded, then these recordings will be used purely for transcription purposes and will not be shown outside of the research team. I will begin recording and will provide a small introduction and overview of the session.

[1] At the time of submitting the ERP form, my lead supervisor is Dr Alexandra Kent and she is named as such on the ERP form. At the time of the data collection, my lead supervisor will be Dr Alex Lamont. (This footnote will be removed after ethics have been approved)

Throughout the session I will have a list of questions that I would like to explore throughout the group. These may be answered in order, or some questions may be naturally answered through discussion prompted by other questions. During the focus group you are encouraged to discuss anything you feel to be relevant. However, please be mindful of other participants. It is important that you do not interrupt or talk over another participant and that you are sensitive to other's stories. All information discussed in the focus group must remain confidential and must not be shared outside of the focus group environment. Once the session has finished I will turn off the device. At this point, there will be the opportunity to briefly discuss anything that has arisen during the session that has concerned you in any way or that you would not like to be recorded.

Do I have to take part?
Participation in this research project is entirely voluntary. You are not required to take part in the research project if you do not wish to. You may stop participating in the discussion and leave the session at any time. You are under no obligation to disclose the reason of this to the researcher. However, it is not possible for you to withdraw your contribution to the discussion. I cannot guarantee that I am able to identify all aspects of your talk, therefore it is not possible for you to withdraw your talk from the research project. Please be aware of your contribution to the discussion and ensure that you do not disclose or say anything that you do not wish to be included in the research project, as this cannot be withdrawn.

What are the benefits and risks (if any) of taking part?
You will be aiding research in understanding how alcohol use is discussed within society. From understanding the ways alcohol use is understood and accounted for, this will provide better understanding of the social, moral and health implications of problematic drinking, which has the potential to inform future interventions.

Whilst there should be no inherent risks to taking part in this research, there may be sensitive discussions which some individuals may find distressing. In this instance, please feel free to leave the discussion and please ensure you speak to myself or my supervisor (Dr Alex Lamont) and we can direct you to a source of support if required. Alternatively, if you do not wish to speak to myself or my supervisor, then the links at the bottom of this sheet provide some potential support services you may wish to contact. In addition, due to the group nature of the research I cannot guarantee your confidentiality. Although all participants are advised to not disclose the discussion outside of the room, this cannot be guaranteed.

How will information about me be used and who will have access to it?
Once the focus group has ended, I will download the recording onto an encrypted hard drive. The video and/or audio data will be transcribed as a written record of the conversations. All identifying information (names, dates, places etc) will be changed on the transcripts to protect your anonymity. A back-up copy will also be kept in a securely locked drawer with my research supervisor. You can discuss any additional measures of anonymity that you might like me to use (e.g., disguising faces / voices in any video clips and stills shown during presentations and reports).

On the consent form there is an option for you to give permission for the data to be stored and used for inclusion in future research. If you are happy for your data to be retained for future research projects, then I will securely store the data following completion of the research. If you do not provide consent to keep the data for future research, then all of your data will be deleted five years from the date of publication of all papers and reports relating to this study.

Whilst all the conversation and the discussion will remain confidential, I do have to work within the confines of current legislation over such matters as privacy and confidentiality, data protection and human rights and so offers of confidentiality may sometimes be overridden by law. In circumstances whereby I am concerned over any actual or potential harm to yourself or others I must pass this information to the relevant authorities. Please also be aware that whilst I will not disclose personally identifying information about you, I cannot guarantee that other participants will similarly protect for confidentiality. Therefore think carefully about what personal information you choose to share during the group discussions.

Who is funding and organising the research?
This research project is fully funded by Keele University Faculty of Natural Sciences.

What if there is a problem?
If you have a concern about any aspect of this study, you should contact Claire Melia on c.r.melia@keele.ac.uk.

