

Constructing the Drinker in Talk about Alcoholics

Angela D. Macfarlane, *Massey University*

Keith Tuffin, *Massey University*

Attitudes are one of the most commonly researched topics in social psychology, and attitudes toward alcoholics have been a popular interest area. The present study investigated such attitudes from within a social constructionist paradigm. Participants were interviewed about their views toward alcoholics and the transcribed recordings were analysed discursively to examine common constructions and evaluative practices. Three central discourses are discussed: a functional drinking discourse, where drinking was cast as normal social practice for functional drinkers; a dysfunctional people discourse, where alcoholics were formulated as qualitatively different from other drinkers; and a discourse of two dichotomous categories, in which alcoholics were concurrently constructed in terms of their heterogeneity. These discourses are discussed in terms of their construction and the tasks they performed, which include justifying intolerance and emphasising social differences. Particular attention is paid to how these practices were presented as 'fact' through the process of discursive construction.

Contemporary understandings of alcoholism in New Zealand can be traced to the temperance movement in the mid 19th century, which was underpinned by Christian values of modesty and restraint (Eldred-Grigg, 1984). Alcohol consumption was seen as a personal choice, drunkenness framed as a weakness of moral character and alcoholics deemed as responsible for their condition due to character flaws (Kellehear & Cvetkovski, 2004). Temperance societies promoted their cause widely, with the ultimate aim of achieving prohibition. Inspired by developments in the medical field, temperance advocates soon turned towards pathology as an explanation for moral and social complaints (Fingarette, 1988). Consequently, the disease concept of alcoholism was created.

Converging and overlapping with the disease model was a notion proffered by the founders of Alcoholics Anonymous (AA); that drinking only

results in alcoholism for those who have a biological or spiritual vulnerability (Fingarette, 1988). However, AA eventually acquired the disease vernacular and now describes alcoholism as a progressive and virulent illness, originating from some deficiency and which can only be checked by complete abstinence (Lee, 2004; Mann, 1952). More recent theories have attempted to find evidence for a qualitative difference between those who develop alcoholism and those who do not. These theories frame alcoholism as a personality flaw (Lee, 2004), a behavioural problem (Ritter & Lintzeris, 2004), or a genetic deficiency (True et al., 1999).

Public awareness about societal costs of excess drinking contributes to contemporary debates. The financial burden of alcohol consumption in New Zealand has been estimated at between \$1 billion and \$4 billion per year in direct and indirect costs (Alcohol Advisory Council, ALAC, 2006; Devlin,

Schuffham & Blunt, 1997). According to Connor, Broad, Jackson, Vander Hoon and Rehm (2004), approximately 3.9% of deaths in 2000 were directly attributable to alcohol consumption, and the vast majority of these deaths were related to accidental injury. Despite these statistics and regular public education campaigns about careless drinking, society generally has a positive attitude toward alcohol, and is reasonably tolerant of occasional drunkenness (ALAC, 2005b).

Attitudes toward Alcoholics

Alcoholics have historically been viewed somewhat inconsistently. Although the disease concept has been popular, moral weakness has also persistently and concurrently been advocated by many (Caetano, 1987; Crawford & Heather, 1987). Caetano's study showed that, although participants often felt recovered and abstinent alcoholics deserved respect, many would not want to live near a treatment centre. Early opinion studies were conducted in New Zealand on the subject of alcoholism and social rejection in the context of mental illness (Blizard, 1969; 1970). Blizard's findings indicate that the New Zealand public was tolerant of alcoholic behaviour to the point where it departs from what was considered "normal" or "sane" behaviour. However, very few of those interviewed would accept close or continuous contact with an alcoholic and most respondents believed the cause of alcoholism was lack of moral fibre.

Public opinions toward alcoholics

have not significantly improved over recent times, and remain somewhat inconsistent. One Polish study (Sulek, Korczak-Dziurdzik, Korbel-Pawlas, Lyznicka & Czarniecki, 2006) revealed that 76% of society members thought that a person treated for alcohol addiction is as worthy of respect as others, yet 50% of the same sample felt that treated alcoholics cannot be trusted in the same way as non-alcoholics. Thirty three percent of this sample also thought that children of alcoholics could have a bad influence on other children. One large-scale survey found that, out of nine health conditions, alcoholism was the disease for which respondents believed medical care and expenditure should be reduced or even eliminated (Beck, Dietrich, Matschinger & Angermeyer, 2003). The researchers suggested these results were possibly due to the perception that alcoholism results from personal failure. In the context of alcoholism as a mental illness, Crisp, Gelder, Rix, Meltzer and Rowlands (2000) demonstrated alcoholics are generally considered to be dangerous and have only themselves to blame

Thus, the literature suggests that alcoholics tend to be viewed as having an illness, but one of their own making. Alcoholics are considered weak-willed, unpredictable, dangerous, and untrustworthy and a large portion of the population is generally intolerant of them, and, it appears, their children. This research reveals that over the last three decades, stigma and intolerance has prevailed towards alcoholics.

There are a number of issues with the available research. Firstly, very little has been published on attitudes towards alcoholics in the recent past. It is possible that part of the reason for the fall-off in research reflects a refocus of research and interventions echoing the prevention paradox (Poikolainen, Paljärvi & Mäkelä, 2007). More specifically, the bulk of alcohol-related harm occurs to low to moderate risk drinkers. This happens purely because this group of drinkers is much larger and, consequently, the greater societal benefit can be gotten by targeting moderate drinkers. However, the age of much of the research raises questions regarding the breadth of its usefulness in respect to contemporary issues.

Secondly, the relevance of the 'attitude' literature to day-to-day actions can be considered tenuous at best. While some have long posited the concept of attitude as necessary and a keystone of social psychology (Allport, 1954), others have questioned the link between attitudes and social behaviour (Wicker, 1969). The classic study by LaPiere (1934) revealed glaring discrepancies between verbalised attitudes and actual behaviour. Not only are attitudes unstable but they also fail to have predictive power. Furthermore, and perhaps most damagingly, current conceptions of attitudes sabotage the meaning-making processes whereby psychological experience becomes understandable. The key problem in attitude research is the way the construct is defined and captured. Unlike previous research we have looked carefully at the voices and the words that build the ideas, beliefs and opinions involved in lay accounts of alcoholism. This analysis promises to go beyond categorisation of stigma or discrimination and provides details about the contours and patterns of how prejudice is managed in talk.

