Alcohol Use and Misuse: Exploring Balance and Change

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Alcohol
Use and Misuse: Exploring Balance and Change
Table of Contents

Acknowledgements and Dedication			10
City University Declaration of Powers of Discretion			11
Section A: Preface			**12**
Overview			13
Sections of the portfolio			13
How the portfolio evolved			15
Preface Summary in relation to Counselling Psychology			16
References			18
Section B: Research			**19**
"How do professional men experience alcohol?"			
Abstract			20
Chapter I:	Overview		22
1.0	Introduction		22
	1.1	Putting Alcohol into its Socio-Cultural and Historical Context	23
	1.2	The Effects of Alcohol	24
	1.3	Alcohol and Culture	25
	1.4	Alcohol Research concerning the Specific Population being investigated in this Study	25
	1.5	Introduction Summary	26
2.0	Overview of the Literature on Alcohol: Quantitative		27
	2.1	Literature focussing on Non-Problematic Alcohol Use	27
	2.2	College and Adolescent Drinking as normative	27
	2.3	Studies investigating changing drinking behaviour over time	27

3.0	Theoretical Approaches to Alcohol Use: The Disease Model		29
	3.1	A Brief Overview of the Disease Model of Alcoholism	29
	3.2	Criticism of the Disease Model	29
	3.3	The Disease Model and its relevance to Alcohol Use	30
4.0	A Definition of Harmful Drinking		31
5.0	Theoretical Approaches to Alcohol Use: Social-Learning Theory and Social-Cognitive Theory perspectives		32
	5.1	Social-Learning Theory and its relevance to Alcohol Use	32
	5.2	An Introduction to the Social-Cognitive and Social Learning Perspectives of Alcohol Consumption	33
	5.3	Motivations which underpin Drinking Behaviour: Motivational models and their relevance to Alcohol Use	34
		5.3.1 Cox & Klinger (1988): A Motivational Model of Alcohol Use	34
		5.3.2 Cooper et al. (1995): A Motivational Model of Alcohol Use	35
		5.3.3 A Summary of the Literature on Drinking Motivations	36
	5.4	Expectations about the effects of alcohol which underpin drinking behaviour	37
		5.4.1 Expectancy Theories of alcohol use and their relevance to drinking behaviour	37
		5.4.2 Cultural Expectancies	39
	5.5	A Brief Review of the Social-Cognitive and Social Learning perspectives on Drinking Behaviour	39
6.0	Studies which explore key factors affecting drinking behaviour		40
	6.1	Internal Attributes: Self-efficacy, problem-solving, coping skills and personal goals	40

	6.2	External Attributes which predict moderate drinking:	41
7.0	Summary of the Quantitative Literature on Alcohol Use		42
8.0	Overview of the Qualitative Literature on Alcohol:		42
	8.1	Qualitative Studies identified in the research literature	43
9.0	Summary of the Qualitative Literature on Alcohol use		47
10.0	Rationale for the Study		47

Reflexivity Statement: Introduction and Literature Review 48

Chapter II: Methodology **50**

Overview and Objectives: 51

1.0	Rationale for an appropriate Method of Enquiry		52
	1.1	Rationale for selecting a qualitative approach	52
	1.2	The relationship between epistemology and psychological research	53
	1.3	The epistemological perspective in relation to the research question	54
	1.4	Rationale for the choice of methodology and description of the approach	58
	1.5	Grounded Theory and its relevance to the discipline of Counselling Psychology	60
	1.6	Ensuring quality in qualitative research	60
	1.7	Reflexivity	62
	1.8	Reflexivity statement	62
	1.9	Research journal	64
2.0	Study Context		64
3.0	Ethical considerations		64
	3.1	Informed consent and confidentiality	66
	3.2	Care and protection of participants	66
4.0	Overview of participants		68
	4.1	Sample	68
	4.2	Inclusion criteria	69
	4.3	Information on participants	69

5.0	Procedures		70
	5.1	Pre-interview questionnaire	70
	5.2	Designing and conducting the semi-structured interview	71
	5.3	De-briefing	72
	5.4	Data storage and transcribing	72
6.0	Analysis		72
	6.1	Memos and diagramming	74
	6.2	Theoretical sensitivity and sampling	74
	6.3	Theoretical saturation	74
	6.4	Coding	75
	6.5	List of early tentative concepts drawn from early coding	75
	6.6	Raising concepts and codes to categories	77
	6.7	The Core Category	77
	6.8	Credibility checks	78
	6.9	Paper trail documenting procedures, process of analysis	78
7.0	Summary		78

Reflexivity Statement: Methodology 80

Chapter III: The Results 81

Overview 82

Introduction 82

Investigating the Research Question: 82
How do professional men experience alcohol?

The Categories: 83

The Analysis: The Illustrative Model 85

Chapter 1: Category 1: Learning about Alcohol 86

Sub-Category 1.1:	The Family	86
Sub-Category 1.2:	Rites of Passage: Teenage Experimentation	93

Chapter 2: **Category 2: Appraising Alcohol: Beliefs about Alcohol** **98**
Sub-Category 2.1: The Benefits 100
Sub-Category 2.2: The Costs 107
Chapter 3: **Category 3: Balancing Alcohol** **115**
Sub-Category 3.1: The Tipping Point 121
Chapter 4: **Category 4: Regulating Alcohol** **126**
Sub-Category 4.1: Personal Rules 134
Chapter 5: **Category 5: Personal Attributes** **138**
Sub-Category 5.1: Internal 141
Sub-Category 5.2: External 147

Summary of the Findings 151

Chapter IV: **The Discussion** **153**

1.0 Introduction 154
1.1 Re-Visiting the Aims and Rationale for this Study 154
1.2 Overview and summary of the findings 155
1.3 Summary of the findings and foundations for a theoretical model 156
1.4 Relating the findings to existing psychological theory 158
1.5 Key concepts in Social Cognitive Theory 159
1.5.1 The Self 159
1.5.2 Learning and Modelling 160
1.5.3 Self-Efficacy 161
1.5.4 Goals, standards and self-regulation 161
2.0 The findings from a Social Cognitive perspective 161
2.1 Category 1: Learning: The Family 161
2.1.1 Early Teenage Experimentation 163
2.2 Category 2: Appraising 164
2.3 Category 3: Balance 168
2.3.1 The Tipping Point 170
2.4 Category 4: Regulating 171
2.5 Category 5: Personal Attributes 173
2.6 Consideration of the Core Category and the moderating variables of Age, Gender and Culture 176
3.0 Implications for Alcohol Users and for the Discipline of Counselling Psychology 178

4.0	Methodological Considerations and Critical Reflections on the Study: Strengths and Limitations of the Study	184
5.0	Future Research Considerations	188
6.0	Conclusion	188
Reflections on the process of Research		189
References:		**191**
Appendices:		**206**
Appendix 1:	DSM IV-TR, (2000) criteria for Alcohol Abuse Alcohol Dependence and Alcohol Withdrawal	206
Appendix 2:	Recruitment of Participants Letter	209
Appendix 3:	Participant Information Sheet	210
Appendix 4:	Participant Consent Form for use of Audio Tapes	211
Appendix 5:	Participant Consent Form	212
Appendix 6:	Pre-Interview Questionnaire	213
Appendix 7:	Semi-Structured Interview Schedule	214
Appendix 8:	Emerging Categories and Clustering	215
Appendix 9:	Extract from Research Diary	218
Appendix 10:	Participant Feedback	223
Appendix 11:	Background information on Participants	225
Appendix 12:	Extract from the Memo: “The Main Story”	226
Appendix 13:	Initial coding sample	231
Appendix 14:	Ethics Release Form for Psychology Research Projects	234

List of Tables and Figures:

Figure 1:	Situating the Sample Sheet	68
Figure 2:	The Illustrative Model	85
Figure 3:	Learning about Alcohol: The Family; Teenage Drinking Experimentation	86
Figure 4:	Summary: Category 1: Learning about Alcohol: The Family	91
Figure 5:	Summary: Category 1: Learning about Alcohol: Teenage Drinking Experimentation	96
Figure 6:	Appraising Alcohol: The Costs; The Benefits	98
Figure 7:	Summary: Category 2: Appraising: Sub-Category 2.1: The Benefits	105

Figure 8:	Summary: Category 2: Appraising: Sub-Category 2.2: The Costs	112
Figure 9:	Balancing Alcohol: The Tipping Point	115
Figure 10:	Summary: Category 3: Balancing Alcohol: Maintaining the Equilibrium	119
Figure 11:	Category 4: Balancing Alcohol: Sub-Category 3.1: The Tipping Point	121
Figure 12:	Summary: Category 3: Balancing Alcohol: Sub-Category 3.1: The Tipping Point	124
Figure 13:	Regulating Alcohol: Personal Rules & Tests	126
Figure 14:	Summary: Category 4: Regulating Alcohol	132
Figure 15:	Summary: Category 4: Regulating Alcohol: Sub-category 4.1: Personal Rules and Tests	136
Figure 16:	Personal Attributes: Internal; External	139
Figure 17:	Summary: Category 5: Personal Attributes: Sub-category 5.1: Personal Rules and Tests	145
Figure 18:	Summary: Category 5: Personal Attributes: Sub-category 5.2: External	150
Figure 19:	The Explanatory Model: Learning to Maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation	157
Figure 20:	Prototype Pro-Forma: Exploration of the Costs and Benefits of Alcohol and Identifying The Tipping Point	182

Section C: Combined Client Study and Process Report: From Solo Pilot to Formation Flying: Edward's experience of Therapy. Alcohol Misuse: A Cognitive Behavioural Approach **239**

1.0 Introduction to the therapeutic work 240
1.1 Overview and Setting 240
1.2 Summary of theoretical orientation and rationale for choice of Cognitive Behavioural Therapy 241
1.3 Biographical Details of the Client 242
1.4 Referral, Context of the Work & Liaison with other Professionals 242
1.5 Presenting problem as stated by the client 243
1.6 Initial Assessment and Problem Formulation 243
1.7 Negotiating a contract and collaborative definition of therapeutic goals 244
2.0 The development of therapy and main techniques used 245
2.1 The pattern of therapy and key content issues leading up to the presented segment 246
3,0 Lead-in to the transcript 248
3.1 The transcript 248
3.2 Key content issues following the presented segment and the therapeutic ending 259
4.0 The therapeutic process and its change over time 259
4.1 Difficulties in the work and use of supervision 260
5.0 Evaluation of the work 261
5.1 Learning about psychotherapeutic practice and learning about myself as a therapist 261

Consideration of the Thesis findings and relevance to the current combined case study and process report **262**

References 265

Appendices: **269**

Appendix 1: Figure 1: Drinking: Type 1 269
Figure 2: Drinking: Type 2

Section D: Critical Literature Review: 270
How Effective is Motivational Interviewing in the Treatment of Alcohol Misuse? A Counselling Psychology Perspective

1.0 Introduction 271
1.1 Defining Motivational Interviewing 271
1.2 Defining Alcohol Misuse 271
1.3 Motivational Interviewing and Behaviour Change 271
1.4 Motivational Interviewing and Socio-Cultural Context 273
1.5 Motivational Interviewing and its relevance to Counselling Psychology 274
1.6 Rationale for the current study 275
2.0 The Current Review 275
2.1 Client Effects 279
2.1.1 Personality Variables 279
2.1.2. Gender 279
2.1.3. Age 280
2.1.4. Ethnicity 280
2.1.5. Drinking levels 280
2.1.6. Readiness to change 281
2.2 Practitioner Effects 281
2.2.1. Training outcomes 281
2.2.2. Professional background of practitioners 283
2.2.3. Therapist delivery of Motivational Interviewing 284
2.3 Effects of Self-referral 284
2.4 Treatment effects of Motivational Interviewing over time 285
2.5 Cost effectiveness of Motivational Interviewing 286
3.0 Summary of Research Findings 286
4.0 Discussion 286
4.1 Methodological Considerations 287
4.2 Research summary and recent research findings 288
5.0 Conclusions and Future Research Recommendations 289
6.0 Motivational Interviewing and Counselling Psychology 291

References 292

List of Tables and Figures:

Figure 1: Stages of Change Model (Prochaska & DiClemente, 1992) 272

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Dedication:

This Portfolio is dedicated to my children, Archie, Louisa and Angus; my husband, Ben; and my extended family who are amazing and have bravely withstood my withdrawal into “thesis-mode”. Lastly to my parents, the late Gerald Archibald McNeill who gave me the courage to try, and to my mother, Enid McNeill who gave me the determination to persevere.

Declaration of Powers of Discretion

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Section A: Preface

Overview:

This doctoral portfolio is divided into four sections. Section A includes the Preface and Preliminaries to the Portfolio, and Section B comprises the research component which investigates how professional men experience alcohol. Section C contains a combined client study and process report which explores a client's experiences of being in therapy for alcohol misuse. Lastly, Section D assesses the effectiveness of Motivational Interviewing in the treatment of alcohol misuse in the form of a literature review.

The overriding theme which runs throughout the portfolio is Alcohol: its use, misuse and the mechanisms of balance and change. Those individuals who embrace balance and change in their drinking habits seem well placed to outline the factors which appear to militate against non-problem drinking developing into problem drinking. An exploration into the influences which underpin drinking behaviour expands the current research literature on alcohol use and elucidates the mechanisms which enable drinkers to moderate their drinking behaviour.

This portfolio seeks to explore alcohol use on its fullest spectrum, from the light social drinker to the chronic drinker: how the concepts of balance and change affect alcohol use and misuse across the entire range. I believe that viewing alcohol use on such a spectrum, rather than from two distinct and dichotomous positions, allows the consideration of a relationship with alcohol in which balance and change is not only evident, it is essential for non-problematic drinking behaviour.

There follows a brief summary of each of the three main sections within this portfolio and a description of how the portfolio evolved through my professional practice, my interest in alcohol use and alcohol use disorders.

Section B: How do professional men experience alcohol?

This research component of the portfolio investigates professional men's experiences of alcohol and addresses a population which has not been found to have been studied beforehand with reference to alcohol use. In this study, professional men are defined as earning in excess of £52,00 per annum (Office for National Statistics, 2007), working in senior management positions, and having completed at a minimum an undergraduate degree. Evidence suggests that this population of men are consistently drinking more than men in routine and manual employment, and are more likely than other socio-economic groups to drink in excess of the Government guidelines of between 21 and 28 units of alcohol per week (Office for National Statistics, 2007). In

addition, Lader & Goddard (2004) found that men earning upwards of £52,000 are more likely to drink every day of the week compared to men in routine and manual categories of employment. Recent statistical reports carried out by the Office for National Statistics prompted the BBC in 2007 to focus their attention on "Guildford Man", high-earning professional men who were deemed to be drinking at hazardous levels in excess of Government guidelines. This study attempts to explicate how such high-earning professional men experience alcohol and explores the processes which underpin their drinking behaviour.

Twelve participants were interviewed for this study using semi-structured interview techniques following a pre-interview questionnaire. Grounded Theory was used to analyse the data from a social constructionist perspective. Such a methodology enables the specification and explanation of social processes within their contextual framework, and how these impact on the lives of our participants (Charmaz, 2006). A qualitative study allowed the rich and complex nature of individuals' subjective experiences of alcohol to be revealed. Through Grounded Theory analysis, the core category which emerged from participants' narratives was found to be: Learning to Maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation. The findings are organised into a model which explicates professional men's experiences of alcohol over time. Central to the core category emerged the concept of the Tipping Point. This represents the point which professional men recognise as separating the benefits of alcohol from the costs. An ability to recognise such a point would suggest an appraisal process which is founded on insight and maturity, and one where the concepts of balance and change are manifest. An ability to adapt to change whilst balancing the costs and benefits of drinking enables professional men to continue drinking without experiencing the negative consequences that excessive alcohol use can confer. The study concludes with a consideration of the findings in relation to existing theory.

Section C: From Solo Pilot to Formation Flying: Edward's experiences of being in therapy. Alcohol-misuse: a cognitive behavioural approach.

This combined client study and process report demonstrates the work I have done as a practitioner working in a residential substance misuse clinic. It illustrates my work in my chosen specialism, cognitive behaviour therapy at the same time as highlighting my belief that it is the quality of the relationship between two individuals which is fundamental to the approach. It is intended to show the reader how for change to take place, a thorough investigation of the costs and benefits of alcohol is essential. Balancing alcohol use was not possible for Edward following a near-death experience with liver-failure. However, through the process of therapy, Edward demonstrates a

growing sense of agency where he develops the skills to become his own agent of change. There follows a consideration of the research findings and their relevance to the client work.

Section D: The effectiveness of Motivational Interviewing in the treatment of Alcohol Misuse.

This final component of the portfolio is a critical literature review investigating the effectiveness of Motivational Interviewing in the treatment of Alcohol Misuse. My interest in this particular topic was motivated by my work in a substance misuse clinic, and an intellectual curiosity in the philosophy and techniques underpinning the approach. The review outlines and evaluates motivational interviewing techniques and the factors which contribute to its success in the treatment of alcohol misuse. Of particular interest is its illustration of the mechanisms of change through the work of Prochaska and DiClemente (1992), their Transtheoretical Model of Change and Decisional Matrix. The concepts of balance and change are central to the approach and as a trainee practitioner working with individuals with substance misuse problems, have become intrinsic to my professional practice.

How the portfolio evolved:

My interest in alcohol is a long-standing one. The allure of a glass of champagne is tantalising and alcohol's presence at celebrations is almost universal. The vast proportion of the population drink alcohol. Nevertheless, it is a small percentage of individuals who are unable to moderate their alcohol use, indeed 9% of drinkers (Office for National Statistics, 2009). Being a non-problem drinker myself and working in an alcohol misuse clinic, I became progressively more interested in how some individuals seem able to moderate their alcohol use, and others are not. It seemed that some individuals had a point beyond which they were not prepared to cross but this was highly individual and subject to many influences.

Understanding about alcohol also carries for me a personal poignancy: a number of years ago, a close friend and colleague died of liver failure as a result of chronic drinking. This shocked me and provided me with a motivation to understand more about how this might have happened. Both my work in a substance misuse clinic and my personal experiences have given me an ability to empathise with those struggling with alcohol use disorders, and maintain a balanced attitude towards alcohol myself. I have begun to see alcohol use as falling on a continuum, which is individual, and subject to change over time.

Finding a title which encompassed all the components of the portfolio was a challenge, yet clarifying. The research component investigates professional men's experiences of alcohol; the combined case study and process report examines an individual's journey into abstinence following a near-death experience of liver failure. However, as I see alcohol use and misuse as falling on a continuum, I believe it is a question of degree, and where an individual is placed on such a continuum, not that they are qualitatively different from each other as human beings. Therefore, I concluded that both perspectives needed to be taken into account in the title, and that is the concepts of balance and change across the spectrum of all alcohol users that I am investigating. I was particularly keen to avoid the pejorative and labelling term of "alcoholic" throughout the portfolio as I would argue that such a description is defining a set of behaviours which may well be subject to change over time and is unhelpful to the individual.

Preface Summary in relation to Counselling Psychology:

I see many parallels between the evolving focus of this portfolio and my development as a counselling psychologist. Throughout my training and practice I have had a natural affiliation with Cognitive Behaviour Therapy. This is not only because Cognitive Behaviour Therapy is generally regarded as the preferred treatment approach for alcohol use disorders (Marlatt & Gordon, 1985; Curran & Drummond, 2006), it is also as a result of my work in a substance misuse clinic and my research which reflect a belief that it is the meanings and attributions that individuals give to a phenomenon which influence their behaviour. That is not to say that other frameworks fail in some way to explore such influences. Nonetheless, working from a cognitive behavioural perspective has enabled me to develop as a practitioner at the same time as taking into consideration the subjective world of the individual and their human condition.

The subject of this portfolio: Alcohol use and misuse: Exploring Balance and Change is the culmination of my professional practice, training and research interests. It has allowed me the opportunity to bring together a body of work which I hope demonstrates my commitment to the discipline of counselling psychology and one in which respect for the individual is paramount.

Finally, carrying out the work which comprises this portfolio has been a privilege. It has enabled me to meet some extraordinary people who have shared their experiences with me so fulsomely and generously. Mention should also be made of those individuals who do not feature directly in my research but who provide much of the evidence in the literature on alcohol use and misuse. I hope my contribution to the research literature on alcohol will in some way benefit those who struggle in balancing

their alcohol use, and highlight the mechanisms of change which appear to moderate alcohol consumption.

To all drinkers of alcohol across the spectrum: thank you.

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Section B: Research

How do professional men experience alcohol?

Abstract: How do professional men experience alcohol?

It is the intention in this thesis to explore professional men's experiences of alcohol. Twelve professional men aged between forty and fifty who drink at a minimum of one occasion per week were interviewed. Their narratives were then analysed qualitatively using the Grounded Theory approach from a social constructionist perspective.

Six categories emerged from the data including the Core Category: Learning to Maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation. Maintaining the Equilibrium represents the balance between the positive and negative attributes of alcohol, where the individual weighs up the costs and benefits of drinking in the light of experience. Implicit within the core category is the concept of the Tipping Point. Professional men recognise this as representing the significant point where the benefits of alcohol tip over into the costs. Learning is the process that continues throughout the lifespan, and achieving this balance is realised through a process of Maturation. Maturation refers to the process of growing older at the same time as gaining knowledge, insight and wisdom from experience. This core category incorporates the other significant categories. These are as follows: Learning: this represents the on-going process by which individuals learn about alcohol through the early experiences of the family, teenage drinking, past and present drinking occasions; Appraising captures the cognitive processes that individuals employ to evaluate the benefits and disadvantages of drinking; Balancing highlights the decision-making process where participants weigh up the costs and benefits of drinking; Regulating encapsulates participants' strategies and personal rules which they employ to regulate their alcohol use; and finally Personal Attributes examines the internal and external assets that individuals possess which both motivate and enable professional men to moderate their drinking.

The current literature on alcohol studies is primarily focussed on problem-drinking and gives little insight into normative drinking. Accordingly, it fails to provide a detailed understanding of professional men's experiences of alcohol and the reinforcing mechanisms which enable professional men to moderate their alcohol use. Therefore, this in-depth qualitative study aims to redress this imbalance.

The findings of this study are discussed in terms of the existing theories on alcohol use and misuse, and can be seen to expand on the current research literature on alcohol and the modifying variables which impact on drinking behaviour.

Chapter I:

Introduction and Literature Review

Overview:

The aim of this research is to provide a detailed understanding of how professional men experience alcohol. This Chapter provides an overview of the literature which focusses on the experience of drinking alcohol from both a quantitative and qualitative perspective. A thorough review of the relevant literature on alcohol provides the context from which this research question was derived and the problem it seeks to address. Following this, a full exploration of the need for this analysis is explicated in the rationale for the study.

It is beyond the scope of this thesis to review the full range of literature on alcohol. Therefore it has been attended to selectively, concentrating on the literature which relates to men's experiences of drinking over time. To this end, a comprehensive review of the literature has been carried out which is relevant to British men and alcohol. This includes motivations for drinking, changes in drinking behaviour which are evident from adolescence into and beyond middle adulthood, and features which distinguish men's drinking from women's.

The theoretical debate, which endures throughout the mainstream literature on alcohol, centres on whether alcoholism is a disease, or a socially-learnt behaviour. The disease model of alcoholism will be briefly outlined, however, for the purposes of this thesis and the relevance to the research topic, the more broadly defined social model will be emphasised. This permits a comprehensive standpoint from which the nature of alcohol use can be examined, and how this process can range from non-problem drinking into more problematic drinking behaviour.

1.0 Introduction:

1.1 Putting Alcohol into its Socio-Cultural and Historical Context:

Alcohol use is a highly complex phenomenon and has been subject to documentation since pre-historic times (Kouimtsidis, Reynolds, Drummond, & Tarrier, 2007). Anthropological, sociological, philosophical and psychological theories abound, many conflicting, some complementary, nonetheless, all highlighting the ambiguous nature of this singularly popular substance.

"Alcohol is a fact of life" (Edwards, 2000, p72.). What other substance could be pronounced as a major cause of cancer by the World Health Organisation (2002) and at the same time, represent the blood of Christ by the Holy Catholic Church?

Rarely a day goes by without the subject of alcohol being raised by the British press. Tony Blair (2010) in his recent autobiography felt the need to describe his relationship with alcohol, whether he was in control or out of control and documenting his drinking habits, particularly when he felt under pressure as Prime Minister.

Derived from the Arabic, al-guhl (New Oxford Dictionary, 1998) the word alcohol entered the English vocabulary in the sixteenth century. It is the world's most commonly used psychoactive drug (Heath, 2000) and is consumed by approximately 85% of the British public (Office for National Statistics, 2009). This makes the consumption of alcoholic beverages come second only to watching television as the nation's favourite pastime (Spada, 2006). Unfortunately, it is one of the leading factors in preventable death and disability (WHO, 2002); it is involved in between 40-50% of murders and it also interferes with brain function (Office for National Statistics, 2009).

Alcohol misuse, including risky and harmful drinking, alcohol abuse and dependence are all associated with numerous health and social problems. The Department of Health (2007) claimed that when harm to health, crime and anti-social behaviour, loss of productivity and social harms such as family breakdown are all calculated, the associated costs to the nation total £20 billion per annum. However, the total yearly value of the drinks market is £30 billion and one of the benefits of alcohol is that it contributes £14.6 billion to Britain's tax revenues. It is also notable that in spite of an increase in liver disease and alcohol-related injuries, 2010 shows the greatest fall in general alcohol consumption since 1948 (Office for National Statistics, 2010).

Alcohol is the source of many such paradoxes, for example, evidence suggests there are some health benefits attributable to drinking alcohol. Whilst the vast majority of studies demonstrate that alcohol misuse causes serious medical conditions, Mukamai et al. (2003) found that alcohol use was strongly inversely associated with myocardial infarction, suggesting a protective factor in frequent moderate alcohol consumption. Moreover, Conigrave et al. (2001) discovered that repeated moderate alcohol use was inversely associated with a risk of developing Type II diabetes. It is notable, and of crucial importance here to stress "moderate" alcohol use as both studies found these results to be associated with individuals who drink no more than one regular glass of wine per day, and not drinking every day of the week. Additionally, these effects were only beneficial in men over the age of forty and in post-menopausal women (Bondy et al., 1999). Indeed, Hart, Smith, and Hold (1999) found that men drinking in excess of thirty-five units of alcohol a week more than doubled their stroke mortality risk than abstainers. Murray et al. (2002) found that sporadic heavy drinking raises the risk of coronary heart disease.

Alcohol is pervasive, dangerous and pleasurable. Notwithstanding, it continues to be our favourite recreational drug (Heath, 2000). Since records began, alcohol has been a primarily social activity and its presence at celebrations is universal (Fox, 2000).

1.2 The Effects of Alcohol:

Alcohol is absorbed from the stomach and the small intestine. The quickest way to get alcohol to the brain is to drink chilled champagne or vodka on an empty stomach. However, what subsequently happens depends on a number of different factors and these are notably not just the physiological effects on the central nervous system. These are as follows: expectations of what alcohol can do; previous experiences with alcohol; the company and setting; and cultural beliefs. Essentially, alcohol acts on the brain, which brings about a change in one's affect. If an individual carries on drinking, such effects can become unpleasant and ultimately injurious (Edwards, 2000).

Pharmacologically, alcohol is a depressant which affects the central nervous system causing intoxication, and when drunk excessively can cause acute respiratory failure and death (DSM IV TR, 2000). It can have profound medical repercussions. Nonetheless, the majority of alcohol users respond in a culturally acceptable manner (Fox, 2000).

Alcohol misuse is defined by the DSM IV TR (2000) as "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances." (p.198).

1.3 Alcohol and Culture:

The culture of drinking can be seen to be highly influential in drinking habits worldwide (Room & Makela, 2000). There are considerable differences in behavioural and social outcomes of drinking which cannot be explained by the pharmacological effects of alcohol alone: culturally determined factors and beliefs play a highly influential role in drinking behaviours (Marlatt & Rohsenow, 1980). Cultural differences abound between differing nations, for example, drinking two litres of wine per day may be acceptable to a French vintner and his wife, but for a Muslim cleric, he would be considered a drunkard (Vaillant, 1995).

The use of alcohol in all nations is subject to controls, either legal, or by social convention (Room & Makela, 2000). For example, it is considered acceptable to drink a glass of champagne in the morning at a celebration, however, it would not be considered acceptable for a man to drink a bottle of vodka in front of children in a public park. Laws concerning the consumption of alcohol differ between licensed premises and people's own homes, therefore there are accepted rules of behaviour which would define problematic drinkers to be those who drink inappropriately in time, place or quantity (Heather & Robertson, 1997).

Socially sanctioned drinking behaviours which surround children are seen to play a vital role in the development of future drinking behaviours (Heath, 1975). Introducing children to the ceremonial and sanctioned use of alcohol provides protection against drink problems (Vaillant, 1995) and cultures where alcohol is drunk in a ritualised manner, such as Israel tend to have lower rates of alcohol abuse than cultures where alcohol is forbidden (Vaillant, 1995). Parental alcoholism and familial instability can predict future drink problems (Vaillant, 1995), nonetheless, this process is far from straightforward and individuals best meeting the criteria for moderate alcohol use have no alcohol-abusing close relatives, have a stable family environment and a culture which sanctions the use of alcohol (Vaillant, 1995).

1.4 Alcohol research concerning the Specific Population being investigated in this Study:

A national survey of the nation's drinking habits was carried out on behalf of the Office for National Statistics in the United Kingdom by Lader and Goddard (2004). They found that men drink more frequently than women, and that men in the highest income category were more likely to drink every day of the week compared to men in routine and manual categories. They also found there was a large variation between age

groups in their drinking habits with younger adults being more prone to drinking large quantities, (more than 8 units of alcohol) on one or two occasions per week. Adults over 40 however, were more inclined to spread their drinking over the week.

Additionally, they highlighted some changes in women's drinking suggesting that women's alcohol consumption has increased significantly in the last decade (Lader & Goddard, 2004). Rahav, Wilsnack, Bloomfield, Gmel, and Kuntsche (2006) suggested the gender gap in drinking is strongly associated with women's position in society, and with more working women, this gap is narrowing. Nonetheless, there remains a large cultural difference in the pattern of alcohol use between men and women. This is not only due to the biological differences in the ability to metabolise alcohol, but in the different motivations that men and women choose to drink (Holmila & Raitasalo, 2004). Men are more likely than women to drink for social, enhancement and conformity motives (Stewart & Chambers, 2000) and research consistently demonstrates that men drink more than women (Cooper, Russell, & Mudar, 1995). Men are also more likely than women to drink in order to relieve stress (Wilsnack & Wilsnack, 1997). Male drinking practices are also predominantly bound by rules and norms (Room & Makela, 2000; Heath, 2000) and are more consistent with obtaining social rewards (Theakston, Stewart, Dawson, Knowlden-Loewen, & Lehman, 2004).

1.5 Introduction Summary:

In summary, alcohol plays a key role in the lives of the vast majority of the British Public. 89% of British men drink alcohol (Office for National Statistics, 2009), of whom 15% have a life-time risk for alcohol-dependence (Heather & Robertson, 1997). In addition, significant sex differences exist which predict different drinking behaviours between men and women, (Wilsnack & Wilsnack, 1997). Pharmacological effects of alcohol cannot alone account for drinking behaviour and cultural expectations are a significant factor in predicting drinking habits (Marlatt & Rohsenow, 1980).

It is argued in this literature review that although the body of research on alcohol is extensive, no study was found which specifically addresses the research question: how do professional men experience alcohol?

Overall, research into alcohol use is broadly centred on clinical and treatment populations. However, a number of significant psychological theories contribute to our understanding of alcohol use. The theoretical models, which have been influential in conceptualising drinking behaviour, are now examined. As a starting point, it begins with the literature that explores non-problem drinking and drinking motivations that emphasise changes in individuals' drinking habits over time.

2.0 Overview of the Literature on Alcohol:

2.1 Literature focussing on Non-Problematic Alcohol Use:

Much of the research into asymptomatic drinking is centred on young adults' drinking patterns, particularly concerning student populations (Stewart & Devine, 2000; Kuntsche, Knibbe, Gmel, & Engels, 2006). The majority of the research literature on the alcohol is focussed almost exclusively on American college students with the research growing mainly out of concern about binge drinking in college populations due to a marked increase in drug and alcohol use as the individual enters into the student environment (Rehm et al., 1996). This is primarily because of the student samples living away from home for the first time are more prone to developing binge drinking behaviour due to the lack of immediate and parental support (Gmel, 2003). College-aged populations are also highly accessible with students gaining credits for academic course requirements by participating in research studies.

2.2 College and Adolescent Drinking as normative:

Young people go through a phase of heavy drinking which is in line with the psychological literature that emphasises rebellion and heavy drinking at the same time as biological and hormonal changes and youth transitional behaviour (Gmel, Rhem, & Kuntsche, 2003). Some experimentation with heavy drinking in adolescence is entirely normal (Chassin & DeLucia, 1996; Stitzke & Butt, 2001) and rarely develops into problem drinking in later life (Fillmore, 1975). Indeed, most adults come through heavy adolescent drinking remarkably intact (Windle & Davies, 1999). Evidence for intermittent heavy drinking episodes in adolescence and college-aged individuals is robust, however little research has been carried out on such populations in Britain. Such research studies are quantitative and based on the use of questionnaires with North American student populations. Although such studies make a significant contribution to the research literature on alcohol, they fail to explore the subjective experience of men maturing through the British education system and beyond.

2.3 Studies investigating changing drinking behaviour over time:

Changes in drinking behaviour were initially investigated by Clarke and Cahalan (1976). They carried out a national survey in the United States where problem drinkers gave the following reasons for changing their drinking habits: increased responsibilities, less need or desire for alcohol; becoming older and more mature, and finally, reasons for health. Environmental and role factors featured significantly in

participants' reasons for reducing their drinking. Roizen, Cahalan, and Shanks (1978) investigated the phenomenon of spontaneous remission in former heavy drinkers. Their findings suggested that the main determinants of modifying drinking behaviour are changes in life circumstances involving marriage, employment, health and finance. Miller-Tutzauer, Leonard, and Windle (1991) also predicted that transitional events such as marriage and positive work experience increase the likelihood of non-problematic drinking behaviour.

Vaillant (1995) aimed to clarify some of the ambiguities of the treatment outcomes for problem drinkers in his landmark, longitudinal prospective study. Conducted over forty years with more than six hundred individuals, he found that after the age of fifty, there is a progressive reduction in the number of individuals presenting themselves for treatment. This was due to individuals returning to normal drinking and voluntary abstinence (Vaillant, 1995). Vaillant made a major contribution to the research literature on alcohol, and his methodological rigour marks his study out as being one of the seminal papers of the last Century. The longitudinal design taking place over forty years allowed for the detailed investigation of drinking behaviours to be recorded throughout the life span, often before drink problems had occurred. Therefore he was able to account for factors which might have influenced the development of problem drinking or non-problem drinking. His study also had the advantage of using a mixed design of both quantitative and qualitative research methods thereby allowing for a rich analysis of changes of behaviour over time with the use of a stable treatment population.

His findings are further corroborated by Temple and Leino (1989) who maintained that problem drinkers reduce their alcohol intake because of changing social networks and learning from mistakes. Vaillant (1995) found by the age of forty-seven, the vast majority of problem drinkers' alcohol use had stabilised, and by the age of sixty, alcohol problems are rare. Sadly this is because chronic alcohol users' health declines rapidly in their fifties and die of alcohol-related causes (Fillmore, 1987).

Indeed, ill health has been found to be a major factor in heavy drinkers moderating their drinking behaviour without the need for formal treatment (Shuttke, Moose, & Brennan, 2006).

Moreover, such changes in health, maturing age, increased responsibilities and life circumstances are responsible for 75% of adults resolving their problematic drinking behaviour without recourse to treatment maintained Tucker (2001).

3.0 Theoretical Approaches to Alcohol Use: The Disease Model:

3.1 A Brief Overview of the Disease Model of Alcoholism:

A brief review on the disease model of alcoholism is included because much of the literature is dominated by the argument whether chronic drinking is a somatic disease, disorder or syndrome (Jellinek, 1960); or is better conceived as a socially learnt behaviour (Heather & Robertson, 1997). This debate is most strongly contested in North America where the official sick-role of alcoholics has highly significant consequences for medical insurance and for some there is a vested interest that alcoholism is officially classified as a disease (Vaillant, 1995).

The disease model of alcoholism is enshrined within the beliefs of Alcoholics Anonymous and detailed in their handbook, "Living Sober" (1975). Their view relies on the fact that alcoholism is an incurable and progressive disease. As such, the only form of relief is abstinence. Jellinek (1960) based the disease model on the concept of losing control, where alcoholics are unable to moderate their alcohol intake, culminating in serious ill-health and death is inevitable.

3.2 Criticism of the Disease Model:

Opposition to the disease model of alcoholism is widespread and vociferous. In particular, the research and treatment community argue there is no scientific basis for the belief that alcoholism is a disease and has a medical aetiology (Vaillant, 1995). Heather & Robertson (1997) maintained there exists no tangible difference between alcoholics and non-alcoholics and that any differences in drinking habits are attributable to socially learnt behaviour. Evidence, which corroborates their view, was originally provided by Davies (1962) where chronic drinkers were shown to be able to return to social drinking. Numerous future studies have shown this to be the case (Sobell & Sobell, 1987). However, Vaillant in his groundbreaking, forty-year longitudinal study found that answering the question whether alcoholism is a behaviour or a disease is highly complex and not easily answered. Alcoholic or non-alcoholic; social drinker or problem-drinker: symptomatic drinker or asymptomatic drinker: Vaillant believes it is impossible to assess individuals from such dichotomous positions. As scientist practitioners, psychologists seeing an individual on a continuum is far more realistic, suggested Griffiths (2000). Normal drinking can merge with pathological drinking and where the line is drawn can be determined by culture (Room & Makela, 2000). Vaillant (1995) concluded his research proposing that alcoholism is a behavioural disorder, however, in advanced cases such as chronic alcoholics, it

becomes a medical disorder with the concomitant health risks that accompany alcohol abuse.

In response to Davies (1962), Edwards (2000) carried out a follow-up study and found that only one of Davies original seven subjects continued to be drinking asymptomatically. Not surprisingly, this questions Davies' original findings in his influential study and challenges his theory that chronic alcoholics can return to social drinking. Further research suggests that it seems that heavy drinkers are more likely to be able to return to social drinking if the symptoms of previous alcohol abuse were less severe, and the individual had no first-degree alcoholic relatives (Miller et al., 1992). However as Vaillant (1995) emphasised in his forty-year longitudinal study, "alcoholism is a mythical beast" (p. 347) and questions relating to its treatment and course are rarely straightforward.

3.3 The Disease Model and its relevance to Alcohol use:

Although it has been long observed that alcoholism can run in families (Vaillant, 1995), the relationship between the development of drinking disorders and genetics is not inevitable and appears to be mediated by many other factors, including socialisation of alcohol, cultural expectancies and personality variables. Quality of life, education, economic well being are highly influential moderating influences on non-problematic drinking behaviour (Sher & Gotham, 1999).

Campbell and Oei (2010) found that a family history of alcoholism has been consistently demonstrated to be one of the most important risk factors of inter-generational transference of alcohol problems. However, the mechanisms remain unclear. There is a three to fourfold increase in risk for alcohol dependence in individuals whose parents have an alcohol disorder; nevertheless, genetic factors only explain part of the risk for developing an alcohol disorder (DSM IV-TR, 2000). Campbell and Oei (2010) maintained that the observation of parental drinking habits and the transference of alcohol cognitions contribute significantly to the child's beliefs and expectations about alcohol's effects. In particular, drink refusal self-efficacy can be seen to be highly influential in children's future drinking patterns.

Although the disease model is strongly criticised by much of the research and treatment community (Heather & Robertson, 1997), both Vaillant (1995) and McCrady (2008) advised that treatment providers should respect clients' views should they find the disease model of alcoholism an attractive explanation of their problem drinking.

4.0 A Definition of Harmful Drinking:

Defining problem drinking is highly subjective and is appreciably influenced by cultural norms (Alamanni, 2008). That which might be considered problem behaviour in a women might be seen as a demonstration of masculine behaviour in a man (Room & Makela, 2000). Nevertheless, there needs to be a consensus on a definition.

Cahalan (1970) maintained that problem drinking is the repetitive use of alcohol culminating in social, physical or psychological harm to either the drinker, or to others. No single set of traits defines problem drinking, rather they can lie on the end of a continuum: it can be viewed as both a conditioned habit and a disease, both from a socio-learning perspective as from a medical model (Vaillant, 1995).

The DSM-IV-TR (2000) definition of alcohol abuse, alcohol dependence and alcohol withdrawal can be found in Appendix 1.

Patterns of problem drinking vary, nonetheless, the more pronounced they become, the more they begin to resemble each other (Vaillant, 1995). As problem drinking becomes dependent drinking, it can become chronic: heavy “social” drinking (approximately 3-5 drinks per day) and stay asymptomatic for a lifetime, or can increase to eight or more drinks a day. Approximately 10-15% of drinkers reach this second stage (Vaillant, 1995). Roughly 3-5% of problem drinkers reach chronic alcohol dependence. This leads to social incapacity, death or total abstinence. This process can take between five to thirty years (Edwards, 2000).

However, the vast majority of individuals drink socially, and those who drink problematically often reduce their drinking levels independently of treatment if they can see the benefits of change. McCrady (2008) found that individuals begin to change their drinking habits when the perceived benefits of their behaviour begin to be eliminated by perceived costs, specifically, when they can expect some benefits from changing their drinking behaviour (Miller & Rollnick, 2002).

5.0 Theoretical Approaches to Alcohol Use: Social-Learning Theory and Social-Cognitive Theory perspectives:

5.1 Social-Learning Theory and its relevance to Alcohol Use:

Social-learning theory (Bandura, 1977) maintains that an individual's behaviour is consistently influenced by the behaviour of others around them and explains how individuals think, feel and behave. The social-learning perspective maintains that learning takes place through observation and modelling which has a survival value for the species (Bandura, 1986).

The Beck, Wright, Newman, and Liese (1993) model of cognitive therapy for substance abuse maintains that individuals attach interpretations to situations or events. It becomes the meaning of the event or experience that is of pivotal importance to the individual, rather than the experience itself. Beck et al. (1993) emphasised the role of beliefs in alcohol use and misuse: of crucial importance is the individual's appraisal of a phenomenon. Outcome expectations drive the individual to seek out pleasurable behaviours: how an individual appraises such an experience affects their thoughts, their feelings and their behavioural responses. When these cognitions and behaviours are maladaptive, Bandura (1977) proposed modifying and adapting such cognitions leading to behaviour change. According to social learning theory, drinking to cope when other more adaptive means are available distinguishes between problem and non-problem drinkers (Abrams & Niaura, 1987). Alcohol outcome expectancies are key motivators of drinking behaviour, which are reinforced by previous experience of the effects of alcohol (Wall, Thrussell, & Lalonde, 2003).

Social learning theorists accept both the biological and genetic factors in problem drinking, moreover, they recognise the critical role that socio-cultural influences play (Monti, Kadden, Rohsenow, Cooney, & Abrams, 2002). Research suggests that although there is a genetic vulnerability having a first-degree alcoholic parent, the interaction with psychosocial factors such as coping skills and levels of self-efficacy can determine a good or poor prognosis in drinking behaviour (Marlatt & Gordon, 1985). Classic learning theory maintains that cues associated with drinking elicit conditioned responses, therefore if individuals take responsibility for learning new behaviours, they can learn to manage both their genetic heritage and social learning heritage (Monti et al., 2002). Most important is a self-awareness around drinking behaviour and an appreciation of the benefits and consequences of drinking (Sanchez-Craig, Spivak, & Davila, 1991).

Children acquire a style of drinking from observing their parents' drinking habits (Heather & Robertson, 1997). Modelling effects from parents and peers are found to be robust, and demonstrate how individuals internalise expectations about the effects of alcohol (Marlatt & Rohsenow, 1980). Numerous studies (Cutler & Storm, 1975; Quigley & Collins, 1999; Maisto, Carey, & Bradizza, 1999) have found that individuals' consumption of alcohol rises if other group members' consumption rises, and that participants will tend to choose the same drink as other group members. Bosari and Carey (2001) in their review of the research literature on peer influences on college drinking found that normative beliefs, (how much an individual believes about the acceptability and rates of a behaviour in a population) are highly influential in an individual's drinking behaviour. Their findings are further predicted by social comparison theory (Festinger, 1954) where individuals tend to look evaluate themselves in relation to others; and by social categorisation theory (Turner, Hogg, Oakes, & Reicher, 1987) which builds on social identity theory and outlines an individual's self-categorisation within a group context.

5.2 An Introduction to the Social-Cognitive and Social Learning Perspectives of Alcohol Consumption:

Psychological research studying drinking from a social-cognitive perspective includes predictor variables such as beliefs, attitudes, expectancies and intentions. Cox and Klinger in 1988 published their motivational model of alcohol use in which they maintained that decisions to drink or not to drink are based on whether the positive consequences of drinking outweigh the negative consequences of not drinking.

5.3 Motivations which underpin Drinking Behaviour: Motivational models and their relevance to Alcohol Use

Why people drink is the subject of much of the research in the alcohol literature, in particular, focussing on the motivations underpinning drinking behaviour (Stewart, Loughlin, & Rhyno, 2001). Alcohol has been used as a means of changing affect since time began (Heath, 2000). In his seminal paper, Conger (1956) stated that alcohol is used as a means of reducing negative affect, specifically to reduce anxiety or tension. However, this early account for alcohol use was found to be flawed. Evidence turned out to be inconclusive and suggested that alcohol only reduced tension in certain circumstances. Moreover, Conger's theory was unable to account for inconsistencies within individuals (Cox & Klinger, 1988). Later research suggests the tension-reduction hypothesis is too broad and fails to identify the conditions in which alcohol provides a stress dampening effect (Young, Oei, & Knight, 1990) and more recent studies finding highly variable results (Young & Oei, 2000). In particular, although in some individuals

alcohol is found to reduce stress, in others it was found to increase stress (Cooper, Russell, Skinner, Frone, & Mudar, 1992). Nonetheless, alcohol undoubtedly has some emotion regulating effect.

Despite individuals expecting alcohol to relieve tension and anxiety and these expectations are not always borne out in reality (Leigh, 1989). Nonetheless, there is a relationship between stress and alcohol use. Folkman and Lazarus (1980) found that particular coping styles moderate the effects of drinking and stress. Active, problem-focussed coping predicted non-problem drinking, whereas drinkers who consume alcohol to reduce negative affect and regulate stress levels predicted problem drinking (Sayette & Wilson, 1991).

However, there is wide acceptance that alcohol regulates the quality of emotional experience (Cooper et al., 1995). Individuals conceptualise their alcohol use in different ways and report drinking for a variety of reasons. Broadly speaking individuals drink alcohol in order to enhance positive emotions or reduce negative emotions (Carpenter & Hasin, 1999). These two principle motivations include coping with negative affect: social facilitation: enhancement of positive affect: perceived social pressure: and celebratory activities (Cooper et al., 1995; Stewart & Devine, 2000).

5.3.1 Cox and Klinger (1988): A Motivational Model of Alcohol Use.

An important area of research centres on the motivational processes that influence individuals to drink alcohol (Cox & Klinger, 1988, 2004; Cooper et al., 1995). Cox & Klinger's formative motivational model of alcohol use explains how cultural, biological, environmental and psychological factors combine to influence an individual's motivation to drink. These interacting features influence the way individuals' expectations about how alcohol will create changes in their affect. According to Cox and Klinger (1988), alcohol might increase their positive affect or decrease their negative affect to a point that cannot be justified solely by the pharmacological effects of alcohol on the central nervous system. Cox and Klinger (2004) maintained that individuals' drinking decisions are influenced by rational and emotional processes. These are derived from the appraisal of various sources of expected affective change that drinking will bring. The individual may be unaware of such influences, however, they include past experiences of drinking, cultural differences and family norms (Skog, 1991). Clearly, previous reinforcement from drinking and whether those experiences were positive or negative will influence our expectations of drinking outcomes and whether the experience will be positive or negative.

The Cox and Klinger (2004) account of alcohol use proposed that affective change is central to drinking motivations. Alcohol is used not only to regulate emotions, it is also used to cope with long-standing stress and this can be a critical determinant in the decision to drink. Cox and Klinger (2002) maintained that drinking motivations consist of two dimensions: valance (positive as opposed to negative); and source, (internal as opposed to external). For example, an internal reward could be wanting to change one's emotional state, and an external reward could be making a positive change in one's social environment (Wilkie & Stewart, 2005).

However, having alternative sources of emotional satisfaction is essential. Cox and Klinger (2002) demonstrated that unless individuals have an adaptive motivational structure, they are likely to develop drink-related problems. Individuals who demonstrate such an adaptive structure have an ability not to over-emphasise the tension or stress reducing properties of alcohol. Lazarus and Folkman (1984) determined that those individuals who have a range of behaviours they believe reduce high stress levels are less inclined to use alcohol as their sole method of avoiding negative affect. Alternative incentives and goal-focussed behaviour has been shown to provide a strong moderating influence against the development of drink disorders (Palfai & Weafer, 2006). The accessibility of other positive reinforcers is crucial if the individual is to make a choice between drinking and not drinking (Vuchinich & Tucker, 1996). Satisfying marital, familial and social relations alongside good health and a satisfactory working environment are seen to be powerful reinforcers of moderate drinking behaviour (Stewart, Loughlin, & Rhyno, 2002). Cox and Klinger (1988) also found that beliefs about the negative consequences of drinking were a key factor in drinking behaviour. Stritzke et al. (2001) maintained that the fear of the negative consequences of drinking are more influential in the decision making process to drink or not to drink than the enjoyment of the positive incentives.

5.3.2 Cooper et al., (1995): A Motivational Model of Alcohol Use.

Cooper et al. (1995) tested the theoretical model of Cox and Klinger (1988). They proposed that the motivation to drink is based on positive and negative expectations. These in turn are derived from both internal or external motives. Cooper et al. (1995) described four different types of drinking motives: drinking for enhancement purposes, (positive reinforcement which is internally motivated); drinking for coping motives, (negative reinforcement which is internally motivated); drinking for social motives, (positive reinforcement which is externally motivated); and drinking for conformity motives, (negative reinforcement which is externally motivated). Cooper et al. (1995) found that each of the four motivations can predict different drinking behaviours. In

particular, drinking for coping motives can predict maladaptive drinking patterns compared with those aimed at positive incentives or rewards.

Although studies indicate all drinking motives have a positive relationship with the consumption of alcohol, drinking in order to cope with negative affect has been specifically found to place individuals at a greater risk for developing alcohol problems relative to other drinking motives such as social facilitation (Marlatt et al., 1999). Stewart and Chambers (2000) maintained that drinking for coping motives have consistently been found to predict problematic drinking. Cooper et al. (1992) proposed that drinkers who drink to cope have a tendency to employ less restraint in their drinking behaviour because they have less control over their drinking. Kuntsche et al. (2005) found that drinking for social motives more consistently demonstrated moderate drinking and drinking for enhancement motives were more likely to predict heavy drinking and difficulty in controlling alcohol consumption (Wilkie & Stewart, 2005).

The findings of the Cooper et al. (1995) study of drinking motivations is widely accepted as capturing the primary motives for drinking (MacLean & Lecci, 2000). It has been found to be reliable in terms of personality variables, however in spite of its popularity, Theakston et al. (2004) found that its four factor model failed to encapsulate the multiplicity of motives which can stem from multiple direct and indirect effects, from positive and negative incentives of drinking rather than from a single sub-category of one dimension. As such it is unable to allow for the complex nature of an individual's decision-making process.

5.3.3 A Summary of the Literature on Drinking Motivations:

According to both accounts, drinking motives are central to the experience of drinking. Individuals drink for numerous reasons, often situation-specific and from highly disparate expectancies.

Quigley and Collins (1999) proposed that the Cooper et al. (1995) motivational model of alcohol use is more limited than the Cox and Klinger (2004) motivational model because it fails to account for a summation of multiple incentives that can potentially be a mixture of both the positive and negative incentives for drinking. For example, social drinking can be motivated by both its psychotropic effects, (increased disinhibition and enhanced mood) as well as by its indirect contributory effects, (enhanced social networks). Therefore, the Cox and Klinger model (2004) allows for a more comprehensive model of understanding an individual's drinking motivations and acknowledges that alcohol consumption can be motivated by multiple incentives, both positive and negative (Stewart et al., 2001).

However, the literature on drinking motives is robust and research demonstrates that drinking for negative-reinforcement reasons, (drinking to cope and drinking to conform) consistently predicts alcohol-related problems, and drinking for positive reinforcement motives, (drinking for enhancement purposes and drinking for social purposes can predict heavy alcohol use (Stewart et al., 2002). The drinking motivation literature is able to coherently illustrate the mechanisms that underlie problem drinking and non-problematic drinking. However, in spite of the Cox and Klinger (1988, 2004) accounts of the manifold motivations that individuals give for drinking, they rely on quantitative research methods and the use of questionnaires, which by their nature fail to explore the subjective experience of the individual.

5.4 Expectations about the effects of alcohol which underpin drinking behaviour:

Alcohol expectancy theory, (Jones, Corbin, & Fromme, 2001) maintains that an individual's drinking is motivated by both the perception of the expected outcome of the drinking behaviour, (outcome expectations) and an individual's ability to control their drinking behaviour, (efficacy expectations). Efficacy expectancy is predicted by Bandura's social cognitive theory (1986) where drinking experiences are seen to influence the decision-making processes underpinning drinking behaviour.

5.4.1 Expectancy Theories of alcohol use and their relevance to drinking behaviour:

Individuals' beliefs about the effects of alcohol are powerful moderating factors in drinking behaviour (Abbey, McAuslan, Ross, & Zwacki, 1999). Alcohol expectancy theory (Jones et al., 2001) states that an individual's drinking behaviour is directly determined by the recognition of the outcome of alcohol use. Alongside this expectation comes the individual's perception of their ability to control their alcohol intake, specifically the individual's efficacy expectations. Bandura (1986) maintained that such internal motivations provide a role as moderator between an individual's behaviour and the environment. These expectancies mediate the relationship between normative beliefs and behaviour (Bandura, 1986) and are also subject to change over time as the individual matures with age and experience (Dunn, Lau, & Cruz, 2000; Leigh & Stacy, 2004) The subjective evaluation of drinking choices lies with the individual: whether to drink or not; whether the effects are deemed positive or negative.

Outcome expectancy research features highly in the literature on alcohol use and demonstrates that positive expectancies are associated with increased consumption

and negative expectancies with decreased consumption (Fromme, Stroot, & Kaplan, 1993; Fromme & D'Amico, 2000).

Efficacy expectancy relates to an individual's expectations about their ability to carry out health-related behaviours. Bandura (1986) maintained that efficacy expectancy is not merely a reflection of past behaviour; rather it refers to an individual's belief in their ability to control their alcohol intake.

According to cognitive social learning theories of alcohol (Abrams & Niaura, 1987) positive beliefs about the effects of alcohol can predispose an individual to drink in various contexts. If an individual believes that alcohol is going to improve a situation or a negative emotion, there is an expectation that the individual will drink. However, expecting an effect is very different from experiencing it.

Leigh and Stacy (1993) developed a drinking outcome expectancy questionnaire which separated expectancies into two categories: positive and negative. Positive expectancies included social facilitation, fun, enhanced sexual pleasure and tension reduction. Negative expectancies included social problems, physical effects, emotional problems and negative cognitive effects. Such appraisals lead to the decision-making process involved in drinking behaviour (Leigh, 1989).