Alternatively, if you do not wish to contact the researcher you may contact the lead supervisor Dr Alex Lamont on a.m.lamont@keele.ac.uk

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address: -

Nicola Leighton
Research Governance Officer
Research & Enterprise Service
Dorothy Hodgkin Building
Keele University
ST5 5BG
E-mail: n.leighton@uso.keele.ac.uk
Tel: 01782 733306

Sources of Support

Keele Counselling and Mental Health Support- https://www.keele.ac.uk/studentcounselling/

One Recovery Staffordshire - http://www.onerecovery.org.uk/staffordshire/

In addition, your local GP service will be able to direct you to an appropriate support service.

Online Sources

Addaction UK - https://www.addaction.org.uk/

Alcohol Concern - https://www.alcoholconcern.org.uk/

Drink Aware - https://www.drinkaware.co.uk/alcohol-support-services/

20/01/18 (Version 3)

Information Sheet – World Café
Talk Matters: How do we talk about alcohol use?

Researcher: Claire Melia, contact on: *c.r.melia@keele.ac.uk*

Aims of the Research

This research project is being conducted as part of a PhD degree in the School of Psychology at Keele University. The research aims to study the ways in which alcohol use is discussed in a wide variety of contexts. The data gathered will be analysed to identify common practices in how people talk about problematic alcohol use. Through identifying the different descriptions that are regularly used about alcohol use, this project will help us to understand the purpose of using these different descriptions and when, where, and why they are utilised.

Invitation

This research is being undertaken by Claire Melia with supervision from Dr Alex Lamont[1] and Dr Richard Stephens from the School of Psychology at Keele University. You have been invited to consider taking part in the research as you meet the eligibility criteria for the study. This means that you are over 18 and consent to discussing alcohol use with other participants. As this may bring up sensitive discussions, in order to take part in this study you must not be currently undergoing treatment related to alcohol use issues.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully. Please ask me if there is anything that is unclear or if you would like more information.

What will happen if I take part?

Alongside this information sheet you will be sent a link to an online consent form. It is important that you have fully read and understood this information sheet before filling in the Google form. Once you have filled in the Google form it will be submitted to myself and a copy of your responses will also be emailed to you automatically for your personal records. When you turn up to the World Café event, your name will be checked against a register to confirm you have signed consent. If you have not signed consent before attending the session, then there will be paper copies of the information sheet and consent form for you to complete at the event.

At the start of the World Café, there will be a short introduction to the event. Following this, a dictaphone device will be set up on each table to audio record the conversations taking place on each table in the World Café. In order to participate in this project, you will need to consent to being audio recorded. The session will include up to 45 participants placed around multiple tables with up to eight participants on each table. Each table will have a particular question or prompt for the participants to discuss. At times, myself or a research assistant may join the table to help keep conversation flowing. After 20 minutes, I will ask all participants to move tables to ensure that everyone answers multiple questions and speak to different individuals. Whilst the session

encourages discussion, please be mindful of other participants. It is important that you do not interrupt or talk over another participant and that you are sensitive to other's stories. All information discussed in the World Café must remain confidential and must not be shared outside of the World Café environment.

Once the session has reached an hour I will turn off the audio recording devices and there will be a chance to discuss any issues or concerns that may have been raised throughout the session. Alternatively, you may wish to talk to me personally or email me afterwards if you have any issues or concerns that have arisen.

Do I have to take part?
Participation in this research project is entirely voluntary. You are not required to take part in the research project if you do not wish to. You may stop participating in the discussion and leave the session at any time. You are under no obligation to disclose the reason of this to the researcher. However, it is not possible for you to withdraw your contribution to the discussion. I cannot guarantee that I am able to identify all aspects of your talk, therefore it is not possible for you to withdraw your talk from the research project. Please be aware of your contribution to the discussion and ensure that you do not disclose or say anything that you do not wish to be included in the research project, as this cannot be withdrawn.

What are the benefits and risks (if any) of taking part?
You will be aiding research in understanding how alcohol use is discussed within society. From understanding the ways alcohol use is understood and accounted for, this will provide better understanding of the social, moral and health implications of problematic drinking, which has the potential to inform future interventions.