A Fresh Look at an Old Question

One reason for the shortcomings of previous research may be the theoretical foundations on which it was built. Traditional methods for studying attitudes have been shaped by the assumptions of positivism. One of the challenges of this approach has been that empirically defined attitudes rarely predict or correlate with behaviour, and considerable variability and instability pervade most findings (Wicker, 1969). These inconsistencies may originate from the epistemological assumption that descriptions of attitudes provide an accurate and stable picture of underlying beliefs. Social constructionism challenges such assumptions along with conventional understandings of the nature of knowledge (Crotty, 1998; Tuffin, 2005) and the connection between knowledge and reality (Durrheim, 1997). Social constructionists question the notion of truth as singular and assert that knowledge should be regarded as provisional and negotiable. The social constructionist view of knowledge is that meaning-making comes from a continual process of social interaction (Shotter, 1993).

Discourse analysis is one methodology by which social constructionists conduct social enquiry. Although the term 'discourse analysis' incorporates a range of practices, a broad definition is "the close study of language in use" (Taylor, 2001, p. 5). When applied to issues within social psychology, discourse analysis dons the mantle of discursive psychology (Potter, 1998). Social psychological enquiry has, until recently, assumed that cognitive processes steer social behaviours (Wooffitt, 2005) and language provides a direct pathway to those cognitions (Edwards & Potter, 2005). Discursive psychology, however, maintains that social action is constructed by and through language use.

Over the last two decades, discourse analytic methods have increasingly been used to examine the evaluative practices and discursive resources drawn on when talking about various groups of people (e.g., Augoustinos, Tuffin & Sale, 1999; Gill, 1993; Potter & Wetherell, 1995; Tuffin & Danks, 1999). These studies show how societal practices, such as maintaining social distance, legitimising exploitation and rationalising prejudice, were achieved by evaluative processes in discourse. Furthermore, they were able to identify and account for inconsistency, variation and contradiction by examining what such disparity achieves; thus overcoming the challenges of variability which has constrained traditional approaches.

Discursive psychology has yet to be directed toward the dynamics of language use in the evaluation of alcoholics and alcoholism. The purpose of the present study is to take a fresh look at attitudes toward alcoholics, this time through discursive eyes. The aim of this research is to explore the shared discursive resources speakers use to construct alcoholics and alcoholism. Using this approach, our objective is to analyse the evaluative practices in talk about alcoholics.

Discourse analytic research involves regarding the topics of enquiry as socio-political constructions (Tuffin & Danks, 1999). The terms alcoholic and alcoholism used as labels have long been embedded in social history and this research aims to examine such meanings as they relate to social life. By

using the terms alcoholic and alcoholism in this research, particular discursive contexts will almost certainly be summoned. Consequently, these terms were used consistently throughout the documentation and interviews. Rather than considering the terms as derogatory descriptors, they were chosen precisely because they were likely to bring about the discursive contexts we were most interested in looking at.

Method

This project was peer-reviewed and conducted in accordance with the guidelines of the Massey University Human Ethics Committee. The data for this study were obtained from interviews with five New Zealanders who had no personal history of alcohol addiction and had not worked in the addictions field. These inclusion criteria were implemented to capture talk from a lay-perspective. Participants were previously unknown to the researchers and were located by snowball sampling through associates of one of the researchers (AM). There were two female and three male participants, whose ages ranged from 26 to 59, ($M = 38.4$). While all participants had experience with alcohol (ranging from drinking rarely to drinking regularly), none had a personal history of alcohol problems. Three participants described a family member as *alcoholic*.

Interviews were conducted in a semi-structured and conversational manner with questions based around alcoholics and alcoholism in terms of individuals, family, culture and society more generally. Questions included, for example, "Describe for me, what you think is a day in the life of an alcoholic?", "Why do you think some people become alcoholics, when others don't?" and "In what ways does alcoholism affect society as a whole?" Question themes were drawn in part from areas explored in previous attitudinal-based research and in part from areas of specific interest to the researchers. Interviews were recorded and transcribed so as to promote readability and facilitate identification of discursive themes (Potter & Wetherell, 1987). Our aim was to highlight broad linguistic resources in the context of societal practices, rather than focus on the specific elements of

discursive practice.

Our analytical process was based upon the techniques explicated by Tuffin and Howard (2001). Themes and patterns were looked for throughout transcription, and some preliminary categories were noted. Each transcript was closely read in order to develop clear coding categories. At this point, talk unrelated to the research topic was discarded. From here, the preliminary categories were abandoned, as they were established purely as a crude start-up structure and no longer corresponded appropriately to the nascent themes emerging from the data. The data was re-evaluated and new categories were formed. Although some of the original categories resurfaced, we realised that our initial expectations for the data had directed much of this earlier analysis. For example, based on findings from previous research, we expected the disease model of alcoholism to be fairly prominent. In fact, this was rarely referred to, but we persisted in searching for allusions and potential references to this model. While the new categories were being identified and reorganised, transcript fragments were separated into their corresponding coding categories. This was done as inclusively as possible as many transcripts had characteristics in common with multiple categories (Potter & Wetherell, 1987). Although similarities between accounts were a major target for coding, variation between and within accounts was also important in identifying the work being done. Three central discourses are discussed here: functional drinking; alcoholics as dysfunctional people; and two categories of alcoholics.

Findings

Functional Drinking

A major discourse to emerge was that of functional drinking. This discourse worked to provide a framework of normal drinking and a comparative reference point for other forms of drinking. The picture built by a functional drinking discourse is that of alcohol consumption which has been successfully integrated into life. Drinking is done, sometimes heavily, yet its problematic effects are minimal. This discourse was regularly deployed to create a salient contrast between speakers' own drinking, or

more generalised versions of normal (functional) drinking, and alcoholism.