High expectations of the benefits of alcohol can lead to problematic alcohol use, whereas negative appraisals can be found to minimise drinking behaviour (Cooper et al., 1992). Their findings suggested that overly high expectations in drinkers can lead to problematic alcohol use particularly in individuals who have maladaptive coping behaviours. This is further corroborated by the Marlatt and Gordon decisional matrix (1985) where the decision to drink is part of an appraisal process. It is interesting to note that Sayette and Wilson (1991) found that drinkers who consume alcohol in order to regulate their stress levels are more sensitive to the stress-dampening effects; Wilkie and Stewart (2005) found that enhancement motivated drinkers place a high value on the positive reinforcing effects of alcohol with coping motivated drinkers valuing more highly the stress-dampening effects of alcohol. Nonetheless, increases in reported stress consistently leads to increased alcohol consumption in coping motivated drinkers (Sayette, 2007).

Of particular note to this study, Leigh and Stacey (2004) found that adults over 35 years predicted more negative expectancies. This suggests as the adult matures, the individual is better able to assess the benefits and disadvantages of consuming alcohol.

5.4.2 Cultural Expectancies:

There is also evidence to suggest that different cultures and societies not only shape the way that alcohol used, they are influential in the expectancies of the drinker (Room & Makela, 2000). Marlatt and Rohsenow (1980) maintained that culturally conditioned expectancies about what alcohol is supposed to do are far more important that the actual physiological and pharmacological effects. For example, the tension relieving quality of alcohol is more related to the imbiber's expectation of the effect rather than the psychotropic effect of the drug on the central nervous system (Marlatt, 1980). It is also possible that the social environment's acceptance of problematic drinking behaviour could encourage excessive drinking by tolerating poor behaviour (Room & Makela, 2000). Room (2001) investigated the relationship between poor behaviour and intoxication across different cultures. His findings suggested that variations exist from one culture to another. For example, in some societies, drunken behaviour is considered as being possessed by spirits (MacAndrew & Edgerton, 1969). Such a consideration therefore absolves the individual of personal responsibility. However, Anglo-American societies tend to perceive drunkeness as not a valid excuse for poor behaviour, although a certain degree of tolerance is generally exhibited and accepting of moderate drunken comportment (Room, 2001). Undoubtedly, expectancies from intoxication lie behind the variations in alcohol behaviour. Room (2001) called for more research to investigate the underlying factors which cause and affect such behaviour across different cultures.

5.5 A Brief Review of the Social-Cognitive and Social Learning Perspectives on Drinking Behaviour:

Social learning theory and social cognitive theory emphasise that learning about alcohol takes place through modelling and observation. Behaviour is shaped by drinking consequences, which are under the control of the individual (Beck, 1993). Social learning theory recognises the influence of self-monitoring and self-evaluation on drinking behaviour, perception of responsibility, control and expectancy effects (Bandura, 1997). The evidence for the social learning and social cognitive analysis of alcohol is robust (Miller & Rollnick, 2002; Heather & Robertson, 1997). Social cognitive theory is also able to account for the success of the 12 Step Programme provided by Alcoholics Anonymous. The provision of social support and reinforcement for abstinence provides an appealing explanation of problem drinking (McCrady, 2008). Adaptive abstinence behaviours are modelled through other group members, providing an observational learning and social experience for the problem-drinker (Heather & Robertson, 1997).

Social cognitive theory also predicts parental socialising factors and personal experiences with alcohol to be antecedent sources of alcohol outcome expectancies (Young et al., 1990) with high levels of self-efficacy being associated with less frequent drinking (Stewart & Devine, 2000).

In summary, the psychological research studying drinking behaviour amongst individuals is better understood as a socially learnt behaviour (Heather & Robertson, 1997). Bandura's social cognitive theory (1986) is able to account for the influence of the social environment, the expectancies and motivations of the drinker, and the necessary coping skills and cognitive variables which predict problem or non-problematic drinking behaviour (Maisto et al., 1999).

6.0 Studies which explore key factors affecting drinking behaviour:

6.1 Internal Attributes: Self-efficacy, problem-solving, coping skills and personal goals

Problem-solving and coping skills have also been found to be key factors in determining whether an individual can manage their alcohol intake. Beck et al. (1993) found that individuals who hold unrealistic and irrational beliefs about their alcohol behaviour can result in the setting of unachievable goals which can lead to feelings of failure and ultimately learned helplessness (Seligman, 1975) where the individual has little faith in their ability to control their drinking behaviour. The Beck (1993) model of cognitive behavioural therapy for the treatment of alcohol misuse addresses cognitive control and adopts mental strategies to examine individuals' appraisals of drinking. Identifying high-risk situations, learning self-control, enhancing self-esteem and self-efficacy are key components of the cognitive behavioural approach (Monti et al., 2002).

Self-efficacy refers to an individual's expectations about their ability to carry out health-related behaviour (Bandura, 1986). Low self-efficacy beliefs appeared to predict less ability to stop problematic drinking. Baldwin, Oei, and Young (1993) demonstrated that low efficacy expectations predict high frequency of drinking and high quantity of alcohol per drinking session. Not surprisingly, low levels of self-esteem were also found to be involved in the development of alcohol problems (Trucco, Smith Connery, Griffin, & Greenfield, 2007). The enhancement of individual's self-esteem is a key area in alcohol treatment programs (Monti et al., 2002).

Self-efficacy expectations are particularly important in the recovery process for problem drinkers. Seligman (1975) maintained that high self-efficacy beliefs enable individuals to believe in their own ability to moderate their alcohol use. The immediate

reinforcing effects of alcohol can be powerful determinants of drinking behaviour. However, self-awareness and self-monitoring enable individuals to delay gratification and adopt self-regulatory strategies to their alcohol intake (Mischel, 1974).

Oei and Morawska (2005) found that efficacy expectancy moderates the effects of positive outcome expectancy on alcohol consumption behaviour. Most importantly, expectancies mediate the relationship between normative beliefs and alcohol consumption as predicted by social cognitive theory (Bandura, 1986).

It has been consistently shown that having high levels of self-esteem, a stable social network, a commitment to self care and having something of value to lose are powerful protective factors in predicting moderate alcohol use (Vaillant, 1995).

Palfai and Weafer (2006) further demonstrated the importance of goals in moderate alcohol use. They maintain that individuals who reported less meaning in the goal pursuits engaged in more frequent binge drinking and experienced more alcohol-related problems

6.2 External Attributes which predict moderate drinking:

Costello (1980) found that being married and in employment consistently explained the positive variances in treatment outcomes of former heavy drinkers. Vaillant (1995) maintained that social stability is able to predict remission from pathological drinking. However, if socially unstable, Alcoholics Anonymous is able to provide the requisite level of social stability therefore better treatment outcomes are predictable (Vaillant, 1995). It is interesting here to note that the success of Alcoholics Anonymous could be explained by social learning theory: specifically the provision of social support and modelling from abstinent members can be powerful militatating factors against alcohol abuse (McCrady, 2008).

Blomqvist (2002) maintained the motivation for self-recovery in problem drinkers is a long-term process and is highly influenced by support from others. Quality of life, education and economic well-being are important moderating influences on non-problematic drinking behaviour (Sher & Gotham, 1999).

Cunningham, Wild, Koski-Jannes, Cordingley, and Toneatto (2002) carried out a prospective study of 202 participants who were considering reducing their alcohol consumption. Although this study was concerned with dependent drinkers, it examined reasons for reducing alcohol or abstinence. The majority of respondents gave reasons that were health-related, financial and relationship-related, and changes

in cognitive appraisals of the benefits or negative consequences of drinking. These findings are similar to those found by Prochaska and DiClemente (1983) in their influential Trans-Theoretical Model of Change where one of the predictors of changing drinking behaviour is the anticipated costs of change to the individual. Deci and Ryan (1985) maintained that individuals who are intrinsically motivated to change are those most likely to succeed in attempting consistent change. For change to be worthwhile, it needs to be seen as beneficial to the individual and requires an improvement in the personal life situation (Sher & Gotham, 1999).

7.0 Summary of the Quantitative Literature on Alcohol Use:

Overall, the quantitative research literature on alcohol is broadly centred on clinical and treatment populations and the existing research on non-problematic drinking behaviour is almost exclusively carried out on student-aged populations in North American studies. However, the theories developed to explain alcohol use have undoubtedly contributed to a clearer understanding of drinking behaviour. Nevertheless, none of the motivational and expectancy models of alcohol use can completely explicate the manifold motives that individuals attribute to drinking choices and behaviours. Quantitative literature by its nature is empiricist and although it has provided the research literature with coherent accounts that explore alcohol use and misuse, it fails to account for the subjective experience of the individual.

8.0 Overview of the Qualitative Research Literature:

In reviewing the relevant qualitative literature on alcohol use, the majority of the research was found to be North American. This was followed by research carried out in Britain, Northern Europe, Australia and New Zealand. A small number of qualitative studies were identified which explored the subjective experience of alcohol, although they principally focus on problem drinkers, treatment choices and reasons to abstain from alcohol.

No qualitative literature was found which specifically explores the area and population this study addresses: How do professional men experience alcohol? Nonetheless, five qualitative studies were found which investigated the experience of drinkers and whose findings were pertinent to the focus of this study.

8.1 Qualitative Studies identified in the research literature:

The first of these studies investigated the treatment-seeking processes for individuals with alcohol problems (Jakobsson, Hensing, & Spak, 2005). This Swedish Grounded Theory study examined the decision-making processes that lead problem drinkers to seek treatment. The researchers analysed twelve participants' accounts, five men and seven women during treatment. Their findings highlighted the development of a willingness to change was the essential process which lead problem drinkers to seek treatment. Notably, this process was significantly aided by support from partners, friends and professionals. Changes in life events such as becoming a father and falling in love were also found to enhance a willingness to change. The findings of Jakobsson et al. (2005) are supported by the research literature on alcohol use, where social support and positive life events are seen to be significant moderators of alcohol consumption, as evidenced by Stewart & Chambers (2000). Participants also highlighted the importance of negative consequences of drinking, specifically being robbed when intoxicated and observing friends' lifestyles deteriorating due to problem-alcohol use. Jakobsson et al. (2005) also found that social, psychological and medical incentives, such as ill-health helped individuals turn their willingness to change into sustained action. Self-awareness around drinking behaviour and greater levels of insight into the damaging properties of alcohol were found to be important incentives in treatment-seeking processes.

Although the grounded theory study by Jakobsson et al. (2005) is not directly pertinent to the research topic in question, their findings corroborated much of the quantitative literature on problem alcohol use and treatment-seeking behaviour, specifically the Prochaska & DiClemente (1983) trans-theoretical model of change. Moreover, it strongly agrees with the findings in the analysis chapter of this study where the importance of social support, awareness of the negative consequences of problem drinking, and a willingness to change as and when necessary were found to be highly influential moderators of alcohol consumption. However a limitation of the study was their failure to explore sex differences between participants' accounts of treatment seeking behaviour. Their study raised the demand to carry out more gender-based studies in order to explore the differences between male and female accounts of the factors which promote change in life-style choices. The call for such gender specific accounts of alcohol use is addressed in the current study.

Webb, Rolfe, Orford, Painter, and Dalton (2007) carried out a qualitative study with thirty-six British heavy drinkers investigating treatment choices. Their findings suggested that social roles appear to encourage non-problem drinking in the long term

alongside a confidence in the ability to change drinking behaviour. Social support provided by family or friends can be seen to play a key role in maintaining change in drinking behaviour as well as providing support to other drinkers. This further supports the findings of Jakobsson et al., and the motivational and expectancy research on alcohol use (Cox & Klinger, 1988; Cooper et al., 1992), where social support and high levels of self-efficacy were found to be potent moderators of problem alcohol use. The findings of Webb et al. (2007) also confirm the Tucker (2001) review of the alcohol treatment literature, which claimed that 75% of problem drinkers change their drinking habits without specialist treatment programs. This is of profound importance to psychologists who work in the treatment of alcohol misuse and identified the key role social support plays in influencing change in problem drinkers. A major strength of this study was its large community sample and its qualitative approach, which allowed for a large range of expectancies to highlight mechanisms of change. Of particular note were their findings on the dual nature of support: helping and being helped are proposed as being strong moderators of heavy drinking behaviour. A limitation to the study was the retrospective design of the interview process. However, participants were limited to two year's recall of past experiences to limit memory distortions.

A further study which investigated self-resolving alcohol use in early adulthood, was carried out by Finfgeld and Lewis (2002). Their North American study investigated the phenomenon of previously heavy drinking young adults and exploring their subjective experiences of changing drinking behaviour. This study interviewed twelve adults, both male and female. They proposed that the self-resolution process involved a process of "securing solid ground" (Finfgeld & Lewis, 2002, p.583). Their findings suggested that as individuals mature from childhood to young adulthood, they encounter alcohol problems, however their experiences culminated in finding safe, solid ground in adulthood and where their drinking resolved from problematic to more moderate alcohol consumption. Their study found that many of the participants had experienced challenging childhoods during their early developmental years. Most participants had decided to change their drinking habits over time. However, a small number had experienced key events which had forced individuals to re-assess their drinking behaviour. Changing friendship groups, caring for children, supportive support network, favourable working experiences and making a positive contribution to society were seen as key reasons for moderating their drinking. Again, their findings reinforced those of Sher and Gotham (1999) where the majority of individuals were found to mature out of problematic drinking following adolescence. Similarly, marriage and favourable work experiences were found to account for the likelihood of non-problematic drinking behaviour proposed Miller-Tutzauer et al. (1991). 75% of adults resolve their problematic drinking behaviour without recourse to treatment (Tucker,

2001); and goal-directed behaviour (Palfai & Weafer, 2006) was found to be a significant reinforcer of moderate drinking.

This study emphasised the need to carry out more research which explores the differences between male and female accounts of self-resolving alcohol use. It also recommended further studies to investigate the resolution process between younger and older adults. This is because they found that the resolution process differed between age groups. A limitation to the study was that it transpired a number of the participants after entering the study were found to be experiencing abusive episodes with alcohol and using other maladaptive coping strategies including use of non-prescription psychotropic drugs. This challenged the reliability of participants' accounts and highlighted the need for a more robust screening process in selecting appropriate participants for the study.

However, Finfgeld & Lewis (2002) added depth to the qualitative research literature on the self-resolution of alcohol problems and were able to identify key reinforcing mechanisms for change in alcohol use. They raised the requirement for more studies to be carried out of a gender-based nature, and between different age ranges of participants. It is of particular note that these two recommendations are significantly included in the rationale for the current study.

Van Wersch & Walker (2009) carried a grounded theory study, which investigated binge drinking in Britain. Of particular note is this study explored drinking behaviour which could be considered as normative and culturally acceptable. Thirty-two participants were interviewed: twenty female and twelve male aged between twenty-two and fifty-eight years. They found that binge drinking is an enjoyable way of socialising with friends and enables relaxation after a busy day. Of particular interest, this study highlighted the self-imposed rules that individuals adopt in relation to drinking behaviour: moderating factors such as not wanting to drink and drive; only binge drinking at weekends, never binge drinking if the next day is a work day, and not binge drinking whilst alone. These factors confirm the assertion of Room and Makela (2000) that drinking is bound by rules and restraints and that drinking patterns are both culturally and socially driven (Fox, 2000). Again, like previous studies, their account is unable to address the gender differences between male and female accounts of binge drinking.

Another British qualitative study by Orford et al. (2002) used mixed quantitative and qualitative methods to investigate heavy drinkers' experiences of alcohol. Self-report questionnaires were carried out with 500 untreated heavy drinkers. These were followed by semi-structured interviews conducted with 50 drinkers, (men consistently

drinking more than 50 units of alcohol per week; and women consistently drinking more than 35 units of alcohol per week). Their findings were of particular interest to the alcohol treatment community. Orford et al. (2002) discovered that heavy drinkers' perceptions of the benefits that alcohol affords outweigh the negative consequences of drinking. This runs counter to the experiences of moderate drinkers who were found to reliably demonstrate that negative appraisals of the effects of alcohol predict non-problematic drinking (Cunningham et al., 2002; Jones et al., 2001). The alcohol motivation and expectancy literature consistently claim that individuals drink alcohol for their expectations about the benefits that alcohol will confer (Cooper et al., 1995; Cox & Klinger, 1988) and non-problem drinkers will balance the rewarding effects of alcohol alongside the negative effects. However, the study carried out by Orford et al. (2002) found that heavy drinkers seemed likely to view their drinking predominantly in beneficial terms. They attributed far-reaching benefits to heavy alcohol use, specifically enhancing their social-lives, self-confidence, relaxation, stress and perceived access to new sexual partners. Their reported negative consequences related primarily to immediate or proximal effects of heavy alcohol consumption, such as hang-overs rather than the longer-term damage to health. Indeed, the majority of heavy drinkers failed to acknowledge the negative health effects of excessive alcohol use. The findings of this study provided a significant challenge to treatment providers: most treatment programs assume the balancing of incentives with a view to giving up problematic drinking, for example, the Stages of Change model (Prochaska & DiClemente, 1983), and Motivational Interviewing (Miller & Rollnick, 1991). However, in this study, the positive appraisals of the effects of alcohol exceeded those of a more injurious nature.

Although this study was carried out on individuals who were consistently drinking well in excess of Government guidelines and beyond the drinking habits of the population interviewed for this study, their findings are of interest to this analysis, particularly as they related to individuals' appraisals of the benefits and negative consequences of drinking. These have significant implications to the processes of change models of excessive alcohol use (Prochaska & DiClemente, 1983). If individuals fail to attribute any significant negative effects to the consequences of excessive alcohol use then the model is possibly too simplistic and fails to capture the complex appraisal system that individuals employ. A particular strength of this study was the combination of self-reports and in-depth qualitative interviews with a large number of participants, which enabled fulsome accounts of the benefits and harms heavy drinkers attributed to alcohol use. This study was able to demonstrate the motivational models of alcohol use to be overly simplistic by failing to record highly individual accounts of drinking motivations. Again, analogous to previous qualitative studies, this study was unable to explore gender differences in heavy drinkers, however they highlighted the need for

further research both in this area and in investigating the impact of overly positive appraisals on treatment protocols.

9.0 Summary of the Qualitative Literature on Alcohol use:

The qualitative research literature on alcohol that was identified was found to be predominantly focussed on heavy drinkers, treatment seeking populations, self-resolving drinkers and binge drinking. Nonetheless, the qualitative literature on alcohol use was able to account for the subjective experience of the individual and is therefore able to broaden our understanding of the mechanisms which contribute to drinking behaviour.

A number of the qualitative studies called for research to be carried out on male and female drinking behaviour. There is also evidence to suggest that different age groups demonstrate different drinking behaviours. This study addresses these two methodological criteria by investigating a population of single-sex adult men, within the age range of ten years from 40 to 50 years of age.

10.0 Rationale for the Study:

Traditionally, the focus for alcohol research has been dominated by dependent drinking. The topic of this thesis is: How do professional men experience alcohol? This reflects a style of alcohol use which is normative, socially acceptable and experienced by a high proportion of the population (Fox, 2000; Lader & Goddard, 2004).

The literature concerning non-problematic drinking is strongly dominated by North American models of alcohol use and largely focusses on student-aged populations. Although the body of literature on alcohol and alcohol-related disorders is extensive, no available study was found which examines professional men's experiences of alcohol from either a quantitative or qualitative perspective. The principle argument for conducting this study is that there is an absence of research which informs our understanding of the experience of alcohol whilst taking into consideration the socio-economic group of professional men; the development of the relationship with alcohol over time; and the age cohort in question: adult, British men between the ages of forty and fifty, a peak age for alcohol consumption (Vaillant, 1995).

Moreover, there remains a paucity of research on individuals who appear to be able to moderate their alcohol use. The reinforcing mechanisms, which enable them to do, so are frequently termed "natural recovery processes" (Vaillant, 1995, p. 352). Bandura (1999) appealed to researchers to investigate such a phenomenon and turn their

attention away from the risk factors which seem to predict heavy drinking. This thesis responds to his call and examines the militating factors which seem to prevent social drinking developing into problem drinking. It is hoped this will further enrich our understanding of alcohol, drinking motivations and alcohol-related disorders.

How do professional men experience alcohol?

The next chapter turns its attention to the methodological considerations and epistemological rationale for its chosen method of enquiry.

Chapter word count: 9,660

Reflexivity: Literature Review

I was very keen to stay away from the literature on alcohol before completing the analysis chapter of the thesis. Once that was finished and I had updated the methodology chapter to include all the recent analysis work, I set about tracking down the literature on alcohol that seemed relevant to the findings in the analysis. Not surprisingly it was vast, and trying to sift through numerous articles of a highly specialised nature I decided to consult a number of key works by the major alcohol theorists: Beck; Vaillant; Marlatt; Heather and Robertson; and Miller and Rollnick. This was exceedingly helpful and stopped me feeling like I was unable "to see the wood for the trees". Initially I was unsure where to start – my dilemma was that I was not specifically looking at problem drinking. Predictably, the literature is dominated by addiction models, treatment programmes and recovery processes. The qualitative literature was sparse, and the only studies I was able to find related to the experiences of individuals who had resolved their problematic drinking behaviour or untreated heavy drinkers who were drinking way over the Government guidelines of 28 units per week. Basically no literature was found which explored the experiences of men of this age cohort, from this socio-economic category, where the participants were drinking broadly in line with Government guidelines for healthy drinking practices. This inspired me to target the literature which explicates drinking motivations and the alcohol expectancy literature because the analysis had highlighted the wide variety of pleasures that individuals attribute to alcohol and their concerns of the negative consequences it can give rise to.

I had mixed feelings reviewing the literature: having already completed the analysis chapter. The findings from the literature review were so pertinent to my emerged categories that I was on the one hand delighted to find myself corroborating the findings of hundreds of alcohol studies; on the other hand, I felt rather suspicious that everything had fitted so neatly together. Actually, I felt slightly disappointed that my analysis was not quite so groundbreaking as I thought it might have been. Sitting and reflecting allowed me to begin to process my mixed emotions and I soon began to feel very encouraged that indeed so much in the research literature was reflected in my findings. In particular, the moderating factors which seem to be such powerful reinforcers of non-problem drinking were so evident in participants' accounts. I was also struck by how the social cognitive theories of alcohol use account for the learning, socialising and modelling effects of drinking behaviour alongside the motivations and expectancies. Moreover, they seem to account for the processes that make Alcoholics Anonymous a successful treatment option. I began to think through the implications of my findings, in particular the concept of the Tipping Point, and how that was not specifically highlighted as a concept in any of the research literature, yet is alluded to in the qualitative literature as significant or cumulative events which seemed to reinforce moderate drinking behaviour, or abstinence. The Tipping Point undoubtedly requires further research.

Chapter II:

Methodology

Overview and Objectives:

The aims of this chapter focus on seven principal themes:

1. The rationale for an appropriate method of enquiry
2. The context of the research
3. The ethical considerations of the study
4. An overview of participant criteria
5. Procedures for collecting the data
6. The analysis of the data
7. Summary and reflexivity statement

Research Question and Objectives: How do Professional Men Experience Alcohol?

This study has aimed to investigate how professional men experience alcohol. My interest has been to identify the various ways that men negotiate their use of alcohol in relation to their work, their relationships, indeed their human experience. Such an intention has been to explore how men construct their relationship with alcohol over time rather than merely reflecting their drinking habits. My concerns have been to examine what drinking is like for men, what it means to them, how their drinking developed, what personal history contributes to their drinking and what meaning they attribute to alcohol.

Gaining an understanding of men's drinking and the history of their relationship with alcohol emphasises the psychological, social and cultural reasons for drinking alcohol. Elucidation of such a phenomenon leads inevitably to a greater awareness of the meaning of alcohol, alcohol use and alcohol use disorders. Non-problematic drinking in professional men has not been found to be specifically considered by the research literature on alcohol. This study proposes to redress this imbalance.

As proposed by Charmaz (2006), the following have been central to the design of the study: the research should be credible; original; and should resonate. Furthermore, the research should be useful.

Consistent with the chosen method of enquiry, statements, comments and observations of a reflexive nature can be found in italics.

1.0 Rationale for an appropriate Method of Enquiry

The emphasis of this particular section focusses on the manner in which the research question is addressed. It explores the following:

1. The rationale for selecting a qualitative approach
2. The relationship between epistemology and psychological research
3. The epistemological perspective in relation to the research question
4. The rationale for the choice of method and description of approach
5. Ensuring quality in the research
6. Reflexivity in relation to the epistemological position of researcher; the design of the study; and the context and organisation of the study.

1.1 Rationale for selecting a qualitative approach

The principal aim of this research is to explore and make sense of men's experiences of alcohol. The exploration of such a research question required the careful consideration of an appropriate method of enquiry.

Orum, Feagin, and Sjoberg (1991) commented:

> The best methodologies of qualitative and quantitative research have come from those engaged in active research in which methodology has been subordinated to the ardent desire to know and communicate something significant about human life. (p. 23)

Qualitative research primarily focusses on the investigation of meaning (Willig, 2008). In particular, it attempts to explicate how individuals make sense of their world and how they understand the phenomena in question. Therefore qualitative researchers are interested in the quality and richness of personal experience. This contrasts with using cause and effect relationships that are used to predict future phenomena in quantitative research methods. Quantitative methods involve testing experimental hypotheses derived from existing theories, whether such a hypothesis can be proved or disproved. Such an approach would be entirely inconsistent with the aims of this particular research where the primary focus has been the systematic investigation of an individuals' subjective experience of alcohol.

Malterud (2001) stated:

> Qualitative research methods are strategies for the systematic collection, organisation and interpretation of textual material obtained from talk or observation which allow the exploration of social events as experienced by individuals in their natural context. (p. 397)

A qualitative approach reveals the social and psychological processes of individuals and allows ideas to emerge from the data (Charmaz, 2006). Consequently, this study employed a qualitative approach with the aim of describing and interpreting the research participants' experiences of alcohol.

Given the acknowledgement that a qualitative approach would be most appropriate for the aims of this study, the next section explores the varied epistemological positions that can be found within the qualitative methodologies.

1.2 The relationship between epistemology and psychological research

The variety of approaches to qualitative research methods is a direct consequence of the diverse nature of epistemological positions upon which they are founded. Reicher (2000) underlined the importance of the choice of method. Specifically, each method draws from divergent philosophical roots and is founded on differing theoretical assumptions. Therefore, contrasting epistemological positions generate different types of questions.

Epistemological reflexivity is concerned with the way that the epistemological position defines the way research can be investigated and analysed. Indeed, the major consideration here is to reflect on the way that expectations about the concept of knowledge can either limit or enhance the findings.

Fundamentally, the assumed epistemological position takes into consideration how the researcher perceives the world whilst allowing the research question to be investigated. Reicher (2000) distinguished between two approaches to qualitative research: experiential where the focus is on the understanding of peoples' experiences, how they think and act; and discursive, where the focus is on the role language plays in the construction of reality. These two approaches correspond to the divergent epistemological positions of realist and constructionist approaches. Moreover, these contrasting approaches can be considered from an extreme or more centrist perspective. Extreme or "naïve realism" (Smith, 2008) presumes that

phenomena exist in the world, and can be identified objectively. Extreme constructionist, or "radical relativist" contests such a view and denies there is an external reality arguing that knowledge is only constructed in the context of individuals in discourse, thereby creating their own reality.

Madill, Jordan and Shirley (2000) proposed an epistemological position that situates itself between these two polar opposites. This they termed "contextual constructionist". This takes the position that it is possible to accept phenomena exist in the world yet that phenomena are by their nature contextual and moreover, standpoint-dependent. This acknowledges the researcher brings their own sense of reality to their study, and inevitably shapes and influences the process of research. Accordingly, the researcher is perceived as an active agent in the investigation, rather than an impassive observer.

The epistemological framework therefore needs to be able to answer the question that the study seeks to explore, taking into consideration the researcher's viewpoint and role in that process. Accordingly, in order to evaluate a study's findings, it is essential for the epistemological position to be made explicit.

Having viewed the various epistemological approaches to qualitative research, the next section considers the researcher's epistemological stance. Thereafter it provides an account of an appropriate method of enquiry which is congruent with the researcher's aims and epistemological orientation.

1.3 The epistemological perspective in relation to the research question

In order to select an appropriate method of enquiry, Willig (2008) recommended the researcher considers a series of reflexive questions. The responses to such questions are pivotal in evaluating the appropriate methodology for the study under consideration.

The first epistemological question relates to the type of knowledge the study aims to create.

In consideration of such a question, I acknowledge my position as being one which aims to reflect how the participants experience their world. However, I accept that truth is subject to interpretation and that although individuals perceive their experiences as "real", such a reality may vary in different contexts of telling. Nevertheless, this does not make their representation of reality "unreal". Rather it remains "real" to the individual whilst being involved in such an experience, or describing it.

The second epistemological question asks the researcher to reflect on the types of assumptions they make about the world and knowledge.

Such a question caused me to step back and examine my ontological beliefs. Questioning myself as to how we can know something was fundamental to my choice of methodology. I believe an individual's experience of their world is influenced by social, cultural and psychological processes. I also maintain that such experiences are mediated through social participation. Therefore, an individual's interpretation of a phenomenon affects its consequences and leads to an understanding of the world which is accepted as dynamic and subject to change.

The third and final epistemological question inquires how the researcher envisions their role throughout the process of research.

Reflecting on my role as researcher inspired me to consider whether I saw myself as an objective observer of the phenomenon in question, or did I see myself as an active agent in the process? In response to such a consideration, as I endeavour to describe individuals' experiences, I recognise that my own identity and socio-cultural reality is inevitably entwined with those of the participants in the study. Therefore, I position myself as co-constructor of an understanding of reality as described by my participants, which has been shaped and influenced by my presence as researcher.

Having decided upon a qualitative approach for its potential in generating knowledge about a particular phenomenon in context, this next section considers the different epistemological positions within the qualitative research methodologies and expands on the responses to the three questions posed by Willig (2008). Thereafter, it provides a rationale for the chosen method of enquiry as being congruent with the researcher's epistemological stance, and the research question: how do professional men experience alcohol?

As the different qualitative approaches vary in the way they treat the data, a more detailed examination of the chosen methodology was considered in relation to the research question. Such a consideration required a philosophical reflection on the aims of the study. In particular, was the primary intention of the study to reflect reality, and offer this research as an impartial observation of a phenomenon with the researcher existing autonomously from the procedure? Such a stance would imply a realist perspective. Alternatively, did the researcher view the participants' descriptions of a phenomenon as a way of constructing meaning in their lives? This would be in line with a relativist position and derives from a social constructionist perspective. Such a standpoint is grounded in the belief that there is "no one truth" (MacLeod, 1999,

p. 122). From this perspective, Gergen (1985) proposed there exists multiple realities and the cultural and historical lives of individuals affect the way individuals act, think and feel about what they do and how they live.

In light of the research aims and the epistemological stance of the researcher, this study adopted a relativist ontology from a contextual constructionist standpoint. Such a stance would be consistent with the responses to the three epistemological questions that Willig (2008) advised as requiring consideration before selecting an appropriate method of enquiry.

Madill et al. (2000) proposed such an epistemological position as being located mid-way between the extreme realism that a researcher might select in order to prove or disprove a phenomenon from a purely positivistic and empirical perspective; or radical relativism, which maintains that knowledge only exists between individuals in the form of dialogue. A radical relativist perspective approaches the most extreme ontological position of epistemological solipsism. Such a perspective would suggest that the only reality of which we can be assured is ourselves (Popper, 1977). Both extreme perspectives were rejected by the researcher. A positivistic perspective was deemed to be incompatible with the research aims and the epistemological stance of the researcher. Correspondingly, a radical relativist position was rejected as being overly sceptical in nature.

A contextual constructionist approach accepts that the researcher brings their own sense of reality to the research, and that phenomena are essentially contextual and standpoint-dependent.

In consideration of the research question, a social constructionist position was adopted because of the researcher's belief that individuals create their own reality and their words are a reflection of their socio-cultural and psychological existence. Likewise, such a position obliges the researcher to acknowledge their active role in the research process and accept the influence this has on the entire process of research. A social constructionist stance proposes that truth is constructed by human perception, convention and social experience (Burr, 2003).

Mead (1934) maintained humans are first and foremost members of society and that through such a process we become an individual. Mead's writings emphasised the mind, the self and society as fundamental to the principles of social constructionism. Social constructionism as a theory of knowledge proposes that the meanings of our actions are part of a process of gradual internalisation of the expectations of how others might conduct themselves in a similar situation (Mead, 1934). Actions and

thoughts then arise out of social processes. Erving Goffman (1959), following Mead's work, argued that we are all social products, and that our lives are mediated by the meanings that we ascribe that that which surrounds us. Blumer (1969) used the term "symbolic interactionism" to describe this perspective.

A major focus of social constructionism is the consideration of how social phenomena are constructed and develop within a contextual framework. Therefore, an epistemological position from a social constructionist perspective enables the researcher to examine the construction and evolution of social reality (Burr, 2003). The use of language is also fundamental to such a perspective (Willig, 2008) as the choice of the words we use in conversational speech is mediated by our culture, heritage, education and context. Thus, language is not a simple description of a reality; rather it brings with it a personal version of reality.

To ensure that the chosen research method was consistent with the epistemological position, two methods of qualitative enquiry were considered: Interpretative Phenomenological Analysis, (IPA), and Grounded Theory. Both methods would be consistent with exploring men's experiences of alcohol from a social constructionist perspective. In addition, such approaches accept the epistemological position of the researcher as being standpoint dependent and that phenomena are by their nature contextual.

The principal aims of IPA are to understand how participants perceive their world and make sense of phenomena (Willig, 2008; Smith, 2008). By exploring and deciphering the meanings that individuals attribute to their experience, such an approach therefore would allow for an exploration of the research question. Moreover, in consideration of a social constructionist choice of methodology, IPA would be able generate an understanding of participants' experiences. Nevertheless, the objectives of IPA are more concerned with the quality and essence of the human condition (Smith, 2008) and not with the construction a theoretical model, nor the development of hypotheses for future research.

In contrast, the objective of Grounded Theory is to develop a theory of how social processes can be identified and explained in context (Willig, 2008). Grounded Theory allows for the production of a theoretical account of a phenomenon, which is directly grounded in the data. Moreover, it allows for hypotheses to be made for future research.

The intention of this current research was to create an explanatory model of men's experiences of alcohol. Therefore, in consideration of the compatibility of the

methodology and chosen epistemology, Grounded Theory was selected as an appropriate method for this study from a social constructionist perspective. Congruous with such an epistemological stance, it was also able to acknowledge the researcher's culture, values, context and life experience as playing a fundamental part in such an investigation. Furthermore, it permitted the exposition of future lines of enquiry, which could be of benefit to the individual, and the alcohol research and treatment communities.

1.4 Rationale for the choice of method and description of the approach

Grounded Theory is a method that allows the systematic gathering, synthesis, analysis and conceptualisation of qualitative data (Glaser & Strauss, 1967). It allows for the study of human experience whilst emphasising the meanings that individuals attribute to their actions and their consequences (Charmaz, 2008).
Conceived over forty years ago, Grounded Theory has become a popular method of analysis. However, its widespread use has resulted in it undergoing a number of revisions, some of which could be said to be inconsistent with Glaser's original design of the method. The debate between Glaser's version of Grounded Theory, and Strauss' revised version of the method continue to be fought with Juliet Corbin taking the helm since the death of Strauss in 1996. Glaser (1992) argued that Strauss and Corbin (1990) had developed a version of Grounded Theory that was overly prescriptive and incompatible with the original objectives of the approach. In particular, he criticised Strauss and Corbin's axial coding paradigm, which he maintained is overly deterministic, and actually obstructs the emergence of theory from the data (Charmaz, 2006).

In their seminal book, Glaser and Strauss (1967) originally proposed that as the data is analysed, concepts begin to emerge from the data independent of the position of the researcher. These emerging concepts are raised to codes and categories of a more conceptual level albeit grounded in the data. Glaser positions himself from a more empirical perspective, with the researcher maintaining a separate position from the analysis. He also recommends the use of specialist language and rigorous coding methods that belie his positivistic and quantitative heritage (Charmaz, 2006).

This positivist stance was challenged by Charmaz (1995, 2006) who proposed an alternative methodology. Charmaz maintained that codes and categories are constructed through interpretations of the data, rather than being implicitly part of the data. This constructionist stance necessitates the researcher to reflect on how their own assumptions, beliefs and ideology contribute to the research process.

Therefore, the resulting theory is regarded as a rendering of reality, rather than an objective reporting of reality, which is grounded in the data (Charmaz, 2008). As such, Grounded Theory from the social constructionist perspective holds epistemological and personal reflexivity as central to the research process. This is a dominant theme throughout the current study. All through the analysis, reflexive comments are made describing the researcher's thoughts and impressions throughout the process of research.

Grounded Theory enables the specification and explication of social processes within their contextual framework and how these impact on the lives of individuals. It makes the symbolic interactionist assumption that the phenomenon we are investigating is a product of human participation, which is dynamic and is constantly being revised and negotiated (Charmaz, 2006). It enables researchers to study the implicit meanings of individuals which may be hidden and only emerge through systematic analysis (Charmaz, 2006). Nonetheless, the researcher's personal beliefs, expectations and personal history will inevitably impact on how those perspectives and position have shaped the research.

A characteristic of the approach is that data is collected and analysed concurrently (Charmaz, 2008). This allows concepts and categories to emerge from the data, which the researcher subsequently uses to produce a theory, which is grounded in the data. It also allows the researcher to amend, refine and expand on lines of enquiry as and when they occur. Consequently, the semi-structured interview can be reviewed and amended to fit the emerging themes.

This study followed the Charmaz (2006) social constructionist version of Grounded Theory. It is notable that Charmaz (2006) employed the term "constructivist" (p.129) to describe such an interpretation. Although social constructionism and social constructivism are both concerned with the manner in which phenomena evolve in relation to social contexts (Hacking, 1999) they are nonetheless discrete. Social constructivism contrasts with social contructionism in its focus on an individual's subjective explanation of knowledge within a social context (Glasersfeld, 1995).

A constructivist approach is underpinned by the emphasis it gives to the data and analysis as being both informed and constructed through the contributions of the participants and researcher (Charmaz, 2006). Furthermore, it acknowledges that the findings are a representation of reality whilst recognising the process of research as being socially constructed.

Mindful of this co-construction of reality, I have kept a reflexive diary (Appendix 9) throughout the research process and have included a reflexivity statement in this chapter in order to maintain transparency in respect of my rationale and approach to the data.

1.5 Grounded Theory and its relevance to the discipline of Counselling Psychology

Ponterotto (2005) highlighted the growth of a qualitative approach to research by counselling psychologists. He affirmed the gradual shift away from quantitative methods of enquiry and a significant expansion in the use of Grounded Theory, particularly for the discipline of Counselling Psychology. Ponterotto (2005) characterised Grounded Theory as being in the vanguard of the qualitative methodologies. In particular, he placed the Charmaz (2006) constructivist approach to Grounded Theory as one of the most popular methods in counselling psychology. Moreover, Grounded Theory from the constructivist perspective is recognised as being congruent with clinical practice and where the quality of the therapeutic relationship is highlighted (Morrow, 2007).

Such an emphasis on the therapeutic relationship is given prominence by the British Psychological Society (2005) in its professional practice guidelines for the discipline of Counselling Psychology. The BPS (2005) calls for counselling psychologists to apply the highest standards of rigorous enquiry in exploring new areas of research whilst accentuating the quality of the relationship with research participants. Such an entreaty is congruent with the aims of Grounded Theory where the focus is on explicating the subjective experience of individuals whilst respecting their values and human nature. Therefore, Grounded Theory is able to provide a rational account of an individual's experience whilst maintaining an ethical stance which is consistent with the professional practice guidelines of the BPS (2005).

1.6 Ensuring Quality in Qualitative Research

"Quality is elusive, hard to specify, but we often feel we know it when we see it" stated Seale (2002, p. 102). Henwood and Pidgeon (1992) proposed a set of guidelines to ensure quality control in qualitative research.

These consist of the following principles and have been upheld throughout the process of the research:

a. The importance of fit.

Examples of the material have been used in order to confirm where my rationale lies for understanding the data. This ensures that the reader is able to see whether there is a real relationship between the data and the findings. Charmaz (2008) recommends using sufficient quotations from interview transcripts in order to draw the reader into the lived experience of participants.

b. Integration of theory.

Where there is a demonstrable rationale to the structure of the research and where I have demonstrated my reasoning for the emerging theory through the use of memos and diagramming.

c. Reflexivity.

That is to say, situating myself in my life and my personal values and experiences. Specifically, the social constructionist version of Grounded Theory recognises the role of the researcher as an active component throughout the research process (Charmaz, 2006). Reflexive comments are made throughout the study.

d. Documentation.

All aspects of the research have been thoroughly documented for the duration of the research process. Emerging themes, early coding, focussed coding and raised categories have all been recorded throughout the study. Examples of clustering and diagrams are also provided in Appendix 8, showing the relationship between the initial codes and the development of the emerging theory. A research diary was kept throughout the research, an example of which can also be found in Appendix 9.

e. Theoretical sampling and negative case analysis.

Where I have continuously checked the data for potential new lines of enquiry whilst ensuring that all data is subjected to the same level of scrutiny, including those which could appear to yield less insight. I was constantly alert to the possibility of finding a negative case which would have added further depth to the study. This is explored further in the Results Chapter.

f. Sensitivity to negotiated realities.

This refers to the importance of remaining sensitive to the participants' views on the data they provided at the interview. I have not sought nor expected to find participant validation with my research findings. Nonetheless, I have been keen throughout the process of research to remain sensitive to the participants' reactions to the findings, as clearly these emanated directly from the participants' personal experience. After transcribing the data, participants were asked if they wanted to be sent copies of the transcripts. Eight of the twelve participants asked to see the transcripts. Responses from a sample are provided in Appendix 10.

g. Transferability.

I have given adequate background information on the participants so that the reader is able to determine the relationship between the focus of the research and the participants in the study. With this knowledge, readers may judge the extent to which my research may be pertinent beyond the confines of the study. Background information on participants can be found in Appendix 11.

1.7 Reflexivity

Qualitative research methods require that the researcher allows adequate time to reflect on how their personal life, expectations and experiences influence the collection and interpretation of the data.

Personal reflexivity obliges us to consciously challenge our pre-conceptions, beliefs, and expectations of our experience and evaluate how those inevitably affect the way we carry out our research. Throughout the process of research, I kept a reflexive diary. In addition, each section of the study concludes with a reflexivity statement. This provides the reader with an impression of my experiences through each section of the research, and chronicles my involvement with the participants in the co- construction of this study.

The following description is offered of how I see myself in relation to this study and my individual stance.

1.8 Reflexivity Statement

I am a Trainee Counselling Psychologist, in the fourth year of my training. I have spent three of those four years working in a secondary care unit in the treatment of

substance misuse. The unit works from a cognitive behavioural perspective and focuses on individuals' expectations about alcohol, alternative behaviours to drinking, relapse prevention and where ultimately the goal is abstinence.

Alcohol is a fact of life: walk down any street in Great Britain, and before long, you will come across a bar, a shop or a restaurant where alcohol is available. Working with individuals who misuse alcohol has forced me to think about my own relationship with alcohol. I began to find that alcohol was constantly on my mind. I found myself not only carefully watching my own drinking, but watching other people's drinking habits. Most people, specifically, 91% of drinkers do not have a problem with alcohol. The vast proportion of the literature on alcohol is concerned with individuals who do have a drink problem. I became more and more interested about those who do not specifically misuse alcohol. What is alcohol like for them? Sitting at dinner parties or going out with friends, I found myself looking around, listening to various conversations about what people had to do the next morning, the challenges of their week, how did they negotiate the demands on their time whilst drinking a glass of chablis? I began to wonder about the differences between individuals with a problem, and individuals who were able to enjoy a glass of wine, and put the bottle back in the fridge rather like myself. Are there any differences, or is it a question of degree?

I was particularly intrigued by various press reports that "Guildford Man" (BBC, 2007) the middle class, high income man was drinking at "hazardous" levels of between 22 and 50 units of alcohol on average per week. I found myself wanting to understand more about him. Specifically how do these high-earning professional men experience alcohol? I was also sadly reminded of a great friend and former colleague who had died of alcohol misuse aged 50. A highly able individual whose decline was shocking to watch as his health deteriorated. He lost his career and family as a result of his drinking, and his untimely death was a great sadness to all who knew him.

From my own perspective, I do drink alcohol and other than at the odd teenage party, have never abused alcohol. I would consider that I have a healthy relationship with alcohol, drinking well below the Government guidelines of 21 units per week for women. I believe my own experience of alcohol has allowed me to investigate professional men's experiences of alcohol from a clear and balanced perspective. However, I am aware that I have been an active component in the research process and my thoughts and impressions have inevitably shaped the manner in which I interpreted men's experiences of alcohol. My goal has been to venture into unknown territory: how does the professional man experience alcohol? I hope I have achieved this aim. It has certainly been a fascinating experience.

1.9 Research Journal

Through this study, I kept a reflective research journal. This was particularly useful in maintaining a reflexive stance and enabled the documentation of impressions, thoughts, and possible lines of enquiry in a written form. Added to this are detailed supervision notes, diary planning and any other material that was relevant to the study, for example, articles in the media about alcohol and men who would meet the participant criteria. Writing a journal was an unexpected pleasure and became an essential tool in the research process. When there were times I felt unable to write the analysis, keeping the journal bolstered my confidence by forcing me to make a note of something however mundane or tangential. The discipline of daily writing obliged me to make a note of anything and everything. Therefore it provides a chronological account of the research process from start to finish, documenting changes of direction, blocks, moments of catharsis and sheer dogged determination. It also helped me find my voice and a style of writing which felt comfortable. Lastly and importantly, much of the research process can feel rather insular and lonely, so writing a daily journal felt as if I was sharing my thoughts and impressions with a non-judgmental friend who was never going to tire of the subject matter. An excerpt can be found in Appendix 9.

2.0 Study Context

The interviews were conducted at a number of different locations, which were selected for the ease of the participants. The majority of the interviews were conducted at participants' offices at their request and two interviews were conducted at my office. It had been expected the contrasting locations might have created subtle differences in the atmosphere of the interviews. However, these concerns were unfounded. A combination of the interview structure and the researcher's training as a counselling psychologist were particularly valuable in creating a warm and equal relationship with each participant. It is believed this in turn enabled the participants to feel comfortable enough to explore particularly personal information.

3.0 Ethical Considerations

The sensitive and highly personal nature of the research demanded that the participants were confident that there existed clear guidelines regarding ethics and treatment of the data. The research design followed the principles set out by The British Psychological Society publication "Code of Conduct, Ethical Principles and Guidelines", BPS (2006). This document lays out acceptable research practice.

Elmes, Kantowitz, and Roediger (1995) proposed all participants will have the right to the following:

- Informed Consent
- No deception
- Right to withdraw
- Debriefing
- Confidentiality

Carrying out qualitative research allows researchers to enter participants' lives in great detail (Brinkmann & Kvale, 2008). This can affect not only the participant; it can also have repercussions on the researcher. Therefore it is absolutely essential that care and attention are paid to the ethical considerations that can be raised by undertaking qualitative research.

Ethical research requires the researcher to use integrity and judgment (Mauthner et al, 2002) and think beyond the immediate ethical requirements of confidentiality and consent. In particular, it is incumbent upon psychologists to use integrity to think through the implications of research. In consideration of Aristotle's two virtues of wisdom, Sophia and Phronesis, Butler (2000) outlined Sophia as the ability to think about the world; and Phronesis as the ability to consider and reflect on the consequences of action. In the case of qualitative research, both intellectual virtues allow for the consideration of the nature of meaning. Moreover, the virtue of Phronesis requires the scrutiny of the wider implications of the research, not only on ourselves and our participants, but also on the wider community and beyond.

Such a consideration forced me to think about the possible effects of undertaking the research on both myself and the participants. I was keen from the outset of the research process to pay careful attention to ethical questions and to avoid any unnecessary and unintended consequences that could cause distress to either myself or the participants involved. I also paid particular attention to the confidentiality and anonymity of the participants. As the research process progressed, I remained mindful of the broader significance of the findings. In addition, I examined my motivations for the research and maintained a reflexive stance throughout the study. I was committed at all times to emphasising the importance of the ethical implications of the current study throughout the research process, as endorsed by McLeod (1994).

Ethical research guidelines as outlined by Brinkman and Kvale (2002) were of prime consideration in the design of the study. They inspired the amendment of the draft handouts to participants where it was felt there was some ambiguity about confidentiality. Care and attention was also paid to the impact of power issues in the

interview/interviewee relationship. Lastly they enabled the consideration of the wider implications the research might have on the participants, the researcher and the community at large.

3.1 Informed Consent and Confidentiality

From the outset, each participant was provided with written information detailing the aims and procedures of the study (Appendix 3). In addition, participants were given a Confidentiality Agreement on the use of Audio Tapes setting out the conditions of the use of audio tapes for the purposes of the research (Appendix 4). Thereafter participants had the opportunity to discuss any questions of concerns they might have. At this point, participants were then given a consent form, (Appendix 5) whereby they formally consented to participate in the study. Their anonymity and voluntary participation was emphasised, and it was made clear that they could at any point withdraw their consent and discontinue participation from the study with no prejudice to themselves.

3.2 Care and Protection of Participants

Throughout the design and completion of this study, the care and protection of the participants was a major consideration. From the outset, participants were assured that the information would be treated confidentially and with sensitivity. Any information that could potentially identify participants was removed from transcripts, and audio tapes and transcripts were stored in a locked cabinet. From the beginning, all participants were given a numerical code for ease of identification throughout the analysis of the data. Later in the analysis, a system of names was adopted using the first twelve letter of the alphabet. The chosen names are popular amongst the age cohort of participants born between 1960 and 1970. This avoided the rather impersonal nature of the earlier numbering system. Having shared so much personal material during the interview process, it was felt this maintained a sense of their individuality and of their human nature.

Owing to the nature of the study, it was understood that some of the material discussed could cause concern or distress to the participants. If this had been the case, there was an opportunity given for participants to discuss this with the researcher, who ensured there was information provided of relevant organisations and helplines should these be necessary, (see Appendix 3). These were available whether or not the participant requested them, thereby maintaining a degree of privacy on the part of the participant should they prefer.

I was also mindful for the need for self-care throughout the process of interviewing. Rager (2005) maintained that research topics with an emotional content can affect the researcher. Making time to fully de-brief myself following interviews, use of supervision and writing in the daily reflexive diary ensured that I was able to acknowledge any thoughts or feelings that might have been activated in the interviews. As such, I was able to separate my own emotions and beliefs from those of the interviewees.

The research design was passed as acceptable by City University Ethics committee with no amendments necessary (see Appendix 14).

	Age	Sexuality and marital status	Stated religion	Profession	Highest professional award	Average number of days drinking per week	Average units per drinking day	Average weekly units	Partic. heavy drinking day	Partic. heavy drinking week
1 Arthur	50	Hetero Divorced Remarried	CofE	CEO	Masters	6	6	36	9	50
2 Bill	49	Hetero Married	None	CFO Auditor	BA Hons Accountancy qualification	2	4	8	10	16
3 Charles	49	Hetero Married	Lapsed Catholic	Senior Civil Servant	BA Hons	6	5	30	12	40
4 Douglas	48	Hetero Married	CofE	CEO Investment Banker	BSc Hons Banking qualification	5	6	36	18	75
5 Edward	50	Hetero Married	Agnostic	MD	Masters	3	6	18	14	27
6 Francis	40	Hetero Married	Christian	Senior Partner Architect	Masters	4	9	30	20	50
7 George	48	Hetero Divorced Remarried	Christian	CEO Real Estate	BA Hons	7	4	28	16	28
8 Henry	50	Hetero Married	CofE	Senior Partner Legal	Masters	7	3	23	8	25
9 Ian	48	Hetero Married	None	Academic	PhD	7	4	28	8	40
10 James	47	Gay Partner	None	Musician Performer	BA Hons	2	3	6	8	14
11 Ken	43	Hetero Partner	CofE	Director Media	BA Hons	5	7	28	20	50
12 Laurence	46	Hetero Married	None	Politician	BA Hons	6	4	18	9	30

Table 1: Participant Demographic Information

4.0 Overview of Participants

4.1 Sample:

Twelve participants were recruited via the snowballing technique. An email outlining the research aims and participant inclusion criteria was sent to contacts at professional organisations. These were then forwarded on to eligible individuals (see Appendix 2). Those interested individuals contacted the researcher directly by email who checked if the participants met the eligible criteria. Times, dates and locations were then discussed for the interviews to be set up with participants. After the interview, participants were then asked if they knew of other eligible individuals who might like to take part in the research. An overview of the participants can be found above.

4.2 Inclusion Criteria:

Twelve professional men who regularly drink alcohol were invited to take part in the study. The inclusion criterion set for drinking alcohol regularly was drinking on at least one occasion per week. The criterion for professional employment was set to follow the Office for National Statistics guidelines of earning in excess of £52,000 per annum. All the participants earned considerably in excess of £52,000.

This study was investigating professional men's experiences of alcohol, therefore was a men-only study. Robust evidence demonstrates that significant differences exist in drinking behaviour between men and women (Wilsnack, Vogeltanz, Wilsnack, & Harris 2002), which are of an enduring nature (Holmila & Raitasalo, 2002). However, these differences are narrowing (Allamani, 2008). Mindful of such differences, it was believed that restricting the study to men allowed significant findings to emerge rather than focussing on the differences in gender-related behaviour between men and women. This clearly leaves the opportunity to carry out similar research on women's experiences of alcohol in the future.

4.3 Information on Participants:

The criteria also specified that the men were British-born. Evidence suggests there are national and cultural differences in the way individuals drink alcohol (Lineman & Lang, 1994). For example, wine is the hallmark of the French drinking culture, whereas beer would feature highly in the German drinker's choice of alcoholic beverages (Rehm, Room, Monteiro, Gmel, & Sempos, 2003). Rahav et al. (2006) distinguished between two distinct patterns of national drinking. These are conceptualised as "wet" and "dry" societies. "Wet" is generally characterised by large proportions of drinkers and where drinking is normative, for example France (Room, Graham, Rehm, Jernigan, & Monteiro, 2003). "Dry" societies tend to be exemplified by countries in Northern Europe, where drinking is less confined to drinking with food, and individuals tend to drink alcohol for social motives (Allamani, 2000). In addition, Cochrane and Bal (2006) found that Sikhs and Hindus born in India now resident in Britain reported heavier levels of consumption than by Sikhs and Hindus born in Britain. Therefore this study is limited its investigation to a British-born group of men. Alcohol is a socially constructed behaviour (Fox, 2004) and the study aimed to investigate the customs and rituals associated with professional men's drinking in Britain.

The age range of the participants was selected to be between 40 and 50. This is because the decade between 40 and 50 is the peak age for heavy drinking (Vaillant, 1995), and where men's drinking is highly established and stable (Neve, Lemmens, &

Drop, 1997). There is a sharp decline in problem drinking after the age of 50 (Vaillant, 1995) due to either a return to asymptomatic drinking, or premature death as a consequence of alcohol-related causes.

The study specifically investigated the drinking of men in professional employment because there is evidence that men earning in excess of £52,000 per annum are consistently drinking more than men in routine and manual employment, and more likely than other socio-economic groups to drink in excess of the Government Guidelines of 28 units per week (Office for National Statistics, 2007).

5.0 Procedure

The researcher made arrangements with the participants who met the sampling criteria in order to carry out the interviews. The interviews were digitally recorded and took place at the participant's choice of location, (see 5.1). The twelve interviews took place over a period of eighteen months. All of the interviews were conducted by the researcher. Likewise, the interview narratives were transcribed by the researcher.