Whilst there should be no inherent risks to taking part in this research, there may be sensitive discussions which some individuals may find distressing. In this instance, please feel free to leave the discussion and please ensure you speak to myself or my supervisor (Dr Alex Lamont) and we can direct you to a source of support if required. Alternatively, if you do not wish to speak to myself or my supervisor, then the links at the bottom of this sheet provide some potential support services you may wish to contact. In addition, due to the group nature of the research I cannot guarantee your confidentiality. Although all participants are advised to not disclose the discussion outside of the room, this cannot be guaranteed.

How will information about me be used and who will have access to it?
Once the World Café has ended, I will download the recording onto an encrypted hard drive. The audio data will be transcribed as a written record of the conversations. All identifying information (names, dates, places etc) will be changed on the transcripts to protect your anonymity. A back-up copy will also be kept in a securely locked drawer with my research supervisor. You can discuss any additional measures of anonymity that you might like me to use (e.g., disguising voices in any clips used during presentations and reports).

On the consent form there is an option for you to give permission for the data to be stored and used for inclusion in future research. If you are happy for your data to be retained for future research projects, then I will securely store the data following completion of the research. If you do not provide consent to keep the data for future research, then all of your data will be deleted five years from the date of publication of all papers and reports relating to this study.

Whilst all the conversation and the discussion will remain confidential, I do have to work within the confines of current legislation over such matters as privacy and confidentiality, data protection and

human rights and so offers of confidentiality may sometimes be overridden by law. In circumstances whereby I am concerned over any actual or potential harm to yourself or others I must pass this information to the relevant authorities. Please also be aware that whilst I will not disclose personally identifying information about you, I cannot guarantee that other participants will similarly protect for confidentiality. Therefore, think carefully about what personal information you choose to share during the group discussions.

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Research Integrity Team
Directorate of Research, Innovation and Engagement
IC2 Building
Keele University
ST5 5NE

Sources of Support

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Alcohol Concern - https://www.alcoholconcern.org.uk/

Drink Aware - https://www.drinkaware.co.uk/alcohol-support-services/

Appendix K – Study Two and Three Consent Form

28/11/17 (V2) Occupation:_____

Delete as applicable: World Café / Focus Group

Keele University

CONSENT FORM

Project: Talk Matters: How do we talk about alcohol use?

Researcher: Claire Melia c.r.melia@keele.ac.uk Please tick the box if you agree

1. I have read and understood the information sheet dated 28/11/17 (Version 2) for this study and have had the chance to ask questions. ☐
2. I know that my participation is voluntary and I can leave the session at any time. ☐
3. I understand it is not possible to withdraw my data as the researcher cannot guarantee it can be accurately identified. ☐
4. I agree to take part in this study. ☐
5. I understand all identifying information will be kept confidential by the researcher and will be anonymised before use in presentations and papers. ☐
6. I understand that due to the group nature of the research, confidentiality cannot be guaranteed and it is possible it may be breached by other participants. ☐
6. I agree to transcribed extracts of my data being used in reports, talks, and papers. ☐
7. I agree to being audio recorded for the project. ☐
8. I am not currently undergoing treatment for alcohol use issues. ☐

The statements below are optional, you do not have to agree with them to take part:

1. For focus groups, I agree to be video recorded. ☐
2a. I agree to audio clips from the data being used in reports and talks. ☐

2b. I would like extra anonymisation for audio data shown in talks or reports:

- ☐ None
- ☐ Muting or bleeping words that might reveal who you are
- ☐ Pitch shifting of voices
- ☐ Other: _____

3. I agree to allow the data to be kept and used for future research projects. ☐

_____	_____	_____
Name of researcher	Date	Sign
_____	_____	_____
Name of participant	Date	Sign

Appendix L – Study Two and Three World Café Vignettes

General Public World Café Vignettes

Vignette 1: Jack

Jack is an 18-year-old white male and first-year university student who has just moved out of his family home for the first time. Jack is studying geography and is a key part of the university rugby team. His friends describe him as funny, friendly, and a smart student and say that he is absolutely vital to the sports team. Jack's Facebook is full of pictures of him on nights out with the team and describes himself as a "typical lad" and a "social drinker." His typical pattern is to consume approximately seven drinks during each of two drinking occasions per week with his rugby team mates. Jack says that this is part of the social life of the rugby team and that everybody drinks this much and encourages each other. Some weeks Jack wakes up not remembering everything from the night before and vows not to drink again but is always convinced by his team mates during the next social.