Below, the interviewer has asked Margaret (please note, all names have been changed to maintain confidentiality) to clarify her definition of *alcoholic*. In this extract, Margaret attempts to sharpen discriminations between drinking and problem drinking by defining drinking that is not alcoholic.

Personally I wouldn't say that a person is an alcoholic if they've gotta have a coupla beers in the night-time, to relax. For me, I wouldn't define them as an alcoholic.

In contrast with alcoholic drinking, the functional drinker only drinks in the evening; presumably after work. The sum implied by "coupla" suggests small quantities, two or three consumed at a time when drinking might be associated with periods of relaxation and unlikely to interfere with work. This minimal quantity is further qualified by defining beer as an innocuous drink of choice, which is lower in alcohol compared with wine or spirits. Although Margaret acknowledges the compulsive nature of this type of drinking when she says "they've gotta" have a couple of drinks, her broader point concerns the amount of alcohol consumed. This account is steeped in normality and characterises functional drinking by virtue of limited consumption and the circumscribed nature of drinking. A key function of this discourse is to specify differences between alcoholic and functional drinking.

An important part of the claim of functionality was the time of day when alcohol was consumed. The functionality of drinking in the evening is arguably linked to the important pairing of food and drink which was prevalent in the data. This pairing also relates to the ALAC message that it is better to consume alcohol with food (ALAC, 2008). The relationship between food and drink is explicated in the next extract where Joanne provides a strong contrast between functional and dysfunctional drinking.

Well, you're actually missing half your life, while you're drunk you're not aware of what's going on. It's not like, you know, going out for dinner once a week and

have, you know, something to drink while you're enjoying a meal. That's quite different.

The difference between functional drinking and alcoholic drinking hinges on claims about missing out on life due to diminished awareness. In direct contrast, functional drinkers are constructed as being able to successfully integrate alcohol into their lives. Again we see the issues of timing, frequency and amount being put up as markers of functional drinking. Joanne links drinking with food and this is done on a weekly basis. The contrast is buttressed by the definitive claim "that's quite different". This assertion balances approval of normal drinking and disapproval of alcoholics drinking, whilst avoiding the appearance of double standards. The generic features of this description, such as its scripted format, construct it as ordinary and customary; something many of us are likely to do. This works up the description as something separate and external to the speaker. Thus, the opinions are not necessarily her own, they come from 'out-there' and could be anybody's description (Potter, 1996).

In the next extract Joanne responds to a question about whether binge drinkers are alcoholics.

I've certainly been a binge-drinker, um, all of us have been there and then I can go twelve months without drinking, and then you go and have one really good night and you, you know, you probably do drink a bit too much, get to that pratt level, um, and then I wouldn't drink again. Like I could take or leave alcohol. And a lot of people I know who are binge-drinkers are like that.

Here binge-drinking is constructed with some ordinariness by the use of a consensual warrant wrapped in an extreme case formulation ("all of us have been there") implying normality and usualness. In other words, it is constructed by speaking on behalf of the wider community and presenting it in a format that includes the extreme case of all people as having the experience of binge-drinking. These devices serve to increase its factuality (Horton-Salway, 2001) and by drawing on the wider population through the consensual

warrant, the normality of Joanne's own drinking is emphasised. Binge-drinking places an immense burden on society and, in line with the prevention paradox theory mentioned above, is a far more significant focus for public education campaigns than chronic alcohol dependence (ALAC 2005a; Poikolainen et al., 2007). Yet, binge-drinking is, by and large, accepted as part of general New Zealand society (ALAC, 2005b).

An important part of these claims is the disconnection of binge-drinking from dependency, highlighted by the assertion of being able to "take or leave alcohol". This works to provide a distinction between 'ordinary' binge-drinking and alcoholic drinking. One of the intriguing aspects of this extract is the difficulty Joanne faces in normalising drinking to excess. This is prefaced by the claim that she is able to abstain for a year, which clearly disconnects any suggestion of dependency or persistent need for alcohol. Interestingly, binge-drinking is initially constructed in positive terms ("one really good night"), followed by the concession of "probably drinking a bit too much". The third construction involves a major concession which remains vague in terms of detail but which remains inferentially important ("get to that pratt level") in signifying behaviour which might be embarrassing or inappropriate in the cold light of sobriety. It is also noteworthy that the generalised pronoun "you" is used extensively around these negative concessions. The extract ends with a claim of abstinence and indifference to alcohol followed by further consensual warrant ("a lot of people I know"), suggesting binge-drinkers may drink too much from time to time, but they are not dependent on alcohol. Furthermore, by virtue of commonality, such drinking is both normal and functional. Functional drinkers are able to abuse alcohol without this being problematic since they remain in control and may abstain for lengthy periods.

The issue of control is also prominent in the next extract where Kenneth explains the basis of his drinking and potential concerns about need and dependency.

Yeah, yeah, I must admit, it's very

nice, I love the taste of grape [Yes] I love the taste of, um, but if that love became a quest that I must have it, then I'd be concerned. And every now and again I'll say to {my partner}, I've always done this, all of my life, I'll have a two, three month break from wine. [Mmm] I won't drink any at all. Just in case I might need one glass. Just in case I just have to have that glass.

Here, during a conversation with the interviewer about the pairing of food and wine, the flavour of wine is identified as a key reason for drinking. This provides an elegant segue to the rhetorical tensions regarding his love of wine and the management of this. An important aspect of functional drinking is being able to stop, to control one's temptation and *not* drink. Being able to do this is a personal choice showing strength of character and, importantly, provides a powerful sign of non-dependency. Thus, Kenneth positions himself with the identity of a drinker, but not a problem-drinker. To be able to speak about alcohol consumption speakers routinely developed a 'drinking' identity, thereby establishing an important category entitlement (Potter, 1996); as certain categories of people (drinkers) in certain situations, are treated as having experience. Equally, speakers went to some lengths to establish that this identity did not extend to alcoholism. For Kenneth, the regular periods of abstinence provide evidence that he does *not* need alcohol.