5.1 Pre-interview questionnaire

Immediately before the semi-structured interview, participants were asked to fill in a pre-interview questionnaire with the researcher present (Appendix 6). Having the researcher present provided participants with the option to ask any questions if they found this necessary. The pre-interview questionnaire contained questions relating to participants' general background, marital status, sexuality, professional, educational achievement and drinking behaviour. The pre-interview questionnaire gave the participants some time to think about their experiences of alcohol before starting the semi-structured interview (Appendix 7).

It is understood that individuals often under-estimate their drinking behaviour (Vaillant, 1995) and are often unaware of that which constitutes a unit of alcohol (Statistics on Alcohol England, 2008). Therefore any information obtained from the pre-interview questionnaire was treated as background information. The subsequent semi-structured interview provided the opportunity for a broader range of questions to be asked which enabled the researcher to glean a clearer and more fulsome picture of the individual's drinking.

5.2 Designing and conducting the semi-structured interview (Appendix 7)

Qualitative research relies on the interview as an extremely useful source of personal information (Charmaz, 2006). Semi-structured interviews allow a balance to be struck between the researcher's need to gather information alongside allowing the participant to be able to report their personal experiences in their own terms. In addition, it permits comparability between participants and the development of emerging theory. Semi-structured interviews consist of a series of previously defined topics based around several themes (Hollway & Jefferson, 2000). During the interview, there should be some flexibility as to the order of the questions. These can be supplemented with further questions to investigate fruitful lines of enquiry. This would also allow for the exploration of unexpected themes as and when they arise.

Smith (2008) recommended the use of neutral, jargon free language when interviewing participants, and where appropriate, adopting the participants' use of language in describing key terms of the study. For example, most individuals possess an extensive lexicon to describe people who drink. This vocabulary can range from descriptions of the light drinker across the spectrum to the chronic drinker. Moreover, the vocabulary participants choose can give rich descriptions of the meaning to the individual. As interviews were transcribed, notes were taken on differences in vocabulary between participants and checked with individuals for meanings if there was any ambiguity. The language in the interviews provided a rich source of "in-vivo codes" which were used at a later stage in the analytical process.

The aim of the research question was to investigate professional men's experiences of alcohol. The semi-structured interview was designed to explore participants' past and present experiences of drinking. From the researcher's interest in alcohol use, and guided by clinical experience in the treatment of alcohol misuse, the semi-structured interview was developed consisting of a series of questions around the meaning of alcohol, early drinking experiences, the role and their relationship with alcohol, what it would be like not to drink alcohol, drink problems and alcohol and the future. Corbin and Strauss (2008) recommended maintaining a balance between a list of pre-conceived questions and allowing time for more creative and illuminating narratives to be explored. The design of the interviews was such that there was ample opportunity for further exploration and expansion as appropriate. Interviews lasted between one hour and fifteen minutes to over two hours. The semi-structured interview schedule can be found in Appendix 7.

A pilot study was carried out before the interview process, which was reflected upon on in the daily research journal. It enabled the practice of interviewing techniques and provided insight into the timing of the interview. This highlighted the need for some variable prompts which served to expand some of the interview questions. These were used flexibly through the subsequent interviews as and when necessary.

5.3 De-briefing

Immediately after the pre-questionnaire and semi-structured interviews, (see Appendix 6 and 7), participants were asked for feedback on the interview. In particular, they were asked about their reactions to the format of the questions and to determine whether there were any further areas or information they would have liked to have discussed. Participants were then asked if they wanted to receive a transcript of the interview. Eight of the twelve participants requested transcripts of the semi-structured interview. A sample of their responses can be found in Appendix 10.

Matters of confidentiality were again discussed and information relating to the study was given to participants including a comprehensive list of support organisations and helplines.

5.4 Data storage and transcribing

Interviews were audio-taped and transcribed by the researcher. This process added to the researcher's familiarity with the material. Grounded Theory analysis was then used employing the procedures that Charmaz (2006), and Strauss and Corbin (1998) recommend to analyse the data. The interviews were spaced so that each interview could be analysed and reviewed before the next interview in line with Grounded Theory procedures. Minor changes were then made to the design of the interview to incorporate the exploration of new themes and fresh areas of enquiry. All audio-tapes and transcripts were stored in a locked cabinet and only the researcher and supervisor had access to these at any time. As discussed above, (4.2 Care and Protection of Participants), any identifiable material was removed from the outset from the audio tapes and transcripts. Each participant was given a numerical code for ease of identification throughout the analysis. Later in the process of analysis, participants were allocated an alphabetical name.

6.0 Analysis

Constructivist Grounded Theory methods offer a set of principles and guidelines rather than a set of rigid procedures (Charmaz, 2006). The aim of her recommended

approach is to uphold a social constructionist perspective to the contextual nature of individual experience. Data is successively analysed and re-analysed where the objective is to develop a conceptual understanding of the phenomena, in this case, professional men's experiences of alcohol.

In reviewing the different versions of Grounded Theory, I had a natural preference for the Charmaz constructivist version and welcomed her approach as being far less axiomatic than other versions. Nonetheless, at times I felt I needed more methodological instruction. I found Basics of Qualitative Research by Corbin and Strauss (2008) an invaluable source for some procedural techniques. In particular I endorse their Conditional/Consequential Matrix which forced me to look beyond the "micro" towards the "macro" and consider our place not only within the contextual environment of our lives, but in the world. However, I found their coding paradigm (Strauss & Corbin, 1990) over prescriptive and incompatible with my emerging conceptual understanding of the data. Robrecht (1995) affirmed my experience, maintaining the axial coding paradigm can make Grounded Theory methods feel awkward and unwieldy.

The data was analysed in line with the approach recommended by Charmaz (2006). Transcripts were typed up immediately following the interviews. They were then read, re-read a number of times and subjected to early coding procedures. This process was invaluable in familiarising me with the content of the narratives. I was constantly alert to the following questions as recommended by Charmaz (2006): what process is at issue here; how does it develop; how do my participants feel, think and behave when they are engaged in it; does it change; and what are the consequences of this? By constantly comparing across interviews, cross-checking and asking questions of the data the coding process proceeded. As subsequent interviews were conducted, new transcripts were added to the process. I continued checking between transcripts, re-reading, re-listening to the dialogue to check for any possible categories, similarities or significant differences between interviews that might have been missed. As categories began to surface, interviews were added to the schedule to investigate further the emerging concepts whilst remaining open to new ideas about the data. The interview process took place over eighteen months.

A sample of the early coding process of a participant's transcript can be found in Appendix 13.

6.1 Memos and Diagramming

Memo-writing enables researcher the opportunity to reflect, evaluate and explore their ideas throughout the research. It forms an essential part of Grounded Theory methods and is an indispensible component from data collection through to writing the draft research paper (Charmaz, 2006).

Memo-writing was pivotal in maintaining focus throughout the research process. As codes were raised to focussed codes, emerging concepts were documented in memo form. Memos were constantly amended, revised and expanded as interviews were added to the schedule. Thoughts, impressions and quotes from participants became part of a living document and explored in the moment. Memos were also written on the evolving main story and any other matters of relevance to the research process. Diagramming was also vital in conceptualising the emerging theory. Wicker (1985) recommended formulating diagrams and heuristic devices such as imagining extremes to force us to stay fresh and gain further insight into the data. Keeping an evolving set of diagrams was an essential process in integrating the emerging concepts into raised categories. These images are documented in the memo entitled "The Main Story" (Appendix 12).

6.2 Theoretical sensitivity and sampling

Grounded Theory methods from a constructivist perspective recommend that the researcher pursues further data in order to develop the relevant emerging theory (Charmaz, 2008). Theoretical sensitivity refers to the researcher's understanding of the data and a recognition of that which constitutes significant material (Corbin & Strauss, 2008).

Checking, re-checking, cross-checking, constantly asking questions of the data, looking for variation and similarities enabled me to assess whether I needed more data on the tentative emerging concepts. The interviews took place over eighteen months, so there was plenty of time to allow the emerging concepts to be explored in memos. Where I felt I needed more exploration of categories, future interviews enabled confirmation or disconfirmation of the emerging theory. Although the semi-structured interview remained broadly the same, there was ample flexibility to allow for the emerging concepts to be explored in more depth.

6.3 Theoretical saturation:

When categories yield no more meaningful theoretical insights for the purpose of the study, then the data is deemed to be theoretically saturated (Charmaz, 2006).

Nonetheless, time constraints and other methodological concerns can mean for smaller qualitative studies theoretical saturation has to remain the intention rather than actuality (Willig, 2008).

My aim therefore, was to ensure that all emerging categories had been adequately explored and raised to a level where there can be a conceptual understanding of professional men's experiences of alcohol. In the words of Dey (1999), I am confident I have "sufficiently" examined the data to believe that no more theoretical categories were likely to emerge and those categories that form part of the analysis have been adequately saturated.

6.4 Coding

Constructivist Grounded Theory recommends that line by line coding is conducted in order to account for each piece of data before beginning the analysis (Charmaz, 2008).

Line by line coding was carried out across transcripts where I tried to remain close the data and used gerunds to focus attention on action and process. Willig (2008) maintained these codes are largely descriptive and ensures from the outset that the researcher focuses on the whole transcript, not just the obviously impactful statements. As interviews were added to the schedule, codes were compared across interviews. As tentative concepts began to emerge, focussed coding enabled me to manage larger portions of data and memos were written alongside quotations from the interviews. At this early stage in the analysis, forty-three emerging concepts were explored and discussed with my supervisor.

6.5 List of Early Tentative Concepts drawn from Early Coding:

As they emerged from participants' transcribed narratives:

1. Enjoying alcohol
2. Effects of the interview
3. Family rituals and family drinking culture
4. The Tipping point
5. Dangers of alcohol
6. Concern about others' drinking
7. Early drinking stories
8. Learning about alcohol
9. Avoiding or controlling alcohol
10. Describing relationship with alcohol
11. Long-term health impacts of alcohol
12. People behaving badly with alcohol

13. What's it like not drinking alcohol
14. Alcohol liberating emotions
15. Thinking about the future
16. Using alcohol to cope
17. Humour in the interviews
18. Emotions in the interviews
19. Process – thinking about time trajectory
20. Process – thinking about change
21. Being a man, gender and alcohol
22. Daytime drinking compared to night time drinking
23. Working and alcohol
24. Worrying about drinking
25. Losing control
26. Balancing the positive and the negative
27. Self-efficacy beliefs
28. Contexts of drinking
29. Alcohol and the self
30. Quality and the expense of alcohol
31. Negative consequences of drinking alcohol
32. Effects of alcohol
33. Use of language in the interviews
34. Class
35. Benefits of not drinking
36. Thinking about the aetiology of drink problems
37. Getting help
38. Thinking about culture and society
39. Dilemmas about alcohol
40. Moderating influences
41. The Main Story
42. Setting Limits on Drinking
43. Alcohol and being a Parent

Checking backwards and forwards between interviews, and refining memos on each emerging concept allowed me to begin to compare those concepts which shared certain properties. As the interview process progressed, and emerging concepts became more saturated, it became clear in the memos that categories sharing particular properties and features were congruent with each other. For example, categories which shared positive aspects of drinking alcohol were grouped into the category "The Benefits"; and likewise, negative aspects of drinking alcohol were grouped into the category "The Costs". This process of refining memos, clustering,

diagramming and integrating is fully outlined and can be found in Appendix 8. This procedure also allowed me to be alert to the negative case: instances where differences between participants can either offer the researcher an alternative explanation of a phenomena, or can be illustrations of participants' experiences which fall on a more extreme end of a dimension (Corbin & Strauss, 2008).

6.6 Raising Concepts and Codes to Categories

Five major categories emerged from the coding process:

1. Learning about Alcohol
    - Sub-category 1.1: Alcohol and the Family
    - Sub-category 1.2: Early teenage experimentation

2. Appraising Alcohol
    - Sub-category 2.1: The Benefits
    - Sub-category 2.2: The Costs

3. Balancing Alcohol: Maintaining the Equilibrium
    - Sub-category 3.1: The Tipping Point

4. Regulating Alcohol
    - Sub-category 4.1: Rules and Personal Tests

5. Personal Attributes
    - Sub-category 5.1: Internal Assets
    - Sub-category 5.2: External Assets

6.7 The Core Category

According to Corbin and Strauss (2008), the Core Category is central to the analysis and brings together the conceptual findings of the study by explicating the over-arching theme of the research. It needs to allow for variation between the categories and be manifest throughout. The Core Category which emerged throughout the analysis and which explicates the phenomenon was found to be: Learning to Maintain the Equilibrium: experiencing Alcohol through a process of Maturation.

6.8 Credibility Checks

Tindall (1994) recommended that additional researchers should be approached in order to evaluate the reliability of the findings.

The final list of codes and categories was given to an impartial researcher in order to re-code two interview transcripts. The researcher was familiar with alcohol use and misuse and well-acquainted with grounded theory methods. There was an agreement on codes of just over 90%. Constructivist Grounded Theory is an interpretation of a phenomenon and it would be expected that a different researcher would focus on different aspects of transcripts. Therefore, as such, I felt confident that there was sufficient similarity between ourselves to underline the reliability of the coding process. Meeting with my academic supervisor on a monthly basis further ensured good practice where all aspects of the research procedure were checked meticulously to guard against any researcher bias.

6.9 Paper trail documenting procedures and the process of analysis:

To ensure the process of analysis is transparent, meticulous documentation of all Grounded Theory procedures can be found in the following appendices:

Appendix 2: Letter to professional organisations.
Appendix 3: Information sheet for participants including helplines
Appendix 4: Confidentiality agreement on use of Audio Tapes
Appendix 5: Participant Consent Form
Appendix 6: Pre-Interview Questionnaire
Appendix 7: Semi-Structured Interview Schedule
Appendix 8: Memo outlining clustering and diagramming
Appendix 9: Excerpt from Reflexive Research Diary
Appendix 10: Sample of Responses from Participants post transcript
Appendix 11: Situating the Sample: Background information on participants
Appendix 12: Memo on the development of “The Main Story”
Appendix 13: Sample of the early coding process from a transcript

7.0 Summary

Living with ambiguity is one of the characteristics of the research process (Corbin & Holt 2005). Waiting for the main story to fall into place can be tantalisingly slow, but when it does fall into place, it can feel like a major catharsis.

I believe that Grounded Theory methods have enabled me to explicate professional men's experiences of alcohol and that the core category serves to explain the phenomenon of professional men's drinking whilst allowing for variations between participants. In selecting the methodology, I am aware of my epistemological position as being co-constructor of the research along with the participants. According to Blumer (1969), if we want to analyse, we must interpret. Therefore, I acknowledge my analysis is an interpretation of a phenomenon but one which attempts to explicate the processes that inform professional men's experiences of alcohol.

Blumer (1969) asserted that researchers must at all times respect their participants.

It is with this in mind that I affirm that I will treat the participants and the content of their narratives with the highest levels of regard throughout the process of research. I recognise that my interpretations of their statements may in some way deviate from their own meanings of events and experiences therefore cannot reflect the absolute truth. However, direct quotations from participants' narratives are used throughout the research process to validate and support the analysis.

The objectives of this chapter have been to address the following:

1. The rationale for an appropriate method of enquiry
2. The context of the research
3. The ethical considerations of the study
4. An overview of participant criteria
5. Procedures for collecting the data
6. The analysis of the data
7. Summary and reflexivity statement

The next chapter turns to the analysis of participants' narratives: The Results Chapter.

Chapter word count: 10,015

Reflexivity: Methodological Considerations

In consideration of the chosen methodology, intellectually and philosophically, I felt drawn to Kathy Charmaz' constructivist version of Grounded Theory but at times I found myself feeling completely lost with reams of data and little idea how to go about analysing it. Reading, re-reading the literature on Grounded Theory and qualitative research, from Glaser through to Charmaz, enabled me to begin to find some solid ground on which to stand. Corbin and Strauss (2008) were immensely helpful in giving me some basis on which to begin thinking about the data. I hesitated about using a computer program such as MAXQDA for the analysis but ultimately decided against that approach. Over time I found I preferred to use a combination of computer files and paper copies to manage the emerging categories. Meticulous documentation throughout the process was absolutely vital to keep a grip on the evolving analysis. By asking questions of the data, stepping back, constantly comparing between accounts, and asking further questions of participants later in the process and I began to find a procedure which worked for me. Ultimately, the more familiar I became with participants' accounts, I began to believe I could go on BBC's Mastermind, and if I was asked who answered what to which question, I felt I could have gained full marks!

Finally, there are no short cuts to be had using Grounded Theory: much time is required to give full credence to the explicit and implicit meanings of participants' narratives. At times it can seem a laborious and unrelenting procedure, however, the moments of supreme joy finding a turning point, or a process becoming apparent were immeasurable. In the words of Voltaire, (1733), "The greatest reward for a thing well done is to have done it". I found my earlier frustration transformed into a keen enthusiasm for the approach.

It is also significant that I found myself changed by conducting this piece of research. As is customary in most academic writing, I had always used the passive tense and adopted the use of the third-person pronoun. In writing this Methodology Chapter, this presented me with a dilemma: how could I be part of my research at the same time as adopt an impassive, somewhat empirical sounding tone in my writing style? I began to test out using the first person and a more active and direct style of writing. Initially I found this uncomfortable and felt somewhat exposed but as time progressed I began to find my writing become more fluid and it felt more befitting of the chosen methodology. I decided, possibly unusually, to strike a balance, and retain the third-person pronoun for considerations of a more academic nature, but where passages were more of a personal character, I used italics to differentiate. This felt befitting for the chosen methodology as well as a study of such academic rigour.

In summary, as a methodology, I believe Grounded Theory from a social constructionist perspective enabled me provide a rational account and theoretical understanding of professional men's experiences of alcohol.

Chapter III:

The Results

Drawn from participants' accounts, the Results Chapter examines the processes which lie behind professional men's drinking behaviour.

Chapter III: Overview:

This chapter focusses on the findings of the study. First, the significant categories are outlined which have emerged from participants' accounts. Consistent with Grounded Theory, the process of analysis is transparent: each category is explored in detail alongside the content of the categories which developed from the coding process. Quotes from the participants are used throughout the chapter in order to ground the data in example as recommended by Charmaz (2006).

Introduction:

Investigating the Research Question: How do professional men experience alcohol?

The analysis examined how men experience alcohol through past and present contact and how these encounters influenced individuals' experiences of alcohol over time.

The core category which emerged from the data and which encapsulates the main findings of the research was found to be: **Learning to maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation.** Maintaining the Equilibrium represents the balance between the positive and negative attributes of alcohol, where the individual weighs up the costs and benefits of drinking in the light of experience. Central to the core category is the concept of the Tipping Point. This represents a significant point where professional men recognise the benefits of alcohol tipping over into the costs. Learning is the process that continues throughout the lifespan, and achieving this balance is realised through a process of Maturation. Maturation refers to the process of growing older at the same time as gaining knowledge and wisdom from experience.

Inter-woven throughout the analysis is the concept of change, which the individual undergoes, as well as contextual change in the socio-cultural world which we inhabit. Maturation is essential if individuals are to be able to adapt to the inevitable changes in personal and professional life that adulthood confers. Gender plays a significant role in the narratives of participants. Although, clearly in this respect gender was not subject to change, the participants illustrated changes in the way gender affected their drinking particularly in their early drinking days and beyond. The influence of gender has been referred to when it has become apparent in the explanation of the categories, rather than having gender as a separate category.

Drawing on the spirit of John Donne's meditation, "No man is an Island" (1624) or less poetically, but of equal value, the Strauss and Corbin (1997) Conditional/Consequential Matrix has been a major consideration throughout the analysis. Evidence of the influence of class, culture and gender on participants' experiences have been woven throughout the findings in an effort to provide a wider socio-cultural and gender aware context to the study.

The major categories and sub-categories which emerged from participants' narratives were found to be as follows:

1.2 The Categories:

The Core Category: Learning to Maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation

Category 1:	**Learning about Alcohol: Early Drinking Days**
Sub-Category 1.1:	The Family
Sub-Category 1.2:	Rites of Passage – teenage experimentation
Category 2:	**Appraising Alcohol: Beliefs about Alcohol**
Sub-Category 2.1:	The Benefits of Alcohol
Sub-Category 2.2:	The Costs of Alcohol
Category 3:	**Balancing Alcohol: Maintaining the Equilibrium**
Sub-Category 3.1:	The Tipping Point
Category 4:	**Controlling Alcohol: Regulating Strategies**
Sub-Category 4.1:	Personal Rules and Tests
Category 5:	**Personal Assets:**
Sub-Category 5.1:	Internal
Sub-Category 5.2:	External

The Analysis: The Illustrative Model overleaf provides a visual representation of the categories that emerged from participants' accounts. The following chapters explore each of these categories in turn. Evidence of the core category: Learning to Maintain the Equilibrium: experiencing Alcohol through a process of Maturation can be seen to be manifest throughout. The categories are examined in the following sequence:

Chapter 1: Learning about Alcohol and the sub-categories of The Family and Rites of Passage: teenage experimentation

Chapter 2: Appraising Alcohol and the sub-categories of The Benefits and The Costs

Chapter 3: Balancing Alcohol and the sub-category of The Tipping Point

Chapter 4: Regulating Alcohol: Personal Rules and Tests

These four categories reflect the processes which emerged from participants' accounts when describing their relationship with alcohol from early experiences through to the present day.

Chapter 5: Personal Attributes: Internal and External

Personal Attributes: Internal and External can be seen to both motivate and enable professional men to moderate their alcohol use, therefore Category 5 is depicted as under-pinning the previous four categories. Their influence is present throughout professional men's narratives, not only as they learn about alcohol throughout the life-span and mature as adults, but as highly significant factors in their ability to appraise, balance and regulate their drinking behaviour.

At the end of this chapter, the results are summarised. A full consideration of the findings, and the core category: Learning to Maintain the Equilibrium: Experiencing Alcohol through a process of Maturation can be found in the subsequent chapter: The Discussion.

The Analysis: The Illustrative Model

Figure 2: The Illustrative Model

CHAPTER 1:

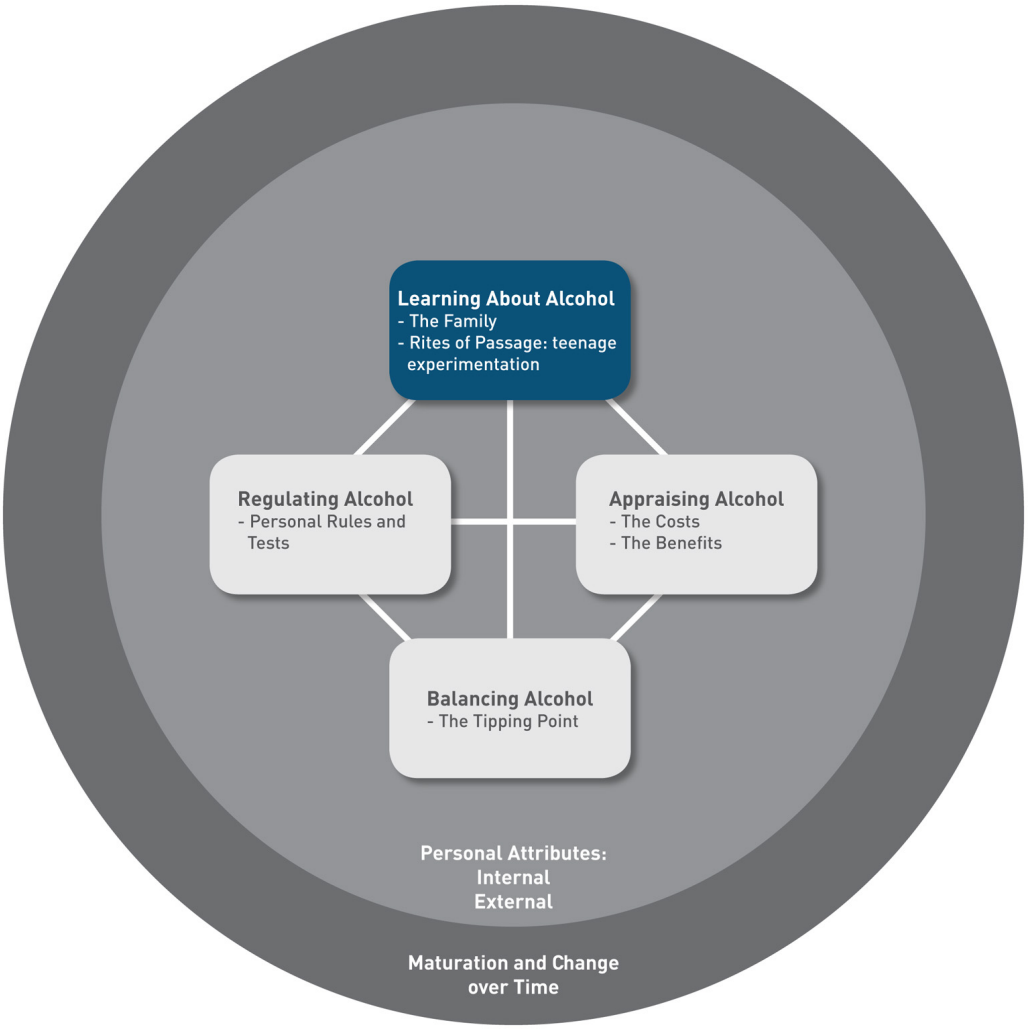

Figure 3: Category 1: Learning about Alcohol: The Family; Rites of Passage: Teenage Experimentation.

CATEGORY 1: **Learning about Alcohol: Early Drinking Days**

Sub-Category 1.1: **The Family**

Sub-Category 1.2: **Rites of Passage, teenage experimentation**

Introduction:

The first chapter focusses on **Learning about Alcohol: Early Drinking Days.** From participants' accounts, the experience of alcohol begins early in the home, where individuals learn about alcohol through the exposure of the drinking habits of their immediate family. This learning experience continues through teenage drinking into adulthood. Learning about alcohol is fundamental to individuals' experience of alcohol and forms a principal and evolving phase of the relationship.

Sub-Category 1.1: The Family focusses on the impact of parents' drinking practices. Participants regarded the backdrop of the family as a core aspect of their experience of alcohol.

Sub-Category 1.2: Rites of Passage refers to teenage drinking practices which participants universally acknowledge as a central aspect of their drinking experience.

At the end of the chapter I comment on how Learning about alcohol: Early Drinking Days relates to the subsequent categories and how it is congruous with the Core Category: Maintaining the Equilibrium: Experiencing Alcohol through a Process of Maturation.

Category 1: **Learning about alcohol: Early Drinking Days:**

Throughout interviews, learning about alcohol emerged as a key process in participants' accounts of their experiences with alcohol. Forming the preliminary stage of the relationship, individuals learn about the properties of alcohol initially in the home. Individuals are exposed to the drinking practices of the family, which act as a backdrop to their early experiences of alcohol.

As the individual matures and becomes more independent of the family, teenage drinking marks the successive stage of the learning experience where the individual begins to experiment with alcohol outside the home. Participants' accounts reveal the

individual learning about alcohol through a combination of observation, parental modelling and drinking behaviour as individuals begin to construct a relationship with alcohol.

Sub-Category 1.1: The Family

"Let's start at the beginning" as stated by Laurence (line 272)

The family features prominently in participants' accounts of their early experiences of alcohol. All the participants had grown up with their family of origin, and all households drank alcohol to a greater or lesser extent. The parents were responsible for setting the tone of drinking in the household.

Alcohol signalling special:

Participants typically chose to tell family drinking stories when describing their early drinking experiences. These were predominantly filled with fondness and a sense of nostalgia. Drinking for the most part was about an occasion being "special". Alcohol signalled "out of the ordinary" (Arthur, line 106), making a lunch or dinner just that bit more than the routine meals of the week. It could be a special event, a celebration, or a special family meal on a Sunday for example: for Laurence, alcohol in the family home was "a Sunday business" (line 178). His early exposure to alcohol aged ten consisted of a bottle of cider on the table with Sunday lunch. He would enjoy the taste of a glass because "it was alcoholic apple juice and it was a bit special" (Laurence, line 18).

Alcohol signalling grown-up:

Participants' accounts reveal the sense of excitement that children can experience with their first taste of alcohol. From an early age, alcohol seems to represent something rather grown-up, sophisticated and something you can only drink if you are old enough: an intoxicating combination for a child. For Charles, his early drinking experience consisted of a glass of champagne at a cousin's wedding. This had made him feel "extremely grown-up and rather mature" (line 30).

Francis remembers at a very early age:

> "sweeping left over cans at family parties. So it was probably more like six or seven I would think. And it wasn't very nice, but it was grown-up, it felt like a really grown up thing to do" Francis (lines 43-48).

Alcohol signalling social:

From participants' accounts, alcohol played a primarily social role. Alcohol featured at family meals, special occasions, get togethers and seems to be largely confined to drinking in a social context. For Arthur, these occasions provide him with warm memories of happy events:

> "it was always a feature, and you know a really central connection between the family, the family reunions, the moments of coming back together again, and drink was always a part of that, absolutely always a part of that". Arthur (lines 35-38).

Participants recounted stories filled with humour and fun, Henry describing his parents' parties. He notably refers to the party-goers' good behaviour around alcohol, suggesting decorum was not only desirable, but also expected.

> "they were very social, always threw fantastic parties, lots of people, copious amounts of the stuff, and you know, because of the generations, it was always very beautifully behaved, you know." Henry (lines 307-310).

Alcohol and Culture

Participants' accounts of their parents' drinking practices are full of references to the culture of the era. The differences that participants report between between men and women's' drinking are highly consistent with drinking practices in the latter half of the 20th Century and which have been subject to so much change in recent years.

Evidence of the post-war culture of the 1950's onwards provides a fascinating insight into the early lives of the participants and their families. Bill, whose parents were older, and who were both now deceased, spoke movingly about his family's ability to live life to the full and "roll out the barrel and make the moment" Bill (line 253). His parents had grown up in London during the Blitz and taught Bill how precious life was and how alcohol could enable a sense of fun and enjoyment at an event.

There are also suggestions of much less money being available for buying alcohol. Douglas' parents spent most of their money his and his siblings' education, so there was little left over for alcohol. This would seem to reflect the comparative cost of alcohol in the late 20th Century, with alcohol now being the cheapest it has even been and subject to much controversy amongst policy-makers and the public at large.

Alcohol and Class

Although class was rarely made explicit in participants' accounts, its presence is pervasive. In particular, it would seem that class denotes a certain expectation about alcohol, with wine being of a more aspirational nature than beer. Participants had noticed how wine seemed to become more popular in the household later in their childhoods (Henry, line 275). This would seem to reflect the changes in drinking practices in the latter part of the 20th Century where far more wine was being drunk by middle to high-income families. A large number of the participants' fathers were acknowledged as enjoying "a nice glass of claret" with dinner suggesting the desirability of fine wines.

Alcohol and Gender

Gender differences in drinking habits between parents were notable. All the participants commented their fathers drank; however the mothers either drank significantly less, or not at all. James was amused to tell me about his mother:

> "Sunday my Mum had a sherry type of thing and that was about it, my mother never really drank – she'd have a bitter lemon sort of thing and would think that was alcoholic, but of course it wasn't!" James (lines 145-147).

Across interviews, fathers were seen to dominate drinking in the household and mothers played a more peripheral role in regard to alcohol.

There was also a sense of male bonding between fathers and sons over alcohol. Henry remembers an affectionate conversation with his late father where they discussed the development of the drinkers' palate over time:

> "you won't like the shandy eventually, you'll like the beer because it's just a nicer drink, and that's what happens to your palate over your teenage years." Henry (lines 237-240).

Bill remembers a conversation with his father where they explored about his father's "libertarian approach" to alcohol. Bill was advised to "enjoy it, but always keep it in moderation". (lines 196..200). Bill reflected on having had precisely this conversation with his own son. It also reveals an early sign of the two sides to alcohol and describes an ambivalence in regard to the properties of alcohol. This proves to be a significant theme throughout participants' accounts.

Alcohol, Early Drinking Days and parental modelling

From the childhood experiences that participants related through their interviews, it would seem that participants learnt that alcohol is primarily social and is largely confined to drinking with others; it makes events more special; men drink more than women; alcohol might not taste very nice to a child, but as you get older your palate develops; drinking alcohol is something people do, it's exciting and it's very grown-up.

Summary:

Participants' accounts demonstrate that the family plays a key role in the way individuals begin to think about alcohol and how they expect to behave in relation to alcohol. The drinking practices of the family act as a backdrop and a point of departure as the maturing individual begins to drink outside the confines of the family.

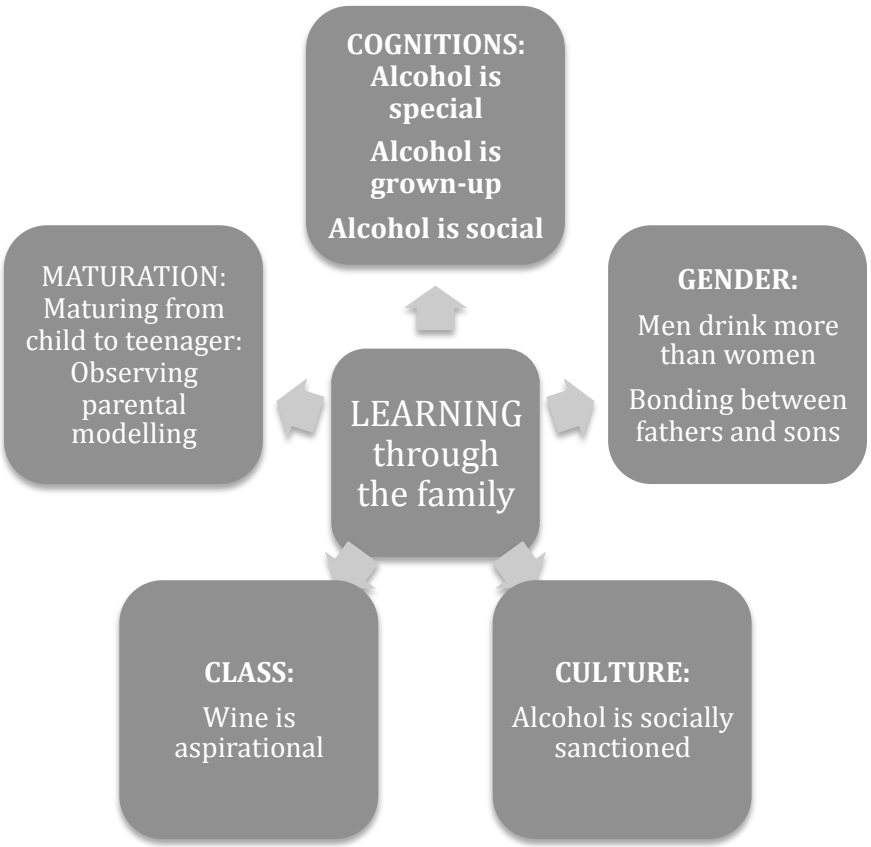

Figure 4: Summary: Category 1: Learning about Alcohol: The Family

Reflexivity: Learning about alcohol: Early Drinking Days: Learning through the Family
These retrospective accounts of participants' early experiences with alcohol were imbued with a sense of nostalgia and fun. Although I never specifically asked about the family, every participant referred to their family in some context about alcohol. Not only were participants fascinating about family drinking, but talking about this also had the effect of participants opening up. There were some rather wonderful interchanges between father and son, and particularly Bill's sense that he had inherited his parents' libertarian approach to alcohol which he hoped to be able to impart to his own son, and George reflecting on the conversation he'd had with his father and wanting to make sure he had that same conversation with his son. A real sense of passing on through the generations. It would be interesting to consider whether investigating women's drinking would invite similar responses – difficult to imagine personally, however, as women's drinking is changing, maybe they would. I was also very interested by how every participant described the family drinking experience as positive – I wondered about what it might have been like if that had been different. I had a sense of how pervasive alcohol can be, and its role making an event just that bit more special. I enjoyed hugely George's descriptions of his parents' parties, his late father's dressing up as a clown (line 312). I found myself reminiscing about my parents and the role alcohol had played in my childhood. My father had a great enjoyment of parties, drinking and socialising. Memories of him sharing a brandy with a friend, rolling the liquid round the glass, expressing pleasure and enjoyment. For my father, being able to hold your liquor and be in control were key themes in my household – his fear was that a man would get me drunk and have his wicked way with me, so on Sundays from about the age of thirteen, I would be given a small gin and tonic, a small glass of wine followed by a choice of Grand Marnier or Benedictine. I have never touched a liqueur since!

The next section explores **Sub-Category 1.2: Rites of Passage** – **teenage experimentation** and how these impact on men's experiences of alcohol

Category 1: **Learning about Alcohol: Early Drinking Days:**

Sub-Category 1.2: **Rites of Passage: Learning through Teenage Experimentation**

As expressed by Douglas:

> "going back to early experiences it an absolute rite of passage, obligation, all part of that painting your face with wode, all that kind of dreadful stuff that boys do" Douglas (lines 272-274).

Despite the balanced approach that participants had enjoyed in the family home, their experience of adolescent drinking was very different.

Teenage drinking marks a period of experimentation with alcohol independent of the family. Asking the question: "Could you tell me about your early experiences of alcohol", participants universally spoke about a teenage drinking episode. They had all drunk to excess on at least one occasion. Participants' narratives about teenage drinking exploits are full of humour, excitement, risk-taking, joining in and feeling very ill.

Alcohol signalling excitement

Douglas's first heavy drinking episode had taken place on a school trip: "getting absolutely blathered, felt absolutely disgusting, naughty, dangerous, very exciting", Douglas, (lines 39-40). Participants' accounts of teenage drinking experiences are permeated with the words excitement, daring and fun.

For Laurence who had grown up in a small village, drinking with his friends "was something to do, it felt exciting and daring and different" (line 50). For Francis, drinking alcohol was about "parties, booze, girls, dancing, all very exciting" (line 73)

Alcohol signalling Independence

For many participants, drinking alcohol signified growing up, exploring and establishing new relationships and making choices independent of the family. This period marks a transition from early drinking days to adulthood:

Ian (lines 7 – 14):

> "alcohol was part of being away from home, and being independent, well, not exactly independent, but being with people that you had chosen to be with, with your friends, mostly, um, and a part of exploring and establishing a different way of life, a way of life that was er, both independent of home, but also independent of school and of the structures that were set up for you. You know, feeling your own way and finding your own way"

Alcohol and Gender

A common feature throughout participants' accounts of their teenage drinking experiences was the prevalence male behaviour and of "peer group pressure" (George, line 69). In order to fit into the peer group, you had to join in and that required excessive drinking at times. Ken reveals a potent memory of the need for social acceptance, which is such a feature of the teenage years:

> "it was very important to be able to hold you liquor, yeah, there were two camps, those who did, and I was one of those, and those who didn't, who were sick, and they were ribbed about that endlessly, yeah, terrible really". Ken (lines 387-390).

Participants also reveal the stark differences between the expectations of boys' behaviour and girls' behaviour in relation to alcohol:

> "we boys would get drunk and that would be what we did, and the girls, well, if they got drunk, they would definitely be looked on as well, looked on pretty disparagingly. Edward (lines 251-253).

It is significant that in participants' post-teenage experiences with alcohol, these gender differences can be seen to have narrowed. The contrast between men's and women's drinking becomes less distinct, and reflects the changes both in maturity of the individuals and the changing drinking habits of women in the last twenty-five years, (Makela et al., 2006).

Alcohol and Control

"Being completely out of control" (Arthur, line 180) seemed to be the desired outcome of many of the early teenage drinking exploits. The desire to be disinhibited is reflected through the large majority of participants' accounts, with alcohol as an aid to feeling less embarrassed and provide some "Dutch courage" Ken (line 402). George

remembers being “mortified at boarding school discos with local girls’ schools, sharing a bottle of Stone’s Ginger Wine just to take the edge off the appallingness” George (lines 176-179).

The majority of participants enjoyed these drinking exploits however as individuals began to mature, these experiences of being out of control marked a change in their behaviour. For James, blacking out after drinking a bottle of schnapps was a formative experience and has never touched spirits ever since. Edward found drinking a bottle of Johnnie Walker on a school trip acted as aversion therapy, and continues never to drink whisky. Ian, following a drinking session of home-made wine is still unable to bear the smell of yeasty beverages. These Rites of Passage served as markers where participants began to make decisions about their drinking and as such their drinking behaviours began to change.

Rites of Passage signalling Change

Adolescent drinking marks a period of change where individuals begin to mature both in age and experience. Individuals begin to experiment with testing boundaries independent of the family and make choices about their behaviour. Decision-making and identity development mark this period of transition from adolescence to adulthood where the desire to “fit in” (George, line 345) can feel compelling, however the desire not to feel unwell can sometimes begin to tip the balance. Learning to make decisions in the light of experience is a key feature in this period between adolescence and adulthood as the individual begins to mature.

Laurence (lines 26-31):

> “I kind of actually got quite fed up getting drunk, you know, I never did getting drunk very well you know, um because I would collapse into, or I would go into nausea, and you know, head spinning and all the rest of quite quickly and it’s not very pleasant after that. So I used to get drunk less often, and it became sort of more measured.”

Summary:

In these retrospective accounts of men’s experiences of alcohol, there is more than enough evidence that teenage drinkers have an understanding of the benefits of alcohol as something that is fun, exciting and grown-up. There are also signs of some of the individuals becoming aware of the more negative effects that alcohol can have, for example, Laurence’s growing realisation that getting drunk could be quite

unpleasant. This highlights the maturing teenager learning from experience that in order to enjoy a relationship with alcohol that is not marred by unpleasantness, there is a requirement at times to be "more measured" Laurence (line 31).

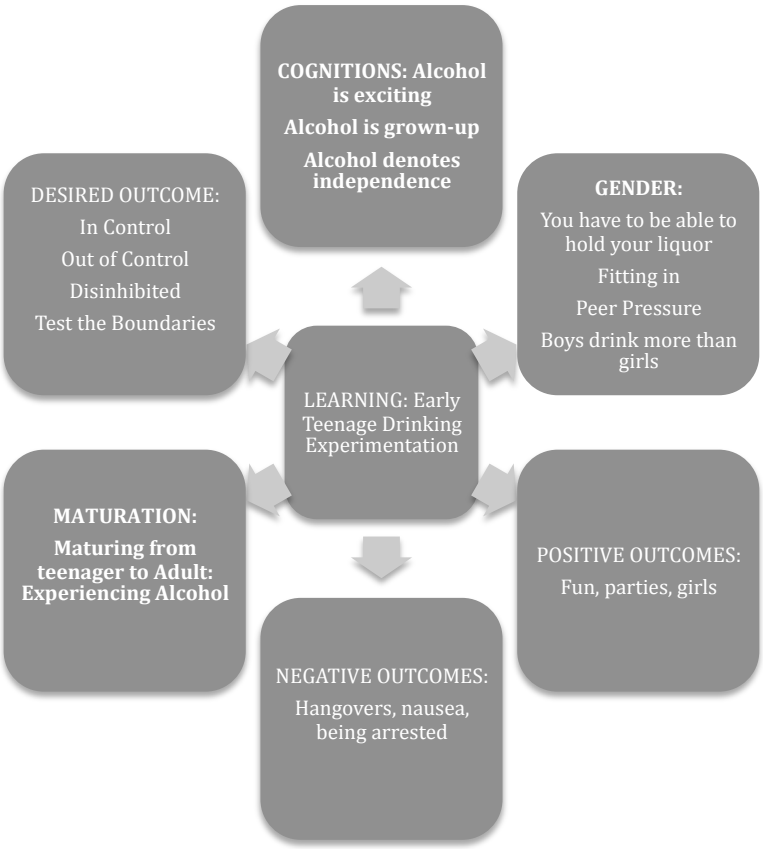

Figure 5: Summary: Category 1: Learning about Alcohol: Teenage Drinking Experimentation

Conclusion:

Learning about alcohol: Early Drinking Days forms the preliminary phase of men's experience with alcohol and is characterised by the process of learning. From participants' accounts, the family provides a model for drinking, and participants learn why, what, how, when and with what consequences do people drink. These observations are further developed by the maturing individual as they begin to drink outside the family. These early experiences form the foundation to men's experience of alcohol.

From participants accounts, there is wide variation on when, how and why participants measure their alcohol intake; nonetheless, throughout the analysis we see that

individuals do choose to measure their alcohol intake at some point. Failure to do so results in negative consequences for the individual, evidence of which we begin to see in the forthcoming chapters.

Reflexivity: Learning about alcohol: Early Drinking Days: Rites of Passage: Teenage Drinking
I was rather surprised by many of the comments made by participants about their teenage drinking. I expected to hear lots about having fun, getting absolutely paralytic and very sick – some of which I heard, however, I had presumed to hear more of this. What I did hear was how about half of the participants had felt appalling after something, and then never touched that drink again, or never really wanted to get that drunk again. Personality variables are clearly significant here as well as self-esteem in relation to peer pressure but the relationship is undoubtedly complicated. I was also interested to hear how the developing self concept and identity is entwined into participants' evolving independence away from the family home, and how that fits with decision-making. Thinking back to my own teenage drinking experiences, I don't remember being particularly aware of the different expectations of gender behaviour mentioned by Edward above. However, I do remember feeling extremely sick when I overdid it and vowing never again. It seems that Rites of Passage is a stage of behaviour rather like Erikson's Stage model that individuals need to pass through, or Freud's psycho-sexual stages which need to be successfully negotiated – so passing through this stage leads us to the next stage of life where the adolescent matures into adulthood and has freedom of choice. With this freedom comes anguish Sartre would say, and as such, this is our human condition - as individuals we are free to make choices but those choices will always have consequences. Learning to consider those consequences seems to be essential.

The next chapter focusses on how professional men appraise the effects of alcohol. **Appraising Alcohol** examines participants' beliefs about alcohol and is the next stage after individuals learn about alcohol in the home and adolescence. Across the interviews, participants were in universal agreement: alcohol confers many benefits, however it can also cause a great deal of harm.

Chapter 2: Category 2: Appraising Alcohol examines the meanings participants ascribe to alcohol and how these in turn affect their drinking behaviour.

CHAPTER 2:

CATEGORY 2: **Appraising Alcohol: Beliefs about Alcohol**

Sub-Category 2.1: **The Benefits**

Sub-Category 2.2: **The Costs**

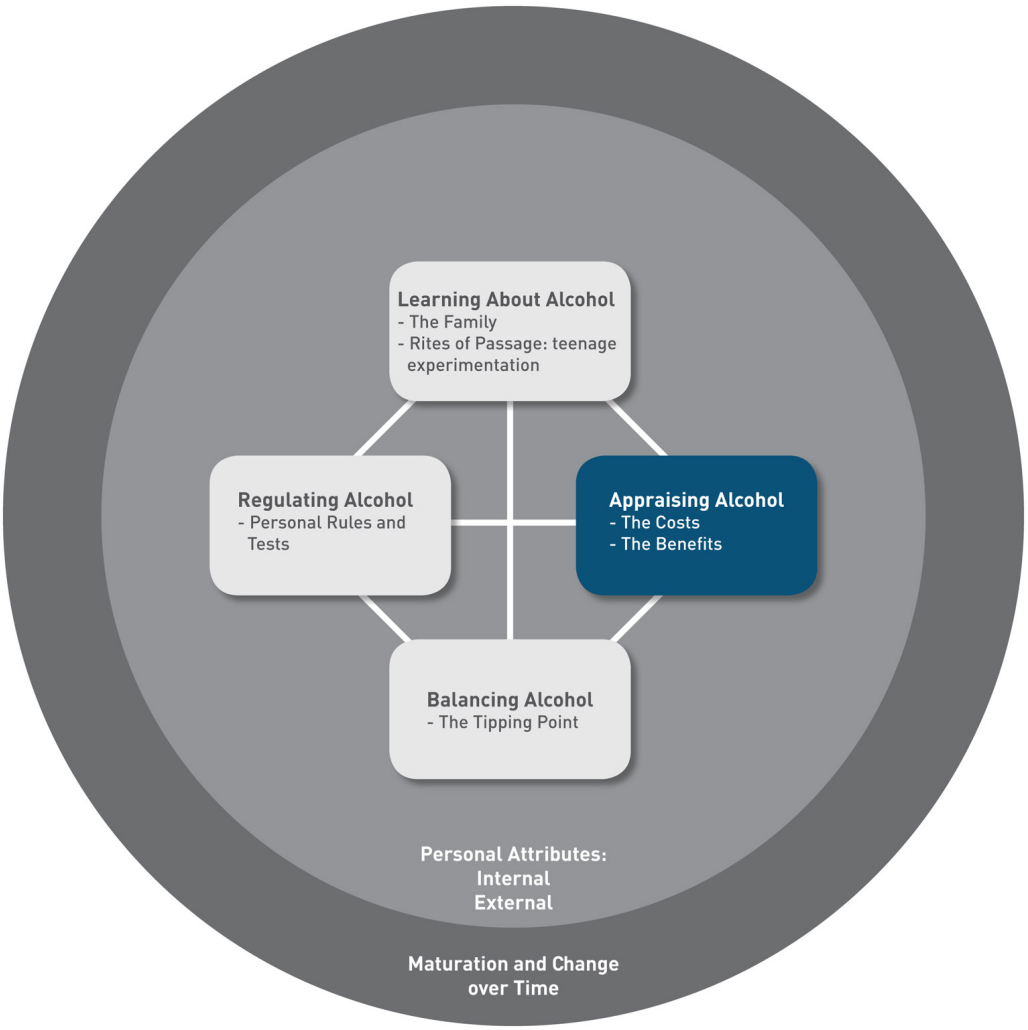

Figure 6: **Appraising Alcohol: The Costs; The Benefits.**

CATEGORY 2: Appraising Alcohol: Beliefs about Alcohol

Introduction:

The second chapter focusses on **Appraising Alcohol: Beliefs about Alcohol.** From participants' accounts, alcohol confers a multitude of effects, ranging from the euphoric at one end of the spectrum, to liver failure on the other. Appraising alcohol explores the beliefs individuals hold about alcohol: its beneficial qualities, and its more damaging consequences. Participants' appraisals of alcohol emerged throughout the analysis and can be seen to be essential considerations in participants' drinking choices.

Sub-Category 2.1: The Benefits focusses on the positive end of the spectrum where participants illustrate the favourable effects of alcohol, and begins to consider how these experiences and beliefs about alcohol affect drinking behaviour.

Sub-Category 2.2: The Costs examines the negative effects that participants attribute to alcohol, and considers these in the light of individuals' drinking choices.

Appraising Alcohol and Change:

Participants' comments also revealed how these appraisals are subject to change over time: what might appear to be a "benefit" as a teenager may turn out to be a "cost" as an adult. Failure to adjust to these changes can have unpleasant repercussions to the individual.

Category 2: Appraising Alcohol:

Sub-Category 2.1: The Benefits

"Alcohol can be one of the greatest things in my life" Laurence (line 462).

Beginning with the first question of the interview: "Could you tell me a bit about what alcohol means to you?" participants were fulsome from the very outset in their responses and offered a wide range of interpretations they attribute to alcohol:

Arthur	It means a reward at the end of the day, a vehicle to a mild sense of euphoria, (lines 10-11)
Bill	I think it's a bit of a social lubricant, (line 13)
Charles	It means relaxation and it means enjoyment, and it means an enjoyable meal, alcohol particularly with eating, and to an extent it means conviviality, (lines 9-11)
Douglas	One, it helps you have a good time; two, relaxant; three, I think as you get older you get more tired, and alcohol helps alleviate that tiredness, (lines 13-16)
Edward	Relaxation, reward, sharing, um, home, (line 11)
Francis	I think it means great socialising, and great food, (line 6)
George	It's a social relaxant, (line 14)
Henry	I think it's a cultural thing as well as a social thing, (lines 44-45)
Ian	As a student, it was fundamentally sociable, social, really, as a means of meeting people, rather the places that you went to drink, and you wouldn't have thought of not drinking, (lines 14-16)
James	It's just a sort of relaxant sort of thing really, (lines 8-9)
Ken	I would say it's about social, and yes, work, and food, (lines 7-8)
Laurence	It means um, relaxation, conviviality, nice taste, um, not working, (lines 6-7)

There was universal agreement between all participants: alcohol can be a good thing. Accordingly, I will begin to examine the benefits that participants' associate with alcohol.

Participants' accounts above would suggest that they are motivated to drink for two fundamental reasons: first, to change their mood; and secondly, to enhance a social event.

Alcohol and Emotions:

"Euphoria, liberating, fun, luxurious, stimulating, exuberant, exciting, fantastic, letting your hair down, relaxing, sleepy, suppressing" all words or phrases in participants' interviews to describe the effect alcohol can have on individuals' emotions. Across the interviews, alcohol changes people's affect. The large majority of participants found drinking increased positive affect:

> "drinking makes me more exuberant, I don't really get depressed over drink at all, I get more excitable over drink because I'm just getting more exuberant" Douglas (lines 457-461).

> "it has connotations of luxury and enjoyment and quality for me" Arthur (line 15)

Some participants also found alcohol helpful in decreasing negative affect:

> "If things are difficult at work, you know, I might think when I get home, yeah, I'd really like a drink". Ken (lines 203-204).

Indeed, participants' accounts indicate numerous incidences where "a glass of wine takes the edge off a difficult day" Arthur (lines 122-123). Drinking alcohol to cope with the stresses and strains of daily life is a key feature of men's experiences of alcohol and can make a drink a particularly appealing prospect.

However, for two participants, Bill and Edward it depressed their emotions:

> I'm a quiet, if I were drunk, I know, I'm the guy on the sofa, just nodding off through drink, rather. The quiet drunk, rather than, again, we've all met them, the noisy ones, the life and soul of the party, Bill, (lines 935-937)

It can also have different effects in different environments, where it seems that the expectation fuels the impact of the effect and where the atmosphere can "sweep you away and that glass of wine can just taste wonderful" Ian (line 241-242).

Participants' accounts illustrate the manifest differences in how individual's experience alcohol: those who find alcohol liberates their emotions: and those whose emotions reduced and diminished. It is also noteworthy that different contexts can elicit different responses from the same individual drinking alcohol, depending on a variety of

influences including affect and setting. Bill's narratives suggest that the effect of alcohol is as much about the expectation as the amount of alcohol consumed.

> "You know, sometimes it's just great, you're having a great time, and you're really in the mood and it feels just fantastic, and then there's other times, you know, maybe you're a bit tired, or just don't fancy it, but then alcohol, it just doesn't have the same effect at all, and after a couple of drinks, you know, you just don't feel it, it's just not the same at all" Bill (lines 520-525).

Alcohol and enhancing:

… social events:

Across interviews, participants described the virtues of alcohol at social events. Participants characterised alcohol as: "social glue, fuel to enjoyment, bonding, giving friendship a common purpose, camaraderie". Throughout participants' narratives, alcohol was seen as a positive enhancer of events, not only making them more enjoyable, but also creating them in the first place. For Francis, alcohol:

> "creates great events and great happenings that probably wouldn't have occurred without" Francis (lines 5-8)

It seems that in regulating people's emotions, alcohol changes not only the individual's experience of the event; it changes the ambiance of the occasion for the social group. Indeed, the two most moderate drinkers felt that a social event without alcohol would be somewhat reduced by not having alcohol, even if they were not drinking at the time. Their experience is that alcohol enhances the event and makes it more "enjoyable because people are more relaxed and convivial" (George, line 682). Interestingly, here, their pleasure is enhanced for the group, not just for themselves.

Henry goes further and suggests alcohol plays a fundamental and essential part in ceremonies, signalling the event as "special"

> "a bottle of champagne can even in a modest celebratory moment make that moment a little bit special, so there's something about champagne and you know, people always respond to that, and they get excited and a little bit giggly, and you know, it goes pop and stuff, and that's all quite symbolic of it being a special moment" Henry (lines 420-424).

..food:

Most participants spoke of their enjoyment of alcohol with food. For Charles in particular, wine "enhances digestion" (line 624). For Ken, opening a bottle of wine on a Friday night signalled pleasure, enjoyment and good food. Throughout participants' accounts, wine is particularly associated with enjoying a meal and enriching the occasion.