Questions

1.What do you think about this behaviour?
2.Do you think that Jack has a drinking problem or not?
2a. Why/why not?

Vignette 2: Olivia

Olivia is a 21-year-old law student in her second year. She is currently finding the stress and pressure of her course very difficult and it has started to affect her mental health. As a result of the ongoing stress, she is currently seeking treatment from the university counselling team for anxiety. She has been seeing the counselling team for approximately one month now and has found it very helpful. During one of these counselling sessions it was disclosed by Olivia that she regularly drinks between three glasses and a bottle of wine each night whilst often studying until 3am to keep up with high workload of her course. Olivia states that this helps to keep her relaxed when studying and that she needs it to make her feel better on long study nights, but denies that she has any form of drinking problem, it simply eases the depression and anxiety. When asked further about her drinking by her counsellor she became very defensive and stated 'I do not have an issue with alcohol, I am here to talk about my depression and anxiety, I don't see how alcohol is relevant to that at all'. The counsellor does not push for further discussion about the alcohol, but is mindful that this is something that they will need to discuss.

Questions

1.What do you think about this behaviour?
2. Do you think that Olivia has a drinking problem or not?
2a. Why/why not?

Professional World Café Vignettes

Vignette 1: Robert

Robert is a 34-year-old businessman who regularly meets with friends to have a few drinks at the bar. Robert has several childhood friends who come to the bar, almost every weekend, to have drinks and socialize with one another, letting off steam after a long week at work. He is overweight and tends to have high blood pressure but attributes this to his food diet and lack of exercise.

Robert usually drinks four to five drinks when he is at the bar. Occasionally Robert has a few extra drinks and wakes up feeling hungover the next day and promises not to drink again. However, he is usually convinced by his friends to drink again the following weekend.

Questions
1. What do you think about this behaviour?
2. Do you think that Robert has a drinking problem or not?
2a. Why/why not?

Vignette 2: Tracey
Tracey is a 46-year-old and is the head of the English department at her local high school. She is currently finding the stress and pressure of her job very difficult. As a result of the ongoing stress, Tracey regularly drinks between three glasses and a bottle of wine each night whilst working late. Tracey often stays up until midnight to keep up with her high workload. Tracey believes that the alcohol helps her relax while she works late to meet the demands of her job. Tracey usually wakes up with a headache in the morning but takes a painkiller and is able to make it to work. However, although Tracey usually makes it to work, she is often late and has recently been given a first warning.

Questions
1. What do you think about this behaviour?
2. Do you think that Tracey has a drinking problem or not?
2a. Why/why not?

Appendix M – Study Two and Three World Café Table Questions

World Café Table Questions

What are the differences between moderate alcohol use, heavy alcohol use, problematic alcohol use and alcohol addiction?

Who or what do you think is responsible for alcohol addiction?

What role do you think alcohol plays in UK culture?

What role do you think the government alcohol unit guidelines play in guiding alcohol consumption?

Appendix N – Study Two and Three Focus Group Schedules

Focus Group Questions - GP
Script
The aim of this focus group is to promote discussion. I do have a list of questions that I can ask, but I don't want this to just be a question and answer session, I want it to be more informal and chatty and directed by yourselves. So please feel free to discuss any experiences or insight you feel are relevant, there are no wrong answers, I'm really open to what you want to share today. But do remember, that this is a group setting. So please do not share anything from this group outside of this room, but also be aware that you only share what you are comfortable with others knowing.