Control was an important part of constructions of alcoholism and was, arguably, more pertinent to formulations of functional drinking. In this context, alcohol becomes something to be carefully monitored and managed; without control, alcohol could become a threat. The implied danger alcohol poses is it might overcome him and accordingly, he engages in periods of self-imposed abstinence in order to firmly establish control over his drinking. Consequently, this extract works up drinking as a risky behaviour, but one which can be controlled. Additionally, it displays the speaker as someone who is worried, perhaps even frightened of alcohol taking over. Thus, his identity as a drinker is developed as controlled

and disciplined; far removed from the lack of control typified by alcoholics. Accordingly, a firm distinction is formed between functional drinkers, who are in control, and alcoholics, who are not.

Alcoholics as Dysfunctional People

The label ‘dysfunctional people’ refers to talk about the inability of alcoholics to function in a normal, healthy manner. Constructing alcoholics as dysfunctional was a key strategy that qualitatively distinguished the speakers from alcoholics. This distinction worked to clearly define the boundaries between functional drinkers and alcoholics. Furthermore, by setting this discourse up in terms of ‘them’ and ‘us’, speakers positioned themselves as functional drinkers. Alcoholics were both overtly and indirectly represented as dysfunctional.

[Do you think it's physical, or a psychological, or an emotional thing?] Uh, well I haven't really met too many alcoholics. But those that I have aren't very functional, they're dysfunctional people [Right]. They don't operate in a linear, one level, they don't seem to have other levels to them. [Right]. Um, so they would do whatever they need to do to provide their habit.

Kenneth constructs alcoholics overtly as dysfunctional in terms of linearity, suggesting they are driven by a single motivation and lack other dimensions. The ‘dysfunctional people’ discourse is a challenging one for participants to manage, since such strongly negative assertions may inspire interactional disagreement. Kenneth offsets the negative assertion by prefacing it with an acknowledgement of limited exposure. He has not “met too many alcoholics”, and consequently, his view is framed as tentative and openly inexperienced, softening the judgment. Arguably, this works to pre-empt an appearance of intolerance. This statement acts as an “I don’t know”, which downplays a speaker’s stake in the content of a description (Edwards & Potter, 2005). Nonetheless, by linking the assertion of dysfunction with personal experience in the second sentence the assertion is warranted as based on experience. Consequently, a construction of dysfunction is conveyed,

yet a display of intolerance is averted. At the same time, this works to restrict potential disagreement by falling back on vague, global formulations of alcoholics doing “whatever they need to do”, which are difficult to inspect for inaccuracies or contradictions (Potter, 1996).

The issue of control is never far from talk about alcohol and relinquishing control was one area where alcoholics may fail to function effectively.

The mere fact that it has consumed you to a degree that it's taken over, made choices for you, um, means that you can't do moderation. Or you wouldn't have got in that state in the first place. Yeah, I don't think there's any medium ground on that.

Joanne constructs alcohol as a force powerful enough to “consume” a person’s entire life. In this example of rhetorical symmetry, agency is assigned to alcohol which comes to rule the person. Yet, it is alcoholics who are assigned ultimate responsibility for allowing themselves to get “in that state in the first place”. This contention resonates strongly with the temperance view which holds alcoholics as solely responsible for failing to moderate their own drinking (Kellehear & Cvetkovski, 2004). The case for abstinence takes the form of a ‘rhetoric of argumentation’ (cf. Antaki & Leudar, 1990; Edwards & Potter, 1992), in which deductive reasoning is used to shore up the claim that abstinence is the only path for alcoholics. This aids the contention by presenting it as occurring through objective logic, rather than through the speaker’s own reasoning. By presenting this case as though she is a neutral commentator, Joanne can present a prescriptive formulation regarding the viability of moderation as a drinking strategy, without appearing judgmental. Furthermore, the assignation of blame becomes something that is done elsewhere, not by the speaker.

Alcoholism is often conceptualised as a weakness (Caetano, 1987; Crawford & Heather, 1987), and this line of reasoning was prevalent in our data. The construction of alcoholics as having a weakness provides an important diametrical position with which to compare functional drinkers. If people become alcoholics because of a

weakness or vulnerability for alcohol, functional drinkers then become situated as strong. Alcohol becomes something to be controlled, an achievement only those without this weakness can attain. In the next extract Margaret talks about responsibilities.

[Who holds that responsibility?] Um, ultimately, I think the person. If they're beyond self-help, um, then I think it has to become the responsibility of the state, um, yeah, but, you can't lead a horse to water and, you know, if it doesn't want to drink, so if you try and help them and help them, I don't know, if it's their choice to sleep on a bench and not have help it's their choice. You can only do so much, but no, I do think we have a responsibility to, um, do our bit. Everyone's got their weaknesses; some are just more obvious than others.

This illustration is rich in variation. For instance, alcoholics who are “beyond self-help” are presented as requiring outside intervention from the state. This contrasts with these same alcoholics who choose to “sleep on a bench”; presumably their alcoholism has contributed to homelessness. This is an unsympathetic attribution suggesting some alcoholics do not wish to change. The severity of this description is anticipated with “I don’t know”, which both softens the claim and reduces the speaker’s stake in the content of the claim. By preceding the statement with this expression Margaret also indicates that she appreciates the complexity of the problem and the simplicity of her proposed solutions. Much of the variation in this extract likely stems from the balancing act involved in formulating alcoholics as dysfunctional while not wishing to seem overly judgmental. The result is a construction of alcoholics as dysfunctional, but generally functional enough to make their own choices in life.