..health:

A number of participants emphasised the health enhancing properties of alcohol: in particular Francis and Ian who believe that "good beer is good for your health (Francis, line 84), and James, in spite of being the most moderate drinker amongst the participants, was aware of scientific evidence suggesting that red wine is beneficial for health.

Alcohol as a Reward

Participants predominantly highlight the "rewarding properties" of alcohol. A glass of wine denotes luxury, where participants imbue alcohol with a special quality. It can be something that makes a difficult day feel just that bit better, it can be a small reward for something that went well. Regardless of the incentive, alcohol symbolizes a special indulgence: Henry:

> "That first drink is for getting through the day, it's a reward. I say to myself something like "You, you deserve a drink" Henry (lines 80-81)

Alcohol and Gender

A key feature throughout participants' accounts of their experiences with alcohol is the importance of male friendships. Alcohol can create a common bond where participants share some time together over a couple of pints in the pub, examples of male trips were numerous in participants narratives, sailing trips, stag weekends, climbing holidays, driving weekends to name a few. Alcohol plays a key role on these occasions where it takes on the properties of a social bond, totem of friendship, social lubricant. The relaxing and enhancing properties of alcohol can go as far as to stretch time:

Francis (lines 182-183)

> "we wouldn't certainly spend six hours together if we weren't drinking, so it's kind of like the thing that gives us common purpose sometimes"

Not drinking at occasions with a group of male friends is feasible, but unlikely participants noted.

> "If I didn't want a drink, I wouldn't have one, peer pressure is not the world I live in, but if I think about it, on those sorts of occasions, I would be drinking, yeah, definitely. That conviviality, it's untouchable" Charles (lines 658-660).

Alcohol and Culture

References to the cultural significance of alcohol are noteworthy. The British pub featured prominently in participants' accounts, playing an important role in British drinking practices and providing an environment for social cohesion. Ian and Francis were particularly fond of real ales and the improving qualities of beer that can now be found in pubs.

Henry highlighted the cultural importance of alcohol at key events and celebratory occasions:

> "(alcohol)…it's a great cultural invention…..my attitude to it is that it makes, it sort of makes sense and it fits into lives at many cultural and social levels" Henry (lines 491..495)

Alcohol and Quality

The quality of alcohol was a recurrent theme throughout participants' interviews. If participants were going to drink beer, it had to be good bitter. Laurence commented on his enjoyment of "a good quality whisky in moderation" (line 141). George had substituted quantity for quality, and if he was going to drink, "it had to be really good quality wine" (line 682).

"Quality wines" not only made an event special, they also provided participants with the pastime of collecting fine wines. Ken and Charles in particular took enjoyment in buying fine wines, whereas Douglas was baffled by his business partner's weekly practice of buying a £700 bottle of wine to eat at a nearby Mayfair restaurant, where

staff would decant and serve it to him. Douglas' comments not only to illustrate some variation in participants' enjoyment of quality, they also served to outline an extremely expensive hobby!

Summary: Alcohol: Appraising the Benefits

Participants' accounts of the pleasures they attribute to alcohol are far reaching. Their comments suggest that their enjoyment of alcohol is not only in response to the actual physical effects of drinking alcohol, it is also related to their expectations about the effects. These experiences and expectancies that individuals have about alcohol illustrate the important role alcohol plays in participants' lives. Alcohol is the nation's second favourite leisure pursuit after television (Spada, 2000): the pleasures participants attribute to alcohol serve as powerful incentives to drink.

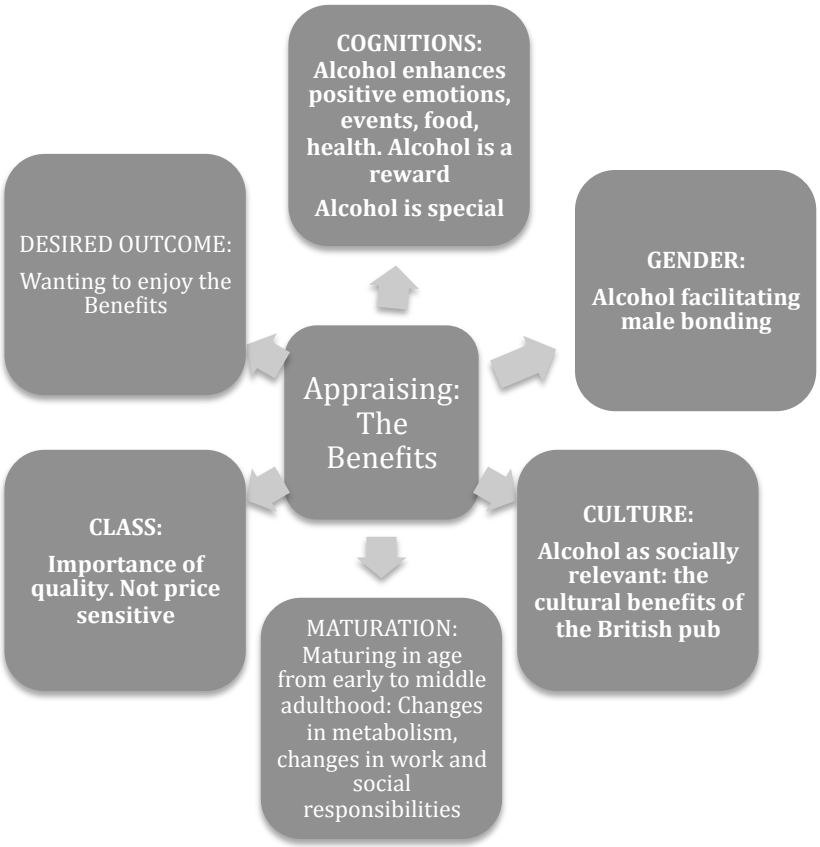

Figure 7: Summary: Category 2: Appraising: Sub-Category 2.1: The Benefits

Reflexivity: Appraising Alcohol: The Effects: The Benefits
Writing about the benefits of alcohol, I had no idea how varied these were going to be – it had never occurred to me quite how many different motivations people would have for drinking. I was aware of Cox and Klinger's four principle motivations: enhancement, social, conformity and coping, but the richness of the narratives of the participants opened up a huge variety of positive effects, some of which were genuine eye-openers for me, in particular the health benefits of beer. I wanted to hold onto the essence of what the participants were saying and at times it felt absolutely impossible to get a grip on what it all meant. I kept asking of the data, how do the participants feel, what do they think about alcohol and what are the consequences – I kept coming back to "but what are their expectations" because it seems to be more about that than the effect on their central nervous system. It seems to be more about what they attribute to alcohol. It made me think about my work in the substance mis-use clinic and what it could be like for problem drinkers to abstain – certainly for the participants in this study, alcohol was something very special, the word special was being used over and over again and also the realisation how much alcohol is part of the fabric of society and plays such a key role at social events, particularly celebrations. Alcohol can feel all pervasive and if you are unable to drink it, one inevitably must feel like an outsider. Having been pregnant I chose not to drink and found it extremely difficult in the early days before telling people – many friends would unknowingly try and force me to have a drink, or tell me I was being a killjoy. Imagining what it's like not to be able to drink but wanting to must at times feel insurmountable, particularly if you attribute so much positive expectation onto alcohol. An intoxicating substance indeed.

The next section explores **Appraising Alcohol: The Effects: The Costs** where I will begin to examine how men appraise the negative effects of drinking alcohol and how this process impacts on men's experiences.

Category 2: Appraising Alcohol:

Sub-Category 2.2: The Costs

> "It's a dangerous substance" Bill (line 992).

Participants' accounts invariably included extensive comments about the costs of alcohol. Observations were widespread and varied. There was universal consensus that excessive alcohol use could lead to negative consequences to physical health, mental health, behaviour, work, emotions, and relationships. Effects ranged from untimely death from liver failure to the lesser effects of a headache following a night's over-indulgence.

A small number of participants had experienced the negative effects of alcohol on their health. These experiences demonstrate some of the variation between participants in terms of their drinking levels and what might have happened had they failed to heed their doctors' advice.

Costs to self:

…to health and well-being:

All the participants were aware of the negative impact alcohol can have on their health and well-being. Many experienced problems sleeping after drinking. They avoided certain drinks because of their effects:

> "I don't sleep terribly well if I do, and particularly with brandy, actually I've given up, really wouldn't touch brandy, I might have a little calvados sometimes or a little grappa…it's as much to do with waking up in the middle of the night and feeling really dehydrated, um, and thinking it's just not worth it" Ian (lines 303-305).

Ian's comments are endorsed by Douglas who after his customary "giving up for Lent", remarked on how much better he slept when not drinking. Laurence also found sleeping problematic after drinking more than about two glasses of wine:

> "if I drink too much I get terrible indigestion, so if I drink too much, I don't feel very good and don't sleep properly, so you know, and I'm kind of that age now where I don't just drink and say sod it, I kind of think I'd quite like to get a

> night's sleep. You know, I really don't sleep well, And that's really is a disincentive to drink a lot, even if I'd like to" Laurence (lines 115-120).

George went further and disclosed a chronic health problem which made it extremely uncomfortable for him to drink certain drinks:

> "I'm very aware of what I can drink and what I can't drink. For instance, if I drink white wine of a certain grape, it kills me. It just, I find it really difficult….I tend to be fine on red wine, decent champagne" George (lines 211-215).

Two participants had been advised by their doctor's to cut down their drinking in order to lower their high blood pressure. Francis had previously been unaware that heavy drinking can raise blood pressure, and was shocked to find his GP picking up on some heavy weekend drinking sessions by the consequent raised blood pressure on Monday mornings.

Ken had experienced a more threatening episode. Following a heavy week's drinking at a conference, he had what he thought at the time was a heart-attack on an aeroplane. After hospital tests it turned out to have been an "alcohol-induced panic attack" Ken (line 147). It had left Ken terrified and he subsequently cut his drinking down to more manageable levels. It is notable that this period of heavy drinking fell at a time when he had recently ended a long-term relationship with his live-in partner and he acknowledged his drinking had escalated as a result of the break-up. The concomitant health risks had frightened him and he followed the health advice he was given and cut down his drinking accordingly with the use of drink diaries and other self-monitoring behaviours. He is now in another relationship and alcohol is more likely to feature on a Friday night with a meal rather than heavy daily drinking.

Such threats to health had caused individuals to consider their drinking in the light of the consequences to their health and well-being.

…to work:

It was clear from participants' accounts that their career was of paramount importance. All the individuals were either head of an organisation, department or experts in their field. James as a performer was supremely aware of the effects alcohol can have of his levels of concentration:

> "if I was performing, there's absolutely no way I would have a drink, no way, I need to be completely in my head and, God, no, no, it would change my levels of consciousness" James (lines 285-287).

Costs to others:

All participants had experience of an individual having a drink problem. These ranged from a family relative, to a work colleague, neighbour or friend.

...costs to health:

Bill had two relatives through marriage who had both died prematurely from alcohol misuse. He had been unaware they had a problem until late in the day and bitterly regretted not being able to do more for both individuals. Their premature deaths had rocked his libertarian beliefs and had left him feeling very strongly about the importance of educating the next generation about the dangers of alcohol. Edward had an old school friend who had died of liver failure. He had found his decline in health shocking to watch. Douglas' father-in-law had also died prematurely, exacerbated by a drink problem. For Douglas and his wife, his father-in-law's behaviour had been "deeply embarrassing, barely able to talk, most unsavoury, and all this in front of the grandchildren" Douglas (lines 408).

…costs to relationships

Francis describes his mother-in-law:

> "she is an angry drunk…and actually quite vicious as well in a sort of in a nasty way, so vicious is a good word…I wouldn't be happy for her to look after our children and that's very difficult for my wife" Francis (lines 575…585).

Francis' comments highlight the tension in families that can occur when people drink excessively. In his case, damaging the relationship between three generations.

Henry had admired a neighbour who was a doctor. He had felt very let down and disappointed to find out that every morning after leaving his surgery, would sit in his office and drink a bottle of whisky. This left Henry saddened, and disappointed:

> "I found that really sad, because he was somebody I quite, quite, not sure of the word, I enjoyed his company and I really, yes, I really respected him" Henry (lines 115-116).

…to emotions

Participants universally disliked the effects of alcohol on people when it caused them to be have badly, in particular if it made them erratic:

> "if they f'ing and blinding, and shouting, arguing, being disrespectful, groping and being rude. I can't stand that, I really hate that, especially when it makes people unpredictable" Ken (lines 321-323).

Poor behaviour in drunken individuals was universally vilified. Participants agreed that being around people drinking heavily in an uncontrolled manner was highly undesirable particularly because of their rowdy and volatile behaviour.

…to work

The majority of participants had worked with an individual who they believed drank to excess – Laurence's previous head of department had been "notoriously known as drinking two bottles of wine every lunchtime…and you can see the devastating effect that has on someone", Laurence (lines 196-197); Charles had a colleague who he believed to have a drink problem, James was shocked at a female barrister's drinking behaviour finding her frequently slurring and out of control.

Participants were uniformly dismayed by such behaviour. Such experiences about the negative consequences of drinking alcohol further contributed to participants' understanding that alcohol can be a "toxic substance" James (line 225).

Appraising Alcohol and Change

Participants' accounts demonstrate how change over time affects their appraisals of alcohol. What might have seemed "a benefit" as a teenager, with the power of hindsight may become to feel more synonymous with "a cost".

As the teenager matures into the professional adult, he undergoes significant change. Not only is he older, he now has a career, he may be in a relationship and he may have a family. All these changes bring appreciable responsibilities. Changing drinking habits is essential as the individual matures. Participants' accounts reveal an awareness of the perceived "benefits" of alcohol metamorphosing into "costs":

For Arthur, it was a fundamental change to the desired effects of alcohol:

> "I used to want to be out of control, and now, that's the last thing I want to be" Arthur (lines 182-183).

Across interviews, participants described the paramount importance of their careers. Alcohol was not going to detract from their success in the workplace, so the ability to judge when to drink as the individual matures is key. Different contexts require different appraisals: an enjoyable glass of wine at lunchtime on the weekend is very different from one in the week:

Charles illustrates a hypothetical day at the office:

> "but I've got to see the Prime Minister this afternoon, didn't know that I've got to see him. There is no way I'm going to have a drink" Charles (lines 484-485).

Frances remarks on the pleasures of alcohol shifting over to the costs due to work responsibilities and maturing age:

> "you hit forty and you think, it's not enjoyable any more, great, a night out, sure, but I feel so rough the next day, I can't really operate" Francis lines (662-663).

Ian notes the changes in his metabolism due to age:

> "I wouldn't have an alcoholic drink if I was working, I'm not keen on it, at all, whereas I used to….I find I respond to drink quite differently at lunchtime from the way I used to when I was younger and now I actually do feel quite tired, and so I just don't like it, I don't like feeling tired when I'm working, no, I'm really not keen at all about that. And certainly not when I'm giving a paper at a conference" Ian (lines 195-202)

Summary: Alcohol: Appraising the Costs

These negative appraisals, which feature throughout participants' accounts, act as strong incentives against heavy drinking.

Two of the participants had experienced negative effects of alcohol on their health: Ken having an alcohol-induced anxiety attack, and Francis' high blood pressure being a result of heavy weekend drinking. Both men responded to the medical advice they

were given and cut down their drinking to more manageable levels by keeping weekly drink diaries. Failure to have reacted to such threats to their health would have resulted in serious consequences. Their accounts allow us to see the variation between participants' responses to alcohol, and that the relationship with alcohol is one which matures over time, with some individuals experiencing problems on the way.

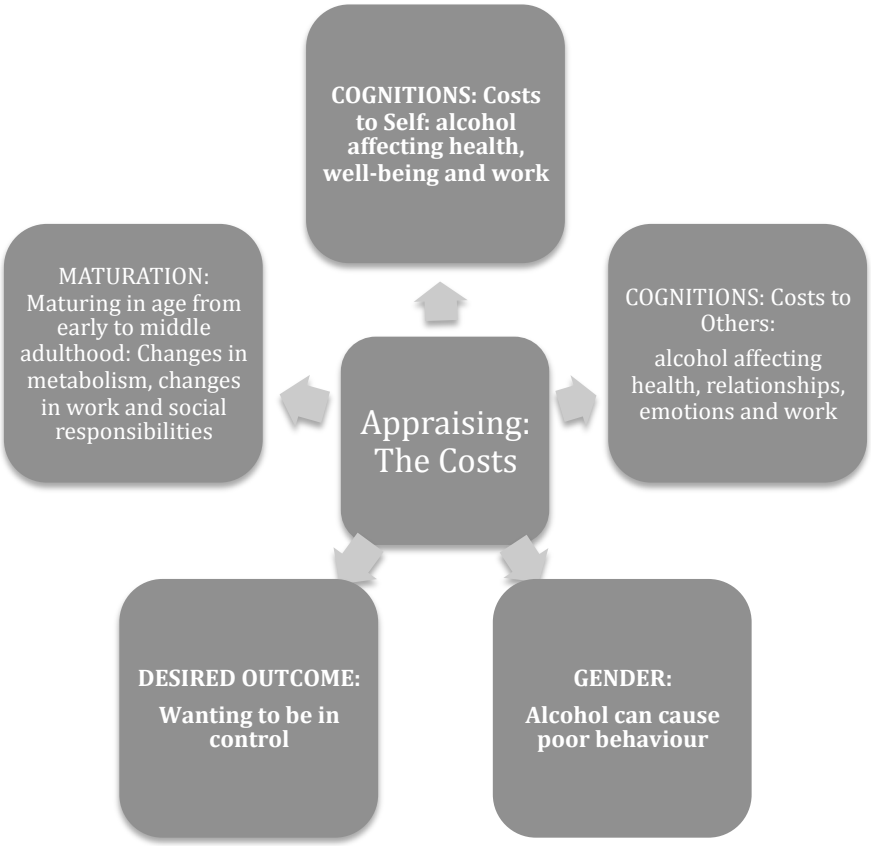

Figure 8: Summary: Category 2: Appraising: Sub-Category 2.2: The Costs

Conclusion: Alcohol: Appraising the Costs and the Benefits:

As individuals mature, appraising the costs and benefits of drinking alcohol is crucial whilst adapting to changes in personal circumstances. Indeed, recognising that which used to be a benefit as a teenager has become a cost to a professional man in their forties is critical. The idea of being arrested for being drunk and disorderly in the street as a teenager is conceivable, but for a captain of industry would seem unthinkable and from participants' accounts, extremely unlikely.

By the age of 40, men's relationship with alcohol is well-established. An ability to judge between the positive attributes of alcohol and the more negatives ones is not only important to their careers, it is also critical to their health, well-being and relationships. Participants' accounts demonstrate that recognising and responding to the consequences of alcohol is a key component of the alcohol experience. In the words of Henry: failure to do so, "can shorten your life, it's a silent killer". (line 481).

Reflexivity: Appraising Alcohol: The Effects: The Costs
I had very mixed emotions listening to participants' accounts of the costs of alcohol. On some level I wasn't surprised that so many of the men had personal experience of someone with an alcohol problem – 9% of the population are dependent on alcohol, and 30% drink over Government guidelines. I was particularly touched by Ken's honesty in describing his fear of having a heart attack, and what this had meant to him. Although he admitted at times he still drank over the Government guidelines of 28 units a week for men, he had cut back his drinking considerably and was very proud of his reduced drinking. I felt my heart go out to him in the interview when he kept referring back to the pre-interview questionnaire to show me how he no longer drank every day and how he felt so pleased with himself if he kept his drinking to below 30 units a week. I found some of the interviews so deeply personal – George disclosing an extremely intimate health problem that genuinely made me want to cringe, but with all my might as a trainee counselling psychologist, all my training came to the fore and fortunately I managed not to look uncomfortable. I felt saddened by participants' accounts of relatives or friends dying prematurely due to alcohol and particularly sad for Francis with his new baby and not being able to ask his mother-in-law to babysit or get particularly involved with the baby. However, I felt extremely privileged that participants felt able to share so much highly personal material with me and wanted to treat it sensitively and with great respect. At times, I have been overwhelmed by the participants' sharing in the interviews. I would find myself typing up the transcripts and laughing out loud at some of the stories participants have told me, and with others being suffused with a great feeling of sadness and loss. For my part, I had a great friend who died very prematurely of liver failure. His decline was shocking but when he died it was still unexpected.

This process of appraisal is further developed in the next chapter, which describes the next stage of the process: how professional men **balance** their relationship with alcohol in the light of their knowledge and evolving appraisals.

Category 3: **Balancing Alcohol:**

Sub-Category 3.1: **The Tipping Point**

CHAPTER 3:

CATEGORY 3: Balancing Alcohol

Sub-Category 3.1: The Tipping Point

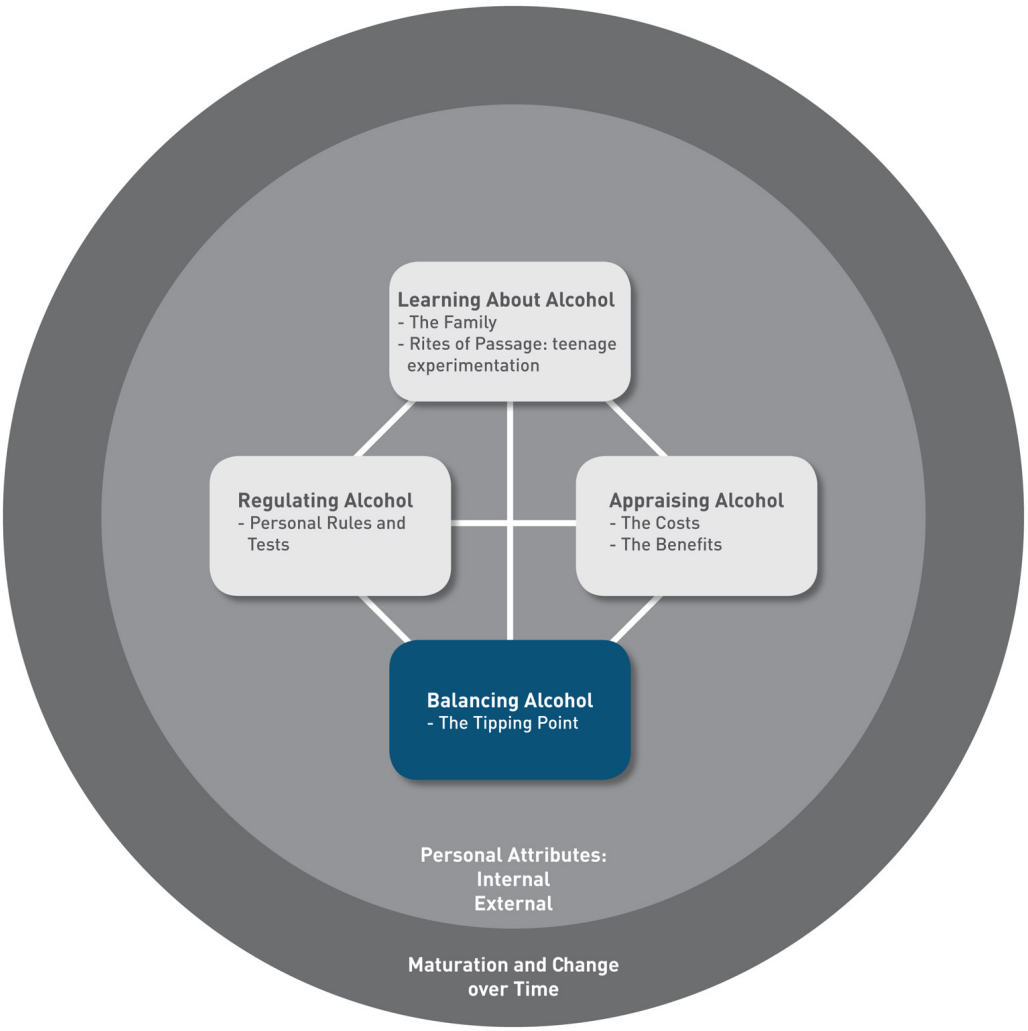

Figure 9: Balancing Alcohol; The Tipping Point.

CATEGORY 3: Balancing Alcohol

Introduction:

Balancing Alcohol emerged as a key process through participants' accounts. Balancing Alcohol enables individuals to evaluate the benefits of alcohol in the light of the damaging negative consequences. Balance is informed both by the learning experience that participants undergo through adolescence and early drinking experiences, and by the appraisals they make about the costs and benefits they attribute to alcohol.

Sub-Category 3.1: The Tipping Point

The Tipping Point symbolises the fulcrum on which the relationship with alcohol balances. It illustrates the fine line, which lies between the costs and benefits of alcohol, and represents a key factor in the choices individuals make about their drinking behaviour. The Tipping Point is highly idiosyncratic and is informed by past and present experiences where each individual judges the point beyond which "Dr Jeckyll turns into Mr Hyde" (Henry, line 467-468).

Category 3: Balancing Alcohol: Maintaining the Equilibrium

> "…watching yourself think about these issues (alcohol) and trying to maintain the equilibrium that allows you to carry on doing things" Charles (lines 795-797).

Balancing Alcohol emerged as a pivotal theme throughout participants' accounts of their experiences of alcohol.

The interview question: "Could you tell me a little bit about how you understand alcohol"? elicited responses which consistently referred to the concept of balance. Indeed, the first interviewee's answer startled me:

> "how do I understand alcohol, er, well, I feel it, I find it very tempting, I usually as you will understand willingly succumb to that temptation, I enjoy it and find its benefits rewarding, but only to a certain point, and I'm pretty disciplined about stopping the consumption, you know, at the point where those sort of negative impacts are brought to bear" Arthur (lines 209-214).

Henry explores the concept further:

> "it's like a balance, like a see-saw um, there's clearly you know, like a balance, and or there's moments when it's fantastic and then there's another side of it, where it's clearly not enhancing, so I think that you could say that my attitude to it is tempered by the knowledge that it could easily yeah, it could easily lead to some sort of downward spiralling effect" Henry (lines 478-483)

Early on in the research process, I was unable to predict what my findings might be. Indeed, I had added the question relating to participants' understanding of alcohol to spark off any thoughts or views participants might have about alcohol of any nature. I could not have predicted the responses, or the notable similarities between participants. Checking and re-checking across participants' narratives, there was a remarkably consistent consensus: alcohol generates strong emotional responses that are marked on the one side by the enjoyment of the pleasures of alcohol and on the other side, the nature of its harm. Balancing the relationship with alcohol was identified as essential by all participants. An inability to balance was understood by all participants to have injurious consequences:

> "I understand that alcohol can have a bad effect on somebody, and I see it as something that people really should control and not something that people should let go because I think everything has a consequence, and drinking has consequences" James (lines 315-319).

> "I remember running across a railway line, um so those sort of events makes one realise that it's jolly dangerous to lose control because you know, because one takes appalling risks. So that's one set of negative experiences and of course the other is the hangover and feeling drab and below par the day after heavy drinking, so that's another" Arthur (lines 172-177)

Balancing and Change:

As individuals mature in age, their responsibilities begin to change. These changes may require individuals to adapt their drinking practices if they want to be successful in their personal and professional lives. Participants' responses revealed the evolving nature of balance as they respond to the changes they undergo through the life-span. These include changes to their careers, relationships, their maturing age and health. Balance is subject to change and indeed becomes synonymous with change:

Edward became aware of changing priorities and the need for balance after having his children:

> "I sort of stopped doing that when I was in my mid-20's, with my kids that came along, and all those sort of things, and a different focus there" Edward (lines 319-320)

Ian's priorities had similarly changed after marriage and children:

> "after we got married, it was very rare that I would go out to the pub, and quite exceptionally now…the sort of conscious juggling of the children is generally difficult or awkward or it puts my wife under pressure" Ian (lines 44-49).

Participants unanimously commented on the need to balance their relationship with alcohol. Across interviews, it would seem that relationships, well-being and careers are important factors in professional men's capacity to balance their alcohol use.

The following phrases can all be found throughout participants' accounts: balancing the pleasures against the health risks; balancing the pleasures alongside work; balancing with the family; balancing the fun and pleasure with work and family; balancing and enjoying it: balancing the ups and the downs.

Summary:

Being able to balance the relationship with alcohol allows individuals to enjoy the many benefits they believe drinking confers whilst not tipping over to the other side where the negative consequences can be both undesirable and unhealthy.

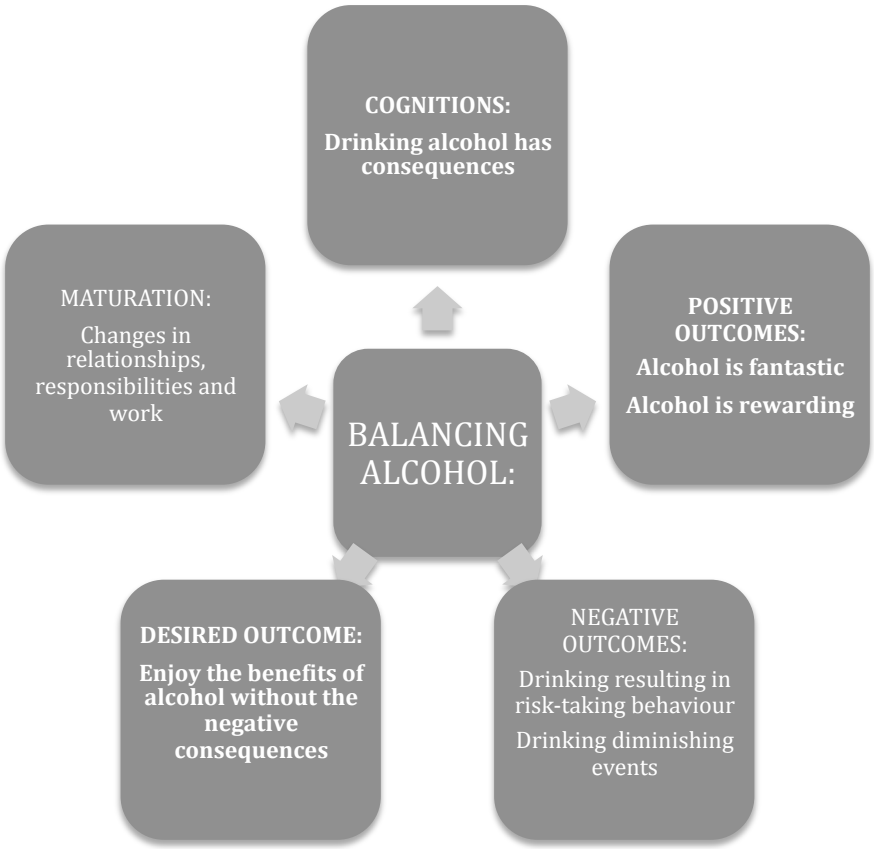

Figure 10: Summary: Category 3: Balancing Alcohol: Maintaining the Equilibrium

Reflexivity: Category 3: Balancing Alcohol
Throughout the interviews participants' reflections on balance completely riveted me. It had never occurred to me beforehand that participants reflected on their drinking so deeply. I realised how naively I came into the analysis. I was interested about was professional men's drinking and I had some tentative ideas, but I genuinely had very little idea what I was going to find out. Balancing their relationship with alcohol seems to be such a core concept to individuals that they take into consideration not only routinely, but also with a great sense of self-awareness. Again, I was moved by how much participants were prepared to share with me. I was very conscious throughout the interview process of all my training on my way to becoming a counselling psychologist, putting them at ease, being aware of power dynamics that can be inherent in the interviewer/interviewee process. Interestingly here, interviewing captains of industry and individuals earning at a minimum of £52,000 a year, some of them huge salaries, I was expecting the power balance very much to be in their hands – this was not the case and I believe that we managed to create an environment in the interview process that felt very equal. I was surprised by their openness and honesty, there were times when I could have sat and listened to their stories for much longer. They were all highly articulate and fulsome in their responses to the questions – often it didn't feel like an interview at all, Henry for example, once he started, never stopped talking, as did Ian, Bill, Laurence and Charles. Some of the participants were less forthcoming early on, but they too were hugely informative about their drinking experiences. Each and every one of them shared so much information with me I felt very fortunate to have been able to interview and meet such individuals.

The next section explores the concept of **The Tipping Point.**

The **Tipping Point** is central to the experience of alcohol and symbolises the fulcrum on which the relationship with alcohol balances. It marks the point where the benefits can begin to tip over into the costs. The process of recognising this point is highly individual, however failure to do so is recognised by all participants to result in unfavourable outcomes.

Category 3: **Balancing Alcohol**

Sub-Category 3.1: **The Tipping Point**

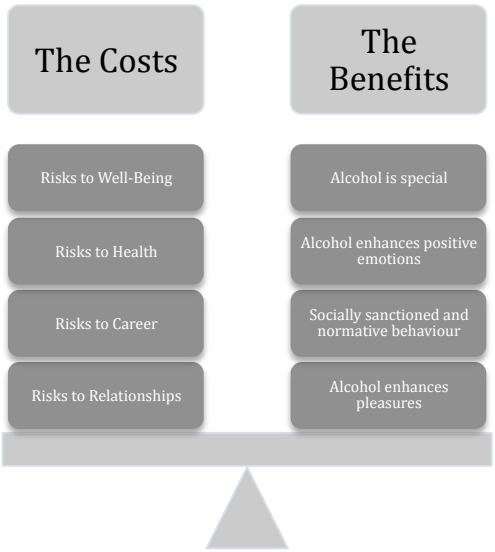

Figure 11: **Category 3: Balancing Alcohol: Sub-Category 3.1: The Tipping Point**

Using Henry's metaphor of the "see-saw" (line 478), the **Tipping Point** represents the point at which an individual's drinking tips the balance from the benefits, to the costs. An ability to recognise this point is crucial if the individual is to maintain a balanced relationship with alcohol.

What is particularly interesting about the tipping point is that it is highly individual and changes over time in response to past and present experiences with alcohol.

For Arthur, experiences in his adolescence had forced him to moderate his drinking:

> "I've done some alarming things under the influence of alcohol that when I think back I feel very fortunate to have survived. And they serve as a constant reminder of what happens when you go over the tipping point" Arthur (lines 164-166).

Across interviews, all participants had experienced either a pivotal event, or a series of cumulative events, which had resulted in individuals gauging their personal tipping point.

The Tipping Point symbolises the line that participants do not want to cross. It is the point beyond the pleasure, where the negative consequences of alcohol are brought to bear. The Tipping Point lies on the fulcrum where carrying on drinking would tip you over from enjoying the experience to a place where the consequences could be harmful or unpleasant.

It is notable that Bill uses the same metaphor as Henry to describe his understanding of alcohol:

> "it's a fine line, on a see-saw, on the balance of where it flips over to where yeah, you did have a good time, but you're suffering now. I like to have a good time and not suffer" Bill (line 517-519).

Charles similarly continues with this description:

> "you see others like that, and you see they've gone past the line and they've gone from being fun with it" Charles (lines 439-440).

Douglas adopts the phrase "the point that must not be crossed" to define his tipping point:

> "I don't get to that point which I sometimes see some people get to where you see people visibly completely off their face, slurring, almost head nodding – you know, it's a mess, I never get there, I never get there, never get there" Douglas (lines 186-188).

Laurence describes the tipping point in a highly lyrical description using the metaphor of a mountain:

> "a little is a good thing, and even a bit more than a little can be a good thing, but there can be a cliff edge of dependency and I also respect the fact it can be one of the most glorious sensations, good wine, fine wines, so I respect it, I like it, I really like it, I think alcohol can be one of the greatest things in my life, but also there is that kind of dark-side thing" Laurence (lines 204-208).

The Tipping Point and Health:

For some individuals, recognising their tipping point was borne out of a frightening personal experience. Ken related having what he originally had thought was a heart attack on an aeroplane. After hospital tests, his doctor informed him that it was as a result of drinking heavily and that his experiences were withdrawal symptoms. This experience had shocked Ken and began to reduce his drinking to more manageable levels. He continues to keep a drink diary and tries to keep his consumption to the Government guidelines of 28 units per week or less.

His description of his experience carried with it an emotional poignancy:

> "I am absolutely aware, and awareness, yeah that's the word, that alcohol is yeah, like the sea can be an absolutely beautiful place, calm, and invites you in, and you can have a lovely time, and then things can change and you're sucked in and you're right in there in a very dangerous place, yeah, and I think alcohol can be like that" Ken (lines 228-233).

Francis felt similarly impelled to cut down after being told by his GP that his high-blood pressure was as a result of heavy weekend drinking.

The Tipping Point and well-being:

Charles and George illustrate their desire to enjoy alcohol, but only until the point at which it stops being a pleasure: George:

> "I understand it's a, it's a drug that used in moderation is great, once you go past the moderation time it's a pain in the neck because you just don't feel very well, or you don't get the same enjoyment out of it, and it just makes you feel physically tired, emotional, and not being able to cope very well" George (lines 155-159)

> "I do it by not how much, but how it's affecting me, so I make a judgement about how I'm feeling. I never get to a place where the room's moving but it's just how you feel. Or you're heading to being uncomfortable or not, and those measures come in" Charles (lines 355-357).

Summary: The Tipping Point and Change

Knowing where your Tipping Point lies allows the individual to make choices about their drinking behaviour. From participants' accounts, judging the Tipping Point is highly individual. It is informed by past and present drinking experiences whilst

embracing individuals' changes in circumstances. As the individual matures, and their responsibilities change, individuals are forced to respond to the requirements of their careers, their health, their relationships and their well-being if they want to maintain a balanced relationship with alcohol. In order to do so, an ability to recognise and anticipate their tipping point is paramount.

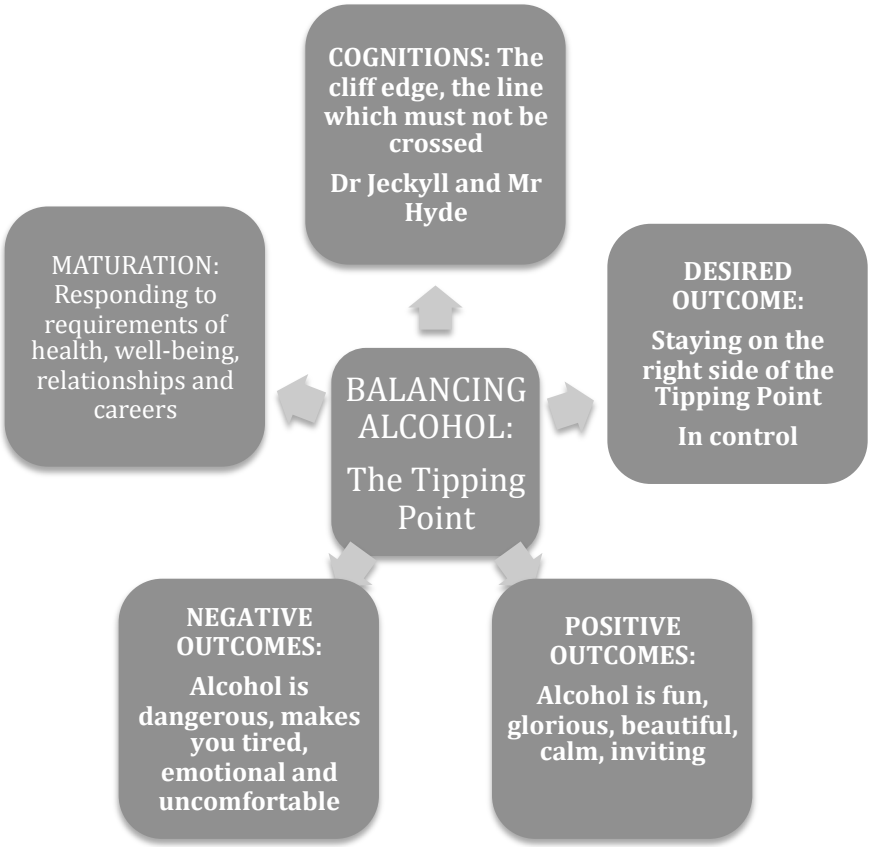

Figure 12: Summary: Category 3: Balancing Alcohol: Sub-Category 3.1: The Tipping Point

Conclusion: Balancing Alcohol: The Tipping Point

The process of balance is crucial for the individual to maintain a healthy relationship with alcohol. Individuals make choices about their drinking behaviour and as they mature, begin to recognise the point beyond which the pleasures tip over into a negative experience. These Tipping Points evolve over time and act as a response to either personal experiences, or observing drinking behaviours in others that encourage the individual to avoid drinking any more alcohol. Balance is informed by the appraisals professional men make about alcohol: it consists of the choices individuals make about

whether that drink is going to feel like a cost or a benefit and how they weigh up those decisions.

Reflexivity: Balancing Alcohol: The Tipping Point
Participants' narratives were absolutely full of references to their tipping point. I was genuinely staggered when three of the participants used the same term to describe that which for them constituted drinking too much. It was fascinating to hear what seemed to be so obvious from their narratives: there is a flip side to alcohol, and staying on the right side of it was of prime importance to their careers and their personal lives. The questions in the interviews that sparked off so much interesting material were: how do you understand alcohol?; what does alcohol mean to you?; and how do you see your drinking going forward? Participants gave extensive and lengthy answers to these questions, particularly highlighting what they didn't want to happen when they drank, and how this had ultimately changed over time. Since I never asked about the concept of the "tipping point" I was intrigued by their responses and how similar they were. None of the participants wanted to give up alcohol because of the pleasures it gave them, but equally none of them wanted to feel unwell or damage their health. Those that had damaged their health in the past had taken on board the necessary changes. Reflecting on these professional men's comments, I saw how important achievement was for them, how although some of them had experienced health problems on the way, they all had the capacity to respond to the experience or advice. In order to be successful, being able to balance the relationship with alcohol is key. Thinking about my own tipping point, I enjoy the first two glasses and then I really feel very uncomfortable if I start to feel the room swaying, or if I feel my speech begins to slur. For me, it's a question of control and liking to keep in control. I also find other people being out of control frightening and rather repellent.

The process of balancing is further developed in the next chapter, which describes the next stage of the process**: Regulating Alcohol.**

Chapter 4 examines **Regulating Alcohol:** the strategies individuals employ to stay on the right side of the Tipping Point. As defined by Charles: … "those measures come in", (line 357)

Sub-Category 4.1: Personal Rules

Personal Rules identifies the strategies that individuals adopt in order to regulate their alcohol intake.

CHAPTER 4:

CATEGORY 4: **Regulating Alcohol**

Sub-Category 4.1: **Personal Rules and Tests**

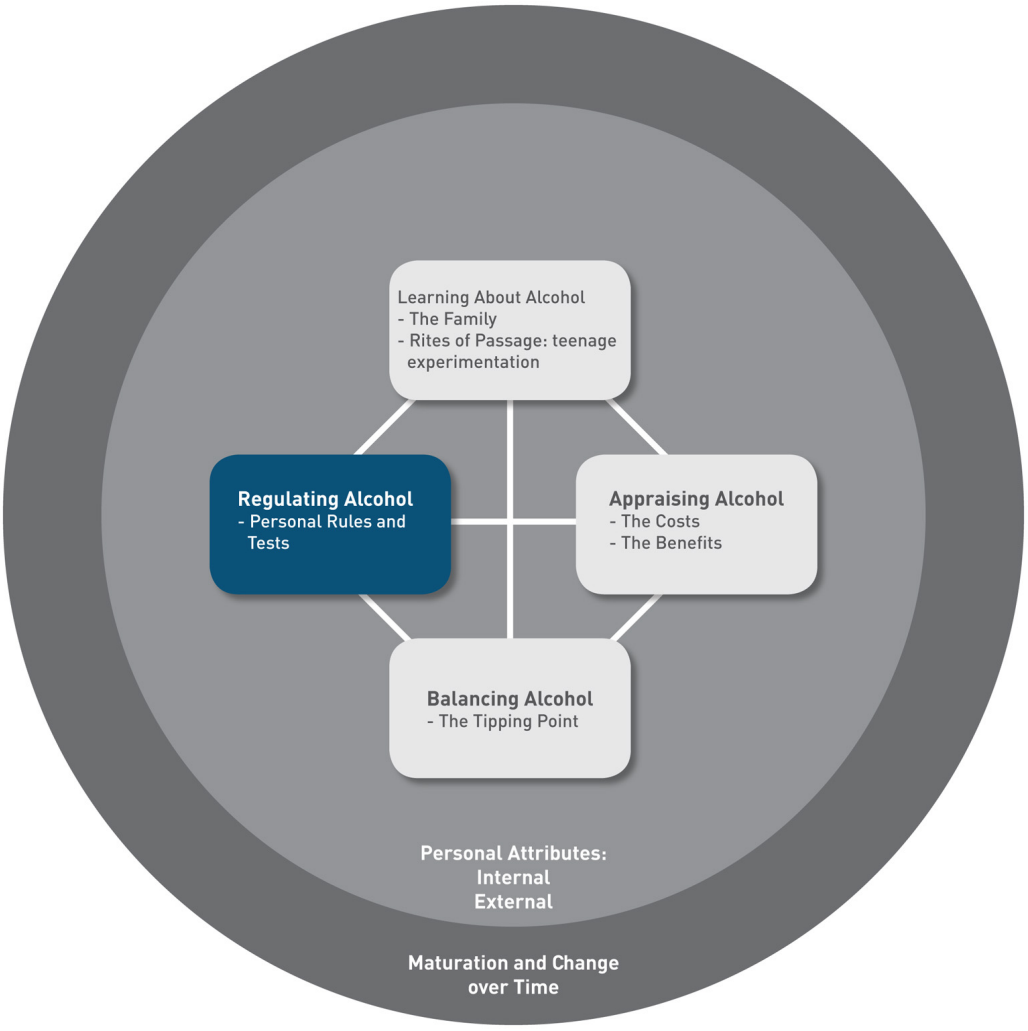

Figure 13: **Regulating Alcohol: Personal Rules and Tests.**

CATEGORY 4: Regulating Alcohol

Introduction:

Participants' accounts revealed a wide variety of strategies that individuals employ to stay on the "benefits" side of the "tipping point". The ability to regulate their alcohol use is paramount. **Regulating alcohol** enables participants to enjoy the benefits of drinking whilst being ever mindful of the consequences.

Example of a Memo:

Summary of Memos on Controlling or Avoiding Alcohol: Later Regulating Alcohol with Sub-Category: Personal Rules and Tests:
First of all I want to explore why men avoid or control their alcohol intake because all of the participants so far have made various points about this: **Goals** – the importance of their personal goals, in relation to work particularly plays a large part in this. They adopt various **strategies** to regulate their alcohol intake. These may be personal rules, for example, "I never drink alone", to "I like to go on the wagon for a month after a heavy conference". Concerns about health plays a part, or generally well-being "I don't like feeling rubbish in the mornings, or I've got to get up early and catch a train" There is considerable variation between the participants, and again, rather like a spectrum, there are those who are very controlled about their drinking, for example, Bill and James whereas Douglas rather likes being exuberant, but nonetheless, hates it when people around him start to "slur and become head-noddingly embarrassing". He won't let himself "never ever get there – would start to drink water". Thinking of the spectrum of where individuals place themselves in regard to Strategies to Regulate Alcohol use: Also fits with **change** and a **maturing attitude** to alcohol use: Arthur "when I was young I used to want to be out of control, now I out of control is definitely where I want to be" Henry and Tony Blair: "you're the Prime Minister: are you in control or not, that's the question" Very much part of this is **changes in drinking due to changes in self, and moderating variables.** **Changes and maturation** Sometimes using driving as an excuse if feeling under pressure to drink, using drink diaries, personal tests to check dependence, such as giving up for Lent, giving up two days a week, setting personal boundaries, never more than three drinks, drinking in a ritualistic manner, only drinking two bottles of chilled beer from the fridge. Laurence: "I like to be in control of my relationship with alcohol, and it certainly doesn't control me". **Thinking it through**: why do participants adopt strategies to regulate their drinking?: participants like drinking, they enjoy the pleasures, they're aware of the dangers, they know where their tipping point lies, they know they don't like going beyond that point because of dangers to health, relationships, work, well-being. They're met with a drinking occasion: what do they do: might it be different on a work day from a holiday weekend? Definitely according to some participants' drink diaries: what is the difference all about: different rules for different occasions? What's it like when a drink "slips under the radar". Do they get carried away, or do they make choices? Why do the men have all these personal rules and tests: work: they don't want to lose their job, livelihood – personal work goals: ambitious; they're trying to keep on the right side of the tipping point: their behaviour is consistent with their **personal goals; mature behaviour** in the light of **learning, appraising, balancing:** they want to be able to keep drinking because of the pleasures, but they don't want to tip over to the other side of the **tipping point**. So they adopt strategies to **manage** their alcohol intake. They're regulating so they can enjoy the benefits and the other good things in their lives: work, relationships, being able to achieve: "I want it all" Charles. Not wanting to be out of control: the impact of being out of control being highly undesirable, importance of protecting the good things in life: health, career, being the boss in Bill's case, Charles, and Henrys' personal "tests" ; James' "rule". **Emotions around regulation**: proud, pleased, happy not to drink, nice not to drink, self-righteous and good the next day; **Desired consequence of regulating**: to be in control, not to feel tired, inhibit performance, not drinking excessively so that alcohol can be a continuing part of an active life (Charles).

Category 4: Regulating Alcohol

Throughout participants' narratives, regulating alcohol emerged as a key process in men's experiences of alcohol. Participants unanimously referred to times where they consciously manage their alcohol intake. Regulating their alcohol intake enables participants to be able to enjoy the benefits of drinking whilst keeping on the right side of the tipping point. Decisions need to be taken and choices made at the many different contexts where alcohol is served. To the individual, moderating their alcohol use means holding onto the pleasures of alcohol without descending to "the dark side" Laurence (line 208). Control emerged as a key factor in the process of regulating their alcohol use.

Regulating Alcohol and Control

> "That's the issue isn't it, it's are you in control? What about Tony Blair, you know, imagine, I'm Prime Minister, someone might ring me up, and say, you know, something like, there's been an invasion, you know, are you in control?" Henry (lines 22-26).

Henry's words exemplify the need for control. Being in control enables individuals to respond to the requirements of their careers and their personal lives. Being out of control would mean an inability to carry out their duties in the workplace. It could also have a significant impact on their personal lives. The large majority of the participants had children, and the need to pick up a child late at night also caused participants to think about the implications of drinking. "Being over the limit," meant not being able to pick up his daughter from a late-night party for Arthur one night. Although he believed he was not apt to drink excessively, this had caused him to consider his drinking and the need to be in control at a moment's notice. His comments highlight the role that personal circumstances play in men's evolving relationship with alcohol. Having children can require men to drink responsibly at all times if they are going to be able to respond to the demands of a family.

Controlling their drinking resulted in participants expressing feelings of "pride", "pleasure", "happiness" and "self-righteousness".

For Ken, who now drinks roughly in line with the recommended Government guidelines of twenty eight units a week following his alcohol induced panic attack, his pride was palpable:

> "Well, it really made me think about my drinking, so I began to keep a drink diary, because I just thought, God, how much am I drinking, so it really made me think and like on my sheet there, I've been entirely honest, and I think I've said I have one day off alcohol a week, and I try pretty much to stick to about 30 units a week. Yeah, yeah, you know, I get a, a, well, yeah, I get a real sense of pride when I look at that now" Ken (lines 166-172).

His strategy of using a weekly drink diary had helped him reduce his drinking to more reasonable levels. Francis had also adopted this strategy to reduce his drinking following a diagnosis of high blood pressure his GP had informed him was as a result of heavy weekend drinking:

> "I kept a record, and I found it very difficult to drink less than forty units a week at the time, but I drink less now than I did then, so I probably drink between twenty one and twenty eight units a week now. If I'm below thirty, I'm happy." Francis (lines 872-874).

Charles describes his feelings of pleasure and achievement when he decides to not drink two nights a week:

> So, you hang on to those odd moments where you think it would be good to have a drink, but actually say, no, no, I'm not going to, and that was fine. So, it's knowing that ability, and you feel slightly self-righteous the next day, and yeah, you feel good" Charles (lines 764 - 767).

….regulating and work

In order to be successful, all the participants spoke of the need to regulate their alcohol intake in the context at work. As head of his organisation, for Bill, not only was he aware of his office rules in relation to drinking alcohol, he felt duty-bound to act as role model to his junior colleagues by setting a good example.

Edward, no longer had business lunches because of the effect on the rest of the day:

> "I tend not to drink at working lunches actually, and in fact I deliberately have more working breakfasts because of the temptation to drink at lunches means you can't work in the afternoon which is a bit of a nonsense. I do entertain a lot but definitely made a conscious move to change to breakfast meetings rather than lunchtimes" Edward (lines 175-179).

Many participants spoke of the ubiquitous nature of alcohol in certain work contexts, particularly at conferences. These constituted a dilemma for participants because they play an important role in the professional man's career with networking being one of the primary reasons for attending. The "inescapable drink" George (line 481) can create problems for the individual trying to balance their intake. Indeed, both Edward and George tend to give up alcohol for a month after a conference "just to clear out the system" (Edward, line 514). Nonetheless, they all had strategies to be able to deal with the vast array of "trays of drinks" (Bill, line 458) at work events. Being in charge of their faculties at such events was key to their success in business and to be out of control would be highly undesirable.

….regulating and gender:

"Being able to hold one's liquor" is a phrase that has been used at least once by most participants in their narratives. Maintaining a sense of decorum particularly at work functions where alcohol is served is vital to be taken seriously as a professional:

> "when you see people staggering about the place, you just think how appalling, it's just no way to behave, and to be honest, it's extremely rare that you would see someone my age behave like that at a work event. I do work with someone, and he drinks too much in my opinion, he's too much of a bon viveur, umm, I'm sure it's going to take some years off, you know, he doesn't look healthy, and that worries me" Charles (lines 446-451).

Participants' accounts reveal men's gender expectations of other men's drinking behaviour where it would be considered deeply inappropriate in work contexts to behave badly whilst drinking excessively. Such behaviour is deemed out-of-order and ill-judged:

> "I have absolutely no respect for blokes who make a show of themselves who can't hold their liquor and don't know when to stop" George (lines 365-366).

Nevertheless, there can be an expectation that professional men should join in to heavy drinking events:

> "Well, there's a certain competition, competitive edge or competitive how much can you drink and still go on and get up the next morning and all the rest of it, so from that point of view, yeah, and there's good stories to talk, but I was always aware of the fact that I was with people who could drink far more than I

could, so there was absolutely no point in competing, so it never particularly bothered me that much" Edward (lines 584-589).

Outside the workplace, there is certain drinking behaviour, which is not only acceptable, but also desirable:

…drinking in different contexts:

A small proportion of participants revealed heavier drinking at certain times of the year. This could be due to holidays, or special events. Douglas had played professional sport at an international level in his early 20's. Every year, he and his male team-mates go on a climbing weekend where huge amounts of alcohol are consumed and they all "let their hair down" (Douglas, line 201). There is an expectation to drink excessively, however, it is in a controlled manner, and they are still expected to go climbing the next morning and go back to work early Monday. Francis had a similar experience at his stag do:

> "at my Stag Do, we were on a boat, and we'd been up very late on the Friday, we'd been out in London, and then we got up early, and I was feeling properly ill and I had to work quite hard to get through it, but you know, I did, you know I worked hard, we went in this boat, ended up about 40 miles away, and again, we made lots of friends in the pubs, we, you know, we were jamming with a band, and borrowed some of their instruments, and um, I fell asleep in one of the pubs, and the guys just kept an eye on me, and eventually I woke up and was fine and carried on, and so I suppose I could have felt that I was out of control". Francis (lines 268-276).

These events, which are outside the workplace and away from the family, seem to serve as acceptable heavy drinking experiences. Edward spoke of a similar bonding trip with his friends on a fishing weekend, however these were few and far between and there was always the expectation of Monday morning, back to work.