Does anyone have any questions about their consent or what they've agreed to? If everyone is happy, I'll turn the Dictaphone on and we can start.
Turn on
I have now turned on the Dictaphones, so everything is now being recorded. If everyone is ready, I'll start the focus group, but please feel free to help yourself to any of the refreshments throughout. So first of all, I just need to work out who's voice belongs to who ready for when I transcribe, so if we go around the table and state your name. Of course, this will be anonymised, but you can use a fake name if you prefer.

Questions
Icebreakers
Brilliant, so now we know each other a little bit, so the first question is, can you describe a stereotypical teetotaller? What characteristics?
P: Healthy, unusual, bad family experiences…

Units of alcohol & policy
Do any of you know what the recommended unit guidelines are per week?
P: 14 units per week for men and women spread over three or more days, ie 6 pints or 6 175ml wine.

What do you think about these guidelines?
P: too high, too low?

What impact do you think the unit guidelines have on alcohol consumption?
P: too lenient, too high, irrelevant

Role of alcohol in culture
So we've spoken about the unit guidelines a little bit, moving on slightly, what would you consider to be 'normal' drinking behaviour for most adults in Britain today?
P: in the pub with friends, after work, binge drinking?

*If you think of the last celebration you attended (ie birthday, Halloween, Christmas), what role did alcohol play in that? *
P: Very prominent, none existent

Okay, so I just have a quick video to show you and then ask you a little bit about it.
Video 1 : Horizon bbc drinking test – https://www.youtube.com/watch?v=JARAQ0foxp4

What do you think about the behaviour shown in this video?
P: is it normal, is it acceptable, does this worry you?

You've spoken a lot about social drinking and drinking with friends in the pub. How does this compare to drinking alone at home?
P: Coping with work, it's an issue.

Problematic drinking
So we've spoken about social or 'normal' drinking, can you describe your idea of a stereotypical alcoholic?
P: Shakes, reliant on alcohol, can't stop, defensive…

Okay, so following on I just have a second video to show you now.
Video 2: Lauren denies a drinking problem. - https://www.youtube.com/watch?v=mwPHXMn64_I
What do you think of this behaviour?
P: Dangerous, needs help…

Does this video fit with your idea of an alcoholic and why?

What do you think are the warning signs that someone might be drinking too much?
P: missing obligations, drinking every day, looking pale or gaunt…

At what point do you think people become alcoholic or have a problem with alcohol use?
P: Coming to work drunk, constantly drunk, not having a day off from alcohol...

Responsibility
So we've discussed some of the signs and behaviours that go along with alcohol issues, but *Who do you think is responsible for dealing with alcohol issues?*
P: Government policy, individual, medical disease.

Do you think enough is being done to reduce rates of alcoholism by government and public health?
P: Enough treatment available, campaigns for responsible drinking, alcohol policy?

Final
Do you have any further comments about the way in which we view alcohol as a society?
P: Socially, as a problem?

Okay, so thank you for your contributions, that is actually the end of the focus group. I'll now turn off the recorders and we'll have a chance to discuss anything that has come up that you didn't want to be recorded.

Focus Group Questions - Professionals

Script
The aim of this focus group is to promote discussion. I do have a list of questions that I can ask, but I don't want this to just be a question and answer session, I want it to be more informal and chatty and directed by yourselves. So please feel free to discuss any experiences or insight you feel are relevant, there are no wrong answers, I'm really open to what you want to share today. But do remember, that this is a group setting. So please do not share anything from this group outside of this room, but also be aware that you only share what you are comfortable with others knowing.

Does anyone have any questions about their consent or what they've agreed to? If everyone is happy, I'll turn the Dictaphone on and we can start.
Turn on Dictaphones
I have now turned on the Dictaphones, so everything is now being recorded. If everyone is ready, I'll start the focus group. So first of all, I just need to work out who's voice belongs to who ready for when I transcribe, so if we go around the table and state your name. Of course, this will be anonymised, but you can use a fake name if you prefer.

Questions

Brilliant, so now we know each other a little bit, so the first question is, can you describe a stereotypical teetotaller? What characteristics?

Units of alcohol & policy
Just to check, do you know what the recommended unit guidelines are per week?