Participants commonly drew on the “lead a horse to water” metaphor to highlight the importance of motivation. Although “the state” may have to step in, its abilities are limited. This metaphor implies choice, which squarely places the onus on alcoholics for both their weakness and their recovery. Yet here

the state is also presented as having a responsibility to alcoholics to do its best to “help them”. By framing society as invested in doing all it can to help alcoholics, society cannot then be blamed for failing to fix alcoholics. This indirectly supports limiting state intervention and ultimately reallocates primary responsibility back to the individual.

The final comment in this extract about the universality of weaknesses seems to undo all previous efforts to build distance between alcoholics and functional drinkers, yet it was a necessary addendum. Two strong criticisms of alcoholics are made with the “lead a horse” metaphor and the sleeping on a bench illustration. Softening these criticisms works to reduce a display of insensitivity or intolerance. “Everyone has weaknesses” draws all people together, and aligns alcoholics with everyone else. This is an inclusive assertion that locates alcoholism within the wider context of human frailties. Alcoholism is defined as simply a more noticeable weakness than others. Of course the obviousness of the ‘park bench’ alcoholic presents a stereotypical and negative construction whereby dysfunctionality is beyond question. However, there were also constructions suggesting a more functional style of alcoholism as suggested in the next extract.

[So, um can you envisage them doing much with their day other than drinking?] Uh yeah, yeah I can imagine that some people would just lead what basically you would expect is a normal life. Um, as long as they're sort of careful and cover it up well most people would probably never ever know. Go to work, do their job and uh, yeah workmates quite possibly wouldn't even know that it's going on. (Derek)

Alcoholics were constructed as people who might hide their drinking to the point where others would not be aware of the drinking. Overlaying the functional aspect of covering it up is an implicit undertone; that drinking is a shameful secret. What requires covering up is not so much the status of ‘alcoholic’, but the actual act of drinking. The successful masking

of drinking relies on a premise that contradicts the ‘dysfunctional people’ discourse. Successfully hiding ones drinking requires vigilance, strategy and planning: traits more typically associated with normal functioning. In direct contrast to formulations involving homelessness, here alcoholics are capable individuals who organise life around their alcoholism. Additionally, they are concerned about what others might think of their drinking. Formulating alcoholics as functional, competent people outwardly appears to be a constructive and positive achievement. Alcoholics are depicted as doing many of the normal things the rest of us do.

Analytically, there are two issues to unpack from this formulation. Firstly, by inserting normality into the life of an alcoholic, the significance of the problems related to serious drinking becomes minimised. Secondly, it creates an image of a person very much in control. Although formulating alcoholics as normal, functional and in control closes the gap between alcoholics and others, by removing all other excuses, it also functions to hold alcoholics responsible for their dysfunctional drinking. Thus, the construction of alcoholics as functional suggests drinking can have a shameful, furtive aspect to it while also holding alcoholics accountable for poorly managing their drinking.

The final aspect of the dysfunctional people discourse was connected to attributions regarding the reasons for drinking. The motives for dysfunctional drinking centre on internal and psychological drives, such as coping with the stresses of life or trying to forget psychological trauma. These formulations build alcoholics as having psychological dysfunction, further fostering the differences between alcoholics and functional drinkers.

[So, what do you think it is that actually causes addiction?] My {family member} would say she started drinking lots when her mother-in-law moved in and she had to look after her and it's a coping mechanism and I guess if you ask most alcoholics, that's what they'd say. “Oh, I had to drink to cope with such and such”, um, personally I think

that's a bit of a cop out. You don't have to drink for any, um, for any reason, but, I think it just becomes a habit and then, um, you know. People who are insecure, or have got inhibitions, they drink just to relax a little bit and it just becomes their coping mechanism, before they realise it, and then that's it, they're hooked.

Joanne recounts a narrative about a family member who is considered an alcoholic. This highly personal disclosure warrants a more generalised statement about “most alcoholics”. Referring to the experiences of a close relative implies intimate knowledge and serves as a warrant to speak with some authority. By acknowledging this as her specific context, Joanne manages a category entitlement as a relative of an alcoholic, entitling her to speak on the subject. A stressful, but ordinary life event stimulates the relative to begin drinking in order to cope with looking after an older family member. The event becomes generalised to other alcoholics who have to deal with other mundane events, described as “such and such”. Expanding the point in the form of the quantification “most alcoholics” provides consensus, which helps substantiate the claim as accurate and widespread.

Joanne is dismissive of the argument that stress pushes people to drink and claims alcoholics are just making excuses when they say they drink to cope. This comment risks being seen as insensitive, which is dealt with in two ways. Firstly, the statement is softened by presenting coping as “a bit” of an excuse. Thus, coping is partly (and minimally) pretext and partly genuine. Secondly, although the version is initially formulated as a personal negative attitude, this is supported by a description of the problematic behaviour. Thus, Joanne is not accountable for holding negative attitudes; rather it is the alcoholics who should be held accountable for their dysfunctional drinking behaviour (Potter, 1998).

Variation appears in this account in the form of a contradiction about alcoholic drinking as a way for alcoholics to cope. Initially coping is maintained as an invalid excuse to drink, however, coping is then included in the sequence

of stages of progression to alcoholism. Although these comments seem at odds with each other, they also link together to develop alcoholics as psychologically dysfunctional. Here, the justification of drinking as a coping mechanism is a “cop out”, and avoids the true explanation. The reason alcoholics need to cope is not because of excess stress but inherent weakness (inhibition or insecurity). In this construction drinking to cope is how alcoholics begin to drink, not why they continue to drink. Another feature of this extract is the way alcohol is framed as insidious and dangerous. Alcoholics rely on it to cope and then become “hooked” before they realise what is happening. The initial step in the progression to alcoholism is drinking to relax. The use of the word “just” and the quantification “a little bit” denote innocence or naiveté. However, the progression only happens to those with existing weaknesses. Presumably, functional drinkers are vigilant enough to prevent this from happening.

Overall, participant’s talk regularly drew on dysfunction as a cause, description and explanation for alcoholism. This discourse contains a sense of circular reasoning, namely; alcoholics are alcoholics because they are dysfunctional, and alcoholics are dysfunctional because they are alcoholics. Rendering alcoholics as dysfunctional produced a number of effects, including: holding alcoholics responsible for their alcoholism; justifying an unsympathetic stance; and further positioning alcoholics as qualitatively different to functional drinkers.