…changes in drinking culture:

In spite of the heavy drinking that goes on at conferences, there was a general consensus amongst participants that the heavy lunchtime drinking culture of the 1980's was a thing of the past. Douglas who had worked in the City through the 1980's remarked on the changing nature of drinking practices since the arrival of the American "lunch-at your desk, sandwich, no drinking" (Douglas, line 233). He remembered the days of getting in early and then "hammering it all afternoon" and work definitely

coming second to drinking. These days were over, not just because of the changing culture of drinking practices, but for Douglas, were also due to the changing nature of his responsibilities and concerns.

Summary: Regulating Alcohol:

All participants recognise the importance of regulating their alcohol intake in order to keep on the right side of the Tipping Point. A desire to maintain a sense of control drives the process of regulation. Control is necessary to be able to respond to the demands of their careers and families, their health and wellbeing. Ultimately, regulating their alcohol use allows professional men to continue enjoying the pleasures of alcohol, join in with male gender drinking practices whilst not jeopardising their livelihoods and wellbeing. Knowing when and how to regulate their alcohol intake is thought to be essential.

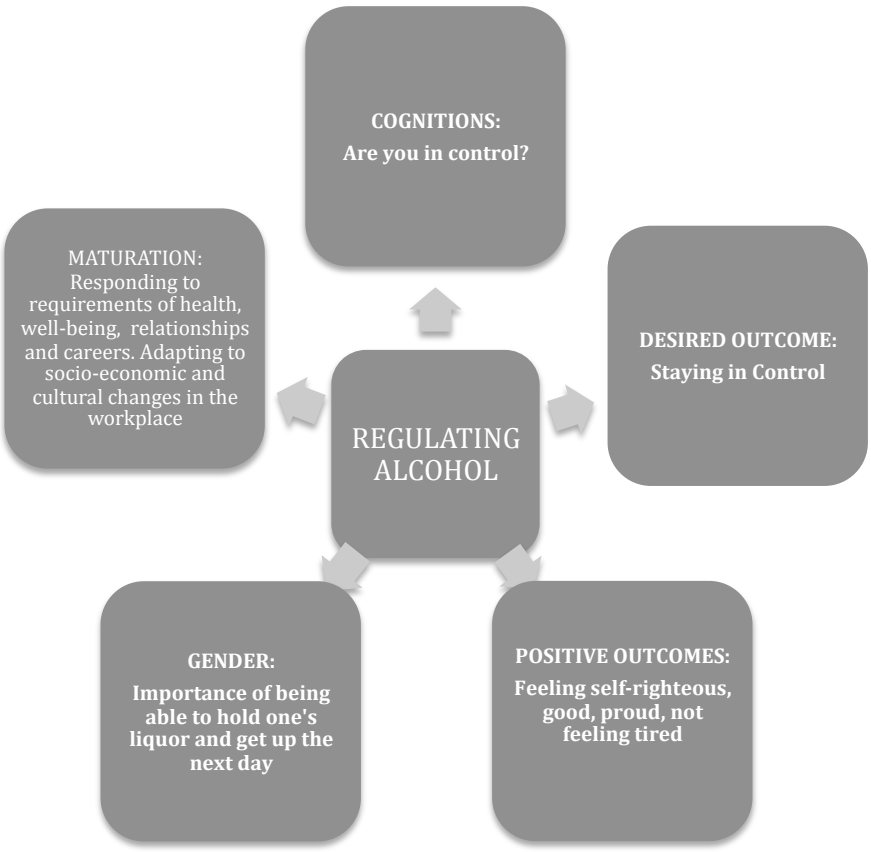

Figure 14: Summary: Category 4: Regulating Alcohol

Reflexivity: Consideration of a Negative Case: Regulating Alcohol
Throughout the analysis I was careful to examine participants' accounts of their experiences of alcohol to see whether there was evidence of a negative case. Corbin & Strauss (2008) recommend meticulous examination of participants' responses to see whether there is material that does not fit the main thrust of the findings. However, for Charmaz (2006), finding a negative case raises concerns that theoretical sampling has failed to reflect the pattern of the research. Nonetheless, mindful of such concerns, I was keen to ensure that I was alert to the possibility of a negative case. I was concerned that the wide differences between some of the participants in regard to "regulating alcohol" was such that it may constitute a negative case. However, further analysis revealed what I thought could have possibly have been a negative case was more of a dimensional extreme of the analysis. I wondered if Douglas' drinking behaviour could constitute a negative case with his enjoyment of heavy drinking weekends, and enjoyment of casual drinking. Looking carefully at his narratives, although his drinking was at a higher level than some of the other participants, he nonetheless never liked to cross the line of the tipping point, and adopted various regulatory strategies in relation to his work so ultimately I felt that his behaviour lay on the higher end of the dimension. Rather like Bill and James lying on the other end of the spectrum, with both of them demonstrating highly regulated drinking behaviour. I wondered about how able these individuals were and whether such abilities had enabled those who had previously been drinking more heavily to keep going in spite of hangovers and high blood pressure. Had this ability delayed a realisation their drinking was beginning to get out of hand?

The next section explores **Sub-Category 4.1: Personal Rules and Tests**

Personal Rules and Tests examines the strategies that individuals assume to regulate their alcohol use.

Sub-Category 4.1: Personal Rules and Tests

All of the participants had adopted strategies to regulate their alcohol intake. These were highly individual and ranged from "40 days and nights, not drinking for Lent" for some individuals, to one or two days off alcohol per week or limiting their daily intake. Their strategies underlined the determination to keep the relationship with alcohol under control.

A number of participants personal assumed "rules" to regulate their alcohol intake. For James, this involves never drinking at home alone:

> "My kind of rule is generally at home, is I don't drink on my own really, I don't need to. And I've always thought that isn't a good way to go kind of thing, just in case. You see, I'm quite controlled" James (lines 36-38).

James' remark belies a fear that drinking alone can lead into a spiralling effect where drinking would descend into dependent drinking. Interestingly, James and George were the only participants who believed lone drinking could be a marker for excessive alcohol use.

Charles and Henry set themselves personal tests to check their relationship with alcohol is balanced and not becoming dependent:

> "so I just try to have my own quiet tests with myself to feel that I've got that balance right, and that's partly about the days on or off" Charles (lines 798-799).

> "I sort of do it obviously to test myself, whether I feel it's something I could do, if I wanted to, or I had to" Henry (lines 98-99).

Ken had rules that included never allowing his drink to be topped up without emptying the glass first, drinking a glass of water between alcoholic drinks, and on two nights a week not drinking. If pressed to drink on these occasions he would make sure to drive to a function and consequently remain abstinent for the evening. For Ken, these strategies helped him keep a check on his drinking and reveal a strong sense of resolve to moderate his unit intake.

It is notable that all participants stated that drinking and driving would be an anathema to them. Like Ken, Bill finds himself using driving as an excuse if he chooses not to

drink at a particular occasion and feels he's being pressed by "incipient alcoholics" (Bill, line 911).

Participants, such as Bill, Edward, Ian and Arthur had somewhat ritualistic drinking patterns. In particular, Ian would drink two bottles of chilled beer from the fridge every night. The first, he would drink quickly as a thirst quencher, and then the second to be savoured over dinner with his wife. Arthur and Frances prefer never to drink on Mondays and then the following days of the week, enjoy two or three glasses of wine over dinner, rarely more.

…quality in place of quantity:

There was a sense between participants' accounts that they had enjoyed the heavier drinking days of their late adolescence and twenties and thirties, but that now they were in their forties, their drinking was very much more about the enjoyment of quality rather than quantity. Several participants related that since they had cut down their drinking, the quality of fine wine was far more important to them. In a sense, they were prepared to give up on quantity, so long as the quality made it worth their while:

> "I'm actually more fastidious nowadays about what I drink, you know. More quality, yeah, less quantity" Laurence (lines 315-316).

> "through economic circumstances I'm at the stage where I would prefer to enjoy quality rather than quantity" Bill (lines 951-952).

Charles eloquently sums up his views on future drinking. He describes his determination to maintain a balanced relationship with alcohol in order to continue enjoying the considerable benefits and pleasures he gains from drinking fine wine with food:

> "so, thinking about drinking going forward, measured, if anything more disciplined, so that I can hang on to it, in terms of I can continue to enjoy it so I will see, if anything an increasing emphasis on quality and probably a gradual reduction, by anticipation, and a huge enjoyment, largely its association with eating" Charles (lines 732-737).

Summary: Personal Rules and Tests:

All the participants had adopted personal strategies that enabled them to keep a check on their alcohol intake, either by giving up for a month once a year, or by devising

personal rules which consisted of them monitoring their drinking behaviour. Some of these strategies had been borne out of a need to regulate their alcohol use because of threats to their health. Most participants, however, revealed their motivation to regulate their alcohol intake as a desire to succeed both in the workplace and in their personal lives.

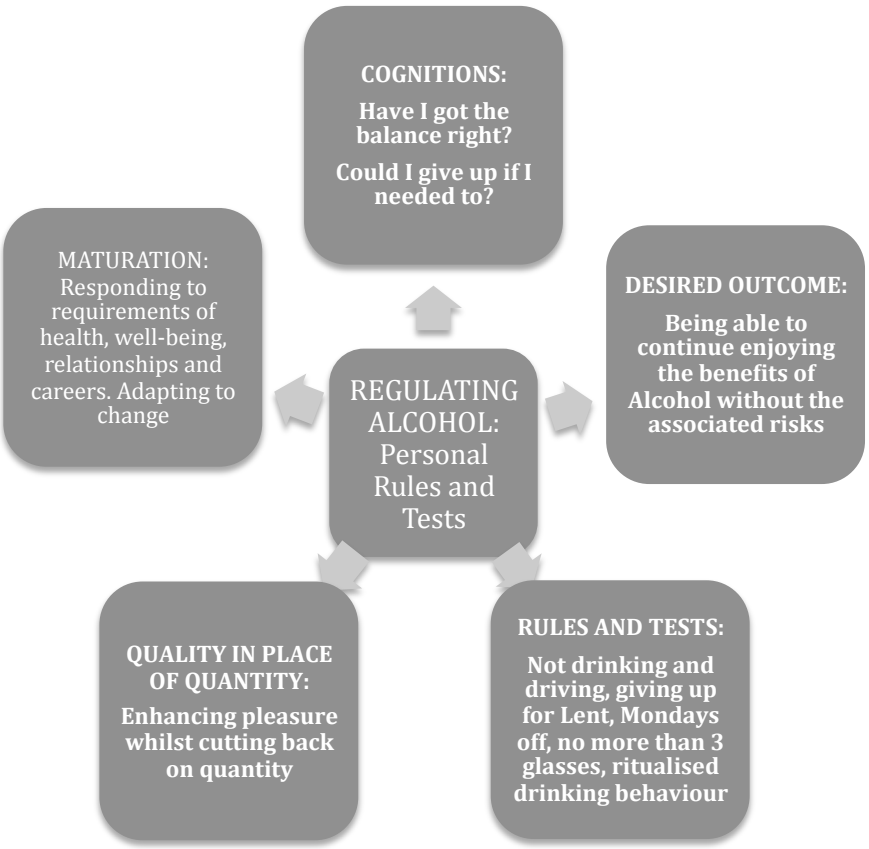

Figure 15: Summary: Category 4: Regulating Alcohol: Sub-category 4.1: Personal Rules and Tests

Conclusion: Regulating Alcohol: Personal Rules and Tests:

From participants' accounts, knowing when, where and how to regulate their drinking is essential if professional men want to maintain a balanced relationship with alcohol. Participants' narratives reveal that regulating their alcohol intake was deemed both necessary and appropriate as they mature in both age and experience. An increasing emphasis on quality was also seen in the majority of participants' enjoyment of alcohol with individuals leaving far behind them the days of adolescent drinking where quantity was far more important than a "fine glass of claret".

It is particularly notable that all of the participants had a strong belief in their ability to carry out these self-regulating strategies. This would suggest that alongside a desire to succeed both in their careers and personal lives, professional men are endowed with particular characteristics that enable them to carry out these self-determined drinking behaviours. These essential qualities will be explored in the next chapter which focusses on the personal attributes professional men possess.

Reflexivity: Regulating Alcohol: Personal Rules and Tests
I was engrossed by the participants' descriptions of their regulating strategies: this was not a question I asked, so came out of a dialogue generally about how they understood alcohol. Again I was astonished by the array of different strategies and techniques participants had to manage their alcohol intake. Their accounts seemed to point towards how much they wanted to be able to continue drinking, so therefore, they understood that regulating alcohol was a necessary process. It was also clear that they had very high levels of determination and certainly an ability to carry out their own rules and regulations. Self-efficacy and strong self-concepts were words that kept coming into my mind, self-awareness, self-determination, high expectations, or as Charles said, "wanting to have it all". All the participants struck me as highly able, and even when Francis related his stag weekend, he just wanted to keep going, wanting to hold onto the pleasure, rather like balancing their alcohol: a desire to keep going with the enjoyment, not going too far, and being able to benefit from the positive consequences of alcohol rather than slipping off the cliff edge. I wondered about my own personal rules and tests in relation to alcohol: strangely, I don't really have any, and certainly none that I have ever properly formulated or verbalised. *Seeing alcohol use on a spectrum, with the tipping point symbolising the fulcrum, I was minded of how balance and regulation are fundamental concepts to so many phenomena: food, exercise and work to name a few. When alcohol, food, or work become the only pleasures, and indeed, the pleasures cancel out the negative consequences, our thinking becomes so distorted therefore problems are inevitable. It seems how we appraise such phenomena that informs our behaviour: back to the CBT model: maladaptive thinking is problematic; adaptive thinking allows us to be flexible and gives us the ability to adjust to change. Change is unavoidable and inescapable: in the words of Harold Wilson (1967), "He who rejects change is the architect of decay".*

The next chapter focusses on **Category 5: Personal Attributes.** This following category explores the personal assets that professional men have that make them a) want to regulate their alcohol intake and b) enable them to regulate their alcohol intake.

CHAPTER 5:

CATEGORY 5: Personal Attributes:

Sub-Category 5.1: Personal Attributes: Internal

Sub-Category 5.2: Personal Attributes: External

The fifth chapter focusses on **Category 5: Personal Attributes.**

Introduction: Personal Attributes

Participants' accounts reveal the personal characteristics that enable participants to maintain a measured relationship with alcohol. Professional men demonstrate a commitment to success in their personal and professional lives. Moderating their alcohol intake enables individuals to continue to enjoy the benefits of alcohol whilst protecting their health, well-being and their life goals.

Sub-Category 5.1: Personal Attributes: Internal

Internal attributes are particularly evident in professional men's accounts of their experiences of alcohol. Strong personal vision, achievable goals, problem-solving skills, high levels of self-esteem and self-efficacy are apparent across interviews. These personal assets are powerful moderating influences on professional men's drinking practices.

Sub-Category 5.1: Personal Attributes: External

Supportive others, family and work relationships can also be seen to be highly influential moderating factors in participants' accounts of their experiences with alcohol.

Combined, these personal attributes provide individuals with the necessary skills and vision to enable the enjoyment of the benefits of alcohol without tipping over into the costs.

Category 5: Personal Attributes: Internal; External.

Figure 16: Personal Attributes: Internal; External.

CATEGORY 5: Personal Attributes:

Across interviews, participants' accounts demonstrate a desire to do well both professionally and personally whilst looking after their mental and physical health. As Charles states succinctly:

> "I also want to be very successful, so I don't want drink to impact negatively on my personal life or on my career. So I want it all, ha-ha". Charles (lines 602-603).

"If for any reason you were unable to drink alcohol, what would that be like for you?" Participants' responses to this interview question revealed the complex nature of professional men's relationship with alcohol. All participants expressed a desire to be able to continue drinking alcohol, even the very moderate drinkers. However, if alcohol threatened their health, relationships or personal goals they were unanimously clear: they would stop drinking alcohol.

> "If I had an alcohol-related health issue, absolutely I would address it, yes, God without a doubt." Douglas (lines 453-454).

Nevertheless, alcohol would be missed:

> "I'd feel rueful, I'd think damn, that's another thing I've got to give up. It would mean I would have to steel myself to do it, as I have done with smoking, you know, but I would doubtless go through with it" Ian (lines 446-448).

Bill, as one of the most moderate drinkers, expressed the effect it would have on him, and the extended group:

> "if I'd have to stop, I don't, I think life would be a little less rich, just because it helps to have a drink and you can have a chat, and it's a two way thing, you know, as I've said, I've spent quite a bit of time being the most sober person in a group, and I was driving, so you get used to other people gabbling away absolute nonsense, um, but it's clear that if no-one could drink, then it would all be a bit inhibiting, but on the other hand, for me not to drink, I just, I'd be happy". Bill (lines 889-895).

Across interviews, participants' accounts revealed a high level of self-confidence in their abilities to carry out any behaviours which would be necessary for them to hold onto their enjoyment of alcohol without tipping over to the negative side.

It is particularly noteworthy that professional men's desire to continue drinking, albeit in a measured fashion, highlights their considerable abilities to regulate their alcohol intake. Specifically, evidence of personal assets such as high levels of self-efficacy and personal vision are all present across interviews. Family and relationships also provide strong incentives for professional men to moderate their alcohol use.

These are explored in **Sub-Category 5.1: internal Attributes, and Sub-Category 5.2: External Attributes.**

Sub-Category 5.1: Personal Attributes: Internal:

Strong personal vision:

A desire to do well, feel well, continue achieving, get up and do one's job and grow old are all evident in participants' accounts. Looking to the future as a healthy and successful adult is understood to require a balanced relationship with alcohol, where alcohol can continue to be consumed, but only if it is consistent with personal goals:

> "I intend to carry on, I mean, I play tennis which is really important to me, and I intend to carry on doing those sort of things. I want, so I don't want a more sedate life of which drinking then becomes a bigger part. I'd like it to be part of a continuing active life" Charles (lines 740-743).

> "I love a glass of wine, but much more than that, it ruins it, so I really just don't like feeling out of control really, and I'm just not interested, there's other things frankly I'd rather be doing, like my music, also, there's a health risk attached to drinking alcohol, and I don't like having too much of it" James (lines 356-359).

Success at work plays a large part in professional men's personal vision. Indeed, participants' narratives are full of references to their careers:

> "For me, a motive against drinking is you think, oh, actually, I won't have that because, you know, I've got to go to work, I've got to get up at 7.00am, and I've got to get a train, and you know, and you're thinking, I really don't want to do that with a headache, I don't want to feel sick on the train, so I'm not going to do that, I used to do that, well, I didn't do that often, but there, so, I have done that, you know, it's not a good thing to do." Henry (lines 157-162).

Setting achievable goals:

Both a desire and an ability to set achievable goals are apparent across participants' accounts. Being able to carry out such objectives serves to highlight professional men's determination and resolve:

> "If I've made a conscious decision to say no, I'm not going to drink as much, for whatever reason, so I think this time last year I went on a 49 day non-drinking which was fun. I didn't find it a struggle at all, I think the real art was to find something else to drink that you like, that's not coca-cola, or water". George (lines 229-232).

Francis trained for a marathon after cutting down his drinking from his high-blood pressure days in his thirties:

> "I ran a marathon a couple of years ago and didn't stop drinking, but really you know, hugely cut down, and there had been a point where I had frequently given up in January and not drunk anything, but mostly for weight loss, you know, ha-ha." Francis (lines 629-631).

Such behaviours underline the high levels of personal belief that individuals have in their ability to succeed in meeting their personal goals and vision.

Self-Efficacy:

Not surprisingly, such an ability to carry out health-related behaviours would suggest high levels of self-efficacy and self-esteem. These personal attributes are evident across participants, and highlight professional men's determination to succeed both inside and outside the workplace. Self-efficacy is a belief in one's capacity to perform in ways that are consistent with meeting pre-determined goals (Bandura, 1978). Across interviews, participants invariably not only want to regulate their alcohol intake, they have confidence in their ability to do so.

Arthur, in particular, remembers giving up smoking, which he gave up because of health concerns. He drew on his experience to imagine giving up alcohol if necessary, revealing his determination to preserve his health:

> "Well, if I was experiencing ill-health, I would take action yes, I would stop. Er, um, the particularly relevant parallel example is that I used to smoke and in reasonable quantities, and um, and I'm asthmatic and I realised that was not

compatible, so I stopped. So I think, you know, if there was a direct and present threat as the Americans would say, I would stop and I would miss it, like I missed smoking, I enjoyed smoking and I missed it, but on the other hand you know, needs must and if there was a real and present threat I would stop, yes, no question. I mean I wouldn't you know, I'd probably find it a bit of a struggle, I found giving up smoking a hell of a struggle, but you know, you do don't you, yes, so I would stop, yes." Arthur (lines 349-358).

Self-esteem and gender:

Participants' accounts reveal the desire to achieve is valued far higher than the need to conform to gender-related social norms. When participants related early drinking experiences, there was recognition that "fitting in" was desirable. However, as professional men in their forties, high levels of self-confidence and a determination to succeed outweigh the need to comply with unwelcome drinking demands.

"I've got a friend who drinks a lot, if I went to see a game with him, I wouldn't drink as much as him, and I would rather drink better quality and more expensive, and he would just go for quantity, and I've never been interested in that. So I'm very aware of that difference, so if I go with him, I just know that's going to be fine, and I'll make sure I'll pay my way, but I'm just not, I'll miss out every other round probably. But I don't have a problem about that, and neither does he, I think it must be easier for men in terms of you feel any pressure from that as you get older, but I don't think it's ever been a dominant pressure at all in my life really". Charles (lines 381).

"If I had to give up, I would feel happy enough to tell people that I don't drink again, I think when you're younger, certainly when I was growing up, it was almost like "you don't drink?", and then you would get some stick from well, probably incipient alcoholics actually. So, I'm not worried about those sorts of images any more, so it wouldn't bother me". Bill (lines 908-912).

Problem-Solving Skills:

An ability to think through the consequences of drinking is universally apparent across interviews. For Ken, who had experienced a health-related drink problem, being able to adapt to the health advice had been fundamental to changing his drinking behaviour:

> "I really do now concentrate on what doing that drink diary taught me, yeah, so I am constantly thinking about balancing the enjoyment, and the work thing of drinking against the concerns I have about what alcohol is doing to me, and my health, yeah, that is constantly on my mind." Ken (lines 357-360).

As professional men, all of the participants are employed in careers that demand high levels of personal commitment and ability. Excessive drinking would certainly impact on their ability to perform professionally:

> "it would be extremely rare if I ever drank in the day, there's always the odd celebration, or birthday or something, but I avoid them, I really don't like drinking when I'm working because my job requires concentration and accuracy. It would inhibit my performance and no, so I don't do that. I need my wits about me, because, some days I feel like I'm just shovelling shit, but you know, that requires some effort, and intellectually, I need to be on the ball". Arthur (lines 280-285).

Summary: Personal Attributes: Internal

Participants' accounts highlight high levels of self-efficacy, self-esteem, problem-solving skills and commitment to personal goals. Together, these serve as powerful reinforcers for professional men to want to regulate their alcohol use as well as giving them the requisite skills in order to do so.

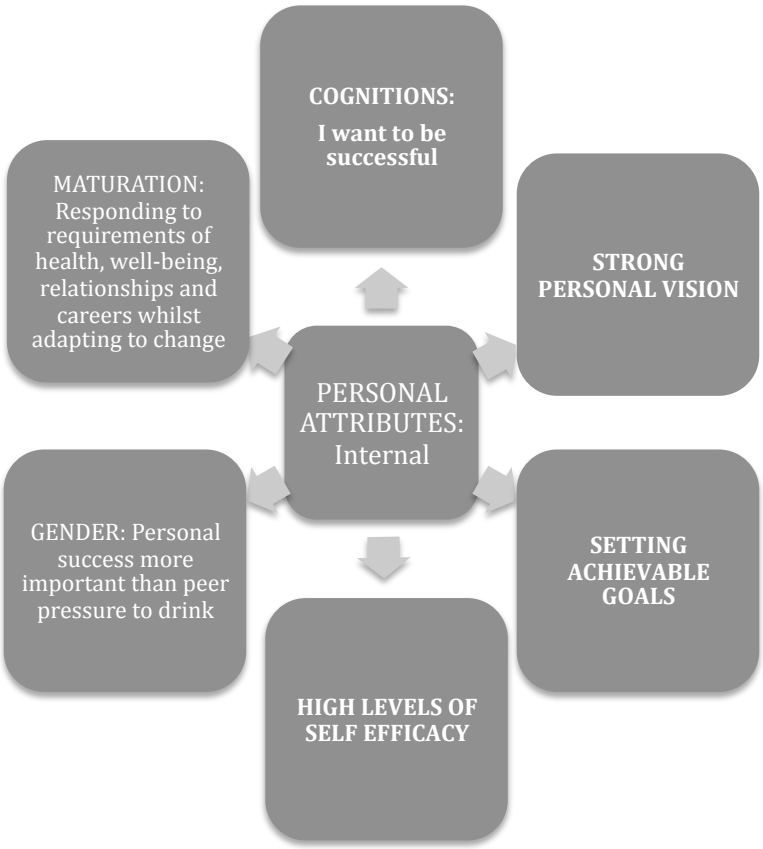

Figure 17: **Summary: Category 5: Regulating Alcohol: Sub-category 5.1: Personal Rules and Tests**

Reflexivity: Personal Attributes: Internal
Writing up the analysis on internal personal attributes had the effect of parallel process on me. I felt unusually buoyed up by participants' accounts of their personal vision, goals and high levels of self-efficacy. Indeed, I used their resolve to nurture my flagging spirit so far into the analysis. I found myself impressed by their commitment to their work, their relationships and their drive - particularly their energy and desire to hold onto their goals. I wondered whether such personal attributes also served to enable those participants with higher drinking levels to maintain lifestyles that may be ultimately unsustainable. Therefore, it is possible that such attributes can have more paradoxical characteristics: their contradictory nature can both prolong drink problems, but at the same time, accelerate their resolution. Nevertheless, focussing on achieving valued personal goals seems to assist individuals in resolving their drinking problems, as evidenced by Francis and Ken. Ken had very quickly nipped his heavy drinking in the bud and now demonstrated a great level of awareness about his drinking. Similarly, Francis' narratives suggested extremely high levels of ambition, having it all: playing hard, working hard, keeping going through his Stag Night, but as he said, now he's hit his forties, he just can't do it all any more and be successful. Added to this of course is the birth of his baby. His personal journey illustrates so pertinently the changes that are so universal and failure to adapt to change can precipitate problematic drinking behaviour. Interesting how success in all areas seemed so important to all participants. Excessive drinking leading to damaging consequences was not consistent with this goal for any of the participants.

The next section explores **Sub-Category 5.1: Personal Attributes: External**

Participants' narratives demonstrate the influential role that supportive others, family and work relationships play in moderating individuals' alcohol use.

Sub-Category 5.2: Personal Attributes: External:

Participants' accounts reveal the importance of their social network in relation to their drinking experiences. Family and supportive relationships are also evident in participants' accounts and illustrate the evolving relationship with alcohol as the individual matures over time and responsibilities change.

Family and Close Relationships:

Francis remembers his mother's concern about his drinking when he was at university. He explores his changing drinking behaviour now he is older, a father and holds a key position in a large organisation:

> "Yeah, yeah, my Mum once said to me, you know, that she was worried about it (my drinking), and I said, well you don't have anything to worry about, I simply could not afford to be an alcoholic, and she thought I meant financially, and I went, no, no, I can't afford to be an alcoholic in life, I cannot afford to be an alcoholic and do all the things I want to do, you really cannot survive I don't think, maybe you can and get used to it, but if I'd gone out and drunk and got properly hung-over in the week and can't do my job, and now I've got the baby to think about, so no, no" Francis (lines 637-643).

Bill underlines the importance of family in relation to colleagues and clients who have less of an incentive to moderate their alcohol intake. He reveals his inclination to confront their desire for yet another bottle of wine but ultimately desists preferring to make a quick exit home to his family:

> "the other stuff, is the restaurant stuff, where "click" (summoning waiter), another bottle please, and you think "What? Oh, God", the startled rabbit, "Oh crikes, how am I going to survive, I'm not enjoying this". And that's when you make your excuses and leave. Whereas, probably you should engage the other parties in some discussions about alcohol dependence, but who's going to do that. You know, I've got something to go home for, I've got a wife and two children, they haven't, so what have they got to go home for". Bill (lines 854-860).

A number of participants found their drinking changed in relation to their partners' drinking habits. Ian's wife drinks very parsimoniously since having children, so has founds his drinking following suit, and James' partner is Muslim, so although he has rarely drunk excessively, now finds himself never drinking at home unless guests are

present. Douglas' desire to "be around for his girls, be fit and healthy when I'm 70 or 80 and seem them and my grandkids" serve as powerful incentives to maintain a healthy lifestyle.

There was also an understanding across participants' accounts that if they were to have a problem with alcohol, every individual felt confident they had either a close friend or partner on whom they could rely for support and advice. This would suggest the importance of close relationships in men's experiences with alcohol. Asking the question: "if you thought you might have a problem with alcohol, what would you do" the majority of participants said they would choose to talk it through with a friend or family member:

> "I just think Doctors on the whole are bloody hopeless, so GP's I just think they're just process people, actually, I know what I would do, I've got one friend who I would definitely, he's a bit of a rock for me, so I would probably talk to him" Edward (lines 414-417).

> "I think I would be quite able to sit down with a few of my friends and say I'm a bit worried about this, what do you think, do you think this is a problem, um, and I'm confident that they would help, and if they did say yes, I think yeah, they'd probably say, yeah, I'll find out about it, and come back with some answers and then let's go together and do all that. I think there is a definite closeness amongst my friends and not one of them would say, phew, what, you think you've got a drinking problem, don't be so soft, I think they would all take that sort of thing seriously" Francis (lines 708-712).

Relationship with Alcohol:

Participants demonstrate high levels of self-awareness when describing their relationship with alcohol. Indeed, their narratives suggest a highly sophisticated appraisal process, which takes into consideration the need for balance, control and caution. Laurence describes the process and how the relationship matures over time:

> "I think I have quite a friendly relationship with alcohol, I think I'm pretty much in control with what I do with it, um, I don't think it controls me, yeah, by and large, I think it's quite friendly. I don't drink when I don't want to drink, I don't drink things I don't want to drink, um, it's a friend in a sense. I get something from it that I enjoy, um, so that comes to mind which is quite a positive thing. Yeah, I enjoy it, I think I'm a cautious friend, I think that's the other thing. As I get older I am more conscious about what I drink, and um, I'm conscious about

> stopping in a way that I wouldn't have been maybe ten years ago." Laurence (lines 146-153).

George underlines the ambivalence that is present in so many of participants' accounts:

> "it's played a part in my life since I've been eight, but I wouldn't say that's something that is completely part of life. I don't see it as integral, like water's integral, it's just part of life, it's not a big deal, it's an enjoyment, but it's not essential" George (lines 441-445).

Summary: Personal Attributes: External

Professional men's accounts demonstrate the key role personal relationships play in their experiences of alcohol. Supportive networks of friends, colleagues and family appear to reinforce individuals' inclinations to balance their relationship with alcohol. It is particularly notable that none of the participants live alone, although James remarked he had only recently embarked on a live-in relationship. Interestingly, James was one of the most measured drinkers, but he had noted that his drinking had further reduced, as his partner is abstinent for religious reasons.

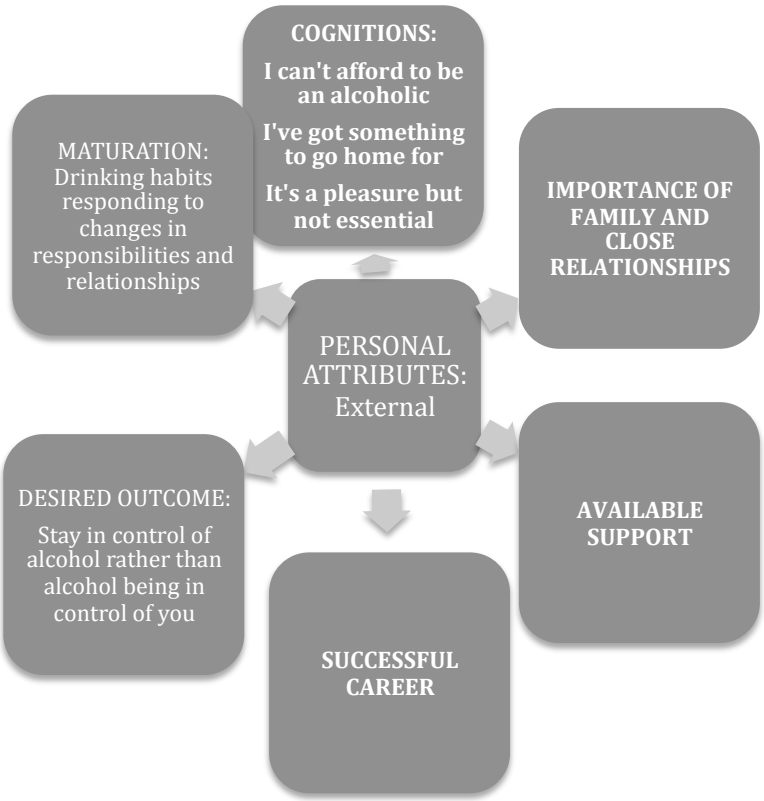

Figure 18: Summary: Category 5: Personal Attributes: Sub-category 5.2: External.

Conclusion: Personal Attributes: Internal and External:

It is clear from participants' accounts that professional men share a determination to enjoy the benefits of alcohol without damaging their personal and professional lives. In order to achieve this aim, they are able to call upon high levels of problem-solving skills, self-efficacy and self-esteem, which enable them to act on the ever changing demands of their work, health, age and private life. Friends, colleagues and family provide a supportive network, which act both as a buffer to the demands of their busy lives at the same time as providing a further incentive to moderate their alcohol intake.

Reflexivity: Personal Attributes: External
Change is pervasive throughout the analysis – changes in status, changes in age, health, growing older, maturing are all significant themes, indeed are part of the human condition. Being able to adapt to change seems to be paramount from participants' accounts. I have been struck by professional men's ambition and determination to succeed. Alcohol gives them so much pleasure, but only to the point where the dangers become apparent. Their aim to be able to continue drinking serves to strengthen their determination to regulate their alcohol. As such, alcohol can continue to be savoured, but only in moderation, particularly as the individual matures. *When participants were describing their families and close relationships I was struck by how supported they felt by them. Francis had recently married and his wife had just had a baby: this had caused him to re-assess his drinking and respond to such changes in his responsibilities. Ian also expressed similar changes in his drinking following marriage and children. Douglas related how he was keen to see his daughters have grandchildren and play and active role in their lives to an old age. James' partner as a Muslim never drank for religious reasons and James had found his drinking further diminishing as a result. Such responses underline an ability to change in relation to altered circumstances. Thinking of myself, and how being pregnant I chose not to drink, and thereafter needing to be responsive during sleepless nights with babies, I barely drank alcohol. As the children grew older, I remember drinking more frequently, but never so the next day I am unable to cope with the demands of the day. Not all of the participants had children; nonetheless, their drinking seemed to be affected significantly by their social circumstances and relationships.*

Summary of the Results:

The findings of this study have been organised into five categories which emerged from the data. The core category: Learning to maintain the equilibrium: experiencing alcohol through a process of Maturation is evident throughout the categories. The narratives of participants demonstrate that professional men throughout the lifespan learn to balance their alcohol use through the processes of learning, appraising, balancing and regulating. These significant processes are underpinned by the personal attributes that professional men exhibit in their narratives: internal attributes including high levels of self esteem; self efficacy; problem solving skills; and commitment to personal goals. These are further reinforced by external attributes including supportive relationships; successful careers; and strong family bonds. The Tipping Point features significantly in the narratives of participants and designates the point which professional men recognise as separating the benefits of alcohol from the

costs. An ability to identify the Tipping Point suggests an appraisal process which is grounded in experience and maturity.

The next chapter turns its attention to a discussion of these findings in relation to the research literature on alcohol and provides a critical interpretation of the analysis.

Chapter word count: 14,198

Chapter IV

Discussion

1.0 Introduction to the Discussion:

The primary intention of this chapter is to engage in a discussion of the findings outlined in the Results Chapter. The chapter begins with a brief outline of the aims of this study. Then, an overview of the findings and an explanatory model of how professional men experience alcohol are presented.

In order to situate the findings within a theoretical context, there is a brief summary of the psychological theories which relate to the phenomenon of alcohol use and that are relevant to this study. This leads to the consideration of the findings in relation to Social Cognitive theory (Bandura, 1986). In addition, and for the purposes of equity, a brief evaluation of the disease model perspective (Jellinek,1960) is included.

The chapter continues with a review and exploration of the findings which have emerged from participants' narratives. The categories are explored sequentially in the order found in the Results Chapter. References are made to the research literature, which either supports or challenges the interpretations of the findings. Following this there is a discussion on the theory generated by this study.

Thereafter, implications for drinkers and the wider implications for the discipline of counselling psychology are considered. Subsequently, a detailed assessment of the strengths and limitations of the study are examined following which directions for future research are outlined. The chapter concludes with a reflection on the process of research from inception through to the realisation of this study.

1.1 Re-Visiting the Aims and Rationale for this Study:

The principal aim of this study was to investigate how professional men experience alcohol. Particular focus was paid to the nature of participants' meanings that they attributed to alcohol and how their experience developed over time. The intention of this research was to develop a model for understanding professional men's experience of alcohol, which contributes to the research literature on alcohol use. Existing research primarily focusses on problem drinking, or social drinking from an adolescent perspective, with North American models dominating the research literature. Therefore, the literature found to date failed to capture the individual perspective and the changing relationship that British professional men have with alcohol from their early drinking days to those of a mature adult.

Twelve British-born professional men aged between forty and fifty were interviewed about their experiences of alcohol. Grounded theory allowed for the identification of

five categories and one core category which emerged from the participants' interviews. These have been arranged into a model, which provides a visual representation of the categories emerging from the data. The model attempts to enhance our understanding of the processes which underlie the developing relationship professional men have with alcohol from childhood until the ages spanning forty and fifty.

1.2 Overview and summary of the findings:

The present study demonstrates that the relationship with alcohol is one which develops and evolves over time. Professional men typically refer to their experience of alcohol as including a desire to enjoy the benefits of alcohol without suffering the negative consequences which they believe excessive alcohol use can confer. This results in a desire to "maintain the equilibrium" (Charles, line 796).

Participants' accounts illustrated that professional men experience alcohol through the following processes:

- Learning (Category 1)
  - Sub-Category 1.1 The Family
  - Sub-Category 1.2 Early Teenage Experimentation
- Appraising (Category 2)
  - Sub-Category 2.1 The Benefits
  - Sub-Category 2.2 The Costs
- Balancing (Category 3)
  - Sub-Category 3.1 The Tipping Point
- Regulating (Category 4)
  - Sub-Category 4.1 Rules and Tests

These processes were found to be underpinned by Personal Attributes, (Category 5) which appear to be significant factors in both enabling and motivating professional men to moderate their alcohol use. Sub-Category 5.1 related to internal attributes, and Sub-Category 5.2 related to external attributes. The core category: Learning to maintain the equilibrium: experiencing alcohol through a process of maturation was found to be present across all five categories.

1.3 Summary of the findings and foundations for a theoretical model:

This study proposes that the experience begins in early childhood. **Learning** continues throughout the lifespan and is particularly highlighted in participants' early drinking days from childhood to young adulthood. Early drinking experiences are modelled through the family. Participants described their childhoods as one where their parents drank to a greater or lesser extent, where alcohol was perceived as primarily social, special and exciting. As the individuals proceeded to drink as teenagers and young adults, they embarked on drinking experiences, which led them to understand alcohol could have both negative and positive consequences. These often culminated in changes to drinking behaviour.

Appraising the **costs** and the **benefits** of alcohol emerged as a significant category from the narratives of participants where past and present experiences of alcohol lead to the understanding that in order to continue enjoying the benefits of alcohol, there is a requirement to **balance** the positive and negative outcomes of drinking.

Each participant expressed an awareness of **"the tipping point**", (Arthur, line 166). This signifies the precise point beyond which the positive consequences of drinking alcohol flip over into a negative spiral (Henry, line 482), where drinking becomes problem drinking. Participants were clear of the concomitant risks to health, wellbeing, careers and relationships that excessive drinking confers.

In order to avoid the negative consequences of excessive drinking, participants described **regulating strategies** they employed to maintain a relationship with alcohol, which enabled them to enjoy the significant benefits of drinking without the associated dangers.

All the participants illustrated **personal attributes** which enabled and motivated them to moderate their alcohol use. These included high levels of self-efficacy and those participants who had briefly experienced health problems as a result of heavy drinking in their thirties or early forties had effectively cut back their drinking to more manageable levels. Evidence of high levels of personal vision, commitment to goals and sophisticated problem-solving skills were found in all the participants' narratives. It was also notable that as professionals, each participant was committed to their career and exhibited high levels of work satisfaction. Social support was also commented on frequently with all individuals in a relationship with a spouse, although two participants had only recently embarked on live-in relationships. Ten of the twelve participants were fathers.

Learning to maintain the equilibrium: experiencing alcohol through a process of maturation was found to be the core category and one which is able to incorporate the five significant categories. Evidence of participants learning and adapting to change through the process of maturation is manifest throughout professional men's narratives. The determination to continue drinking in the light of experience is central to men's relationship with alcohol. Gender and socio-cultural context were also found to have significant moderating effects on drinking behaviour.

Constructed from participants' accounts, the Explanatory Model below illustrates a conceptualised descriptive model for explicating how professional men experience alcohol. The model is inter-connected and comprehensive.

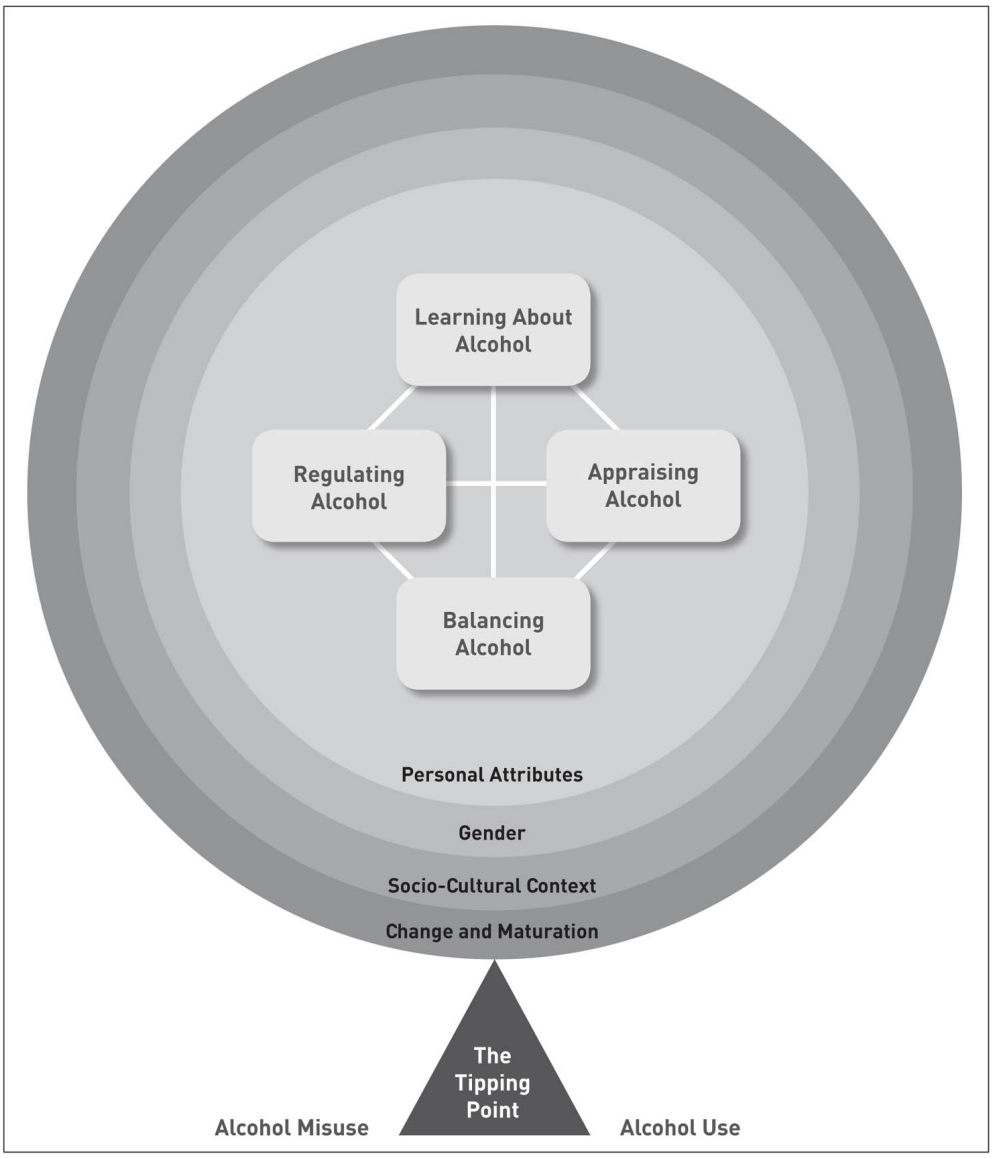

Figure 19: The Explanatory Model: Learning to Maintain the Equilibrium: Experiencing Alcohol through a Process of Maturation.

1.4 Relating the findings to existing psychological theory:

Social cognitive theory (Bandura, 1986) is considered in relation to the findings of this study as this model is based on the proposition that individuals' behaviour is socially-constructed and that beliefs, attitudes, expectancies and intentions are reliable predictors of behaviour. Moreover, whilst accepting the importance socio-cultural influences play in alcohol use, social cognitive theory also acknowledges an individual's biological and genetic heritage (Pervin, 2001).

The choice for such as perspective is consistent with the findings of this study where participants universally conceptualise their alcohol use as being highly influenced by the meanings they attribute to alcohol and cannot be explained by the pharmacological effects of alcohol alone. Such appraisals stem from past and present drinking behaviour and in this study can be seen to evolve over time. Consequently, social cognitive theory provided a framework and perspective from which it was possible to explore and interpret how professional men experience alcohol.

Social cognitive theory (Bandura, 1986) is rooted in the tradition of learning theory with a greater emphasis on cognitions and their impact on human behaviour. As a personality theory, it recognises the complexity of human nature and is able to allow for the breadth and diversity not only between individuals but also within individuals in their socio-situational and cultural context (Pervin, 2001).

In addition, it is argued that a brief review of the findings from the disease model framework is worthy of mention. Although this perspective is less popular in the United Kingdom than in North American treatment programs (Heather & Robertson, 1997) it nonetheless provides an interpretation of problem drinking, therefore it merits attention.

The disease model of alcohol use maintains that chronic drinking is related to the concept of loss of control (Heather & Robertson, 1997). Jellinek (1960) asserted that once control has been lost, unless abstinence is instated, severe health problems will lead to a certain death. The disease model also maintains that a family history of problem drinking is an inevitable risk factor in the genetic transference of alcoholism (Vaillant, 1995).

Treatment providers often find themselves working with problem drinkers who find the proposition that alcoholism is a disease an appealing theory (McCrady, 2008). It is also notable that the disease model of alcohol misuse provides the theoretical basis for the

Alcoholics Anonymous 12-step treatment program whose use is widespread and as an approach, embedded in popular culture.

Although the disease model of alcohol use was unable to provide a comprehensive framework from which to interpret the results of this study, it was felt it would be prejudicial not to include this brief exposition at a minimum. It will be referred to in the discussion of the categories where relevant.

1.5 Key concepts in Social Cognitive Theory:

1.5.1 The Self:

From a social cognitive perspective, Bandura (2006) proposed that individuals are active agents in their lives with the capacity for choice. Bandura's assertion claims that human agency enables individuals to develop, adapt and change within their environment and as a result are able to shape their lives and futures. Social cognitive theory (Bandura, 1986) holds this ability to influence our circumstances is accomplished by four key concepts:

- Intentionality: this relates to the human ability to create intentional action plans and strategies which in turn provide meaning and direction to the human condition
- Forethought: this refers to the human ability to envisage outcomes which thereby guide and motivate actions and behaviours. This in turn enables a sense of purpose and meaning
- Self-reactiveness: alongside planning and foresight, Bandura (1999) asserted individuals have the ability to self-regulate. Self-regulation enables the realisation of conceived plans
- Self-reflectiveness: this concerns the ability of individuals to reflect on their thoughts, actions and behaviours. The concept of self-reflection enables individuals to maintain an awareness of personal efficacy

Bandura (1999) adopted the term "reciprocal determinism" to describe his approach. Rather than passive respondents to environmental forces beyond their control, Bandura maintains that individuals are able to exercise control over events. Rejecting the earlier learning theories of Watson (1924) and Skinner (1953), Bandura (1991) highlighted the ability of humans to learn behaviour in the absence of rewards. His theory of behaviour is able to account for variation across different contexts and within individuals.

1.5.2 Learning and Modelling:

Social cognitive theory (Bandura, 1997) emphasises the role of learning and modelling whereby individuals acquire fundamental cognitive and behavioural competencies through the observation of others (Bandura, 1977).

1.5.3 Self-Efficacy:

Self-efficacy refers to the perceived ability of an individual to control specific situations (Bandura, 1997). Self-efficacy is a central concept in social cognitive theory and is highly influential in predicting behaviour, motivations, thoughts and emotions across different situational contexts (Bandura 1997).

In relation to alcohol use, Bandura (2006) maintained that perceived self-efficacy affects all aspects of drinking behaviour. Those individuals who are able to manage their alcohol intake persistently demonstrate high levels of self-efficacy alongside developed self-regulatory skills. In his theory of substance abuse (1999) Bandura proposed such individuals with high levels of self-efficacy demonstrate a self-awareness that enables them to regard a slip as a temporary occurrence and quickly reinstate control. Those individuals with low self-efficacy beliefs view their problem as outside their personal control and give up future attempts at controlling their drinking behaviour. Unless individuals believe they can produce the desired effects from their behaviours, they have little incentive to change maladaptive behaviours and as such, self-efficacy beliefs are central mechanisms in human agency (Bandura, 2006).

1.5.4 Goals, standards and self-regulation:

Bandura (1996) maintained that individuals have internal standards, which they employ to evaluate their behaviour and that of others. Self-regulation and self-reinforcement enables individuals to maintain behaviour over extended periods where there are no externally rewarding reinforcers. Clearly, there is considerable variation between individuals, with high achieving individuals setting higher internal standards than those preferring to set less challenging goals. Nonetheless, self-regulation theory (Bandura, 1991) claimed such standards and anticipated consequences can explain goal-directed behaviour. Again, self-efficacy beliefs are paramount in this regard.

2.0 The findings from a Social Cognitive Perspective:

In consideration of the categories which emerged from participants narratives, they are now examined in the order found in the Results Chapter.

2.1 Category 1: Learning
Sub-Category 1.1 The Family

Implicit in this category was the sense of participants learning about the properties of alcohol from their childhood through to early adulthood and beyond. Social cognitive theory (Bandura, 1997) would suggest that children acquire a style of drinking by observing those of their parents, relatives and social network. The notion that much of our behaviour is modelled through observing others is of survival-value to the species (Bandura, 1986).

Participants' narratives illustrated that their parents drank in a socially-sanctioned manner and that alcohol was viewed as something special with a celebratory quality. The participants' responses suggest that from an early age, participants learned to view alcohol in positive terms at the same time as seeing alcohol as "out of the ordinary" rather than workaday and drinking alcohol would not be expected to be a daily occurrence.

It was notable that none of the participants had a first degree relative with an alcohol problem. Heather & Robertson (1997) claimed that having a mother or father with an alcohol problem results in a three to four-fold increase in the likelihood of their offspring developing such a disorder. Fortunately, such a fate is by no means predestined. Campbell and Oei (2010) maintained that parental modelling, whereby children observe their parents' drinking habits, contributes significantly to the child's beliefs and expectations about alcohol's effects. Of particular significance in their study is their assertion that parental drink refusal self-efficacy can be seen to be highly influential in children's future drinking patterns. Such parental socialising factors and displays of high levels of self-efficacy have been shown to be associated with less frequent drinking in adulthood (Stewart & Devine, 2000).

Monti et al. (2002) emphasised the critical role such parental influences have in determining a good or poor prognosis in drinking behaviour. Their findings are corroborated by Finfgeld & Lewis (2002) who carried out a study investigating self-resolving alcohol use in early adulthood. They found that many of the adults who had

experienced alcohol problems in early adulthood had grown up in difficult circumstances with evidence of an alcohol-abusing parent.

From a cultural perspective, nations where alcohol is socially-sanctioned reliably indicate there is less likelihood of social drinking developing into problem drinking than cultures where alcohol is subject to embargoes (Heath 2000). Unquestionably, the United Kingdom is a nation that sanctions drinking. Moreover, past and present Governments have tolerated retailers under-cutting the price of alcohol, which results in the current situation where alcohol is at its lowest price for thirty years (Nutt, 2010).

Within this category, there is also evidence that participants' mothers drank, but drank consistently less than participants' fathers. This conforms to cultural norms where women consistently drink less than men (Alamanni, 2008; Lader & Goddard, 2004; Room & Makela, 2000). Nonetheless, these differences are diminishing with more women working in the professions whereby women's drinking is increasing (Rahav et al., 2006). The study relates to parents' drinking habits in the 1970's and 1980's therefore with the present changes in gender-related drinking patterns, it would be of interest to examine how these drinking practices might change over the approaching decades and how these affect future drinking patterns between parents and offspring.

Interestingly, a number of participants who were fathers were keen to pass on information about the dangers of alcohol to their offspring, as had their fathers to them. However, the research literature focussing on alcohol education for young drinkers suggests there is little evidence that this leads to a reduction in alcohol related harm. Foxcroft, Ireland, Lister-Sharp, Lowe, and Breen (2003) found that young people tend to dismiss health-related alcohol information because at their young age they perceive themselves at little risk of developing health problems and have little concern for their long-term health. These findings were further corroborated by Plant and Plant (2006). This study then offers a tentative challenge to the research literature, suggesting that a short statement from an adult can be a timely and worthwhile intervention, much in the style recommended in motivational enhancement therapy (Miller & Rollnick, 1999; Treasure, 2004).

This current study demonstrates that the participants grew up in homes where there was no alcohol-abusing parent, and that the parents of participants modelled moderate drinking which was consistent with the cultural and social norms of the era. Thus, it could be argued that the participants in the study benefitted from such a stable family environment, were not at increased genetic risk of developing an alcohol problem and lived a culture that sanctions to the use of alcohol. These three key factors are critical determinants of moderate alcohol use in adulthood (Vaillant, 1995). It could be

hypothesised that these significant factors provided a secure base from which participants progressed to teenage drinking.

2.1.1 Category 1: Learning
Sub-Category 1.2 Early Teenage Experimentation

Participants' accounts about their teenage drinking experiences were found to be permeated with the words "exciting, fun, growing-up, independence and girls". Certainly, a period of heavy drinking as a teenager would be consistent with the research literature investigating early adult drinking behaviour (Gmel et al., Stritzke et al., 2001). Windle and Davies carried out a study in 1999 and their findings suggested that heavy adult drinking rarely develops into problematic drinking in adulthood. Indeed, some experimentation in adolescence is normative (Chassin & DeLucia, 1996). Bosari and Carey (1986) carried out a review of adolescent drinking practices and maintained teenage drinking behaviour could be predicted by social identity theory (Tajfel & Turner, 1986) where the association between alcohol, sociability and group identity are well-established. The notion of "fitting-in" is evident in participants' accounts, where the individuals begin to respond to peer pressure in relation to drinking behaviour amongst their friendship groups.