What do you think about these guidelines?

What impact do you think the unit guidelines have on alcohol consumption?

Role of alcohol in culture
So we've spoken about the unit guidelines a little bit, moving on slightly, what would you consider to be 'normal' drinking behaviour for most adults in Britain today?

Okay, so I just have a quick video to show you and then ask you a little bit about it.
Video 1 : Horizon BBC drinking test

What do you think about the behaviour shown in this video?

Can you describe the last time you dealt with a drunk client/customer?

Problematic drinking
Earlier I asked you to describe a stereotypical teetotaller, can you describe a stereotypical portrayal of someone who is alcohol dependent?

Okay, so following on I just have a second video to show you now.
Video 2: Lauren Branning
What do you think of this behaviour?

Does this video fit with your idea of an alcohol dependent individual and why?

What do you think are the warning signs that someone might be drinking too much?

At what point do you think people become alcoholic or have a problem with alcohol use?

Responsibility
So we've discussed some of the signs and behaviours that go along with alcohol issues, but *Who do you think is responsible for dealing with alcohol issues?*

Do you think enough is being done to reduce rates of alcohol dependency by government and public health?

Final
Do you have any further comments about the way in which we view alcohol as a society?

Okay, so thank you for your contributions, that is actually the end of the focus group. I'll now turn off the recorders and we'll have a chance to discuss anything that has come up that you didn't want to be recorded.

Appendix O – BBC Horizon Clip

The Science Radio (2015, May 19th). Is binge drinking really that bad? [Video] Youtube.
URL: https://www.youtube.com/watch?v=JARAQ0foxp4&t=13s

Appendix P – EastEnders Clip

EastEnders (2014, October 4th). I Don't Have a Problem! Lauren Denies Being Alcoholic EastEnders. [Video] Youtube.
URL: https://www.youtube.com/watch?v=mwPHXMn64_I&t=43s

Appendix Q – Study Two and Three Finalised Ethics Approval

Keele UNIVERSITY

26/01/2018

Dear Claire

PI: Claire Melia
Title: Talk Matters: How do we talk about alcohol?
Ref: ERP3127

Thank you for your request to amend your study.

I am pleased to inform you that your request, received on 23rd January, has been approved by the Ethical Review Panel.

If the fieldwork goes beyond the date stated or there are any other amendments to your study you must submit an 'application to amend study' form to the ERP administrator at research.governance@keele.ac.uk stating **ERP3127** in the subject line of the e-mail. This form is available via http://www.keele.ac.uk/researchsupport/researchethics/

If you have any queries, please do not hesitate to contact me.

Yours sincerely
PP.

Dr Valerie Ball
Chair – Ethical Review Panel

Appendix R – Jefferson Transcription Symbols

Adapted from Hepburn and Bolden (2017)

[ ]	Square brackets mark the onset and offset of overlapping speech.
↑↓	Arrows indicates marked pitch movement
Underlining	Indicates emphasis
CAPITALS	Indicates hearably louder than surrounding speech.
°Whisper°	'degree' signs enclose hearably quieter speech.
(0.4)	Timed pauses in seconds
(.)	A micropause, less than 0.2 seconds
((cough))	Transcriber comments
Wo::rd	Colons indicate elongation of the prior sound
hhh	Out-breaths
.hhh	In-breaths
,	'Continuation' marker
?	Question marks indicate rising intonation
#	Creaky voice
£	Smiley voice
!	Animated delivery
Yeh.	Full stops mark falling intonation
bu-u-	Hyphens mark an abrupt cut-off sound.
<Slow>	Talk in brackets is slower than surrounding talk
>Fast<	Talk in brackets is faster than surrounding talk
=	Latching, (no break or gap) or indicates 'follow-on' turns across lines
heh heh	Voiced laughter.
F(h)unn(h)y	Plosive laughter
Wo:rd	Up-to-down intonation
Wo:rd	Down-to-up intonation
(guess)	Uncertain hearing/transcriber's guess at a word
( )	Unrecoverable speech
?	Uncertain speaker