Two Categories of Alcoholics

While much of the data constructed alcoholics in stereotypic ways, this was not always the case. A series of dichotomies emerged from the talk about alcoholics and these constructions worked to cast alcoholics as harmless and tolerable, whilst also being constructed as serious and problematic.

But I think, um, heaps of people in the world are functioning alcoholics, um, as opposed to the bog-standard, um, image that people have of, you know, homeless drunks with beer cans and stuff

...

I think certainly, the first impression, for me, is not, oh, you know, drunken bums on the street, or anything. Um, but just that they’ll get halfway through the day but, you know, work days are probably shorter.

In these extracts Joanne constructs two categories of alcoholics. On the one hand, a description is worked up of alcoholics who function comparatively well; minimising their failure to function to a shorter workday. On the other, an illustration is developed of alcoholics who are homeless, drunk in public and who are generally at the extreme end of chronicity. The phrase “as opposed to” dichotomises these categories of alcoholics. Thus, these two forms of alcoholism are positioned at opposite ends on a scale of severity.

The descriptions used to develop these constructions are progressively modalised (Edwards & Potter, 1992). Specifically, the first statement about alcoholics takes the form of “I think”, which serves to present the description as highly dependent on the speaker’s own mental processes. Consequently, Joanne owns the formulation of the “functioning” alcoholic. The “bog-standard image” of the “homeless drunk” is modalised as an external fact through its commonplace nature. “People have” this image of alcoholics sitting on the street holding their beer cans. This image is an ‘out there’ part of the world (Potter, 1996). Thus, a clear formulation is provided of what alcoholics mean to this speaker, but she acknowledges what they are likely to mean to other people. The claim that her first impression is not “drunken bums on the street” avoids building sympathy for alcoholics; however it does reveal this speaker as someone who does not hold these negative stereotypes. Indeed, Joanne’s own view is more refined and she presents this in addition to an understanding of the stereotypes held by others. The functioning alcoholic is managing - even if this means a shorter working day. Thus, although functioning alcoholics are impaired, they are still seen as productive members of society.

As previously indicated, participants had family members who

they considered to be alcoholic. The challenge these speakers faced in handling the difference between ‘other’ alcoholics and their relative created variation and placed alcoholics in two dichotomous roles. This is apparent in the next extract where the interviewer asks Jonathan how alcoholism affects the family and he talks about a friendly relative who was also a drinker.

He never came home and bashed them, [yeah] or anything. They got smacks for doing [normal stuff]. Yeah, just doing stupid shit, like bouncing on the beds and stuff like that, but it was never to do with the alcohol [Mmm]. And, um, any time we dealt with him when he was- {my relative} was great, even if he came home pissed, he was always friendly an’ [yeah] he was never-

While this relative is portrayed as non-violent, he is also constructed as a responsible disciplinarian and parent. This disclosure regarding smacking his children falls into the category of mild discipline and certainly not excessive in the force used, thereby normalising these actions. Further, it acts as a stake inoculation, a device designed to rebut any potential claim that Jonathan holds a stake in holding a favourable view of the relative (Potter, 1996). Consequently, the account is less likely to be motivated towards shining a purely positive light and, as a result, more believable.

The construction of a dichotomy in this extract is explicit; any claim to this relative’s alcoholism as being problematic is openly offset. This is mainly achieved by explaining what this relative was *not*. He did not bash his children, and importantly any violence was unrelated to drinking. We assume the unfinished description was that this relative was never a violent drunk. This account is reinforced with repeated use of the extreme case “never”. In contrast, the converse extreme case “always” is deployed to strengthen the characterisation of friendliness. The result is a valid dichotomy where the existence of problematic alcoholism is acknowledged, whilst enabling a construction of this alcoholic as sitting comfortably outside this stereotypical negative categorisation. In general, the two categories of alcoholics discourse

created subclasses of alcoholics which enabled a display of acceptance and understanding of diversity, whilst simultaneously enabling explicit criticism of alcoholics. Furthermore, two categories facilitated positive talk about alcoholic family members.

Discussion and Conclusion

While research suggests ready acceptance of alcohol in our lives and even a tolerance for drunkenness (ALAC, 2005b), alcoholism is mostly viewed with negativity and intolerance (Beck et al., 2003; Crisp et al., 2000). This analysis demonstrates how three common discourses are deployed in the construction of beliefs and attitudes toward alcoholics. The negotiation of such discourses is made challenging by the tensions between presenting an explicit account of alcoholics, whilst avoiding adopting a problematic identity position. This negotiation was evident in the three central discourses discussed: functional drinkers; alcoholics as dysfunctional people; and the two categories of alcoholics.

Consistent with previous research, this analysis documents general intolerance toward alcoholics. In contrast to earlier research, however, we have demonstrated how intolerance is managed and accomplished in social life. More specifically, the present study demonstrates how intolerance and social distancing are achieved through talk about alcoholics (Potter, 1998). Functional drinkers were formulated through the normality and appropriateness of their drinking. In particular, our analysis shows the functional drinking discourse as maintaining distance from alcoholic drinking; as working to normalise speakers' own drinking; and as minimising the excesses of functional drinkers. For functional drinkers, alcohol was associated with good times, and contributing to a satisfying life. Yet, alcohol was also constructed as something requiring control to prevent it insidiously taking over. By being able to monitor and manage alcohol, these drinkers position themselves as managing alcohol in a functional way.

In contrast, alcoholics were worked up as dysfunctional; weak-willed and unconvincing in their arguments to support their drinking.

These formulations revealed how the weakness concept, originally promoted by the temperance movement over 150 years ago (Eldred-Grigg, 1984), is still maintained in contemporary social life. Constructing alcoholics as dysfunctional also worked to position speakers as virtuous moral actors – strong and unaffected by the dangers alcohol poses. The discourse of dysfunction served as both explanation for and description of alcoholism, and reinforced the everyday qualitative differences between alcoholics and functional drinkers.