> "it was very important to be able to hold your liquor…those who did, and I was one of those, and those who didn't, who were sick, and they were ribbed about that endlessly, yeah…terrible" Ken (lines 387-390).

Such social pressure can encourage those individuals with low self-efficacy beliefs to conform to that which they perceive as social norms (Bosari & Carey, 1986). Normative beliefs are highly influential in predicting drinking behaviour (Quigley & Collins, 1999) and demonstrate that not only do individuals increase their consumption of alcohol if their peer group does, they are more likely to choose the same drink as other members of the group (Maisto et al., 1999). However, as evidenced by the participants in this study, those individuals with higher levels of self-efficacy can be seen to be less affected by such active social pressure. In particular, Laurence soon became disenchanted by heavy drinking:

> "I actually got quite fed up getting drunk….so I used to get drunk less often, and it became sort of more measured". Laurence (lines 26-31).

Laurence's comment also demonstrates evidence of a maturing attitude towards alcohol where key events had forced him and other individuals to change their drinking behaviour. These ranged from being sick and blacking out following a drinking binge

to a gradual realisation like Laurence that alcohol carried with it some negative consequences. These findings in this study are further supported by the study carried out by Finfgeld & Lewis (2002). Their study investigating self-resolution in young adults' alcohol use found a number of participants reported a key event with alcohol which had strongly influenced them to re-consider their drinking behaviour. Evidence of maturation effects can by found in Dunn et al. (2000) and Leigh & Stacy (2004). These two studies investigated the relationship between normative beliefs and behaviours. Their findings suggested that such beliefs are subject to change and an individual's capacity for self-reflection matures over time as a result of age and experience. Their findings are consistent with participants' responses in relation to their teenage drinking experiences.

Participants' accounts of these negative consequences during their teenage experimentation revealed an early awareness around their drinking behaviour and a recognition of the benefits and negative consequences of drinking. Sanchez-Craig et al. (1991) maintained such an ability to reflect on the consequences of drinking is pivotal in moderating alcohol use. Moreover, the theory of human agency (Bandura, 2006) predicted that individuals who are able to reflect on their thoughts and behaviours are more likely to have the capacity to exercise control over events.

2.2 Category 2: Appraising
Sub-Category 2.1: The Benefits
Sub-Category 2.2: The Costs

As shown within the results section, participants expressed strong beliefs about alcohol. These fell into two broad categories: the benefits of alcohol, and the costs of alcohol. Laurence highlights these two polarised positions below:

> "I think alcohol can be one of the greatest things in my life, but also there is that kind of dark-side thing" Laurence (lines 206-208).

Throughout participants' accounts, there was an understanding that beyond the pleasures of alcohol, there was a requirement to consider the negative consequences of alcohol.

Beck's cognitive model for substance abuse (1993) maintained that individuals attach interpretations to situations or events. More important than the experience itself are the meanings that individuals attribute to the event. As such, the manner in which individuals appraise an experience affects their cognitions, emotions and in this particular instance, their alcohol use.

Social cognitive theory (1997) maintains that beliefs, attitudes, motivations and expectancies are key predictors in drinking behaviour. Cox and Klinger (2004) proposed that drinking decisions are influenced by cognitive and emotional processes, which originate directly from the individuals' appraisals of the expected changes in affect that alcohol will impart. It is of note that such appraisals may be unconscious and include past and present experiences, cultural factors and drinking practices modelled by the family (Skog, 1991).

Participants' accounts highlighted the many benefits they believe alcohol to confer: these included:

- Reward (Arthur, line 10)
- Social lubricant (Bill, line 13)
- Relaxation, enjoyment, food, conviviality (Charles, lines 9-11)
- Good time, relaxant, alleviates tiredness (Douglas lines 13-16)
- Relaxation, reward, sharing, home (Edward, line 11)
- Great socialising, great food (Francis, line 6)
- Social relaxant (George, line 14)
- Cultural thing and a social thing (Henry lines 44-45)
- Social, meeting people (Ian, line 14)
- A relaxant sort of thing (James, line 8)
- Social, work and food, (Ken, lines 7-8)
- Relaxation, conviviality, nice taste, not working, (Laurence, lines 6-7).

The costs of alcohol included costs to self and others. Costs to self included the negative effects of alcohol on health and well-being, work and relationships. Costs to others similarly included damage to health and well-being, relationships, emotions and work.

The motivational models explicating alcohol use (Cox & Klinger, 1988, 2004; & Cooper et al., 1995) maintained that drinking behaviour can be explained by four primary motives: drinking to enhance an event, (a positive reinforcement); drinking to cope, (a negative reinforcement); drinking for social motives (a positive reinforcement); and drinking for conformity motives (a negative reinforcement). The first two are both internally reinforced drinking motivations, and the latter two are externally reinforced drinking motivations.

In support of the motivational models of alcohol use, the narratives of participants' responses fell broadly in line with the four principle motivations for drinking and

evidence of all four motivations are present. However, they illustrate the multiplicity of incentives that participants attribute to alcohol and demonstrate that participants are motivated to drink for more than one solitary motivation per drinking occasion. As an example, an illustration of this would be where Charles finds wine not only makes an event more special, it enhances his digestion and can contribute to the success of a business meeting, (lines 624-626). Indeed, most of the participants' responses in relation to their understanding of the benefits of alcohol encapsulated expansive and multiple incentives. Quigley and Collins (1999) endorsed the findings of this study where they challenged the motivational model carried out by Cooper et al. (1995) suggesting that alcohol consumption can be motivated not only by its mood enhancing qualities but also alongside other contributory effects such as strengthening social networks.

Although it could be argued that the motivational models of alcohol use are not entirely able to account for the multiple incentives individuals give for drinking alcohol, they are able to predict heavy drinkers reliably and drinkers who demonstrate more restraint (Stewart et al., 2001). Drinkers who are motivated to drink to cope and to conform tend to have less control over their drinking, and those who drink for social motives are more likely to be in control of their drinking. Those who drink for enhancement motives can be liable to drink more heavily (Cooper et al., 2002).

Problem drinking then tends to be found in those drinkers who drink to cope (Abrams & Niaura, 1987). Moreover, those who drink in order to regulate their stress levels and reduce negative affect are more likely to develop a drink problem (Folkman & Lazarus, 1980).

Turning to participants' narratives of their drinking behaviour and interpreting the findings in relation to the motivational models of alcohol use (Cox & Klinger, 1988; 2004; Cooper et al., 1995) it can be seen that for the most part, participants drink for social and enhancement motives. As illustration, Francis' enjoyment of social occasions and wanting to keep going through his Stag night. This could predict heavy drinking, and in this particular case, did, nonetheless, these occasions are relatively uncommon and would be considered a particularly special event. There is also evidence of individuals drinking to cope and reduce negative affect. A case in point would be Arthur and Ken wanting a drink after a difficult day in the office. Notwithstanding these drinking behaviours, there appears to be a healthy regard for the negative consequences of excessive alcohol use, which seems to protect professional men from consistently overindulging in alcohol.

The ability of professional men to regard alcohol in dual terms: the costs and the benefits would appear to act as a moderating factor where participants are able to realistically think through both the immediate effects of alcohol and the longer-term effects which could be damaging to their health, well-being, work and relationships. Such an ability points to an adaptive motivational structure which is able to realistically appraise drinking outcomes from such a twofold perspective. This contrasts with one which over-emphasises the stress-relieving qualities of alcohol which can predict chronic drinking patterns (Sayette & Wilson, 1991).

Failure to consider alcohol in dual terms was found in a study carried out by Orford et al. (2002) on untreated heavy drinkers. The findings were of particular interest in relation to the process of appraising. The heavy drinkers interviewed in Orford's study regarded their alcohol use in almost uniquely positive terms, and failed to recognise long-term negative consequences of excessive drinking. These findings contradict those found in this current study where participants' narratives regarding the positive and negative consequences of alcohol use consistently demonstrate an evolved system of appraisal which appears to allow professional men to recognise the effects of alcohol on their health, well-being, emotions, relationships and careers. Such an appraisal system appears to consist of a realistic and adaptive system for assessing drinking choices.

Fromme and D'Amico (2000) investigated drinking expectancies and found that expecting positive outcomes predicted increased consumption and expecting negative outcomes was associated with decreased consumption. A further study by Stritzke et al. (2001) maintained the fear of negative consequences of drinking are more influential in deciding to drink or not than the enjoyment of the benefits. Certainly, it is evident across participants' accounts that acknowledgement of the negative consequences plays a pivotal role in professional men's drinking choices.

In consideration of how professional men appraise alcohol use, it could be argued that participants' narratives demonstrate they possess the skills that Bandura (2006) maintains are essential for human agency: namely intentionality; forethought; self-reactiveness and self-reflectiveness. It is visible from participants' accounts, that over time, participants have an evolved and maturing coping strategy for managing their alcohol use. Moreover they have confidence in their abilities to carry out their intended behaviours in relation to drinking choices.

Additionally, participants' narratives suggest that they are able to re-assess their drinking behaviour in the light of change. For example, maturing from a teenager to

adult brings with it many changes in status, responsibilities and metabolism. The ability to adapt is manifest throughout participants' responses: in the words of Francis:

> "You hit forty and it's not enjoyable any more", (Francis, line 662).

This corroborates the findings of Leigh & Stacey (2004) who claim that adults over the age of 35 make more negative attributions to alcohol use. Francis' comment provides an example of one of the reasons why maturing adults are inclined to consider the negative effects of alcohol rather than young adults. Other participants remarked on their sleep or their digestion being disturbed if they drank too much, and a change in the their body's ability to metabolise alcohol. Such effects were recognised as harmful by participants. It seems the ability to recognise and reflect on such negative consequences and the potential to make realistic appraisals are pivotal in professional men's ability to moderate their drinking behaviour.

2.3 Category 3: Balance

> "it's like a balance, like a see-saw…there's moments when it's fantastic and then there's another side to it, where's it's clearly not enhancing, so I think I could say my attitude to it is tempered by the knowledge that it could easily lead to some sort of downward spiralling effect", (Henry, lines 478-483).

Within the results section, the participants universally referred to the concept of balance in relation to their experiences with alcohol. Henry's words above exemplify an ability to reflect on the notion of balance. Weighing up the outcomes of drinking emerged as a central category throughout participants' responses.

Cox and Klinger (1988; 2004) and Cooper et al. (1995) asserted in their motivational models of alcohol use that whether individuals decide to drink or not is based on the proposition whether the positive consequences of drinking outweigh the negative consequences of not drinking. Indeed, much of the research literature on alcohol contains the concept of a balance of incentives and disincentives based on past experiences with alcohol. In particular, alcohol treatment models maintain that individuals initiate treatment when the perceived costs of their drinking outweigh the benefits (Cunningham et al., 1994).

Prochaska and DiClemente (1992) proposed a "Stages of Change" model in which they outlined five stages. The first refers to the pre-contemplation stage where the individual may not believe their behaviour is maladaptive or problematic. The second relates to the contemplation stage where the individual is beginning to recognise their

behaviour is problematic. The third concerns the determination stage where the individual decides to change their behaviour. The fourth describes the action stage where the individual begins to actively change their behaviour. Finally, the fifth covers the maintenance stage where the individual maintains the changed behaviour or just as importantly relapse if the individual returns to problem behaviour. In the case of relapse, the process recommences at the pre-contemplation stage. Implicit within the theory is the balancing of positive and negative consequences of drinking.

Based on the Prochaska and DiClemente (1992) model, Miller and Rollnick (1991 & 2002) devised a treatment program, which aimed to enhance an individual's motivation to change by balancing the positive expectancies with the negative expectancies. Such a treatment program was termed Motivational Interviewing. It is founded on the principles of social cognitive theory (Bandura, 1986) and Marlatt and Gordon's Relapse Prevention Model (1985). Congruent with the Prochaska and DiClemente Stages of Change model, both treatment programs are grounded in the concept of a balance or conflict of motives in relation to alcohol use and the need for individuals to expect some benefits from changing their behaviour (Miller & Rollnick, 2002).

Turning to participants' accounts relating to the concept of balance, there appears to be a realistic understanding of that which constitutes a benefit and that which constitutes a cost. This would therefore indicate a capacity for forethought, highlighted by Bandura (2006) as the ability to anticipate outcomes which guide individuals' behaviour.

Implicit within participants' accounts of their drinking behaviour is a desire to continue drinking. It could therefore be hypothesised that a rational and pragmatic system for appraising and balancing the positive and negative consequences of drinking enables such an aspiration. Thus in consideration of social cognitive theory (1986), it is hypothesised that the later theory of human agency (Bandura, 2006) provides professional men with the four following assets: intentionality which is evident in their goal to continue drinking; foresight is apparent in their ability to think through the outcomes of drinking; self-reaction facilitates the requisite self-regulation of drinking behaviour, and finally self-reflection is apparent in professional men's capacity to think through the consequences of their behaviour. All are manifest in professional men's accounts of their experiences of alcohol.

In regard of the two participants who experienced health problems as a result of heavy drinking, there is evidence of them beginning to change their drinking habits when the perceived benefits of their behaviour began to be eliminated by the costs as predicted by McCrady (2008). Ken significantly cut back his heavy drinking following an alcohol-

induced panic attack and Francis began to moderate his weekend alcohol intake following the diagnosis of high blood pressure. Both participants demonstrated confidence in their abilities to implement and maintain changes to their drinking behaviour as predicted by social cognitive theory (Bandura, 1999) at the point where the positive consequences began to be outweighed by the negative consequences.

Looking briefly at Ken and Francis' drinking behaviour from the disease model perspective (Jellinek, 1960), there would be an expectation that a successful return to social drinking would be impossible once drinking had become problematic. The disease model of alcohol use would suggest that unless abstinence was initiated, heavy drinking would inevitably progress to chronic drinking. However, Ken and Francis are able to corroborate the findings of Heather and Robertson (1997); Griffiths (2000); and Vaillant (1995) who maintained that a return to social drinking is a possibility for those individuals whose drink problem is not of a long-standing nature and who are in possession of other moderating variables such as being in employment and in a relationship. It is of particular interest in this regard that Ken's period of heavy drinking coincided with the break-up of a long-term relationship. He subsequently embarked on a successful new relationship. However, from his narratives, it is not clear whether the new relationship started after his drinking stabilised, or enabled his drinking to stabilise.

2.3.1 Category 3: Balance

Sub-Category 3.1: The Tipping Point

Turning now to the Tipping Point, there was an understanding across participants' accounts that there existed a fine line, which separated the "costs" from the "benefits".

> "I've done some alarming things under the influence of alcohol…and they serve as a constant reminder of what happens when you go over the tipping point" (Arthur, 164-166).

An ability to recognise the tipping point would appear to be as a result of realistic appraisals of the costs and benefits of alcohol and an ability to judge precisely where the benefits begin to tip over into the costs. Such a capability would indicate the capacity for forethought and self-reflection, properties that Bandura (2006) stressed in his theory of human agency.

Support for the notion of the tipping point can be found in the research literature where such as concept is not made explicit, however it could be conceptualised as being the point at which readiness to change could be predicted. For example, in the Stages of

Change model (Prochaska & DiClemente, 1992) the tipping point would correspond to a point which sits broadly amidst the third and fourth stages of the model: the determination stage and the action stage. Consistent with the findings of this study and the motivational models of alcohol use, Jackobsson et al. (2005) maintained that heavy drinkers developed a willingness to change their drinking behaviour following unfavourable events such as being robbed when drunk or noticing friends' health or life-styles declining as a result of alcohol misuse. Likewise, Finfgeld and Lewis (2002) found that individuals either reduced their heavy drinking over time, or experienced a key event, which had compelled them to reconsider their drinking.

In consideration of alcohol use as consisting of a balance sheet, such as Marlatt & Gordon's decisional matrix (1985), the tipping point could be hypothesised as representing a pivotal point in the drinker's conceptualisation of alcohol. Although much of the research literature alludes to a "tipping point" it is not made explicit, therefore it is argued in this paper as being worthy of further investigation.

2.4 Category 4: Regulating

Sub-Category 4.1: Personal Rules and Tests

"Regulating" emerged as a key category from participants' narratives. Such a process was understood by all participants as permitting them to continue enjoying the benefits of alcohol without tipping over into the negative consequences. Regulating their alcohol intake enabled participants to feel in control of their drinking choices:

> "that's the issue isn't it, it's are you in control?" (Henry, line 22).

Control is undoubtedly a significant factor in predicting drinking behaviour. Indeed, loss of control is hypothesised as being one of the principle diagnostic criteria for assessing whether an individual has an alcohol-related disorder or not (DSM-TR, 2000). Similarly, Jellinek (1960) maintained loss of control is symptomatic of alcoholism. Therefore, an individual's perception of the level of control they are able to maintain in relation to their alcohol use is highly significant. In control would suggest an individual is able to regulate their alcohol use through choice; out of control would imply failure to be able to regulate one's drinking behaviour.

Participants' narratives demonstrated that in order to stay in control, it was necessary to adopt drink-related strategies that empowered them to keep their alcohol intake in check. For some participants these consisted of not drinking at certain occasions which were often work related; or not drinking and driving related; or not drinking every day of the week. Others included taking a month off per year, such as giving up alcohol for

Lent. Those who tended to drink every day of the week, such as Arthur, Ian and Henry had somewhat restrictive rules to which they adhered. These included only ever drinking two chilled pints of beer from the fridge in the late evening, or rarely drinking more than three glasses at an occasion.

All such strategies demonstrate a mature ability to regulate their drinking behaviour as predicted by social cognitive theory of self-regulation (Bandura, 1991). Bandura asserted that human behaviour is considerably motivated and regulated by self-influence. By setting personal goals and standards, self-regulation enables the individual to exercise control over their behaviour. Thus, the aim of the professional men in this study is to be able to continue drinking alcohol because of the many benefits it confers, however, the participants are aware that in order to do so, there is a requirement to adopt certain strategies which enable them to retain control of their alcohol intake and maintain their personal goals and standards.

However, there is also evidence in this category of situation-specific behaviour in relation to alcohol use. A number of participants drank more heavily in specific environments such as men's away-weekends, or Stag nights. There was an understanding that these occasions carried with them different rules and customs. For example, getting drunk on a Stag night was not only likely it was felt to be more or less compulsory. Non-work-related away-weekends were perceived differently from work-related away-weekends. Loss of control would be more acceptable in a non-work-related away-weekend however there remained the requirement to "climb the mountain the next day" as evidenced by Douglas. Such occasions corroborate Fox's assertion (2000) that drinking patterns are both culturally and socially driven.

Consistent with these findings, Van Wersch and Walker (2009) highlighted the self-imposed rules that individuals assume when binge drinking in Britain. These included only binge drinking at weekends and never binge drinking before working.

Furthermore, gender plays a significant role in drinking behaviour. Room and Makela (2000) claimed that drinking is bound by rules and restraints and that men's drinking patterns are more likely to conform to social norms. Social comparison theory (Festinger, 1954) and social identity theory (Tajfel & Turner, 1986) would suggest that if a group of men were drinking heavily, an individual's consumption should rise if other group members' consumption also rises. This can be seen in participants' accounts, although there is also evidence which challenges this prediction. For example, many of the participants felt unaffected by other people's drinking choices and indeed were happy to refuse a drink if it suited them. Ken would say he was drinking and driving whether he was or not if he had decided not to drink at an occasion. Indeed across the

board, participants stated they were unaffected by such pressures, however they remembered being affected earlier in their teens and twenties. Within this particular age group, quality was more important than quantity, and none of the participants were disposed to make compromises that involved their health, wellbeing, careers or relationships.

Self-regulation therefore requires the exercise of control as predicted by the theory of human agency (Bandura, 2006). Self-determination theory (Deci & Ryan, 2002) would suggest that such behaviour is self-motivated, self-determined and is concerned with meeting professional men's inherent psychological needs independent of those around them. Such an interpretation would highlight professional men's resolve to maintain an autonomous, self-motivated relationship with alcohol that is controlled whilst allowing for the pleasures to be acknowledged.

These pleasures may include situation-specific heavy drinking on particular occasions but these appear to be regulated by personal rules such as never before a work-day, never when drinking and driving and only ever drinking heavily in company. These heavy drinking behaviours suggest drinking for social and enhancement purposes rather than drinking in order to reduce negative effect. As such, according to the motivational models of alcohol use this would suggest heavy drinking, but not of a problematic nature (Stewart et al., 2002).

2.5 Category 5: Personal Attributes:

Sub-Category 5.1: Internal

Sub-Category 5.2: External

Participants' narratives revealed significant personal attributes which appear to provide profession men with the motivation and the ability to maintain a measured relationship with alcohol. These included a commitment to personal vision and goals, high levels of self-efficacy and developed problem-solving skills. All participants were also fortunate to have a supportive social and family network, in addition to a successful career.

The research literature on alcohol use consistently maintains that problem-solving and coping skills predict moderate alcohol use (Beck et al., 1993) and goal-focussed behaviour provides a strong moderating influence against the development of drink disorders (Palfai & Weafer, 2006). Likewise, economic well-being, satisfying marital, familial and social networks alongside good health and an adequate working environment have all been found to be important reinforcers of moderate drinking (Stewart et al., 2002).

In addition to these moderating factors, participants' narratives illustrated high levels of self-efficacy. In relation to alcohol use, self-efficacy appertains to an individual's perceived ability to control their drinking behaviour (Bandura, 1997). Social cognitive theory (1986) considered self-efficacy a central concept in predicting behaviour. Alcohol expectancy theory (Jones et al., 2001) claimed that a drinker is motivated not only by the desired outcome of alcohol but also by their efficacy expectations. Self-efficacy is highly influential in moderating drinking behaviour and its role is emphasised in alcohol treatment programs (Monti et al., 2002). A high level of self-efficacy consistently predicts less frequent drinking (Stewart & Devine, 2000).

Participants in this study illustrated high levels of self-efficacy in relation to their drinking choices. A notable example of this was that participants were clear that they would not give up alcohol unless they believed it was absolutely necessary for them to do so. Indeed, they expressed strong reactions and stated they would demand plausible justifications from an appropriate professional to convince them that abstinence was a necessity. However, if convinced, participants universally agreed they would give up alcohol. In the words of Arthur:

> "I would miss it, like I missed smoking, I enjoyed smoking and I missed it, um, but on the other hand you know, needs must and if there was a real and present threat, I would stop. Like for example, if I, if I developed some sort of a condition, and it was necessary to stop, I would stop, yes, no question. I mean I wouldn't, you know, I'd probably find it a bit of a struggle, I found giving up smoking a hell of a struggle, but you know, you do don't you, yes, so I would stop, yes." (Arthur, lines 360-367).

Arthur's words demonstrate a belief in his ability to carry out the necessary behaviour for his health. Cognitive behaviour therapy for the treatment of alcohol misuse stresses the importance of enhancing self-efficacy, problem-solving skills and the importance of strong personal vision (Beck, 1993; Monti et al., 2002). All such skills are evident in participants' narratives and contribute to professional men's resolve and belief in their ability to control their drinking behaviour.

Participants' problem-solving skills and commitment to personal goals illustrate the presence of Bandura's key concepts in his theory of human agency (2006) where intentionality refers to an individual's ability to make plans and strategies. Forethought enables individuals to conceive of outcomes.

However, it is conceivable that Francis and Ken were able to continue in high levels of employment because paradoxically their personal attributes enabled them to remain

successful at work whilst developing health-related problems due to heavy drinking, which was either of a continuous or intermittent nature. Nonetheless, a realisation that heavy drinking caused his blood pressure to be raised prompted Francis to reduce his drinking. Furthermore, his recent marriage and new baby similarly contributed to changes in his drinking habits. Ken was shocked by his alcohol-induced anxiety attack and continues to keep a drink diary to maintain drinking levels in line with Government guidelines. It is beyond the scope of this study to explore this hypothesis further, however future research could investigate younger adults and their experiences of heavy drinking before they have resolved symptomatic alcohol use.

External factors such as marriage, strong social networks and satisfying working conditions are highly evident in participants' narratives. Such factors not only play a moderating role in drinking behaviour, Costello (1980) maintained they reliably explain the differences in treatment outcomes of former heavy drinkers. In the qualitative research literature on alcohol, Finfgeld and Lewis (2002) found that marriage and satisfying working conditions contributed to individual's decisions to moderate their drinking. Similarly, Jakobsson et al. (2000) investigated the life-styles of problem drinkers seeking treatment and found that changes in personal circumstances, such as falling in love or becoming a father were powerful incentives for individuals to resolve their problematic-alcohol use. Additionally, Webb et al. (2007) found that social support supplied by friends and family was found to be a significant factor in the decision to regulate drinking behaviour. Indeed, their study highlighted that not only being given support but being in receipt of support was a influential moderating factor in the decision to resolve problem drinking behaviour. This would suggest the giving and receiving of help is a significant factor influencing drinking choices.

All the participants in this study had the benefit of a strong network of friends and family, and enjoyed their careers. Therefore, it could be argued that all participants believed they had lives which they valued and a realisation that problem drinking could sabotage that which they hold dear. An example in the results section would be Bill's desire to leave a boozy work dinner when yet another bottle of wine was ordered:

> "I've got a wife and two children, they haven't, so what have they got to go home for" Bill (lines 859-860).

Bill's words endorse Vaillant's assertion (1995) that having something of value to lose is a powerful incentive not to lose control of alcohol. Also, not only do friends, family and work satisfaction contribute to moderate drinking behaviour, they also provide a range of alternative activities, which could be seen to broaden professional men's repertoire of behaviours. Accessibility to alternative coping strategies other than

drinking are highly influential in individuals being able to choose between drinking or not drinking (Vuchinich & Tucker, 1996).

2.6 Consideration of the Core Category and the moderating variables of age, gender and culture:

Core Category: Learning to maintain the equilibrium: experiencing alcohol through a process of maturation

Taking the findings as a whole, it is clear that professional men develop a relationship with alcohol which matures over time. This is consistent with the research literature on alcohol, which suggests that teenage sporadic heavy drinking rarely results in chronic drinking (Windle & Davies, 1999). It is also of note that men over fifty rarely present themselves for alcohol-related treatment (Vaillant 1995). This is because if an individual has been drinking chronically from early adulthood, they are likely to have succumbed to liver-failure or other such alcohol-related harm (Fillmore, 1987). Indeed, many individuals by fifty have either become abstinent voluntarily or returned to normal drinking (Tucker, 2001). Maturing age alongside increased responsibilities and changes in life circumstances are responsible for 75% of adults reducing their drinking without recourse for treatment (Temple & Leino, 1989). All such changes due to maturing age are substantiated in the findings in the research chapter and have been explored earlier in this discussion chapter.

As regards gender, from participants' narratives, gender effects on alcohol behaviour appear to be more prevalent in early drinking experiences. Peer pressure to drink is evident in participants' reminiscences of their teenage drinking behaviour, however, as professional men mature, they demonstrate less inclination to conform to heavy drinking behaviour if they choose not to. This would suggest high levels of self-efficacy, self-regulation and an ability to reflect on the consequences of drinking choices as predicted by the theory of human agency (Bandura, 2006).

Socio-cultural context is manifest throughout participants' accounts of their alcohol use, and it is possible to discern the ever-changing nature of the world in which we live. A case in point would be Douglas and Bills' recognition of the changing mores of the City of London drinking practices. Their recollections of heavy lunch-time drinking brought to mind images of boozy, drink-fuelled business meetings at which there was an expectation to drink hard, play hard, work hard:

> "you'd get toasted at lunchtime, but not any more, gone are those days, now it's a sandwich at your desk" Douglas (lines 228-230).

Clearly, such changes in cultural norms affect drinking behaviour as predicted by Marlatt and Rohsenow (1980). Their findings claimed that cultural and societal expectations about drinkers' behaviour are highly influential in predicting drinking habits. Throughout participants' responses there was a universal recognition that in order to get their job done competently it required minimal alcohol use during the working day. However, there remained special work drinking occasions, such as taking clients out to events such as "a day at the races". Again, these were infrequent and were subject to different rules and restraints as predicted by Van Wersch and Walker (2009).

Such changes in drinking practices are not only a reflection of the socio-cultural changes at large but also incorporate the changes in professional life and personal responsibilities that maturing age confer.

"Maintaining the equilibrium" encapsulates professional men's desire to enjoy the benefits of alcohol whilst ever mindful of the negative consequences. A rational and mature awareness of where the tipping point lies is essential. This requires a highly evolved and mature system of appraisal which is both realistic and subject to the properties Bandura proposed in his theory of human agency (2006): intentionality; forethought; self-reactiveness and self-reflection. Such qualities enable professional men to adapt to change within their socio-cultural context, their maturing age and their personal responsibilities as active agents in control of their future.

In the words of Charles:

> "I think the interesting thing about alcohol is, so whilst I feel very comfortable about it, and I'm aware, I think it's interesting the combination about the awareness of how much I enjoy it and the awareness of control which therefore lead me into an awareness of its threat which I do think about from time to time." Charles (lines 762-766).

3.0 Implications for Alcohol Users and for the Discipline of Counselling Psychology:

Consistent with the ethos of Counselling Psychology, this study has attempted to explicate the subjective experience of professional men and their relationship with alcohol. It is hoped that the findings will make a major contribution to the counselling psychology literature and expand the discipline's knowledge base on alcohol use and alcohol use disorders.

This study addresses a British population of men that was not found to have been studied previously in relation to drinking behaviour. These professional men demonstrated high levels of resilience and benefitted from genetic, environmental and cultural factors which would predict asymptomatic alcohol use in adulthood (Vaillant, 1995). Indeed, it is of particular significance that none of the men reported having a parent who misused alcohol. Having a first-degree relative with an alcohol problem results in a three to fourfold increase risk for alcohol dependence (Campbell & Oei, 2010). Research has consistently shown that children acquire a style of drinking through watching their parent's drinking behaviour (Heather & Robertson, 1997). Therefore, these professional men were able to internalise standards of behaviour which were consistent with moderate alcohol use.

The professional men in this study also benefitted from growing up in a culture which sanctions alcohol use. This has also been shown to play a significant role in the development of moderate alcohol use (Vaillant, 1995). Moreover, they exhibited high levels of self-efficacy and resilience which in turn contributed to a capacity to moderate their drinking behaviour. Finally, they all were in employment and reported to have social networks which they found both supportive and rewarding. These factors have consistently been shown to contribute to a sense of well-being (Webb et al., 2007). Likewise, they all had lifestyles they both valued and wanted to safeguard.

Therefore, this study recognises the advantageous biological, cultural and environmental heritage these professional men possess. Nonetheless, it proposes that by highlighting those elements which assist asymptomatic drinking, the discipline of Counselling Psychology can use the findings of this study to direct therapy towards the enhancement of those factors which enable professional men to moderate their alcohol use.

This thesis acknowledges it has examined the accounts of successful self-regulators who have demonstrated their skill in being able to track their drinking behaviour.

Resilience and protective factors such as high levels of self-efficacy and problem-solving skills have equipped professional men with the necessary self-regulatory mechanisms which enable them to moderate their alcohol use. Therefore, an explication of such factors leads to the illustration of successful self-management. Thus, enhancing such qualities which may be deficient in alcohol misusers, the aim of Counselling Psychologists is to develop treatment interventions which facilitate individuals to overcome their problem drinking. Bandura (2006) maintains that individuals have the ability to transcend their immediate environment and create a future which is able to override such influences. This would suggest that individuals have the capacity to make an active contribution to their life circumstances. Therefore, the implications for the discipline of Counselling Psychology are for therapists to facilitate an individual's potential for change.

The core category of Learning to Maintain the Equilibrium: experiencing Alcohol through a process of Maturation illustrates the factors which emerged from participants' accounts and contribute towards professional men's drinking behaviour. By highlighting the processes through which professional men experience alcohol, it has been possible to examine the moderating factors, which both drive and empower professional men to maintain a balanced relationship with alcohol.

Participants' accounts demonstrate that there are several factors which reinforce asymptomatic drinking behaviour:

- A family history of moderate alcohol use
- Living in a society where alcohol is culturally acceptable
- An ability to realistically appraise both the costs and benefits of alcohol
- A capacity to balance alcohol use in the light of such appraisals
- An awareness of where "the tipping point" lies
- A capability to self-regulate drinking behaviour
- Having a life one values
- Having high levels of self-efficacy and self-esteem
- An ability to set personal goals and problem-solve
- Being in employment
- Having a supportive social network

All such factors are predicted by social cognitive theory (Bandura, 1986) and the theory of human agency (Bandura, 2006) as significantly contributing to moderate drinking behaviour.

Highlighting such factors has enabled the development of a conceptual framework from which further research and practice can be generated. Counselling psychology recognises and emphasises the development of such frameworks (Strawbridge and Woolfe, 2003). Moreover, it is argued that this paper is not only relevant to the alcohol research community, it is of concern to us all. 85% of the British public drink alcohol (Office for National Statistics, 2008), therefore such an investigation can have an impact on the lives of many.

It is also of note that this study has focussed its attention on the explication of the enablement factors, which reinforce moderate drinking in professional men. Indeed, so much of the alcohol research literature focusses on the risk factors that predict problem drinking, therefore this study is distinctive in its emphasis. Bandura (1999) maintained that such enablement factors are under-researched by the alcohol research community and called for further investigation of such mechanisms of self-regulation. This paper ventures to make a significant contribution to the body of qualitative research into the experience of alcohol by exploring such a phenomenon.

Such a model explaining non-problem drinking could be used as a guide for clinical practice, outlining the mechanisms which contribute to healthy drinking behaviour. Cognitive approaches to the treatment of alcohol misuse primarily focus on changing problem drinking through challenging maladaptive thinking (Beck et al., 1993); the promotion of self-efficacy (Bandura, 1986); enhancing the motivation to change behaviour (Miller & Rollnick, 1991); the use of a decisional balance matrix to weigh up the pros and cons of drinking (Marlatt & Gordon, 1985) and highlighting the importance of coping skills (Monti et al., 1989). This paper provides support for such approaches; moreover, it builds and expands on previous research by highlighting the importance of the processes and mechanisms which professional men demonstrate as enabling them to regulate their drinking.

As the participants of this study suggest, a realistic appraisal process is essential whereby individuals weigh up the costs and benefits of drinking alcohol. Psychologists and clinicians working with substance mis-users need to be aware that problem drinkers can often see their alcohol use as consisting only of benefits and that the costs can tend only to be seen in the light of immediate problems rather than any of the long-term health consequences (Orford et al., 2002). Using professional men as a "best-practice" model, the men in this study demonstrated a highly evolved appraisal system which appeared to be founded on a rational and pragmatic belief system, and one in which they were able to identify a specific marker: "the tipping point". For the professional men in this study, the tipping point represented a significant moment, event or feeling that they were able to recognise as the precise point where the many

benefits of alcohol tipped over into the costs. The suggestion for clinical practice would be that the identification of such a point might enhance an individual's self-awareness and self-reflexivity about their drinking behaviour, and with the therapist as their guide, a thorough exploration of the tipping point could potentially enhance their motivation for change.

A prototype pro-forma has been designed with such an aim in mind (see overleaf). This could enable the therapist to explore the costs and benefits of drinking with the client, whilst identifying the individual's perception of their personal "Tipping Point". The use of Socratic questions could open up a dialogue and facilitate a thorough investigation into their drinking behaviour. Empty dialogue boxes are provided for the client and therapist to write comments relating to the costs and benefits of drinking alcohol. In addition, there is space for the exploration of the client's thoughts and impressions of their tipping point. Clearly, ample room needs to be made available for polysemic appraisals of such concepts. Therefore this is simply an illustration rather than a blueprint of such a pro-forma.

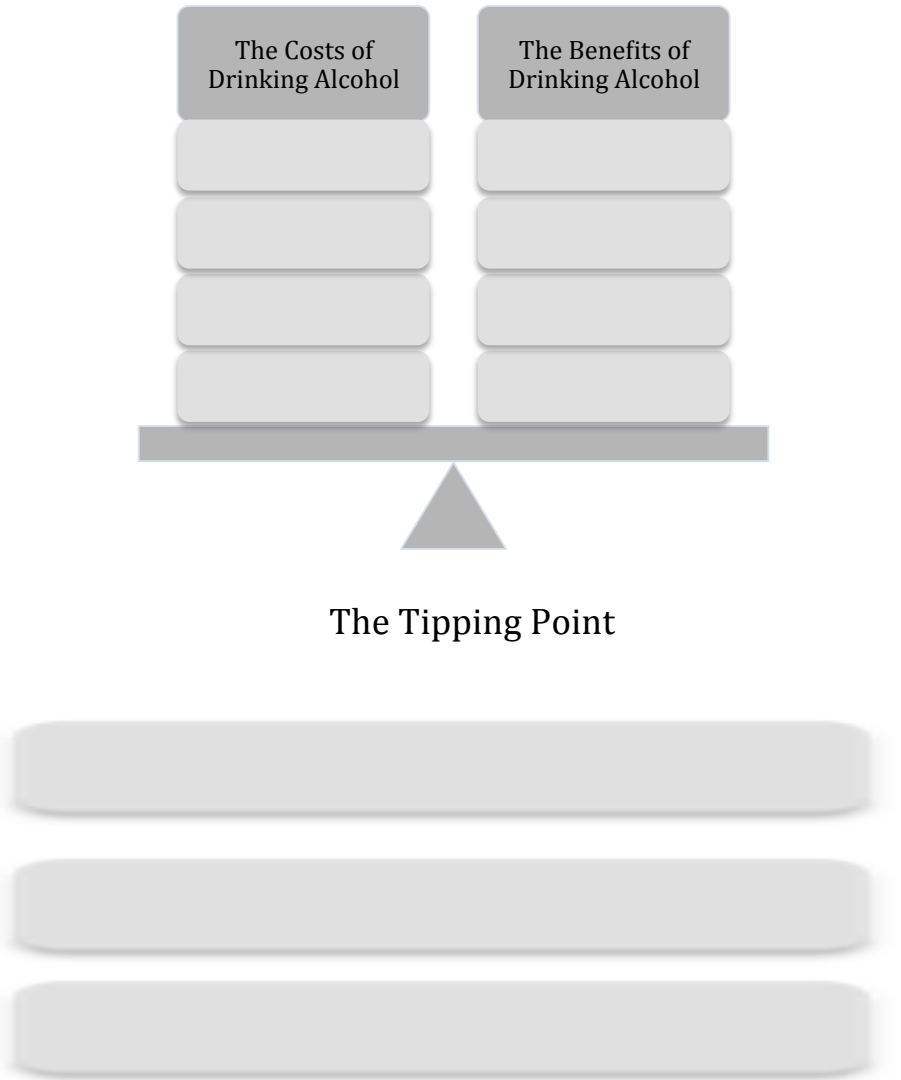

Figure 20: **Prototype Pro-Forma: Exploration of the Costs and Benefits of Alcohol and Identifying The Tipping Point.**

For social drinkers and those drinkers who possibly drink in excess of Government guidelines of 21 units per week for women and 28 units per week for men (Office for National Statistics, 2010) it is suggested that a personal inventory of drinking behaviour could enhance their self-awareness and possibly pre-empt any excessive drinking consistently getting out of control. Such an inventory could include an awareness of their personal "tipping point' and a realistic cost benefit analysis such as recommended by Marlatt and Gordon (1985); and Prochaska and DiClemente (1992).

This study has also highlighted the importance of being in satisfactory employment, the importance of a strong support network, high levels of self-efficacy, problem-solving skills and the importance of future goals.

The participants interviewed in the study were prosperous, benefitted from high levels of self-efficacy, enjoyed their work and valued their friends and family. In the words of Charles,

> "I want to be very successful, so I don't want drink to impact negatively on my personal life or on my career. So I want it all, ha-ha" Charles (lines 602-603).

However, many individuals do not have such propitious lives. Indeed, the primary risk factors predicting problem drinking are antithetical to the enablement factors found in this study. Those at risk for problem drinking would be more likely to have a first degree relative with a drink problem; not be in employment; have low levels of self-efficacy and a poorly developed social network (Vaillant, 1995; Heather & Robertson, 1997). Treatment programs addressing problem drinking are unable to target all risk factors. Individuals can often feel isolated and they are frequently unemployed which is likely to reinforce their low self-esteem. On a speculative note, it is suggested in this study that in addition to alcohol-treatment programs, coping skills training and relaxation training as recommended by Curran and Drummond, (2006) those individuals who are unemployed or have an impoverished support group, the membership of Alcoholics Anonymous or such an organisation could supply a solid social network. For isolated individuals, such a network could provide an environment where healthy drinking behaviours are modelled at the same time as being socially inclusive. Moreover, as the individual progresses within such a framework, they could provide the role as "mentor" to other individuals. Supporting others and being supported has been shown to play a moderating role in drinking behaviour (Webb et al., 2007).

Counselling Psychology as a discipline recognises the importance of "developing focus in the work of helpers on facilitating well-being as opposed to responding to sickness and pathology" (Strawbridge and Woolfe, 2003, p8.). Within this study, the emphasis has been on the investigation of how professional men experience alcohol and as such has highlighted those factors which facilitate well-being. Nevertheless, it is argued that such moderating factors can be integrated into treatment models which do respond to those individuals whose drinking has become pathological. Thus, this study attempts to both illustrate the behaviours of individuals who can demonstrate adaptive drinking behaviour, and use such findings to benefit those whose drinking behaviour is maladaptive.

The findings of this study have also highlighted the benefit of parental modelling of moderate drinking behaviour and the advantages of a brief word of advice to a teenager or young adult at an apposite moment. Practitioners might want to explore such phenomena with clients where appropriate. Likewise, although some heavy drinking in teenage and young adult years is normative, psycho-education about the properties of alcohol could encourage young drinkers to develop an awareness of their drinking behaviour. Getting teenagers to think about identifying their "tipping point" could potentially prevent some risky behaviours from ending in tragedy. Counselling Psychologists who work with young adults or teenagers might like to take on a role as psycho-educator to encourage realistic appraisals of their drinking habits whilst focussing on the enablement factors which predict moderate drinking. Such psycho-education programs could look to the models of sex education in schools. These are founded on models which acknowledge many teenagers are having sex, therefore rather than advocating celibacy, the focus is on risk management. Thus, psycho-education in relation to alcohol use could similarly accept most teenagers are drinking; therefore, highlighting safe drinking practices and self-awareness around their personal "tipping point" could make this a viable and valuable intervention.

4.0 Methodological Considerations and Critical Reflections on the Study: Strengths and Limitations:

4.1 Strengths of the Study:

One of the major strengths of this study was its chosen epistemological framework. Grounded Theory from a social constructivist perspective was selected as a methodology for its particular capacity to describe process and experience within its socio-cultural context (Charmaz, 2006). Grounded Theory allowed for an extensive and comprehensive analysis of participants' narratives whilst accepting the researcher's co-constructive role in such a process. The quality of the interview data significantly aided the research process. The verbatim transcripts documented the interaction between interviewer and interviewee and thus strengthened the reliability of the data (Perakyla, 1997). Equally, the use of relevant quotations from participants' narratives significantly contributed to the validity of the data (Charmaz, 2006). Pertinent excerpts were used from each of the participants and a full analysis of all transcripts allowed for the categories to emerge grounded in participants' responses. In addition, careful documentation of all the processes leading to the research findings was kept throughout the period of research adding to the transparency and validity of the findings. Examples can be found in the Appendices 8 through to 13.

Although the cohort was small, it was significant with the participants being both reflective and articulate. This enabled the discovery of a fresh and original perspective on alcohol use. In addition, Grounded Theory allowed for the exploration of variability amongst professional men's drinking behaviour in a British-socio-cultural context.

Another significant strength of the study related to the avoidance of reviewing the research literature on alcohol before conducting the interviews and analysing the data as recommended by Charmaz (2006). The rationale for reviewing the research literature after carrying out the analysis serves to prevent the researcher from inadvertently forcing their findings into concepts already defined by the literature. Therefore, it is claimed that the analysis in this study was not substantially affected by the extant literature on alcohol, and the major categories emerged from the data without the subsequent knowledge that was gleaned from the comprehensive literature review. Notwithstanding, it would be disingenuous to assume that the researcher's background in substance misuse would result in a complete denial of any knowledge about alcohol. Nevertheless, conducting the literature review after the analysis resulted in a considerable enhancement of the researcher's knowledge and appreciation of the complexities of alcohol use and misuse. In the words of Vaillant (1995) "alcohol is a mythical beast" (p. 347). It remains to be so, however, it is hoped this study will in some way have illuminated the mechanisms which appear to enable professional men to moderate their alcohol use, and that this will have augmented the research literature on alcohol within the discipline of Counselling Psychology.

The contribution of the pre-interview questionnaires also added to the validity of the findings by giving some demographic information on the participants. Drinkers across the spectrum are notorious for under-estimating their drinking unit count (Heather & Robertson, 1997; Lader & Goddard, 2004). However, individuals are more likely to report on any medical symptoms they may have experienced as a result of drinking (Vaillant, 1995). Participants' responses demonstrated a transparency in their accounts relating to their health, which was further reinforced by the pre-interview data.

It is also of note that the findings of this study were found to support and enhance the existing cognitive theories of alcohol use. Moreover, they contribute to a more detailed and individual perspective of the specific population studied in this paper. Indeed, it could be argued that one of the greatest strengths of this study is the response to the appeal of Bandura (1999) for researchers to focus on explicating the mechanisms which assist drinkers to moderate their alcohol use, rather than focussing research on the risk factors which lead to problem drinking.

4.2 Limitations of the Study:

This thesis has focussed its attention on professional men who were found to demonstrate moderate drinking behaviour. They all were in possession of high levels of self-efficacy, resilience and problem-solving skills, as well as benefitting from advantageous biological, environmental and cultural factors which would not place them at risk for misusing alcohol. Examining such a population could be a potential limitation to the study as such individuals are unlikely to be those that Counselling Psychologists are going to be working with in the treatment of alcohol misuse. Nevertheless, this study has been able to outline the factors which enable professional men to moderate their alcohol use, therefore, it attempts to respond to Bandura (2006) who maintains that researchers over-emphasise the psychopathology of alcohol misuse. He asks psychologists to consider re-focussing their work on how individuals overcome alcohol misuse, rather than concentrating on the risk-factors which predict problem drinking. This study examines professional men's accounts of their drinking which illustrate the mechanisms which enable professional men to moderate their alcohol use. From such accounts, Counselling Psychologists can develop treatment interventions which are designed to enhance such competencies which may be deficient in individuals in the treatment of alcohol misuse. A thorough examination of The Tipping Point and how this is conceptualised in an individual's drinking behaviour is suggested as such an intervention.

Although the quality of participants' responses has been viewed as a major strength of the study, it is conceivable that as a woman researcher, participants' narratives could have been affected by the researcher's gender. Lopes et al. (2004) studied social interactions between both sexes and found that gender can impact the extent to which men are prepared to express negative emotions to women researchers. Notwithstanding, it is believed that participants' narratives demonstrated fulsome and candid responses, which in this instance challenge the findings of Lopes et al. (2004). Furthermore, a number of the participants expressed disappointment when the interview questions were finished and were keen to carry on discussing the wider implications of alcohol from a socio-political perspective. It was beyond the remit of this study to pursue such a line of enquiry, but it would be of value to research this perspective further. Such a study would be of interest to policy makers, treatment providers and drinkers in general.

A methodological weakness of this study was perhaps its small scale. Nonetheless, it was felt that by meticulously following the process of theoretical sampling as recommended by Corbin and Strauss (2008) and Charmaz (2006), the process of

analysis guided the data collection. Indeed, the interview process took place over eighteen months, so there was ample time to explore emerging categories and account for new lines of enquiry. Therefore, it was felt that twelve participants allowed for the theoretical sampling to be sufficiently saturated as recommended by Charmaz (2006) and Willig (2008).

Another methodological weakness was perhaps that follow-up interviews were not offered to participants, so it is possible that participants might have further expanded on their responses. Nevertheless, it was thought that the interview data was adequately comprehensive and expansive to suggest this was not necessary. Notwithstanding, copies of transcripts were offered to all participants and responses from those who requested them can be found in Appendix 10.

There was also no attempt to cross-reference participants' accounts with other members of their support network or medical records. This could have provided an additional opportunity to further validate the responses of participants. However, it was felt to be beyond the scope of this study and it is argued that the participants' transcripts stand as testament to the individual's subjective experience of alcohol over time.

It could also be argued that the research question: how do professional men experience alcohol? was too broad a phenomenon to examine in a study of this scale. Certainly, it has raised many more questions that warrant further investigation. In particular, research into the "tipping point" could enhance and expand on the findings outlined in this study, which would be of benefit to the research literature on alcohol.

Finally, time and space limitations have prevented a consideration of the analysis from contrasting perspectives. These could have contributed to alternative interpretations of the findings, which could have potentially added to the depth of the analysis. For example, interpreting the results from a psychodynamic perspective might have emphasised psychological forces, psycho-sexual stages and conflict resolution (Heather & Robertson, 1997). In particular, psychodynamic theory could potentially suggest that drink problems arise out of being orally fixated or originate from a desire to escape from reality. Indeed, Freud later asserted that alcoholism was an expression of repressed homosexuality (Barry, 1988). Notwithstanding, a full analysis of the results from such a perspective is beyond the scope of this study. Certainly, a psychodynamic approach to alcohol use does not feature prominently in the research literature on alcohol and there is little evidence of it being expanded upon to accommodate recent findings (Griffiths, 2000). Nonetheless, viewing alcohol use through additional lenses could have provided further depth to the study.

5.0 Future Research Considerations

As highlighted above, future research might wish to further investigate the phenomenon of the "tipping point". Such a study would be able to concentrate its focus on the development, role and implications such a concept plays in individuals' drinking behaviour. Future research might also like to examine professional women's experiences of alcohol. This could carry with it the additional feature that pregnancy and motherhood could potentially confer on professional women's drinking choices.

It would also be of interest to investigate the drinking experiences of different age cohorts. For example, it might be expected that drinkers up to the age of forty exhibit less of a maturity effect on their drinking behaviour. In a similar vein, might older adults up to the age of eighty reveal a continuing effect of maturation on drinking behaviour? Further research could clarify these lines of enquiry. Additionally, an investigation into contrasting socio-economic groups such as manual workers or unemployed adults could similarly identify factors which account for drinking behaviour across such populations.

Likewise, research could be carried out across different nations to investigate drinking behaviour across different cultures. Cultural expectancies play a influential role in drinking behaviour (Room & Makela, 2000) therefore there would clearly be interesting variations to be derived from such research.

The concept of generalisability in qualitative research recommends the findings should be pertinent to other populations in similar circumstances (Morse, 1991). Generalisability was an important consideration in this study. The predictive ability of the model which emerged from the analysis could therefore be expected to be relevant to more general populations, however because of the effect of maturation, gender and cultural specificity, further research would need to take place before such hypotheses could be corroborated. Nonetheless, it is possible that the processes outlined in this study may be of benefit to researchers investigating other phenomena where the behaviour evolves over time and is socially-constructed. This could include eating behaviours, gambling and other substance-use behaviours. This list is by no means comprehensive and exhaustive.

6.0 Conclusion

As a legally and culturally available substance, alcohol is both a pleasure and a concern to many. Accordingly, it plays a significant role in British culture and deserves

rigorous analysis from the broadest perspective. du Plock (2010) calls upon Counselling Psychologists to embrace the notion that an individual's life necessitates observation from all dimensions. Mindful of such a proposition, and in response to the request of Bandura (1999), that more research should be carried out on the enablement factors which assist individuals in moderating their alcohol use, this study has focussed its attention on non-pathological drinking. By identifying and explicating such moderating influences, it is hoped that this research will have enriched the research literature on alcohol and provided an accurate, detailed, original and meaningful insight into how professional men experience alcohol.

Reflections on the process of Research

Reflecting on the process of research as a whole, I am astonished it is drawing to a close. It genuinely feels like the longest journey I have ever embarked upon in my life to date, and one which has comprised every conceivable emotion. On many days I have felt like Sisyphus, condemned to push a huge rock up a mountain, only to watch it roll back to the bottom again. Such was my experience in the early days of the analysis chapter. However, when categories began to emerge and the theory began to take shape, I began to feel more comfortable with the process of research. It would have felt inconceivable in those early days to have reached this point of reflection.

As I look back, the journey began over six years ago when a great friend and colleague died of complications which were as a result of excessive drinking. Liver failure, kidney failure, ascites, confusion, eczema, burns, hypothermia all eventually resulted in death by pneumonia and heart failure. I was so shocked by my friend's death that as a trainee counselling psychologist, I chose to work in substance abuse. I wanted to understand how this could have happened. Life has subsequently moved on, with many new experiences on the way. However, after completing this study and reflecting on his death, I am reminded of a comment of his he was apt to make when ordering another bottle of wine at the end of an evening. "But I thought we were having a nice time". Further reflections on this of a more personal nature have been recorded in my reflexive diary. I have chosen not to replicate them in the current study because of their sensitive nature and out of respect for associated individuals. Nevertheless, alcohol continues to confound me and I decided to choose alcohol as a topic worthy of research. His death has affected me and somewhat paradoxically I believe it has made me extremely tolerant of individual choice. Over time, I felt sufficiently distanced from my friend's death; nonetheless I was ever mindful of difficult emotions surfacing during the process of research. In contrast to my friend's experience and those of my work, the participants interviewed in this study exhibited regulated drinking behaviour, and the two whose drinking had caused some health problems had quickly reduced their alcohol intake. I believe my experience has made me extremely balanced in my outlook and

I have been particularly inspired by Bandura's belief (2006) that given the right conditions, individuals have the capacity to adapt, change and influence their own future.

Embarking on this research, I genuinely had no idea what I was going to find. At times I have been astounded by participants' responses to the interview questions. Listening, re-listening, reading, re-reading participants' accounts made me realise how privileged I was to have such extraordinary individuals to interview. Moreover, I was genuinely astonished by the polysemic meanings that participants attributed to the nature of alcohol.

In critically reflecting on my findings, I believe that grounded theory from a constructivist perspective allowed me to stay loyal to my epistemological standpoint. It enabled me to represent the meanings the participants expressed, whilst recognising that my personal history and experience inevitably affected the way I perceived their narratives. Indeed the choice of interview questions were borne out of my professional and personal interest. I would find it difficult to imagine how a quantitative study could have illustrated the mechanisms which emerged from the data. An illustration would be the Tipping Point as this arose from expansive comments from participants when describing their subjective experiences of alcohol and not as a response to a pre-conceived questionnaire or hypothesis. Quantitative research methods would not have been compatible with the research aims of the study, therefore I feel able to defend my philosophical approach.

In drawing this study to a close, I am minded of the benefit of hindsight. What I might have done differently would have been to worry much less about not knowing. As I embarked on each chapter, I had to remind myself that constructing the theory was dependent on the state of not knowing. Indeed, I had to discipline myself to accept and embrace the discomfort that ambiguity can confer. Over time, I began to enjoy the development of knowledge which was grounded in the data, constructed through the narratives of the participants and interpreted through my perspective which was mine and mine alone.

As I conclude this portfolio I recall the words of John Milton: "so tomorrow to fresh woods and pastures new". (Milton, 1637, Lycidas, line 192). Thinking of my future goals, I wonder if they might involve a detailed examination of the Tipping Point.

Finally, this portfolio ends with optimism, anticipation and excitement. Cheers!

Chapter Word Count: 11,027

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Appendix 1.

DSM IV-TR definition of alcohol abuse is as follows:

DSM IV-TR (2000) criteria for Alcohol Abuse are illustrated in Box 1:

Box 1: **DSM IV-TR criteria for Alcohol Abuse**

A: A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (eg, repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
2) recurrent substance use in situations in which it is physically hazardous (eg, driving an automobile or operating a machine when impaired by substance use)
3) recurrent substance-related legal problems (eg, arrests for substance-related disorderly conduct)
4) continued substance use despite having persistent or recurrent social or inter-personal problems caused or exacerbated by the effects of the substance (eg, arguments with spouse about consequences of intoxication, physical fights)

B: The symptoms have never met the criteria for Substance Dependence for this class of substance.