Of interest was the lack of reference to the disease model in the discourses. Previous research drew heavily on this model in their attempts to elicit attitudinal concepts around alcoholics and alcoholism (Beck et al., 2003; Caetano, 1987; Crawford & Heather, 1987). As a result of this and the seeming prominence of the model (Lee, 2004), we anticipated that it would be drawn on in the discourses. However, the model was striking for its absence in our participant's talk. These studies drew from three different international samples (Germany, United States and Scotland), thus we cannot suggest that the reason for the absence of the disease concept is that the model is overly ethnocentric. We can only suggest that, in contrast to earlier work, alcoholics were not constructed in terms of having a disease or illness by our participants. Instead, the discourses developed were ones of weakness, control and social distance. Perhaps this is because our participants were given the opportunity to construct their own version of alcoholism, rather than agree or disagree to researcher constructed statements.

Qualitative differences between alcoholics were also reinforced in talk about two opposing categories of alcoholics. This discourse strengthened a formulation of heterogeneity amongst alcoholics, yet it was also able to provide a platform for talk about alcoholic family members. While there are chronic homeless drunkards, there are also those who manage their drinking in a more socially approved manner. In this way, both ends of the dichotomy could be worked up; explicit criticism and intolerance of the drunkard, conjoined with sensitivity to the alcoholic family

member.

One of the key points of this analysis relevant to the practice of psychology is the form of contact which occurs between the helping professional and the alcoholic in treatment. Helping professionals have previously been shown to hold similar attitudes to the lay public and many admit to being unwilling to work with alcoholics (Kilty, 1975). The discourses described here provide foundational structures for our understanding, which in turn preface our actions. Thus, stigma and intolerance may very well appear in the treatment environment through the interactional process of therapy. This kind of analysis should remain at the fore for practitioners who work with alcoholics in order to promote earnest attempts to construct new, more helpful discourses in their therapeutic interactions, as well as recognise unhelpful discourses that may creep into talk.

An important aspect of any discursive analysis is to explore the action-orientation of a discourse; what does this talk achieve? On a micro scale, the discourses presented here create a social separation between alcoholic drinkers and functional drinking, enabling a justified version of dysfunctional drinking done by functional drinkers. On a macro scale, a discourse which validates dysfunctional drinking by functional drinkers is likely to support, rather than prevent problem drinking in society. Yet, a discourse which enables and justifies a social distance between functional drinkers and alcoholics may also help propagate the stigma of alcoholism, making it even less appealing to own the label. Further research might help clarify the effects of such discourses on drinkers – do they facilitate seeking early help, or do they simply create more shame and guilt for the alcoholic?

A discursive approach had not previously been applied to 'attitudes toward alcoholics'. In studying lay talk about alcoholism we have revealed three commonly available discourses that are routinely used to structure peoples understanding of what alcoholism means. Of course there are limitations with such a study and we readily acknowledge the local and partial nature of this work. Further we

suggest this work is exploratory rather than confirmatory and this justifies the small number of participants. While our participants may not have deployed every possible discourse, they utilised three which resonate with conceptualisations available in the research literature and which are also clearly available in common talk and understandings of alcoholism.

This study attends to some fundamental issues regarding social constructions of alcoholics, yet there is a range of related aspects and areas which further research could explore. Future investigations may well be rewarded by examining other data sources. These might include media commentaries or the naturally-occurring conversations of professionals who treat alcoholics. Additional research may supplement and refine insights into the linguistic and psychological processes involved in evaluative practices available when people talk about alcoholics.

While the prevalence of negativity and stigma toward alcoholics has been quantified in previous studies, this study offers an in-depth examination of the basic linguistic and psychological resources that sit behind such attitudes and beliefs. The study also highlights the interactional delicacy around participants' negative evaluations while they attempt to position themselves as being neutral and non-discriminatory in their judgments. Yet elements of intolerance and social distancing infiltrate their talk. Evaluative practices in everyday talk are inevitably entangled with more widespread culturally defined discourses which this paper has unpacked. In examining these lay constructions of alcoholics we would hope that through better understanding of stigmatisation and negativity, such practices and systems of discourse can be challenged and eventually changed. In this way, issues of intolerance, stigma and discriminatory practices can be addressed in a manner which corresponds with how they develop: through discursive practice.

References

- Alcohol Advisory Council of New Zealand. (2005a). *It's not the drinking, it's how we're drinking*. Retrieved May 2, 2007, from www.alac.org.nz/campaignsnotthedrinking.aspx.
- Alcohol Advisory Council of New Zealand. (2005b). *The way we drink 2005: Executive summary*. Occasional Publication 27. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2006). *New Zealand statistics*. Wellington: ALAC. Retrieved November 1, 2006, from www.alcohol.org.nz/NZStatistics.aspx
- Alcohol Advisory Council of New Zealand. (2008). *Serving alcohol: Unlicensed*. Retrieved November 20, 2008, from http://www.alac.org.nz/unlicensedcontent.aspx?PostingID=566
- Allport, G. W. (1954). The historical background of modern social psychology. In G. Lindzey (Ed.) *Handbook of social psychology* (Vol. 1) *Theory and method*, (pp. 3-56). Reading, Mass.: Addison Wesley.
- Antaki, C., & Leudar, I. (1990). Claim-backing and other explanatory genres in talk. *Journal of Language and Social Psychology*, 9, 279-292.
- Augoustinos, M., Tuffin, K., & Sale, L. (1999). Race talk. *Australian Journal of Psychology*, 51(2), 90-97.
- Beck, M., Dietrich, S., Matschinger, H., & Angermeyer, M. C. (2003). Alcoholism: Low standing with the public? Attitudes towards spending financial resources on medical care and research on alcoholism. *Alcohol & Alcoholism*, 38, 602-605.
- Blizard, P. (1969). The public image and social rejection of the alcoholic in New Zealand. *Quarterly Journal of Studies on Alcohol*, 30, 686-700.
- Blizard, P. (1970). The social rejection of the alcoholic and the mentally ill in New Zealand. *Social Science and Medicine*, 4, 513-526.
- Caetano, R. (1987). Public opinions about alcoholism and its treatment. *Journal of Studies on Alcohol*, 48, 153-160.
- Connor, J., Broad, J., Jackson, R., Vander Hoorn, S., & Rehm, J. (2004). *The burden of death, disease and disability due to alcohol in New Zealand: Research summary*. Auckland: University of Auckland. Retrieved October 26, 2006, from www.alcohol.org.nz/InpowerFiles/PastEvents/EventDocument
- Crawford, J., & Heather, N. (1987). Public attitudes to the disease concept of alcoholism. *The International Journal of the Addictions*, 22, 1129-1138.
- Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *British Journal of Psychiatry*, 177, 4-7.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. St Leonards: Allen & Unwin.
- Devlin, N. J., Schuffham, P. A., & Bunt, L. J. (1997). The social costs of alcohol abuse in New Zealand. *Addiction*, 92, 1491-1505.
- Durrheim, K. (1997). Social constructionism, discourse and psychology. *South African Journal of Psychology*, 27, 175-182.
- Edwards, D., & Potter, J. (1992). *Discursive psychology*. London: Sage
- Edwards, D., & Potter, J. (2005). Discursive psychology, mental states and description. In H. te Molder & J. Potter (Eds.), *Conversation and Cognition*, (pp. 241-259). Cambridge: Cambridge University Press.
- Eldred-Grigg, S. (1984). *Pleasures of the flesh: Sex, drugs and alcohol in colonial New Zealand 1840-1915*. Wellington: Reed Publishers.
- Fingarette, H. (1988). *Heavy drinking: The myth of alcoholism as a disease*. Los Angeles, CA: University of California Press.
- Gill, R. (1993). Justifying injustice: Broadcasters' accounts of inequality in radio. In E. Burman and I. Parker (Eds.), *Discourse Analytic Research. Repertoires and Readings of Text in Action* (pp. 75-93). London: Routledge.
- Horton-Salway, M. (2001). The construction of M.E.: The discursive action model. In M. Wetherell, S. Taylor & S. J. Yates (Eds.) *Discourse as data: A guide for analysis* (pp. 147-188). London: Sage.
- Kellehear, A., & Cvetkovski, S. (2004). Grand theories of drug use. In M. Hamilton, T. King, & A. Ritter (Eds.), *Drug use in Australia: Preventing harm* (2nd ed.), (pp. 53-63). Victoria: Oxford University Press.
- Kilty, K. M. (1975). Attitudes toward alcohol and alcoholism among professionals and nonprofessionals. *Journal of Studies on Alcohol*, 36, 327-347.
- LaPiere, R. T. (Dec. 1934). Attitudes vs. actions. *Social Forces*, 13, 230-237.
- Lee, N. (2004). Psychological theories of drug use and dependence. In M. Hamilton, T. King, & A. Ritter (Eds.), *Drug use in Australia: Preventing harm* (2nd ed.), (pp. 75-88). Victoria: Oxford University Press.
- Mann, M. (1952). *Primer on alcoholism*. London: Gollancz.
- Poikolainen, K., Paljärvi, T., & Mäkelä, P. (2007). Alcohol and the preventive paradox: Serious harms and drinking patterns. *Addiction*, 102, 571-578.
- Potter, J. (1996). *Representing reality:*

Discourse, rhetoric and social construction. London: Sage.

Potter, J. (1998). Discursive social psychology. *European Review of Social Psychology*, 9, 233-266.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage Publications.

Potter, J., & Wetherell, M. (1995). Discourse analysis. In J. A. Smith, R. Harré & L. Van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 80-92). London: Sage.

Ritter, A., & Lintzeris, N. (2004). Pharmacotherapy maintenance treatment. In M. Hamilton, T. King, & A. Ritter (Eds.), *Drug use in Australia: Preventing harm* (2nd ed.), (pp.236-244). Victoria: Oxford University Press.

Shotter, J. (1993). *Cultural politics of everyday life*. Buckingham: Open University Press.

Sulek, J., Korczak-Dziurdzik, A., Korbel-Pawlas, M., Lyznicka, M., & Czarnecki, D. (2006). Attitude toward alcoholics and their families. *Journal of Physiology and Pharmacology*, 57, 349-358.

Taylor, S. (2001). Locating and conducting discourse analytic research. In M. Wetherell, S. Taylor & S. J. Yates (Eds.) *Discourse as data: A guide for analysis* (pp. 5-48). London: Sage.

True, W. R., Xian, H., Scherrer, J. F., Madden, P. A. F., Bucholz, K. K., Heath, A. C., Eisen, S. A., Lyons, M. J., Goldberg, J., & Ming, T. (1999). Common genetic vulnerability for nicotine and alcohol dependence in men. *Archives of General Psychiatry*, 56, 655-661.

Tuffin, K. (2005). *Understanding critical social psychology*. London: Sage.

Tuffin, K., & Danks, J. (1999). Community care and mental disorder: An analysis of discursive resources. *British Journal of Social Psychology*, 38, 289-302.

Tuffin, K., & Howard, C. (2001). Demystifying discourse analysis: Theory, method and practice. In A. McHoul, & Rapley (Eds.), *How to analyse talk in institutional settings: A casebook of methods*, (pp. 196-205). London: Continuum International.

Wicker, A. W. (1969). Attitudes versus actions: The relationship of verbal and overt behavioral responses to attitude objects. *Journal of Social Issues*, 25(4), 41-78.

Wooffitt, R. (2005). *Conversation analysis and discourse analysis: A comparative and critical introduction*. London: Sage.

Corresponding Author:

Keith Tuffin
 School of Psychology,
 Massey University
 Private Bag 11 222
 Palmerston North
 New Zealand.
 K.Tuffin@massey.ac.nz