Appendix 1 Continued

Criteria for Substance Dependence, (DSM IV-TR, 2000) are illustrated in Box 2:

Box 2: **DSM IV-TR criteria for Alcohol Dependence**

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1) tolerance, as defined by either of the following:

    a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect
    b) marked diminished effect with continued use of the same amount of alcohol

2) withdrawal, as manifested by either of the following:

    a) the characteristic withdrawal syndrome for alcohol
    b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

3) alcohol is often taken in larger amounts or over a longer period than was intended
4) there is a persistent desire or unsuccessful efforts to cut down or control alcohol use
5) a great deal of time is spent in activities necessary to obtain alcohol, use of alcohol, or recover from its effects
6) important social, occupational, or recreational activities are given up or reduced because of substance use
7) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (eg, continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Appendix 1 Continued

Diagnostic Criteria for Alcohol Withdrawal, (DSM IV-TR, 2000) are illustrated in Box 3

Box 3: **DSM IV-TR criteria for Alcohol Withdrawal**

A: Cessation of (or reduction in) alcohol use that has been heavy and prolonged.

B: Two (or more) of the following, developing within several hours to a few days after Criteria A:

1) autonomic hyperactivity (eg sweating or pulse greater than 100)
2) increased hand tremor
3) insomnia
4) nausea or vomiting
5) transient visual, tactile, or auditory hallucinations or illusions
6) psychomotor agitation
7) anxiety
8) grand mal seizures

C: The symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D: The symptoms are not due to a general medical condition and are not better accounted for any another mental disorder.

Appendix 2

Jane McNeill
67 Corsica Street
London N5 1JT
Telephone: 07798 625850
Email: janemcneill1@yahoo.co.uk

Date:

Doctoral Research Thesis on: how do British-born professional men experience alcohol?

Dear

Following our conversation, I confirm that I am looking to recruit twelve participants for the above study. My research interest is regarding the role alcohol plays in men's lives and is specifically looking at the role of alcohol in men aged between 40 and 50 and working in professional employment. This study is investigating alcohol use as a whole, and is in no way limited to those who fall into the category of heavy drinkers. Indeed as long as participants drink at a minimum of once per week, they would meet the necessary criteria.

I would be most grateful should you feel able to recommend participants. Participants would need to feel able to devote one and a half hours interview time which could be scheduled at a location convenient to them. All participants will be guaranteed full anonymity and at no point will their name be used in the study. I also confirm that all participants will be fully briefed as to the aims and scientific justification for the study and following the interview will be fully debriefed.

As a psychologist researcher I confirm that I abide by Ethical Principles of conducting Research with Human Subjects set out by the British Psychological Society (2004). Should any participant agree to participate in the study and then at a later decide they wish to withdraw, they may do so at no prejudice to themselves.

Please do not hesitate to give my contact details to those you feel would be able to participate in this study. I am also attaching an information sheet for potential participants. I look forward to hearing from you in due course.

With very best regards

Jane McNeill
Doctorate Student – Counselling Psychology, City University, London.

Appendix 3
Information Sheet for Participants

Research Thesis

How do professional men experience alcohol?

Aims of the Study

- To investigate professional men's experiences of alcohol
- To understand how men define their relationship with alcohol
- To gain insight into the psychological, cultural and social reasons for drinking alcohol
- To identify any changes in drinking patterns which may occur across the age cohort
- To fill the gap in the literature

Procedure

- Consent form and explanation of the Research Aims, Procedure and Potential Risks associated with the research.

- Pre-Interview questionnaire consisting of questions relating to background information and a brief overview of alcohol use.

- Semi-structured interview lasting approximately one hour consisting of exploratory questions about the role of alcohol.

Possible Risks of the Research

Should you have any questions or require any information relating to the issues raised by the study, please do not hesitate to let the researcher know. Likewise, should any of the material in the study cause you any concern, please feel free to discuss this at any time either the researcher of supervisor. Details are provided below. As stated on the Consent Form, should you at any point in the research process wish to withdraw from the study, you are at liberty to do so and you will in no way be compromised.

Jane McNeill
Researcher
07798625850
janemcneill1@yahoo.co.uk

Dr Elizabeth Mann
Supervisor
City University
elizabeth.mann@btinternet.com

For your information, contact details of useful organisations are provided below:

http://www.drinkaware.co.uk/
http://www.alcoholconcern.org.uk/
http://www.nta.nhs.uk/
http://www.alcoholics-anonymous.org.uk/ Telephone: 0207 833 0022
http://www.samaritans.org.uk/ Telephone: 0845 790 9090

Appendix 4

Consent Form – How do Professional Men experience Alcohol?

Confidentiality Agreement on the use of Audio Tapes

This agreement is written to clarify the confidentiality conditions of the use of audio tapes by Jane McNeill for the purposes of psychological research.

The participant gives Jane McNeill permission to tape the session on condition that:

- the permission may be withdrawn at any time
- they are used solely for research analysis by Jane McNeill
- the tapes will not be heard by any person other than Jane McNeill unless shared in confidence with the Research Supervisor or Dpsych Examiner
- the tapes will be stored under secure conditions and destroyed at the appropriate conclusion of their use
- this agreement is subject to the current Code of Conduct and Ethical Principles of the British Psychological Society and adherence to the law of the land in every respect.

I have read and understood the above conditions and agree to their implementation.

Signed (Research Participant) **Date**

Name (in Capitals)

Signed (Psychologist) **Date**

Name (in Capitals)

Appendix 5

Consent Form – How do Professional Men experience Alcohol?

I consent to participate in the research project: How do Professional Men experience Alcohol? This research conducted by Jane McNeill, a trainee counselling psychologist in the Department of Psychology, City University, London, and supervised by Dr Elizabeth Mann, City University, London. The research will be conducted in all respects according to the Code of Ethics and Conduct of the British Psychological Society (March, 2006).

I understand the only requirement will be for me to attend an interview session and fill in a questionnaire which together will take approximately one hour.

I understand that the results of this research will be coded in such a manner that my identity will not be attached to the information I contribute. The key listing my identity and code number will be kept securely and separate from the research data in a locked file and will be destroyed when the research is completed. In addition, I understand that the purpose of the research is to examine groups of people and not one particular individual.

This research project is expected to provide further information on the use of alcohol, which will increase our understanding of the psychology of drinking.

I understand that the results of this research may be published in psychological journals or otherwise reported scientific bodies, but that I will not be identified in any such publication or report.

I understand my participation is voluntary, that there is no penalty for refusal to participate and that I am free to withdraw my consent and discontinue participation at any time.

I understand that this project is not expected to involve any risks of harm any greater than those involved in daily life, and that all possible safeguards will be taken to minimise any potential risks.

If I have any questions about any procedure in this project, I understand that I may contact the researcher at: janemcneill1@yahoo.co.uk

Signed (Participant) Date

Name (In Capitals)

Signed (Researcher) Date

Appendix 6
(For Researcher) **Participant Ref:_____**

Date of Interview:_____

Pre-Questionnaire

Before the taped interview, please take a few minutes to fill in this short questionnaire about yourself.

Age:

Date of Birth:

Gender:

Ethnicity:

Sexuality:

Profession:

Salary: (please tick) Below & inc £52,000 per annum Above £52,000 per annum

Highest Academic Award and Professional Qualifications:
(ie GCSE's/O Levels; A Levels; BA/BSc; Masters; Doctorate; Professional Qualifications, Other)

Religion:

Preferred Newspaper:

In an average week, approximately how many days do you have an alcoholic drink: (please circle)

1 2 3 4 5 6 7

On the days that you drink, approximately how many units of alcohol do you tend to drink?

1x175ml glass of wine: approx 2 units;
1x750 ml bottle of wine: approx 9 units;
1xpint of normal strength lager approx 2 units;
1xshot of spirits: approx 1 unit;
1x750ml bottle of spirits: approx 26 units.

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
No. of Units							

On a particularly heavy drinking day, what might be the greatest number of units you might drink?

On a particularly heavy drinking week, how many units might you drink?

Appendix 7

Semi-Structured Interview

1. Could you tell me a bit about what alcohol means to you?

2. Can you remember approximately when you had your first significant drinking experience?

   - Prompts: what was it like, where, when, with whom

3. And what about now, what would you say the role of alcohol is in your life today?

4. And on the occasions that you might have a drink, are there any reasons that might come to mind?

   - Prompts: are there any differences between different types of occasions
   - What might they be, are there any different outcomes?

5. How would you describe yourself in relation to alcohol? Is there are descriptive term that comes to mind?

   - Prompts: how would you say you understand alcohol?

6. What is drinking like for you?

   - Prompts: how do you feel when you're drinking?
   - Are there any times when you feel you drink less alcohol?
   - Are there any times when you feel you drink more alcohol?

7. What would you call drinking excessively?

   - Prompts: how do people behave, what do you call excessive drinkers
   - What do you know about treatment options?

8. Have you ever been in any way concerned about your drinking?

   - Prompts: if you thought you might have a problem, what might you do?
   - Have you ever been concerned about anyone else's drinking?

9. What would it be like for you if you had to give up alcohol?

   - Prompts: if for any reason you were unable to drink alcohol, what would that be like for you?

10. Thinking about emotions for a minute, are you aware of any differences in the way you experience emotions when you're drinking alcohol?

11. How do you envisage your alcohol-use going forward?

    - Prompts: thinking about the future, in 10 years time?

12. Is there any that you might not have thought about before that has occurred to you during the interview?

13. Is there anything else you think I should know in order to understand the role alcohol plays in your life?

14. Is there anything you would like to ask me?

Thank you so much.

Appendix 8

Coding Process for Positive Benefits of Drinking Alcohol, Pro's, Positive Consequences, Positive Effects, Quality, Emotions: THE BENEFITS

After Clustering of Positive Concepts: Raising Positive Consequences to Category 2: The Benefits – participants' accounts of the benefits of alcohol

Initial Coding **Meaning of Alcohol** **Positive comments about alcohol:**	**Raising Focussed Codes:** **Positive Benefits:** **Motivations for Drinking: Enhancing:** **Enhancing Social:** Events, Friendship, Bonding, Social Network, Conviviality **Enhancing Emotions:** Pleasure, Fun, Enjoyment, Euphoria, Luxurious, buzz **Enhancing Relaxation:**unwind, relax, de-stress **Enhancing Food:** Digestion, Taste **Enhancing Health:** Good beer
Rewarding p1	Coping, pleasure
Feeling Euphoric p1	Enhancing emotions
Feeling luxurious p1	Enhancing pleasure
Enjoying p2	Enhancing
Enjoying the Quality p3	Enhancing pleasure
Sloughing off the dust p1	Enhancing pleasure, coping
Getting comfortable p3	Relaxing, pleasure
Relaxing p4	Relaxing, pleasure
Feeling safe p5	Relaxing, pleasure
Feeling comfortable p5	Relaxing, pleasure
Enjoying occasions with alcohol p6	Enhancing events
Enjoying the taste p7	Enhancing taste
Enjoying alcohol with food p6	Enhancing food
Pleasurable drinking p8	Enhancing social events
Enjoying the buzz p2	Enhancing social events
Making occasions more special p6	Enhancing social events
Conviviality p3	Enhancing social
Funny p10	Enhancing fun
Buying from specialist suppliers p3/p11	Enabling pleasurable hobby
Camaraderie p5	Enhancing social events, friendship
Enhancing digestion p3	Enhancing digestion
Having a good time p9	Enhancing social
Conviviality untouchable p6	Enhancing social
Helping relaxation p10	Enhancing relaxation
Alleviating tiredness p4	Acting as pick me up
Fantastic feeling p8	Enhancing emotions
Hilarious things happening with alcohol p6	Enhancing social events
	Enhancing social events
Pleasures of social drinking p7	Enhancing friendship
Sharing p5	Enhancing friendship
Alcohol as a totem of friendship p5	Enhancing social events
Involved in key events p6	Enhancing health
Good beer healthy p6/p9	Enhancing social and friendships
Giving friendship a common purpose p6	Enhancing social events
Social facilitator p2	Enhancing social network
Enabling a social network p11	Pubs providing social role
Enjoying pubs for socialising p6	Enhancing enjoyment
Keeping the fun going p12	Enhancing bonding
Assisting conversations p2	Enhancing bonding
Holding people together p12	Enhancing bonding

Giving friendship a common purpose p6	Enhancing bonding
Unifying p5	Enhancing social
Getting giggly, louder and funnier p2	Enhancing social
Having fun p12	Enhancing relaxation
Allowing decompression p2	Enhancing social
Social lubricant p7	Enhancing social
Enhancing bonhomie p3	Enhancing social
Alcohol enhancing the atmosphere p4	Enhancing social
Alcohol as a stimulus p4	Enhancing social
Liberating conversation p5	Enhancing relaxation
Drinking to unwind p8	Enhancing pleasure
Enabling contemplation p6	Enhancing social
Making great events happen p6	Enhancing relaxation
Taking the edge off p11	Enhancing relaxation
Distraction p12	

Initial Coding – if there was no alcohol	**Raising Focussed Codes: What it would be like not to drink alcohol, if there was no alcohol: Highlighting Benefits**
	What would individuals miss: Differences without alcohol: **Social:** less fun, more boring, miss camaraderie, miss specialness **Emotions:** less liberated, disappointed, rueful, reluctant, more separate – not minding **Food:** less enjoyable **Balance:** would rather drink moderately and not give up **Variation:** Mind to not mind; Even moderate drinkers would miss others drinking for the atmosphere
Events would be more boring p12	Alcohol making events more fun
Spending less time together p6	Alcohol being a social bond
Would you bother to stay at social events for so long? p8	Alcohol being a social bond
Events can be really boring p2	Alcohol making events more fun
Would feel more inhibited p2	Alcohol liberating
Would miss it p8	Missing alcohol
Would be upset, miss camaraderie p3	Missing the pleasures
Would feel more separate p2	Missing the bond
Miss alcohol with food p3	Missing alcohol with food
Would feel desperate but want to see grandchildren p4	Would miss it but other things more imp
Have to be confident to say no p10	High-self efficacy beliefs
Life would be sad without alcohol p4	Missing the pleasures
Might be boring but a challenge p5	Missing the pleasure but a challenge
Would be disappointed but not the end of the world, pleasure not essential p8	Missing the pleasure but not essential
Not mind at all p10	Not a problem
Would miss the specialness of opening a bottle of champagne at an occasion p8	Missing the specialness – cultural
Would be rueful and reluctant p9	Missing the pleasures
Don't like giving things up, would rather be measured p12	Missing the pleasures, prefer to be measured Self efficacy beliefs

Initial Coding – Alcohol and Emotions	**Raising Focussed Codes: Alcohol and Emotions:** **Changing Mood State:** Enhancing, liberating – variation – suppressing **Enhancing Moods:** euphoria, expressive, making less shy, enjoyment on spectrum to violent **Depressing Moods:** tired, quiet **Personality Variables:** high extravert – low extravert
Feeling Euphoric p1	Changing mood state
Making people less inhibited p2	Alcohol liberating mood
Feeling more expressive p3	Alcohol enhancing mood
Alcohol suppressing emotions p5	Alcohol suppressing mood
Alcohol feeling fantastic, fun p6	Alcohol liberating mood
Alcohol making more exuberant p4	Alcohol enhancing mood
Alcohol making tired p10	Alcohol suppressing mood
Welsh rugby players: emotional and violent when drinking p4	Alcohol liberating mood and violence
Becoming quiet when drinking p2	Alcohol suppressing mood
Emotions overwhelming positive when drinking p6	Alcohol enhancing mood
As an introvert, makes social events easier p11	Alcohol making less shy

Initial Coding – Pleasures of Alcohol Quality	**Raising Focussed Codes:** **Quality and Expense:** **Quality a pleasure for majority, connecting with self-regulation, class, culture, age and maturing attitude to alcohol – Change**
Quality more important than quantity p3	Partly about self-regulation: drinking less so it's got to be good
Not interested in fine wines p4	Quality important
If beer, got to be good bitter p6	Quality important
Never drinking cheap alcohol p2	Quality important
Nice glass of claret p1	Quality important
Emphasis on quality p3	Quality not important, fun more imp
Not about expense, it's the fun p4	Quality not important
More than £10 a bottle poncey p4	Quality important
Has to be nice p9	Quality important esp for specialness
Quality making an event more special p8	Quality important
Loving good quality whisky in moderation p12	Quality important – drinking less
Quality being important because drinking less p11	

Appendix 9

Excerpt from Research Diary

November 1st, 2010
Spent today going back through Participant 1. Recording memos on emerging categories. Trying to capture everything, stepping right back and allowing the process to unfold. Constantly asking what's going on here; what are the conditions, actions/interactions, how do they feel when engaged with it, and then what are the consequences of their actions/interactions.

Very interested at keeping process at the forefront: time trajectory: early drinking experiences; teenage drinking; developing relationship with alcohol; when, where, with whom, how what is going on with drinking; how does it fit with their lives? Does it change – if so, how, what are the consequences?

November 8th, 2010
OK, so today I checked my very tentative memos and looked again at Participant 2. Began to add to the original memos and came up with quite a few more. Concepts that seem to be emerging are:

- Assessing
- Learning
- Evaluating benefits
- Talking about negative consequences of drinking
- Balancing benefits with negative
- Lots on control and regulating intake
- Coping
- Enjoying
- Regretting – particularly in relation to relatives who had died
- Worrying
- Something about denial?
- Contemplating
- Missing alcohol if there was none, not just in relation to self, but as a social lubricant for others even if self not drinking

Contemplating – that's what I'm doing! Step back, and reflect! Don't rush the process. Ooh, lots on changes over the age cohort: differences in drinking from student days, through now to having a family. Also, importance of looking good in front of staff as boss. Thinking about age trajectory, and changes in drinking. Major emotion today was regret about loss of relatives tinged with personal belief in libertarianism. Very interesting. Very much explored what life would be like without alcohol. Feel satisfied about a little bit of exploration on this issue here (thinking about future theoretical saturation, obviously early days!)

December 2nd, 2010
Started to check through coding, and began to add Participant 3. Going backwards and forwards between codes, and highly tentative memos on about 40 concepts. Found it very helpful and could see how some are going to become much larger concepts, which probably will need sub-dividing into different sub-categories, particularly "enjoyment". That's beginning to already have so many properties. Worked all through today and feeling I'm making some progress. Important to keep hold of stepping back. Could definitely see myself wondering about denial, and really asking myself was that me thinking

this person might have a drink problem, or is it them. "What people say isn't always what they think" – Deutscher et al, (1993) Deutsche L, Pestello R & Pestello HF: Sentiments and Acts, NH: Aldine de Gruyter. Very important to respect the participants, but also question what they are saying alongside their meaning.

December 4th, 2010

As interviews are coded, am now adding them to tentative memos – trying not to push myself to see a model evolving, but very tempting! Definitely something about learning, about independence, alcohol as a marker for adolescents to grow up, rites of passage sort of thing. Try to keep stepping back, don't get too stressed. Had a couple of really lovely responses from two participants to whom I sent the transcripts. Really nice and added some helpful comments. I felt very touched that they responded. All in all, a good day's work!

Think about the individual's evolving self-concept being entwined with the relationship with alcohol.

December 5th, 2010

Interviewed new participant – thought about theoretical sampling, in particular about emerging category that was about change through the age trajectory. Not my most forthcoming participant unfortunately, but c'est la vie! Interesting though how he also talked about teenage experiences and comparing them with now, and how he also had a very real sense of what might constitute a change in his drinking habits because his friend dying of liver failure, having known him since school, and also how having children had a big impact on going to the pub after work, now no longer able to, both he and wife work, money was tighter then, now children older but still not very interested in drinking other than relaxing with wife and a bottle of wine watching a film – so actually, hugely helpful narrative. Need to transcribe, but will do the "stepping back" and seeing what comes out.

December 10th, 2010

Very interesting – definitely starting to think about lots of continuum – having always had a problem putting things in boxes, seeing how much not only connects with each other, but kind of in an evolving sort of way is on a spectrum. In particular, having thought in terms of "good things about alcohol, or positive consequences of drinking alcohol" and "bad things about alcohol, or negative consequences of drinking alcohol" I'm beginning to see that it might sit on a linear curve where as the alcohol intake begins to rise, negative consequences are brought to bear – what about that!

December 14th, 2010

Having interviewed another participant, thinking about his assertion that alcohol is like Jeckyll and Hyde – how interesting is that! I couldn't believe he said that – his interview was amazing, loads of stuff about control, being in or being out of control, that is the question – what an extraordinary guy! How am I going to fit all this together? By keeping calm, transcribing, thinking about tipping over from the good into the bad, how and why does that happen, thinking about Strauss and Corbin's axial coding paradigm: what are the

consequences, what's happening here – well, from this latest participant's account, what seems to be happening is that in his youth, alcohol was fun, exciting. His parents drank socially, fun and convivial. Went to university, not much about that, pivotal event when he was unable to pick daughter up from a party late at night because he knew he was over the limit – wife did instead, but this stayed with him because he realised that on one level he was unable to be completely control – this caused him to think about what it might be like to be the Prime Minister and in particular, he had just read the book by Tony Blair where he asserted that his drinking had increased when he was PM – how if you're PM you have got to be in control because an Admiral at any point could ring you up and say they're dropping a bomb – anyway, much amusement at his account, but nonetheless, important point – being in control acting is a point beyond which one needs not to go. Thinking about all those things acting as moderating influences: ie having children, needing to be in control (for what – well, job, and I suspect, having goals and things you need to do)

Which leads to the opposite effect, if you don't have a daughter to pick up, if you don't need for any reason to be in control, say, if you don't have a job, if you don't have any of these moderating variables, then are you liberated to just get drunk? Does it work like that – probably not, but anyway, interesting to explore.

So, where were we – OK, right: early drinking days, exciting, fun, daring; developing independence, becoming an adult; needing to be in control because of work, children, pivotal events like not being able to pick up daughter, reflection, enjoying alcohol for different reasons, celebrating, at the end of the day, alcohol playing an important part at key events, not liking people behaving poorly and drinking too much, not having friends who drink excessively because it's unpleasant and boring. Wanting to pass on positive messages about alcohol to his own children by modelling and explaining the dangers as did his own father. Wanting to be in control, but wanting to enjoy alcohol – balancing the pleasures with the negative effects – using strategies such as only drinking in the evening, always drinking with food, not wanting too much of it, having a month off for Lent every year as a test to check about dependency. So if I begin to think about how this all fits together – balance, learning, control, change – change from teenager to adult, what's causing the changes: possibly growing older, developing into an adult, responsibilities, having children, relationships, work – how he sees his career, wanting to enjoy life, wanting to be fit and healthy, what does he want out of life – to see his children well, to do well, to enjoy life – enjoy the popping of a bottle of champagne at a special event.

So it's about a developing relationship with alcohol where there is a sense of perspective, balancing the good with the bad, noticing when things go wrong, keeping in control, adapting to the changes that are part and parcel of maturing – what about maturing – is maturing, ie being responsible, maturing attitude, is it something to do with men maturing into adults, being able to keep it all going by having a mature attitude and relationship to alcohol? Exhausted – will come back to this – there's so much being said, so much to fit in, bit overwhelming really.

December 18th, 2010

Having thought and checked back through all the participants about this idea of participants getting older, and their relationship with alcohol changing – not surprising really as basically if you behaved like a teenager in your 40's that would be pretty bizarre, but beginning to feel very interested in the idea of stages – when you're a teenager, developing as an adult, establishing an identity – thought about Erikson's stages of development. Went to interview major academic and was feeling rather nervous and feeling just a touch flustered arriving at his workplace – such an interesting man – anyway, without me asking anything in particular, so, just with the first question (which I have to say really is a good starter to get people opening up, thinking and exploring) – anyway – he basically did this whole dialogue about independence, growing up, making new friends, away from school, family etc. All about developing his adult identity! Then, literally, a whole bit about the changes he'd gone through because of meeting his wife who didn't like pubs, and now he's got children and because he's away a lot for work, he doesn't like putting her under pressure to do all the childcare – amazing, and also, what a nice man! Lots of on control, and quite ritualised drinking habits, relaxing, reward after a long day.

I do feel like I'm really starting to make some proper head-way on the theoretical sampling front – I want to really carefully check back through the earlier interviews, get a bit of a bird's eye view on where this is going, and have I missed anything, or do I need to further build on some categories that might have been given less prominence? Looking at my table of post-it notes I have to say, it still needs some work but I believe if I think about it from a macro – Strauss and Corbin's Conditional/Consequential matrix, it would be really interesting to look at it from the outside in, as well as the inside out:

Outside in would be coming from a perspective of the culture, societal, class, gender perspective that we are embedded in – thinking about the changes over the last 30 – 40 years for these participants, indeed the changes their parents went through which whose perspectives are alive in the accounts of the participants – ie evidence of post World-War II values.

Inside-out: from a micro perspective, the changes that the participants go through as a result of growing older, maturing; plus the changes the participants go through as a result of careers, family, health.
More individual variations due to personality variables, importance of future goals.

What do participants need in order to be able to adjust to change and indeed balance their relationship with alcohol: high levels of self-efficacy, strong sense of identity – ie self-concept, ability to self-regulate their alcohol use, resilience.

I am strangely rather enjoying this – how I'm going to be able to show this diagramatically is going to be a challenge – there's the stages of development (teenager to adulthood), there's the changes in culture, then there's balancing the relationship from the good effects of alcohol through to the negative effects, sitting on the tipping point. Then there's what individuals need to be able to balance all of this – needing to be able to embrace change through the maturing years, through changes in life, work, relationships etc, monitoring their health. If they don't manage this, then do they descend down to the darker side – Dante's Inferno!

December 20th, 2010

Finding it really difficult to make any visual sense of this although it's beginning to make some sort of narrative sense. Fiddling around with drawings, but actually finding it easier to keep going with a narrative. Trying really hard not to think in boxes and remaining outside the box. What about Corbin and Strauss' conditional/consequential matrix. OK, starting on alcohol in the centre, following with gender, socio-cultural context, change, growing older, balancing the good and the bad aspects of alcohol. Starting to think that might be feasible. Where's the Tipping Point. Sitting in the middle, acting as a balance? Go for a run. OK, back and thinking about appraising. What about appraising the positive and the negative aspects of alcohol? OK, check back through the narratives. Focus on the content of the narratives.

December 21st, 2010

Spent absolutely all day looking at the coding, focussed codes and thinking about axial coding – not sure about this – re-read Kathy Charmaz, Kathy Charmaz in Jonathan Smith book, plus Carla's chapter in her book – really helpful about how I'm looking at the process – makes sense in terms of the development aspect of the experience: I still want to explain it in terms of stages through which participants travel – how their childhood sets the tone, plus their early drinking experiences, learning about identify; then the period through which they experience a lot of change: marriage, work, children if have children, growing older, noticing changes in physiology, changes in others, events and factors which motivate them towards controlling their drinking ie the tipping point. How am I going to describe all this?

How do men experience alcohol? So far, not one of them want to fall off the cliff edge

How do they regulate their alcohol use? How do they learn to control alcohol? What factors motivate men to control their drinking? How does this process occur?

So far, I think it involves men experimenting with alcohol in their teens, being aware of their family's drinking culture, being aware of the culture at large; gradually learning about where the limits lie (the tipping point), learning about managing to stay on the right side of the tipping point, how they manage to stay on the right side of the tipping point; and then settling into a place of cautious understanding about alcohol. Ups and downs along the way, some experiencing problems, others aware of others experiencing problems, but gently watching, experiencing and learning over the lifespan.

So, basically, how do men experience alcohol up to the age of 50? I'm using Grounded Theory because of the developmental nature of the relationship with alcohol which is evolving through the lifespan. So what are the factors that occur that in the development of the experience of alcohol? The Search for the Tipping Point? The search for the Holy Grail?

Appendix 10

Communication with Participants after interview: by email

Dear xxxxxxxx

Thank you so much for spending the time with me on xxxxxxxx. As I mentioned when we met, I am attaching a transcript of the interview as recorded. The account is verbatim and nothing has been added or deleted other than any facts or information that could potentially identify you or anyone you might have mentioned during the course of the interview. Please let me know if there is anything in the transcript that you would prefer to be deleted. As I mentioned in the interview, I will be interviewing a number of participants, so I am using your data alongside that of others' in the analysis.

It would also be extremely helpful if you could let me know any thoughts or observations you might have had after the interview or anything that might have come to light that you might like me to add.

Again, thank you so much for your time. If you would like a copy of the findings I would be delighted to send you a copy. It might be a while yet!

Thank you very much again, I know your time is very precious,

Very best regards, Jane McNeill

Actually I wanted to thank you for the interview and sending me the transcript. I have to say, it was rather poignant to read, and I actually found myself rather cringing reading the bit about my early drinking.

Yes, to answer your question is there anything more to add, I would say that it was extremely illuminating to have the opportunity to discuss alcohol per se. It's not anything I've genuinely spent that amount of time verbalising or even discussing before, so I found it rather helpful in thinking through something I take entirely for granted. I am going to monitor my drinking more closely - I had been considering two days drinking off a week, as my wife has been informing me I should!

There's nothing I feel strongly that you should take out of the account, I feel sufficiently comfortable about the confidentiality aspect of all this.

Let me know if there's anything else that might be helpful, and good luck with the research, I would be fascinated to hear about your findings.

No problem – I actually really enjoyed it. Reading the transcript reminded me of how torn I felt when I realised xxxxxxxxx was an alcoholic. The transcript's fine, nothing I would insist needs changing. If there's anything I could change it would be education – that really stands out to me. I've already had a bit of a chat with my kids about all this, so thanks, it was really good.

I hope it goes well, I've told my colleagues about it, so hopefully you should get a couple of contacts from them,

All the best

Thanks for sending me this. I had no idea we had spoken for so long! It was extremely interesting to read, particularly for how long alcohol has been part of my life. No, nothing I feel particularly strongly that it should be taken out. Anything to add – not really, interesting though how much pleasure I can get out of a nice glass of wine.

Definitely send me a copy of the findings, I will be in touch about this. I'm in contact with xxxxxxxx and they would be keen to hear about this in regards to policy.

Thanks Jane, really enjoyed meeting up. I hope you managed to get in touch with xxxxxx, great guy and should have an interesting take on your topic. Transcript looks great, enjoyed it. Delighted for you to use as is. To add, I'd just say, work hard, play hard, that's me and probably a lot of my colleagues. Would like a copy when it's done, best xxxxxxx

Dear Jane, thank you for sending a copy of the transcript, I'm happy for you to use it as is. I've been giving some thought to our interview and have found myself realising just how often drinking can be required at work functions. As I mentioned, some time ago, I changed lunchtime meetings to breakfast meetings when possible, and I have found that extremely helpful. It's interesting how difficult that can be though when liaising with other peoples' diaries. I would be keen to hear about how other professionals manage drinking in the workplace. Do let me know if you find out anything particularly pertinent to this point.

All the best with your research and I look forward very much to hearing about your findings when you get it all finished, xxxxxx

Thanks Jane, really interesting reading the transcript. It all looks completely fine for me, obviously as long as there is no possibility of anyone I mentioned in it being identifiable which clearly they are to me whilst reading it, but I can see how they wont be to anyone else. The interview had quite an impact on me actually, I've been talking a lot to my wife about the problems I mentioned, and we're beginning to make some headway, slow, but all the same, some progress, even if it's just talking about it. Let me know how you get on and thanks for having my comments in your study, very best regards, xxxxxx

Hi Jane, it was good to meet you. Thanks for that – looks fine by me, no need to change anything. If you want to add something, I would say that thinking about it, for me just getting older it's really not much fun to have too much to drink, especially now I've got problems with (chronic non-alcohol related health problem). Let me know if you need any further comments, xxxxx

Appendix 11

Participant Demographic Information

Participant	Age	Sexuality and marital status	Stated religion	Profession	Highest professional award	Average number of days drinking per week	Average units per drinking day	Average weekly units	Partic. heavy drinking day	Partic. heavy drinking week	Brief description of role & meaning of alcohol	Personal description in relation to alcohol
Participant 1 Arthur	50	Hetero Divorced Remarried	CofE	CEO	Masters	6	6	36	9	50	End of day, getting comfortable, relaxing	Friendly towards alcohol
Participant 2 Bill	49	Hetero Married	None	CFO Auditor	BA hons Accountancy qualification	2	4	8	10	16	Social lubricant social with food	Take it or leave it
Participant 3 Charles	49	Hetero Married	Lapsed Catholic	Senior Civil Servant	BA hons	6	5	30	12	40	Relaxation enjoyment conviviality alcohol & food	Sociable towards alcohol
Participant 4 Douglas	48	Hetero Married	CofE	CEO Investment Banker	BSc hons Banking qualification	5	6	36	18	75	Good time relaxation alleviating tiredness	Heavy happy drinker
Participant 5 Edward	50	Hetero Married	Agnostic	MD	Masters	3	6	18	14	27	Relaxation sharing reward totem of friendship	Casual user
Participant 6 Francis	40	Hetero Married	Christian	Senior Partner Architect	Masters	4	9	30	20	50	Social glue creating great events Fun not relaxing	Asset to life Positive relationship to be kept in perspective
Participant 7 George	48	Hetero Divorced Remarried	Christian	CEO Real Estate	BA hons	7	4	28	16	28	Social relaxant part of life but not integral	I like it
Participant 8 Henry	50	Hetero Married	CofE	Senior Partner Legal	Masters	7	3	23	8	25	Alcohol as a reward, although has a dangerous quality	I enjoy it Alcohol is a human and cultural thing
Participant 9 Ian	48	Hetero Married	None	Academic	Phd	7	4	28	8	40	Fundamentally social End of the day	Well disposed towards it Beer drinker
Participant 10 James	47	Gay Partner	None	Musician Performer	BA hons	2	3	6	8	14	Social drinking relaxing	Features but is not essential
Participant 11 Ken	43	Hertero Partner	CofE	Director Media	BA hons	5	7	28	20	50	Social, work, food, collecting fine wine	Every bottle of wine an awareness of the dangers of alcohol
Participant 12 Laurence	46	Hetero Married	None	Politician	BA hons	6	4	18	9	30	Relaxation, conviviality & distraction	A cautious friend

Appendix 12

Memo – The Main Story, 08.01.11

What about the relationship with alcohol being on a curve: the pleasures, then rising to the tipping point, and beyond that, tipping down into the dark side?

Throughout the analysis, there is evidence of changes in self (moderating influences), changes in cultural drinking practices

Stages: early drinking where alcohol is characterised by excitement, daring, becoming independent of the family whilst dependent on the cultural drinking practices of the home, there could be lots here on learning

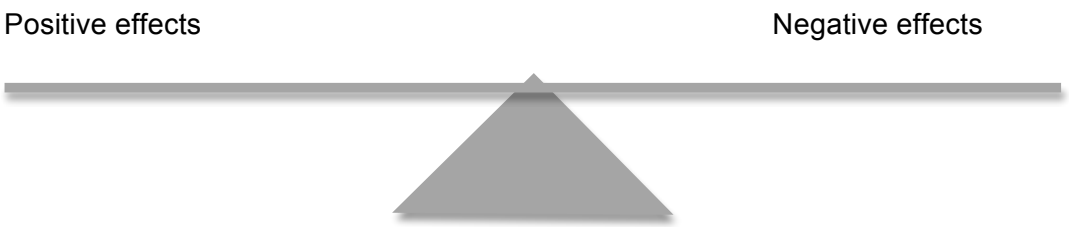
Stage 1 Early learning about setting boundaries, experience of tipping points

Stage 2 Being independent, incorporating change, re-appraisal, adapting, adjusting through a process of maturation

Stage 3 Now, taking stock, balancing; strategies for regulating alcohol use

Memo – The Main Story, 09.01.11

I'm starting to think that PLEASURE OR BENEFITS sits on a continuum alongside PAIN, OR NEGATIVE EFFECTS with something like the TIPPING POINT midway



With the fulcrum as the Tipping Point

On the positive side: luxury, pleasure, quality

In the middle: balancing the positive and negative, strategies to stay on the positive side: tests, regulation strategies, moderating alcohol intake; tipping points in self, noticing tipping points in others,

On the negative side: going too far, what happens, poor behaviour either in self, others, negative effects

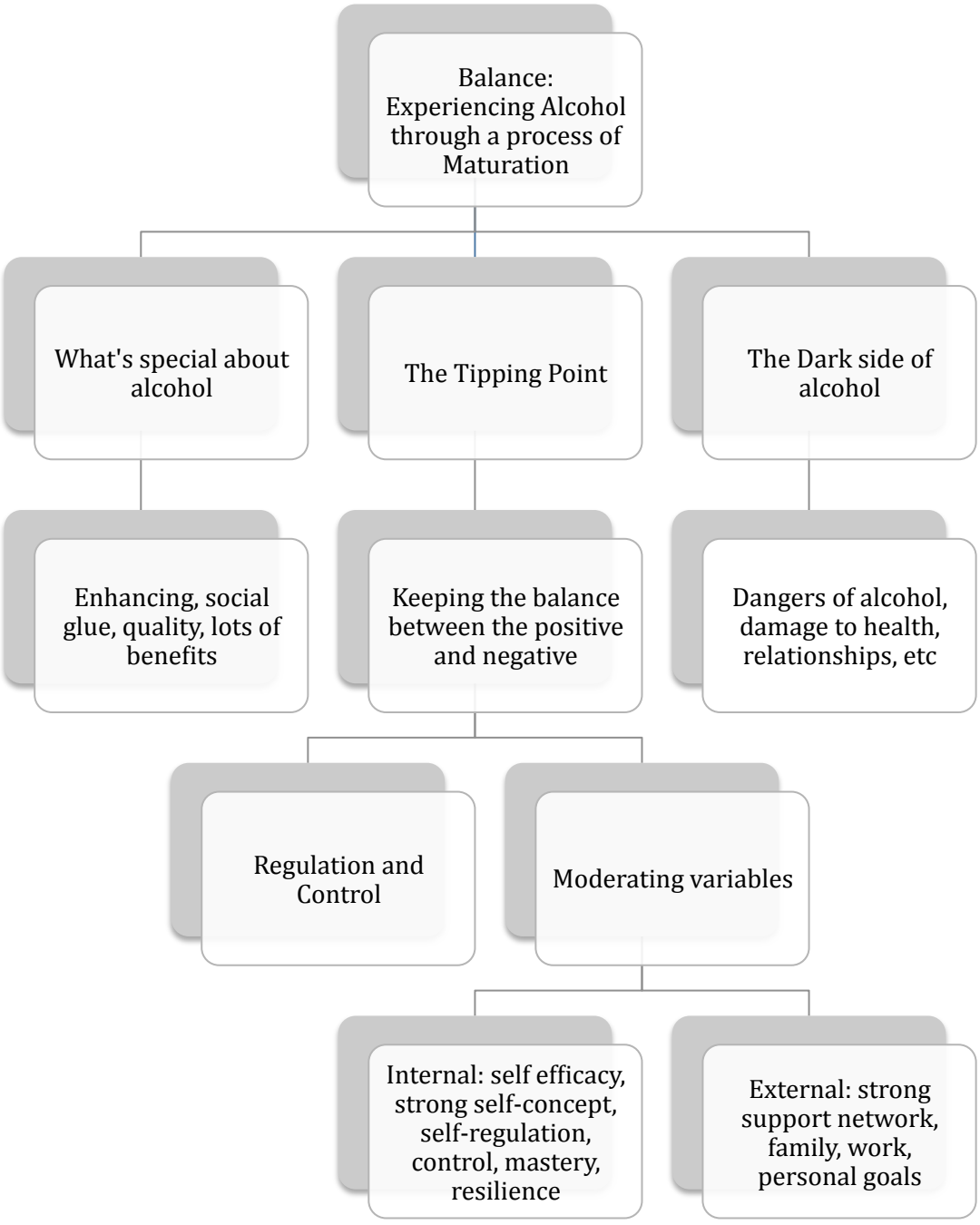
Throughout, there is evidence of CHANGES IN SELF: ie moderating influences, contextual influences, consequences and CHANGES IN CULTURAL DRINKING PRACTICES, prevalence of alcohol, such as strength of alcohol, price of alcohol, general public's behaviour, expectations about behaviour

Family modelling

Think about differences between participants

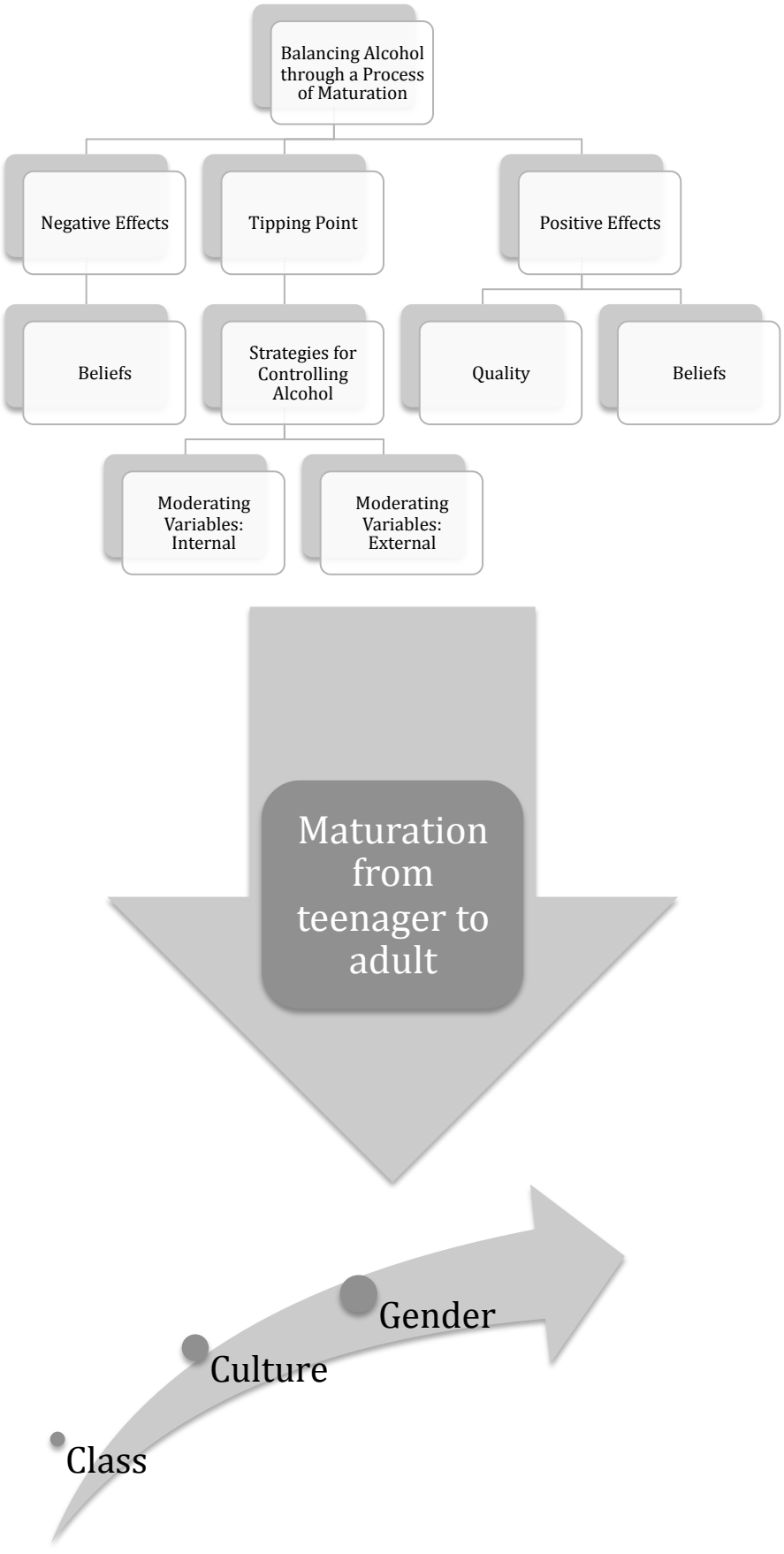
Beginning to think about Sorting and Integrating Memos 11.01.11

Taking Pleasure, Benefits, the good things about Alcohol



No, don't like this – it's not working but a good try! Definitely not.

That was actually really quite helpful, so now I'm coming up with:


Balancing Alcohol through a Process of Maturation
Negative Effects
Tipping Point
Positive Effects
Beliefs
Strategies for Controlling Alcohol
Quality
Beliefs
Moderating Variables: Internal
Moderating Variables: External
Maturation from teenager to adult
Gender
Culture
Class

Maturing is throughout, both from the perspective of growing older as well as having a more “mature” relationship with alcohol which changes from the teenage years to adulthood.

This is a process of change that takes place and in order for it to so, the individual needs a number of personal attributes to be in place: high self-efficacy, personal goals, sense of self-regulation, resilience etc.

Also, it appears that strong social network, family, being parent, responsible challenging career, family background of relatively sensible drinking are necessary factors for the individual to continue a healthy balanced relationship with alcohol.

Having unpleasant experiences, or being party to or observing others’ exhibiting negative drinking behaviour create markers – a tipping point from which individuals begin to judge their drinking. This marks a point from which the individual does not want to step beyond, and can be either internally driven or externally driven.

This point serves as a balance and individuals weigh up the advantages and disadvantages of drinking with this point in mind.

The Tipping Point is an individual marker and not only changes from early drinking days as a teenager (where drinking may be characterised by a desire to get out of control), to adulthood, (where drinking may be characterised by a desire not to get out of control). It also changes between individuals, and is a highly personalised point which fits with the individual’s self-concept and beliefs about alcohol. It is formed from both internal markers which can be cumulative in nature, not liking to feel unwell after hangovers, or a pivotal event, such as experiencing an alcohol induced anxiety attack. They can also be of an external nature and can fall on a spectrum between seeing a friend die of liver failure, to observing a colleague slurring at a conference.

All this change takes place in a social context, where the expectations of class, culture and gender are impacting on the individual. Thinking of the Strauss and Corbin Conditional/Consequential Matrix.

Keeping going on this because I am finding it impossible to think of this diagrammatically, so am doing this literally and verbally in my head!

If the core category is Balancing (ie Balancing the Positive Effects with the Negative Effects) by a process of Maturation:

Maturation is the process that occurs as the individual balances their alcohol intake from teenage years through to adulthood.

The concept of Change overlays the analysis throughout, and indeed was a possible candidate for the core category, however I decided to work with Maturing as it has connotations of developing, and being careful and thorough. Change, adapting and maturing to change is necessary for individuals to balance the role alcohol plays in their lives and enables them to enjoy the benefits rather than crossing over the tipping point into the negative consequences that can be brought to bear.

Balancing is particularly important as all the individuals, whether very moderate drinkers or those drinking a greater number of weekly units were very reluctant ever to give up alcohol completely. The benefits that alcohol affords are numerous and form a central role in society’s enjoyment of certain social events particularly of a celebratory or ceremonial nature.

Balancing comes from taking into consideration both the positive effects of alcohol and the negative effects of alcohol

Under the core category of Balancing Alcohol comes Changes in Self – Early drinking experiences, might this incorporate family, and early experiences which inform the tipping point.

The Tipping Point see above

Developing an adult identity?

Strategies individuals adopt for managing, controlling and avoiding alcohol

Moderating influences.

The problem with this though is it doesn't incorporate PROCESS. The Process of Maturing is part of the whole experience of Balancing, of to use Charles' expression: Maintaining the Equilibrium, so through maturation individuals basically mature both in age and in response to responsibilities, particularly working in professional employment, high expectations etc, so they ultimately take into consideration all the responsibilities they have alongside wanting to enjoy the benefits of alcohol. This requires them to heed their individual marker, or tipping point which informs their behaviour. Behaviour informs behaviour, and thoughts, beliefs, behaviours and feelings, which could be emotions inform that behaviour, which in this case becomes the tipping point and using the regulating strategies they have adopted to keep on the right side of the tipping point.

Maybe I've got to step back, and think of it as a narrative and let that govern how I proceed visually.

OK, so:

Experiencing Alcohol in the early drinking days are characterised by excitement, fun, school trips, friendship, peer pressure, getting out of control, risk-taking, learning about setting boundaries, early days of tipping points in some cases. Family drinking culture, parents' modelling, expectancies about alcohol.

Then, individuals begin to want to maintain the equilibrium because by then they've left university, might be in a relationship, then come children (or not for all) and work responsibilities. Something here about age and maturing: health not being able to handle getting drunk, metabolism changing, energy levels changing. At some point comes the tipping point: not wanting to tip over into the negative aspects of heavy drinking. What's that all about? Enjoying it, enjoying the positive consequences of drinking but not wanting to step over into the negative consequences. Ambition, needing to get up bright and breezy to get on with the day.

It's making my head spin. Time to step back and take a break.

Appendix 13

Initial Coding Sample

Transcript	Initial Coding
OK, so I wonder if you could tell me a bit about what alcohol means to you?	
Means to me, oh well, I suppose, well, historically, when I first started drinking, alcohol was part of being away from home, and being independent, well, not exactly independent, but being with people that you had chosen to be with, with your friends, mostly, um, and a part of exploring and establishing a different way of life, a way of life that was er, both independent of home, but also independent of school and of the structures that were set up for you. You know, feeling your own way and finding your own way, um initially, and then I suppose there's a, well as a student, it was fundamentally sociable, social, really, as a means of meeting people, rather the places that you went to drink, and you wouldn't have thought of not drinking, or I wouldn't have thought of not drinking, were social outlets, where again, a means of either sort of entertaining friends, or being entertained by friends, and finding neutral ground I suppose in which to get together, and actually to meet new people, um. Yeah, and then, as I moved out to London, a pub became a bit of an extra living room, almost, and I became, I've always been quite a regular pub goer, and I actually quite like the atmosphere of pubs, and so I would tend to go out most nights and I wouldn't go out usually until later, that is to say, the pattern by which I worked as a student on the whole continued to be the pattern by which I began working more generally, and began teaching, particularly because I was teaching, and most of the teaching I do is evening teaching anyway, um, and that would often involve going to the pub after	Looking back, *early years* Alcohol representing *independence, choosing friendships* of a similar disposition, making *choices*, *growing up*, exploring new ways of living, *Independence*, freedom, liberty from school, parents and social structures*,* *learning* about making your own choices, being a student, drinking about being *sociable, drinking culture* at University, *conforming to norms*, meeting new people, alcohol as a *social facilitator*, neutral ground. *Experiencing change* from early teenager to young adult, meeting new people Moving to new place, *changing status,* the pub as a social outlet, enjoying pub atmosphere, *culture* of British pubs, *enjoying* the pub after working or studying, part of a daily routine, *enjoying* the pub as a *social outlet* with colleagues and students, *enabling a social network* Thinking here about *change* –

a lecture or session with some of the students, um, and so because I'm not, and wasn't a great morning worker, I wouldn't tend to start work until about say 11 o'clock, or even 12, so therefore I wouldn't really finish what I wanted to do until 8 or half eight, so I would usually go out at about 9, and then come back and then eat late. And then after my wife and I got together, and another thing actually, that to me, that is important as far as drinking and going to pubs is concerned is actually smoking. Because of being a smoker, and although I would smoke at home during the day, I would smoke much more in the evening, and drinking and smoking were very closely related in my mind, er, and then when my wife and I got together, er, since my wife wasn't particularly keen on going out to pubs, and we tended to go out and eat quite a lot, an we ate out far more than we ate in, initially, before we moved and got married, and after that it was very rare that I would ever go out to the pub, um, and quite exceptionally really now. It's only really when I'm either invited out, of an evening, and that doesn't happen very often, because I'm working on Tuesday evenings anyway, and the sort of conscious juggling of the children is generally difficult or awkward or it puts my wife under pressure, and I'm away for anything up to 4 months of the year working, and so it only really tends to be after I go to a lecture for example, like once a month there's a particular lecture I attend, um, and then we'll all to out to the pub after that, for an hour and a half, because there's a formal dinner after **And what's that like?** Oh terrific, yeah, it's thoroughly enjoyable, but it's enjoyable not so much for the atmosphere, the pub that we go to isn't terribly nice, it's not a pub	*developing, growing up, maturing*, establishing a life-style, work routine Going to the pub after finishing work, *establishing a routine* *Meeting wife*, *changing status*, *developing new relationships*, Differences of being a smoker Smoking at home in the day Connections between drinking and smoking, relationship between drinking and smoking Getting together with wife *Wife not enjoying pubs* so much *Changing social behaviour*, eating out more than going to pubs. *Getting married, change of status* Rarely going to pubs now, being invited more than instigating *Pressures of work* *Juggling child-care: changes* due to family needs, *wanting to support wife*, being away a lot working, *changes in work* patterns Going to pubs rarely, after a particular lecture, predictable routine, going to pub with colleagues, work related pub outing and meal *Enjoying* going to the pub, not so much because of the pub, not of his choice

that I would ever choose, to go to, **Is it the atmosphere and is there anything else?**	
No, not necessarily the atmosphere, it's just actually that you've got a load of people that you haven't seen for quite a while, and that I get little opportunity really to see any of those people, um, so that's it's an opportunity to chat.	Enjoying the pub for *socialising* with colleagues and friend, *enabling time to chat, pleasurable experience*
So what part in that is the alcohol of that? Of the when we get together? **Yeah, yes**	
Um, well, I have to say, well, I wouldn't not drink alcohol at that point. Um, and you know, there is a certain ritual involved in buying a round, or being bought a drink, or going up and making everybody else has got a drink, and it's probably a relaxant, but I don't really think, I'm not really terribly conscious of what the role of the alcohol is in how you get together after something like that. I think really it's fundamentally social, you know, if we all went, you know, if the tradition was that everybody went into the Royal Academy and drank tea, then I'd go to the Royal Academy and drink tea.	*Drinking alcohol part of the experience* *Rituals* in buying rounds: *culture, male gender behaviour* Alcohol possibly *facilitating relaxation*, uncertain as to what alcohol does, hypothesising alcohol having a *social role* Alcohol part of a *social tradition, culture and rituals*, not always having to be alcohol, tea can have similar social role, *culture and rituals*
OK, so it sounds like alcohol is a kind of social facilitator for you? Yes, definitely	*Social role of alcohol*

Appendix 14

Ethics Release Form for Psychology Research Projects

All trainees planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor**, together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Trainees are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐ MPhil ☐ MSc ☐ PhD ☐ DPsych ☐√ N/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

The Role of Alcohol in British-Born Men aged between 40 and 50 working in managerial and professional employment

---

2. Name of student researcher (please include contact address and telephone number)

Jane McNeill, 67 Corsica Street, Islington, London N5 1JT 07798625850

---

3. Name of research supervisor
Dr Elizabeth Mann elizabeth.mann@btinternet.com

4. Is a research proposal appended to this ethics release form? **Yes √**
No

5. Does the research involve the use of human subjects/participants? **Yes** √
No

If yes,

a. Approximately how many are planned to be involved? ----**12**----------

b. How will you recruit them? ---**Mailshot to City of London firms and snowballing**----------

c. What are your recruitment criteria? **British Born Men aged between 40 and 50 working in managerial and professional employment drinking alcohol at least once a week**----------
(*Please append your recruitment material/advertisement/flyer)*

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent? **Yes**
No √

e. If yes, will signed parental/carer consent be obtained? **Yes** **No**

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

Interview consisting of a pre-questionnaire form and semi-structured interview lasting approximately 90 minutes

7. Is there any risk of physical or psychological harm to the subjects/participants?
Yes √
No
If yes,
a. Please detail the possible harm? **Possible psychological harm If the participant discovers he has a drink problem when he previously was unaware**

b. How can this be justified? T**his information may ultimately be of benefit to the participant who will be debriefed and put in touch with the relevant organisations. Advice about psychological support will also be provided.**

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes √

No

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

Yes

No√

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes √

No

(*Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?
Research notes, taped recordings and computer records

12. What provision will there be for the safe-keeping of these records? **All records will be kept securely in a locked cabinet and at no point will consent forms with participants names be kept with other records, taped recordings and research notes. All participants will immediately be given a participant code the only details of which will be kept with the supervisor off site.**

---

13. What will happen to the records at the end of the project? **All data relating to the study will be destroyed one year after the study is completed. The researcher alone will have access to the computer on which the data for the study will be kept. All records excluding the finished research document will be destroyed one year after the study is completed**.

---

14. How will you protect the anonymity of the subjects/participants? ----------
All participants will immediately be given a participant code the only details of which will be kept with the supervisor off site. All records will be kept securely in a locked cabinet and at no point will consent forms with participants names be kept with other records, taped recordings and research notes.

---

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?
All participants will be fully de-briefed following the interview and will be provided with a list of contacts should they require them. Advice about psychological support will also be provided.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in bold print, please provide further explanation here:

Signature of student researcher ---------- Date 12/2/09

Section B: To be completed by the research supervisor

Please mark the appropriate box below:

☑ Ethical approval granted
☐ Refer to the Department of Psychology Research Committee

☐ Refer to the University Senate Research Committee

Signature ---------- Date 8.5.09

Section C: To be completed by the 2nd Department of Psychology staff member
(Please read this ethics release form fully and pay particular attention to any answers on the form where bold items have been circled and any relevant appendices.)

☐ I agree with the decision of the research supervisor as indicated above

Signature ---------- Date 23.02.09

Section C: Combined Client Study and Process Report

From Solo Pilot to Formation Flying: Edward's experience of Therapy

Alcohol Misuse: a Cognitive Behavioural Approach

In order to provide a coherent theme which links all the sections of the portfolio, this Combined Client Study and Process Report will conclude with a consideration of the research findings and their relevance to this study. In addition, it includes a brief speculation on what might have constituted Edward's conceptual understanding of his personal "Tipping Point". (See page 262)

1.0 Introduction to the therapeutic work

1.1 Overview and Setting

The setting for this combined client study and process report is a specialist service for individuals with alcohol-use disorders. It offers a Cognitive Behavioural Therapy, (CBT) abstinence-based treatment programme which consists of one hour of weekly counselling, daily life skills and employment training. Short-term support and practical help are also available for service-users. There is a GP on site who is responsible for any necessary medical care or interventions. In addition, it offers shared-care housing in order to accommodate its clients who were previously homeless.

Cognitive Behavioural Therapy in the treatment of alcohol misuse adopts a collaborative and client-centred approach where the client and therapist work together to explore and resolve the presenting problem (Marlatt & Witkiewitz, 2005).

I have chosen this piece of work, and this particular segment because it marks the point at which I began to truly understand the concept of collaboration. Irrespective of the demands of service providers, therapeutic goals, and the power dynamics that Proctor (2003) argued exist between client and therapist, it is the quality of the therapeutic relationship between two individuals that underpins the success of the approach. My work with Edward demonstrated to me that without such a relationship there can be no sharing, no collaboration, and ultimately no prospect of change. I was keen to gain some clear insight into the process between Edward and myself, and in turn inform my future practice. I believe it is representative of the work I have been doing with Edward. There is evidence of the struggle I was experiencing between creating a safe, therapeutic environment in which we could explore his drinking, alongside providing the necessary skills to help him modify his dysfunctional behaviour (Barlow, 2008). In the excerpt, Edward is reviewing the range of skills we have been working on. It confirms Edward's growing sense of agency where he explores what being in therapy has been like for him. I believe it demonstrates a mutual understanding that in turn influenced the outcome of treatment for Edward.

It has also allowed me to reflect not only on the process between Edward and myself, but how the therapeutic encounter between two individuals can provide insight into the wider context not only of CBT, but also of the world at large. Specifically, the way we relate in the therapy room mirrors our interpersonal interactions outside.

From this particular excerpt, I concluded that there were times when I needed to respond more explicitly to relationship issues in the moment. Goldfriend and Davila (2005) proposed these interpersonal reactions between therapist and client promote change. Although I do well to provide a safe therapeutic environment in which Edward explores his experience of therapy, I need to attend more to both my own emotional responses to the client, as well as monitor more actively the client's behaviour. Providing an environment where there is an exploration of these processes and noting how they impact on each other is something I have embraced into my continuing professional practice.

1.2 Summary of Theoretical Orientation and Rationale for choice of Cognitive Behavioural Therapy

The treatment of alcohol misuse from a cognitive-behavioural perspective is based on the premise that the misuse of alcohol is a learned, maladaptive behaviour that derives from the interactions between classical-conditioning, operant conditioning and our cognitive processes (Gorman, 2001).

CBT incorporates a range of therapies which integrates both cognitive therapy developed by Beck (1967, 1976) and behavioural theories of Eysenck (1952) and Bandura (1977). Social Learning Theory (Bandura, 1977) suggests that our beliefs and expectations about alcohol will in turn influence our drinking as well as our behaviour when drinking. However, whether we use alternative behaviours to cope with situations where drinking is present is determined by the level of self-efficacy we have in these replacement behaviours (Bandura, 1997).

Although there are a number of empirically supported approaches to the treatment of alcohol-misuse disorders (Barlow, 2008), the effectiveness of CBT in the treatment of alcohol misuse is now well established (Curran & Drummond, 2006). CBT allows for a wide range of interventions both cognitive and behavioural which address the psychosocial needs of the client in the light of their self-efficacy (Monti, Kadden, Rohsenow, Cooney, & Abrams, 2002). In particular, every client is viewed as unique, which therefore allows the therapist to formulate an individual treatment plan in response to the different coping skills and risk factors that the client presents (Kouimstsidis, Reynolds, Drummond, & Tarrier, 2007). The recently published National Institute for Clinical Excellence (2011) guidelines for alcohol-use disorders recommends the use of cognitive behavioural therapies in the treatment of harmful drinking and alcohol dependence.

1.3 Biographical Details of the Client

Edward was referred to the specialist alcohol service on being discharged from hospital by his psychiatrist and community mental health team. He had been critically ill with liver failure and had spent the previous two months in a specialist liver ward.

Edward is 52 year old man born in Ireland who came to live in London as a young child. He is currently attending a CBT abstinence-based treatment programme for alcohol misuse disorders, and is living in the shared-care housing scheme that the service provides for the clients. Edward has been attending the service for nine months. There is an option for all service users to attend for one year, providing they remain abstinent for the duration. Drinking lapses do occur, however provided they are short-lived, they can be seen as an opportunity to further explore expectations about alcohol use, and examine previous drinking behaviour. Following the death his father when he was 5 years old, Edward was raised by his mother alongside his five siblings. His mother died 15 years ago, well into her 80's. Edward often speaks of her fondly, and remembers her as kindly and capable. Outside the treatment programme, Edward has few friends and his primary social support is a former girlfriend who has a history of alcohol problems. Previous to Edward's drinking becoming problematic, he had a successful career as a property agent and had travelled widely throughout the world. He had also played semi-professional football in his 20's and early 30's. When I started to see Edward, he had been recently discharged from a two-month stay in hospital with multiple organ failure as a result of alcohol misuse. My first impressions of Edward were of an articulate man who was motivated by what he called his "second chance". However, when exploring his drinking behaviour he could be at times vague responding with long descriptive narratives with little emotional content.

1.4 Referral, Context of the Work and Liaison with other Professionals

Edward was referred to the specialist alcohol service immediately on being discharged from hospital by his psychiatrist. I work as a trainee counselling psychologist at the service and receive supervision fortnightly. The service offers up to a year's housing alongside a structured day programme including group work, skills training and one-to-one CBT. After an initial meeting with the in-house GP in which we discussed Edward's referral letter, Edward's assessment form and his relevant medical history, I was able to establish as far as the GP was concerned, there was no medical issue that might invalidate a psychological approach to his problem. Such liaison with other professionals involved in the treatment of alcohol misuse is particularly important in order to rule out any current medical condition that might compromise a treatment plan

(Sharpe, 1997). Following a discussion with my supervisor where we conferred over the assessment and GP report, Edward was added to my caseload.

1.5 Presenting problem as stated by the client

Edward stated he was highly motivated to maintain his abstinence. He explained that he had "lost everything" through drinking. He reported his drinking had initially been in response to a stressful career which had spiralled when he lived in what he called a "wet-house". Eventually he was fired from his employment, failed to make rental payments on his property and was ultimately evicted in 2008. He had been living at his girlfriend's flat and on the occasions that they fallen out, had been sleeping rough in the park. Finally he had collapsed in the street and was admitted to hospital with organ failure where he stayed for two months and went through a de-toxification programme. He stated that he hoped that therapy would help him stay abstinent because his previous lifestyle had been like living in a nightmare and that his health, security and housing was dependent on staying abstinent.

1.6 Initial Assessment and Problem Formulation

The assessment took place over two consecutive weeks in two, one-hour sessions. This focussed on social and medical history, levels of alcohol dependence and consumption, alcohol-related problems, drinking behaviours, drinking-related cognitions, coping skills and deficits, comorbid problems and availability of social support. These are seen as essential components of the assessment allowing for a thorough investigation of drinking behaviour (Kouimtsidis et al., 2007).

Measures used at this stage included the Stages of Change and Treatment Eagerness Scale (SOCRATES, Miller, Tonigan, & Longabaugh, 1995) and The Alcohol Outcomes Expectancy Scale (AOES, Leigh & Stacy, 1993), which assess the client's reasons for drinking, phrased in terms of expected positive and negative effects obtained by drinking.

A functional analysis as devised by Bruch and Bond (1998) was carried out in order to investigate Edward's drinking, (see appendix 1). This enables the therapist to identify the key stimuli that trigger the client's responses and allows a thorough investigation of the antecedents to drinking, the expectations of the drinking, and the consequences of drinking (Spada, 2006).

From Edward's account of his drinking, my initial hypothesis was that his drinking was typically triggered by two different sets of stimuli. The first (drinking type 1, see

appendix 1) was the drinking that was as a response to environmental and cognitive stimuli. The second trigger to Edward's drinking (drinking type 2, see appendix 1) was as a response to the problem consequences of the drinking itself: erratic living conditions, hangovers, alcohol craving and continuing negative affect.

From an early age, following the premature death of his father, Edward had taken on many of the responsibilities of an adult and he grew up with the belief that "at all costs you must get on". In his career, he had originally enjoyed success, but as he took on additional work he found it more and more difficult to cope and began to drink heavily in the evenings. As a result of this he began to have thoughts of "I can't cope, I'm useless". These thoughts precipitated feelings of anxiety and low mood, and Edward's way of coping with these emotional factors was by drinking. This in turn led to missing work deadlines and criticism from his workplace which lead to increased feelings of worthlessness, and self-criticism. All of this triggered physiological factors of lowered activity levels, feeling unwell and hangovers.

Therefore Edward had found himself in a negative spiral where the original function of drinking (ie to reduce negative affect), had turned into a physiological dependency where he was drinking in order to stave off withdrawal symptoms, thereby contributing to his low mood and feelings of inadequacy. His health deteriorated rapidly, culminating in organ failure.

This problem formulation was presented to Edward who believed this collaborative process reflected his understanding of his drinking. It was made clear to Edward that this was a working hypothesis and that through the time we spent together, we would revisit and revise this as necessary. This collaborative approach is seen as essential to the process of therapy (Marlatt & Witkiewitz, 2005).

1.7 Negotiating a contract and collaborative definition of therapeutic goals

I felt that the structured approach of CBT would give Edward an environment in which we could explore his drinking behaviour and gain some understanding of the function alcohol had served him in the past. This would enable him to recognise future difficult situations and look at alternative behaviours alongside maintaining his abstinence.

As Edward was currently abstinent, it was decided that the treatment would concentrate on building motivation and relapse prevention whilst exploring his past expectancies of alcohol. In addition, treatment would also focus on the coping skills that Edward would need in order to maintain his sobriety. This included assertiveness

training; drink refusal skills; developing a support network; problem solving; and other social skills training as recommended by Monti et al. (2002).

We agreed collaboratively on the therapeutic goals after the second assessment session. These were as follows:

Goal 1: *Stay Abstinent*

a) Building motivation

b) Relapse prevention

c) Understand triggers and expectations about alcohol

Goal 2: *Get a job and a secure place to live*

a) Develop coping skills

b) Develop social skills

At this stage, it was agreed that we would meet for twelve consecutive weeks with a review session half way. Following a drinking lapse, in consultation with my supervisor, we decided that we would continue for another twelve sessions in order for us to explore the lapse, and continue to build motivation whilst focussing on skills training, relapse prevention and look at the role emotion had played in his drinking behaviour. Confidentiality issues were discussed in relation to supervision, recording and correspondence with the in-house GP.

2.0 The development of therapy and the main techniques used

From the outset I was keen to focus on the therapeutic relationship as not only this is a major predictor in the success of therapy with alcohol use disorders (McCrady, 2008) but I also wanted to create an atmosphere where Edward felt prized as a human being (Kahn, 1997).

From the transtheoretical approach (Prochaska & DiClemente, 1984) Edward was coming to therapy in the "maintenance" stage of their stages of change model. This is when the client has made the changes necessary to their behaviour to deal with their problem. In Edward's case, he had stopped drinking and was now living in safe, sheltered housing. This stage is where the client practices their new behaviours and if this stage is successful, this prevents relapse (Miller & Rollnick, 2002).

As agreed in the treatment plan, we started focussing on Edward's continuing abstinence whilst exploring coping skills and social skills training. This consisted of the following motivational interventions as recommended by Miller and Heather (1998):

exploring past drinking behaviour; empathic listening; collaborative setting of goals; learning about decision making; and building on his self-motivating statements.

The following behavioural interventions recommended by Monti et al. (2002) were used: relaxation training; problem solving techniques; assertiveness; drink refusal skills; and increasing pleasurable activities.

Cognitive interventions were used in order to help understand the links between his thoughts, feelings and his previous alcohol use. We used trigger sheets and thought records exploring his alcohol use. Thereby, we were able to build a picture of the situations that could in the future be problematic for Edward's continued sobriety. In exploring this, Edward was able to recognise difficult situations and look at alternative behaviours.

Relapse prevention was addressed by coping skills training endorsed by Chaney, O'Leary, and Marlatt (1978) and the use of Activity Schedules to build on a balanced lifestyle (Spada, 2006).

2.1 The pattern of therapy and key content issues leading up to the presented segment

Edward's attendance was exemplary, consistently arriving fifteen minutes before the allocated time. From the first session, Edward presented well, was appropriately dressed, spoke articulately and maintained good eye contact. He came over as highly motivated and expressed his wish to remain abstinent and stated how keen he was to engage in therapy.

Sessions 1 – 4

The first two sessions allowed us to thoroughly work through the stages of assessment and problem formulation. Sessions 3 and 4 were spent familiarising Edward with CBT rationale. He engaged well with the principles and demonstrated insight into the triggers and problem situations that had contributed to his drinking problem. In addition, we looked at ways of relaxing as Edward expressed a difficulty in sleeping. Monti et al. (2002) suggest progressive muscle relaxation as a useful method. Clients with alcohol problems are often prone to sleep problems as the alcohol has previously provided them with an artificial sleep enhancer (Spada, 2006). Edward found this helpful, so this technique was continued throughout the therapy.

Sessions 5 – 8

These sessions began with Edward beginning to monitor his activities with the use of a weekly Activity schedule. He was encouraged to rate his activities and look at patterns of activity relating to his moods. This highlighted his enjoyment of a structured routine. This progressed in future sessions to adding daily pleasurable activities where we explored his appreciation of museums, art exhibitions and visits to the local library. It also highlighted his desire to either find a job or retrain in a new field, possibly doing an IT course.

Sessions 9 – 12

These sessions consisted of assertiveness training, problem solving and drink refusal skills. We also re-negotiated twelve more sessions of therapy.
With the use of thought records, we were able to explore Edward's negative cognitions about "what people thought of him if he said no" and what if felt like standing up for himself. Identifying triggers which had previously lead him to drink allowed us to cognitively reassess situations and practice new behaviours with the use of assertiveness skills. We continued to focus on Edward identifying the necessary training he might need to be able to find a job.

Sessions 13 – 16

During the course of the thirteenth week, Edward went on a drinking binge that lasted two days. He consumed 60 units of alcohol and felt extremely distressed by what he perceived as his "failure". Following consultation with my supervisor, it was agreed that he could remain in the shared-care housing and continue on the treatment programme at the unit on the proviso that this was an unplanned lapse and was not to be repeated. Indeed, evidence suggests that such drinking lapses can be incorporated into treatment plans and serve to highlight problem situations (Marlatt & Witkiewitz, 2005). Accordingly we went through the functional analyses and problem formulation again and it helped Edward see how much work he had done previous to the lapse. It also emphasised to Edward that he would have to remain abstinent if he wanted to "have a life". Certainly, following this lapse, Edward's circulation deteriorated and for two weeks his walking was compromised as a result of his earlier organ failure. These sessions focussed primarily on the lapse and looking at preventative strategies by reviewing adaptive responses versus maladaptive responses to various trigger situations. The sessions were characterised by "winding it back" and taking the time to explore the precursors to difficult events or episodes that had previously triggered heavy drinking behaviour.

Sessions 17 - 19

Edward remained abstinent during the course of the following sessions. After his legs began to improve, he started to consider doing some exercise to build up his muscles. As he had played semi-professional football in his twenties, he resolved to take up daily walking and swimming with another of the residents in the shared housing. This proved beneficial to Edward's mood and was incorporated into his daily schedule. Edward began to recognise how he had previously always turned to alcohol to regulate his mood and began to enjoy alternative behaviours such as walking, swimming and going to the cinema. He gradually began to expand his repertoire of behaviours that he recognised as enhancing his mood. We also continued to explore the role difficult emotions had played in his drinking behaviour as recommended by Greenberg (2007).

3.0 Lead-in to the transcript

This transcript begins twenty-six minutes into my twentieth session with Edward. He had arrived the usual ten minutes early for the session where he likes to wait in the reception and have a coffee. The session's agenda was to review his time in therapy, and to collaboratively formulate a plan for the remaining sessions. I had also been keen to explore feelings and emotions with Edward this session because although he was often expansive and communicative, at times I was finding it difficult to connect with his long descriptions of his weekly schedule. Edward starts to explain to me what it's been like for him having been a very independent man, to being in treatment and begins to review what he has learnt. Edward was using the metaphor of flying solo, himself as an independent man, and the Red Arrows, formation flying, where he calls the staff and members of the treatment programme his squadron pilots.

Therapist 1: **So it's quite a remarkable difference between this pilot flying solo, and then kind of allowing yourself to take the support of the squadron pilots**

Client 1: They're my squadron pilots and I know it, and they know it. It's amazing isn't it, but, you see it's the transition from the how I used to be Jane, my life, just this year, it's just such a big enormous transition for me. I mean, I wouldn't have dreamt this time last year when I was in hospital I would be sitting here today talking to you, or going to the groups everyday, or when the groups are available, you know. If somebody had said that to me last year, I would have gone, no, no, not a chance and here I am. So that shows you how quickly your life

can change and for the better. Without that, that squadron, I don't know where I'd be Jane.

Comment 1: *My comment is an attempt to explore with Edward what the experience of being in therapy has been like for him. By gently reflecting on the differences that Edward has commented on previously, I am trying to facilitate guided self-discovery which in turn can lead to greater self-awareness (Padetsky & Greenberger, 1995). I am also deeply aware of Edward as an individual and I want to understand his world as he experiences it. Marlatt and Witkiewitz (2005) highlighted the importance of understanding the client as a person whilst maintaining the focus on resolving the presenting problem.*

I was keen to explore the differences between his life before treatment and now. My tone of voice is deliberately empathic in order to strengthen the therapeutic alliance which is essential in promoting client change (Beck, Wright, Newman, & Liese, 1993). I am also aware that I am speaking slowly and carefully. Earlier in the session, I had remarked to Edward how at times I found that when he was speaking extremely quickly that it had an effect on me also speeding up my speech, and that on occasions I felt the need to pull back to a pace that gave me time to reflect on what he was saying.

Edward's response was fulsome and I believe was indicative of how far he had come in therapy. I was curious about the way the Edward inhaled at the end of some of statements. I speculated it related in some way to a transition in the relationship between us, as Edward grew in confidence. It was as if he was putting his statements out on for table in front of us, and saying, "what do you think about that". I was aware of a sharing and collaboration between us, so continued the gentle guided-discovery focussing on the differences.

Therapist 2: **What would you say was the difference**

Client 2: In a box I think

Therapist 3: **Between the flying solo, before hospital, and before here, and being here, What..**

Comment 2: *I am aware in Therapist 2 that I interrupt Edward before he has finished speaking. This is characteristic of some of our exchanges where we can tend to break in on one another. This something that has been raised in Supervision, where my supervisor and I looked at ways of addressing Edward's tendency to descend into long narratives with little emotional content. Leahy (2001) advises challenging such narratives as they suggest avoidance, however, here my interruption was unnecessary, and could have resulted in our dialogue becoming stilted. I hesitate, decide to continue and in spite of my uncertainty, Edward continues to explore his world which I believe is evidence that the therapeutic relationship between us can survive such interruptions because there is a depth of understanding between us which feels safe enough for Edward to continue.*

Client 3: Well, it's your meeting different people, and you develop a friendship with these guys as well. Don't forget I live with them as well Jane, you know. We all live together you know. It's like when we're here, you only see us here, but there's a bond, like I said last week, you know. You form that bond as well, and even when I move away on my own which is going to happen, um, you know, I won't go round to the house, but I'll probably see these guys some time, somewhere. And I'll always keep in touch, maybe give them a ring or something, and like I will have moved on then, I'll have moved on, I'll have moved forward again. This is just like a lily pad, you know, a frog on a lily pad and that. You jump onto another bank and that. That's the way I look at it, you know

Therapist 4: **I'm very struck by that kind of, that sounds very solo again,**

Comment 4: *I was struck by the expression on Edward's face, and the change in the tone of voice. My reflection here is designed to develop an understanding around his thoughts, beliefs and behaviours. Such an awareness is key to the effectiveness of therapy (Spada, 2006). I was curious to explore what Edward meant by moving on and how he saw that in relation to his treatment goals of finding a secure place to live.*

Client 4: Yeah, well it is, you know, that's me you know.

Therapist 5: **I wonder what would it be like for you, rather than you hopping from leaf to leaf,**

Client 5: Lily pad to lily pad (smiling)

Therapist 6: To, um, what would it be like for you to build a little nest somewhere

Comment 6: In opening up this Socratic line of enquiry, I am keen to explore the discrepancies between Edward's desire for independence, alongside his experiences as part of a therapeutic community in treatment. Mindful of Edward's strong desire for a secure base, I momentarily reflected on the recommendations of McCrady (2008) for therapists working with alcohol-misuse disorders to keep treatment goals in focus.

There is a spirit of collaboration between us, particularly as Edward smiles when he corrects my" leaf to leaf" to his own words of "lily pad to lily pad". Once more, I am aware of Edward's growing confidence as he becomes more assertive in the dialogue between us. There is an enjoyment of Edward's use of metaphors between us – his creative use of English has been a feature of out time together. I'm also aware of the pace of my dialogue where I'm trying to hold onto a slower delivery. On previous occasions with Edward, I have observed myself speeding up and I was keen to hold onto this pace which I feel enabled more time for reflection and it something we had discussed earlier in this session.

Client 6: What stability you mean

Therapist 7: I don't know, well, I can imagine you hopping you know, from leaf to leaf

Client 7: Yeah, but I can't do that all my life though can I

Therapist 8: I don't know

Comment 7/8: I was keen to balance this guided questioning very carefully, between active enquiry and Edward developing his own awareness of his beliefs and behaviours. There is an equalness in our dialogue, and by leaving some of the questions open, the impact it had on Edward was that it allowed him to begin to formulate his thoughts about the future.

Client 8: Cos I've done that for how long, in the past, I've done that for so long, it's like getting a base, isn't it, basically, just having a base, and then, you know, if it's going to work, it's going to work. If it's going to work with Annie and me, I don't know, but if it doesn't work then I'll do it, I'll just do it on my own, again. But I need to have a base Jane, something I can say this is my place, and this is what I'm going to do, I'm going to look after myself, and I'm going to furnish the place, and work on it and I'll be happy, in a decent area, hopefully, you know, but I don't know what John's got in store for me, I don't know, nobody knows down there what's going to happen, but that's what I'm looking at, but as for the jumping from lily pad to lily pad, that was probably in the past, but now, this is just like another lily pad, but then I'll have to move on from here and get a base, but it's all down to money Jane, at the end of the day. I'm looking at workwise, it's going to be tough, it's going to very very tough, I know that. I can't live on benefits, I don't want that, I want to go out and work. I want to go and do something, I can contribute, like I've always worked, and I enjoy working, I enjoy being busy. That's why I do in the week the things I do, cos I'm used to doing that, that to me is normal, you know. So that base, and that foundation and security is very very important to me. But, I have to go through this first, the programme. I mean this programme is only really three months but I've done ten months, so I've gone over it three times, and it hasn't changed that much. Certain things have changed. The way I think has changed, because when I came in here, I was so very very vulnerable, it could have gone either way Jane, I could have either walked out the door, and gone, that's not me, and then I'd be homeless again, or come in and conform and say, you know, this is help, this is what I needed, but I didn't know it was available until somebody like John come and saw me, in hospital. He gave me the hand, he gave me the helping hand, and he still does. So that's it, and this has been brilliant, really good. I mean, sometimes groups you know can be boring, some days, I'm not pumped up for it, you go in and you think here we go again, and the guys go round as usual, and sometimes it's like watching paint dry, you know. You think I've heard this so many times, but I still come,

Comment 8/9: My mind is full of what Edward's saying, and I'm struggling to hold onto some of the statements he is making. It's as if he's dropping pearls into my lap, and which to pick, where to go? Part of me wants to

interrupt, but I decide on balance to sit and listen to Edward's narrative. I momentarily contemplate sharing with him how I can feel confused when he speaks to fulsomely, but when he pauses I decide to reflect on his final statement, which I believe is a very clear self-motivating statement where Edward is reflecting on his commitment to the process of therapy and treatment. Reinforcing such self-motivating statements is essential for the process of change (Kouimtsidis et al. 2007).

Therapist 9: **Which is**

Client 9: Admirable

Therapist 10: **Really admirable. What does it feel like to feel that**

Comment 10: *Reflecting on Edward's choice of the word, admirable, I'm aware of a sharing in the therapeutic relationship, one which Miller and Heather (1998) maintained is critical if change is going to take place. I continue to gently question Edward to further stimulate his thinking, increase awareness and validate his exemplary attendance to the programme. Validating the client's reinforcing statements is a key component of a supportive, empathic therapeutic relationship (Greenberg, 2007). The effect on Edward is he continues to expand on his self-motivating statements.*

Client 10: Well you've succeeded, you've accomplished what you wanted to do. When I first walked in that door, I didn't know what to expect, downstairs, I didn't have a clue what to expect and when I became bad after drinking, you saw a couple of times I had to get out of the cab, I could hardly walk Jane, (**your walking went down**). Yeah, I went down completely, I think three times I got a cab up here, you know, and but I still came because I needed to come. I wanted to come, and I enjoy coming up here. Strangely I enough I do.

Therapist 11: **And what about the difference between in here, in here, this room, and in the group, how, tell me a bit about that**

Comment 11: *As Edward continues to explore the gains he has made in therapy and I was aware of a real sense of agency in Edward's voice. Miller and*

Rollnick (2002) maintain this development of self-efficacy is key to the process of change.

However, jump in here very quickly and I am minded of the power dynamic that can be inherent in CBT (Proctor, 2003). Whilst my rationale was to continue exploring Edward's experiences, I was aware that this was my agenda and that I was expecting Edward to reply. In spite of my concerns, my belief was that in order for us to continue exploring the gains he had made in therapy, this was a necessary goal. I was also curious to know what it was like for Edward contrasting the micro-environment with me, the macro-environment of the larger group and living in a re-hab house.

On reflection, I wonder how Edward might have responded if I had allowed him more space to continue exploring. I speculate whether this jumping in too quickly is a continuing anxiety of mine that Edward will resort to his previous way of relating long passages where we get lost in words. We had begun to address this in previous sessions along with the guidance of my supervisor. This consisted of grounding Edward in his experiences, as recommended by Prochaska and DiClemente (1984). I speculate whether drawing Edward's attention to the process between us might have allowed us to explore how his style of speaking can affect mine, but before I have time to respond, Edward goes on.

Client 11: Well, obviously it's most personal Jane with you, I mean, with you, I can talk to you for an hour or whatever it is each week and we can cover grounds together. Within the group, you're only covering a little bit you know, at a time, because you're only going to get 10 minutes each and then, people then, I don't want to hear this, you know, so again, I'm flying solo basically in the group as well, cos I just think, well, what I need to say, I say to you, or John, you know, but in the group it's general, it's more open Jane you know.

Therapist 12: It's very different

Comment 12: Whilst I reflect briefly on the differences between Edward's experience with me in contrast to those in the group, I'm immediately struck by the parallel process of my own experiences in my world. As member of a large therapeutic group as part of my training, and also working on a

one-to-one basis, his understanding reflected my own and I was momentarily startled by this symmetry. It took me a second to pull myself back in, wanting to be present with Edward. This quality of being present is vital in maintaining a strong therapeutic relationship (Greenberg, 2007).

Client 12: Yeah, it is, completely different

Therapist 13: And what about in here, what would you say has been really helpful

Comment 13: In pulling myself back into Edward's experience of groups I rush in too quickly, and I realise that by trying to connect with his experience, I'm pushing on my own agenda, which is to explore what it's like in here with me. I feel like I'm putting Edward on the spot, and pressing him to answer me. My rationale was to draw explicitly draw his attention to the process between us whilst juxtaposing the micro-processes between him and me against the more macro-processes between him, me and the other member of the larger group, and ultimately the world at large. I'm momentarily curious how differently I might have responded. Continuing to reflect on the differences might have enabled Edward to build on his awareness, so ultimately I wonder whether my Comment 13 came too soon.

Client 13: Um, advice, that you've given me, um, practical advice, looking ahead, where I went wrong in the past, alcohol obviously, was running my life, instead of me running my own life, alcohol was running it, and you made very aware of a lot of things, you know. The things you said to me are still in my head, like slow it down, and things like that.

Client 13: Nonetheless, the effect on Edward was that he responded thoughtfully, where he begins to explore what he has learnt in therapy. We shift forwards and we are smiling which I believe reflects the shared experience of the therapeutic encounter. I wonder when he says "slow it down", he means that I should slow it down. I momentarily reflect on Edward's new sense of agency, where there is a feeling of handing over from therapist to client.

Therapist 14: We've spent quite a lot of time on that haven't we (smiling),

Comment 14: *I'm struck by a very warm feeling of collaboration, where the therapeutic relationship between us reached a level that Buber (1958) referred to in the I-thou contact of shared experience. Here we are concentrating on the mutual understanding and meaning, essential to the development of a strong therapeutic relationship (Gilbert, 2000).*

Client 14: Yeah, and sit with it

Therapist 15: Wind it back

Comment 15: *I am aware of an emotional climate that feels safe for Edward. Our dialogue is mirroring this and I begin to notice how Edward's speech is so much slower, and how much more reflective he is being. I'm struck by the changes where Edward is becoming his own agent of change. This sense of mastery is vital for the client to believe in his own competence for managing future difficulties (Beck et al. 1993). I realise I am going to miss working with Edward. I feel very moved how hard he has worked on maintaining his abstinence, how much we have learnt together and how it has been a shared journey.*

Client 15: Sit with it, yeah, you see things like that I wouldn't think of you know Jane. Take your time and think it through, and because I'm a really impulsive guy and you know, all the things you've told me, not told me is the wrong word, suggested, to me, um have rung true, and it's helped me immensely, you know. I've got there, well, I'm getting there I should say, still getting there, yeah.

Therapist 16: And what about anything you can think of that's been really not helpful, because this helps me with my practice

Comment 16: *Again, I'm concerned whether I came in too quickly. At the one time, I am holding onto the spirit of collaboration between us, whilst also wanting to balance my enquiries about what has been helpful, and unhelpful. I briefly wonder whether I am still too focussed on the micro therapeutic processes between us, such as which interventions have been helpful, and not attending enough to the macro-therapeutic processes between us, in particular exploring with Edward what has it been about the therapeutic relationship between us has been helpful. Again, I am tempted to draw his attention to the way I feel I respond to*

him but hesitate and again, Edward comes in. I decide to hold onto this and come back to this later.

Client 16: Yeah, um, no, there's nothing, no, there's no void there, no. I don't come in and sit with you and keep looking at the clock thinking I've got another 20 minutes of this, no. I mean it's productive, you know. I can see what's coming out of this you know. When I walk out of this again, this is productive, I go up the road and think of things we've talked about and that stays with me for a couple of days, and then, it'll just obviously get on as things are going to happen during the course of the week, and I'll just move on to what I have to do next, and then next week, I'll come back to see you again. And, but it's still in my head, it's like a computer Jane, I'm logging it in (tapping table), and it's on the system, mentally, and I can just flick that button, or that button, and it'll come up on the screen, and that's how my brain works. And I can hear it in my head (tapping head), you know, yeah, that makes sense, what Jane and I discussed, yeah, that makes sense.

Client 16: Edward's response to my Comment 16 is a further exploration of the gains he has made in therapy. Judith Beck (2004) proposes the enactment of new ways of behaving in order to consolidate changes so they become second nature. As Edward taps his head and taps the table, it demonstrates to me not only his own belief and confidence in the new skills he has worked so hard on, it also illustrates how far he has come in therapy where it is now he who is beginning to direct the focus of the session.

Therapist 17: I think sometimes the really simple things, are amazing, like slow it down, (yeah)**, sit with it,** (yeah)**.**

Comment 17: My reflection here was on Edward's experience of learning about the micro-processes of interventions, specifically "seemingly irrelevant decisions", where Kouimtsidis et al. (2007) advocate a though investigation of the interplay between internal states, situational antecedents to drinking, and thought processes about the rewarding properties of alcohol. This particular cognitive intervention had become a feature of therapy, and one on which we had spent a great deal of time examining the build up to drinking. "Sit with it" referred to our exploration of identifying difficult emotions, and learning to tolerate uncomfortable feelings.

Client 17: Yeah, things I've never though about because I was too busy, well firstly drinking and probably going out and socialising and talking to people really I didn't need to talk to, like, I'm not good with fools Jane, I don't suffer fools very well you know. They annoy me, and irritate me, so that really I dispensed with quite a few years ago. You tend to drink more because you're not getting that feedback. It's like mental tennis, you know, you can stand in the pub or wherever, you can go and have a meal with somebody, and you're not on the same wavelength, to me, I'm not getting anywhere you know, it's a waste of my time, my energy, and my intellect, so I'm not going to waste my time doing that, and I made that decision a long time ago. There's not many people that I dislike, but there's a few that I used to work with, but then that was only work, that's a scenario, I can walk out the door at six o'clock, but that doesn't change my life, but generally, you know, I'm alright, I can get on with people very well, and my life is going forward and things like that, and I'm practical and simple things like that I just do. I just get on with it, and being positive is a great help to me, a great great help, because without that I would be fumbling around thinking what am I going to do now, Oh, what's today, it's only Monday, I've got to go through til Friday, and it's going to be a nightmare, no.

Comment 17: *I felt encouraged that Edward continued to reflect on the differences he had made to his life now, at the same time eliciting self-motivational statements which I believe are essential in building Edward's confidence in his continued sobriety. His statements reaffirmed my belief that CBT provided the appropriate framework for Edward to achieve his treatment goals. I felt Edward was now well prepared to work towards ending therapy. We had four more weeks to consolidate the gains he had made and spend some more time reviewing the strategies that he could generalise across future difficult situations as recommended by Chaney et al. (1978). I briefly reflected on how four more weeks would enable us to continue reviewing some of the relationship issues we had begun to process, specifically when Edward resorted to speaking in long narratives with little emotion, and my clumsy attempts to attend to the process. I resolved to address these relationship issues in our remaining sessions.*

3.2 Key content issues following the presented segment and the therapeutic ending

Sessions 21 - 24

The final four sessions of therapy with Edward continued to build on the emotional awareness training we had we had begun to explore in relation to his previous drinking behaviour. Allen, McHugh, and Barlow (2008) recommend this approach in order to develop problem-solving skills and greater self-awareness. As part of Edward's homework, he wrote a daily record of something he had done well, or something he felt good about. Seligman and Csikszentmihalyi (2000) emphasise a positive focus by reinforcing strengths, abilities and positive emotions. This proved beneficial and contributed to Edward's self-efficacy beliefs. I also began to reflect in the sessions on both mine and Edwards' style of communicating and how they affected our consequent responses.

The final two sessions allowed for the opportunity to review the work we had done and check any areas on which Edward felt he needed further clarification. We re-visited the goals of therapy and I praised Edward for his commitment to the process and validated his efforts and achievements. I was keen to stress to Edward he had the strategies to be his own therapist and reinforced his growing self-confidence in his self-efficacy beliefs. These final sessions also supported Edward's enrolment into an IT course which would give him some of the necessary skills for a return to the workplace.

At the time of writing, Edward continues to be abstinent, and is still attending the daily group sessions at the Unit.

4.0 The therapeutic process and its change over time

Throughout the time we have spent together, Edward and I developed an excellent rapport which I believe was a direct result of his high levels of motivation and our collaborative working. Working with clients in alcohol settings can be problematic (Marlatt & Witkiewitz, 2005). However, if clients are able to establish a good rapport with their therapist, attrition rates are minimised (Monti et al., 2002). I believe Edward's engagement in the process contributed to the quality of the therapeutic alliance. He was able to let me know what was helpful and this contributed to openness in the therapeutic relationship.

The CBT framework allowed Edward to explore the relationship between his cognitions, his behaviour and his mood. It also provided him with a safe and secure environment in which to try out new behaviours. Security was essential to Edward and his determination to enjoy the benefits of the programme and work towards finding a

job fuelled his motivation to maintain his abstinence. I explained to Edward from the outset that the sessions would follow a similar structure: to review the past week, look at any concerns or problems he might have had, discuss any homework that he had completed, agree the agenda for the session, review feedback and finally discuss any out-of-session homework for the week. Kouimtsidis et al. (2007) recommend this format to achieve collaboration and also to maintain a high level of focus in the session. Edward responded positively to such a structure and I believe it gave him a sense of agency in the process.

4.1 Difficulties in the work and the use of supervision

At the outset, Edward struggled with the out of session homework which I initially believed was a reflection of his low self-esteem and lack of confidence in his writing skills. We addressed this by practising in session and adjusting the size of the Activity schedule. It transpired that Edward needed an eyesight test, as he was unable to distinguish small print, so this was easily rectified with reading glasses. This produced a great leap in Edward's self-efficacy beliefs and subsequently he completed homework as and when requested.

There were occasions when Edward struggled to identify feelings in relation to previous drinking behaviour, but I found by use of Socratic questioning, and gentle reassurance, we began to explore situations that had previously been problematic, however this continued to be difficult for Edward. Supervision helped me to focus on future trigger stimuli and this proved constructive.

Supervision was instrumental in giving me the confidence to work with Edward. At first I had felt concerned that at my level of training I would be unable to work effectively with a client who had been homeless and with such a high level of alcohol dependency. My supervisor has many years of experience working with alcohol clients using CBT so was able to endorse a very structured course of therapy whilst recognising the individual in that process. I was also concerned that in working with such a motivated client as Edward was I missing anything and were there any other factors other than that which we had established that had lead to his drinking becoming problematic. My supervisor was able to reassure me and recommended continuing the exploration of Edward's previous expectancies about alcohol and to focus on relapse prevention strategies, which we were carefully working our way through. His previous high level of functioning demonstrated previous coping strategies that my supervisor encouraged me to revisit with Edward for future problematic situations. It was also reassuring being able to check through the functional analyses with my supervisor from which we discussed the formulation and treatment plan.

5.0 Evaluation of the work:

5.1 Learning about psychotherapeutic practice and learning about myself as a therapist

Reflecting on the excerpt and the process of therapy as a whole, this work has illustrated to me the effectiveness of working from a CBT perspective in the treatment of alcohol misuse.

In evaluating the work with Edward, it confirms my belief that it is the quality of the therapeutic relationship between two human beings that underpins the success of the approach. Many of the criticisms against CBT are related to the manualisation of therapy, and the short number of sessions that are frequently allocated to clients.

If we consider CBT in a broader context, in response to the first criticism above, I believe this study demonstrates that through a supportive, empathic relationship, a successful therapeutic relationship can be in itself a vehicle for learning, and as Safran and Muran (2000) propose, the relationship is indeed an intervention in itself. The quality of the therapeutic relationship is key to the process of change, and that behind each of the techniques and interventions, a mutual understanding, trust and empathy must be evident in order for the client to feel safe for such change to take place. Research consistently demonstrates that a strong collaborative therapeutic relationship predicts better outcomes in therapy (Hardy, Cahill, & Barkham, 2007). With Edward, it was precisely the combination of the therapeutic relationship alongside the Cognitive Behavioural Model that allowed us to work from the presenting issue to the stage when Edward was ready to leave therapy with the necessary skills to remain abstinent. The treatment of alcohol misuse from a cognitive behavioural perspective makes use of thought records, triggers sheets and other tools, but none of these need to become manualised or formulaic. They can provide a framework that allows for the thorough investigation of the presenting problem, leading to more adaptable ways of living (Hawton, Salkovskis, Kirk, & Clark, 1984; Padetsky & Greenberger, 1995).

With reference to the criticism about the short-term nature of the cognitive-behavioural approach (Lowenthal & House, 2008), I was lucky to have the opportunity of working for twenty-four weeks with Edward. This allowed for a gentler pace, and gave us the opportunity to work through the treatment plan, allowing for lapses and enabled the establishment of a strong therapeutic relationship. As therapists, we are often limited by the number of sessions we can offer, and can find ourselves entering the debate

explored by Snell (2007) where the needs of the client can frequently come second to those of service providers in their demands for “rapid and low-cost solutions” (Snell, 2007, p. 269.)

In consideration of the macro-therapeutic process, I feel what I do well in this excerpt, is provide a safe, therapeutic environment where Edward has felt able to make the changes necessary to his behaviour to maintain his abstinence. I believe it is the relationship itself which provides Edward with the emotional climate in which he becomes his own problem-solver and one in which he begins to develop a sense of mastery in his competence for managing future difficulties, essential if change is going to be lasting (Beck et al., 1993)

In consideration of the micro-therapeutic process, with the support of my Supervisor I am developing how I use interpersonal reactions to clients as and when they occur in the moment. Persons (2005) maintains such reflections promote change. This proved fruitful with Edward, where we spent some of the final sessions reflecting on our styles of communicating, and how that can in turn affect the other’s response. I am now endeavouring to pay more attention to my own emotional responses to the client, and be mindful of the impact that has on the client and their progress. This, in particular, has been pivotal in the way I think about Cognitive Behavioural Therapy and will continue to inform my future professional practice.

Consideration of the Thesis findings and relevance to the Current Combined Case Study and Process Report.

The thesis focussed its attention on non-pathological drinking. This combined case study and process report demonstrates my work with Edward in a residential substance misuse clinic. A return to social drinking was not possible for Edward. Robust evidence consistently recognises that the greater and longer the period of problem drinking, the less the likelihood of a return to social drinking for the individual (Vaillant, 1995). Edward understood that in order to stay alive, he had to remain abstinent. Therefore balancing alcohol use was not a viable option for Edward. Nonetheless, the thesis findings are of considerable relevance to this study.

The thesis findings highlight an ability to adapt to change throughout the lifespan and a capacity to both appraise and balance the costs and the benefits of alcohol as being critical factors in moderate drinking behaviour. The findings also illustrated a recognition of the point which professional men recognise as separating the benefits of alcohol from the costs. This is represented by The Tipping Point. Personal attributes

both internal and external were found to be critical in both enabling and motivating professional men to moderate their alcohol use.

In relating the findings to the current study, Edward had learnt that alcohol enhanced his social networks but over time he became increasingly prone to drink in order to cope with negative affect. This in turn developed into dependent drinking. In due course he was drinking in order to stave off the discomfort of alcohol withdrawal symptoms. When Edward was drinking heavily, he reported rarely recognising the negative impact alcohol was having on his health, wellbeing and career until he reached a crisis point when he was unemployed, homeless and collapsed in the street due to organ failure.

It would be interesting to propose that the consequences of these three factors could designate Edward's personal Tipping Point. Following hospitalisation, Edward was accepted into the residential alcohol misuse clinic with abstinence as a necessary goal. He was highly motivated and the suggestion would be that he came to therapy at the Action stage of the Prochaska and DiClemente Stages of Change Model (1992).

Edward's hypothesised "Tipping Point" could also be said to corroborate the findings of the Jakobsson et al. study (2005) which maintained that a willingness to change drinking behaviour often followed negative events such as being robbed whilst intoxicated, or where the negative impacts of drinking outweigh the positive benefits (Cox & Klinger, 1988).

A full exploration of the Tipping Point would allow the client and therapist to investigate the point where the benefits tip over into the costs in a collaborative fashion. This would in turn enhance Edward's awareness around his previous drinking behaviour and allow for a comprehensive appraisal of the costs and benefits of alcohol use.

Treatment with Edward focussed on enhancing his coping skills, self-efficacy beliefs, and self-esteem whilst exploring drinking outcome expectancies, and building a supportive social network. This was a particular focus in the shared-care housing scheme he lived in, and his participation in group work in the substance misuse clinic. In addition, we spent time developing skills which would enable Edward to find work in IT. Working towards such a treatment goal has been demonstrated to enhance an individual's motivation to change their drinking behaviour (Palfai & Weafer, 2006).

The enhancement of such personal attributes would be consistent the thesis findings, specifically that professional men benefit from both internal and external assets which both enable and motivate them to moderate their alcohol use.

Cognitive behaviour therapy involves the practice of self-observation; setting achievable goals; appreciation of the antecedents and the consequences of problem drinking; and devising coping alternatives to heavy drinking behaviour by developing a wider repertoire of alternative behaviours (Kouimtsidis et al., 2007). An exploration of Edward's Tipping Point would allow for a full examination of the costs and benefits of alcohol use and enable development of self-observation, self-awareness and self-regulation. All such factors are congruent with the four properties Bandura (2006) proposed in his theory of human agency, namely intentionality, forethought, self-reactiveness and self-reflectiveness. All such factors were found in the accounts of professional men.

It is also notable that at the time of writing Edward was 52 years old. As has been discussed in the research study, by approximately 50 there is a decline in the number of individuals presenting with problem drinking because either chronic drinkers have succumbed to liver failure, or self-resolved their problem drinking behaviour (Tucker, 2001; Vaillant, 1995). It would be interesting to consider that CBT and the treatment programme offered through the substance misuse clinic enhanced Edward's natural recovery processes, and having reached his "Tipping Point", Edward was ready to make the necessary changes to his drinking behaviour.

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Appendix I

Figure 1: Drinking: Type 1

	Stimuli	*Organism*	*Responses*	*Consequences (maintaining)*	*Consequences (problem)*
Environmental	*Drinking with friends. Chaotic household*			*Socialising*	*Arguments*
Cognitive	*"I can't cope, I can't say no"*	*"May as well have a drink"*		*"At least I've got friends"*	*"I do nothing except drink"*
Physiological		*Feel unfit*		*Stop playing football*	*Few rewarding activities*
Behavioural	*Not getting things done*		*Drinking*		*Curtailment of other activities*
Emotional	*Low mood and negative affect*			*Reduction of negative affect*	*Further escalation of negative affect*

Figure 2: Drinking: Type 2

	Stimuli	*Organism*	*Responses*	*Consequences (maintaining)*	*Consequences (problem)*
Environmental	*Homeless, nowhere to go.*				*Further deterioration*
Cognitive	*"I'm an alcoholic – I have nothing"*	*"Drinking will make me feel better"*			*"I'm an alcoholic – I have nothing"*
Physiological		*Craving*		*Reduction of craving*	*Severely unwell*
Behavioural	*No rewarding activities*		*Drinking*		*Further social alienation*
Emotional	*Low mood and negative affect*			*Reduction of negative effect*	*Further escalation of negative affect and drinking into alcohol dependence*

Section D: Critical Literature Review

How Effective is Motivational Interviewing in the Treatment of Alcohol Misuse?

A Counselling Psychology Perspective

This paper was originally written in 2008. For the purposes of this portfolio, it has been recently updated to incorporate new research findings.

Reflexive Overview of the Literature Review

This literature Review was written at the end of my first year at City University as a Trainee Counselling Psychologist. Looking retrospectively at this piece of work, I am struck by my emphasis on treatment protocols and my interest in Government policy for the cost-effective treatment of alcohol misuse. Although I celebrate my thorough investigation into Motivational Interviewing and those elements which make it a successful treatment option, I wonder whether the prominence I gave to the political perspective of treatment provision discouraged me from an adequate consideration of the individual. Nonetheless, I have included this critical literature review in the portfolio because I believe it supplements the portfolio with a full exploration of Motivational Interviewing and the mechanisms of change which are implicit to the approach. Furthermore, it emphasises my belief that Counselling Psychologists can be agents of change by facilitating the individual's examination of their beliefs, values and behaviour.

1.0 Introduction

1.1 Defining Motivational Interviewing

Motivational Interviewing is a counselling approach initially developed by the psychologists William Miller and Stephen Rollnick (1991, 2002). In the treatment of alcohol misuse, it has been designed to motivate individuals to recognise and resolve their ambivalence for change in their drinking behaviour (Hettema, Steele, & Miller, 2005). It is both a client-centred and directive counselling style where the therapist gently directs the client to enhance their readiness to change by exploring the benefits and disadvantages of their drinking (Miller, 1996).

Motivational Interviewing draws on the work of Carl Rogers (1961) where the relationship between client and therapist is key to eliciting their client's own motivation for change. In its delivery, the practitioner follows the four fundamental principles of Motivational Interviewing. These are as follows:

1) Expressing empathy with the client
2) Developing discrepancy between the client's beliefs and behaviour
3) Rolling with the client's resistance to change
4) Supporting the client's self-efficacy for change

As a treatment intervention, Motivational Interviewing draws on self-perception theory (Bem, 1972) which maintains that individuals become more committed to change if they hear themselves defend such an option. In building on the individual's discrepancy about their drinking, the therapist facilitates the idea that change is possible (Miller & Rollnick, 2002).

1.2 Defining Alcohol Misuse

Alcohol misuse is defined by the DSM IV TR (2000, p.198) as "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances".

1.3 Motivational Interviewing and Behaviour Change

Change is a process that continues to confound psychologists and individuals alike. When, how and why people change is subject to much contemporary research. Prochaska, DiClemente, and Norcross (1992) investigated the process of change in

relation to addictive behaviours in their trans-theoretical model of change. Their stages of change model attempted to explain the success or failure of an individual to make changes in their behaviour in relation to a predictable cycle. This cycle is arranged into a process model consisting of five different stages:

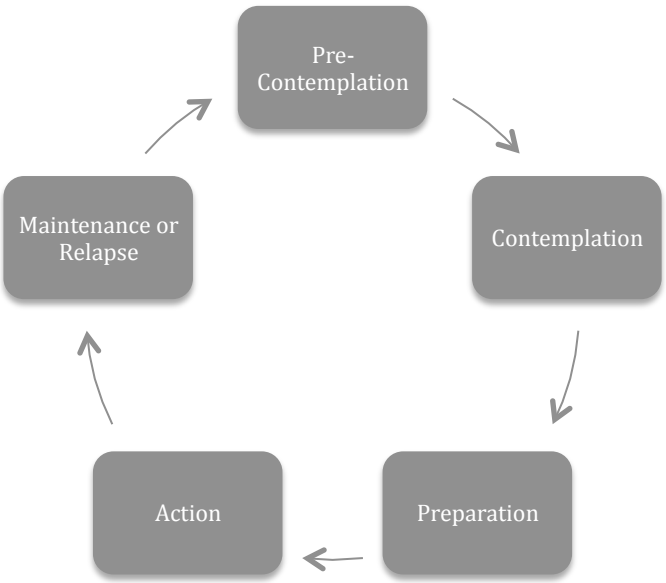

Figure 1: Stages of Change Model (Prochaska et al., 1992).

The goal of Motivational Interviewing is to take the individual through the stages of change in a collaborative way, eliciting the client's intrinsic ability to make the necessary changes to their drinking behaviour (Miller & Rollnick, 2002).

Lack of motivation for change is a significant barrier to the successful treatment of alcohol misuse (Miller, Yahne, & Tonigan, 2003). The client needs the confidence that they have the ability to make the necessary changes to their drinking behaviour and draws on self-efficacy theory (Bandura, 1977). Self-efficacy relates to an individual's belief in their capacity to carry out the requisite health-related changes to their behaviour (Bandura, 1977). Self-efficacy beliefs are a major predictor in the successful outcome of Motivational Interviewing (Burke, Arkowitz, & Menchola, 2003). As such, the enhancement of an individual's self-efficacy is a key focus in Motivational Interviewing.

Motivational Interviewing has been applied to a wide range of problem behaviours and is considered to have robust empirical support (Burke et al., 2003; Vasilaki, Hosier, & Cox, 2006). Babor et al. (2003) claimed that following a brief therapeutic intervention such as Motivational Interviewing, individuals reduced their alcohol intake by 20%. For

problem drinkers, this is clearly significant. Moreover, as a brief intervention, this emphasises the cost-effectiveness of Motivational Interviewing.

Brief interventions in the treatment of alcohol misuse have a long history. In the early 1960's Chafetz (1961) noted that out of 1,200 dependent drinkers who were advised to seek treatment following an outpatient injury, only 5% followed-up. After the design of a brief intervention to be used in emergency care settings, Chafetz found that 65% of dependent drinkers kept an appointment for specialist care.

Evidence for the effectiveness of Motivational Interviewing (Burke et al., 2003; Hettema et al., 2005; Miller & Rollnick, 2002) has generated much interest from treatment providers. Specifically, the Government have been keen to assess the efficacy of brief interventions such as Motivational Interviewing due to the empirical support that it is cost-effective and more successful than no intervention (Miller & Rollnick, 1991).

1.4 Motivational Interviewing and Socio-Cultural Context

The Alcohol Harm Reduction Strategy for England (Cabinet Office, 2007) set out the Government's approach to tackling alcohol misuse. In the UK, alcohol misuse is estimated to have cost the National Health Service (NHS) approximately £1.5 billion in 2007 (Office for National Statistics, 2008). This statistical report published the findings that since 1995, admissions to hospital linked to alcohol use have more than doubled. Between 2006 and 2007, there were 207,800 alcohol-related hospital admissions compared with 93,500 between 1995 and 1996. These figures are expected to rise and of greater concern, adolescents who admit to drinking are consuming in excess of 11 units per week. If they continue, this is clearly going to have a significant effect on their future health (Office for National Statistics, 2008). The NHS is struggling to keep up with the inexorable rise in demand for alcohol-related services. Therefore, interest in cost-effective and beneficial interventions such as Motivational Interviewing is relevant and timely.

The Government has had a real incentive to act and has recently published their National Institute for Clinical Excellence (NICE) guidance on alcohol-use disorders in February 2011. Motivational Interviewing is recommended for the initial assessment stage of working with individuals who misuse alcohol.

> "When conducting an initial assessment, carry out a motivational intervention. Use the key elements of motivational interviewing including:
> - Helping people to recognise problems or potential problems related to their drinking

- Helping to resolve ambivalence and encourage positive change and belief in the ability to change
- Being persuasive and supportive rather than argumentative and confrontational." (NICE, 2011, p. 8).

1.5 Motivational Interviewing and its relevance to Counselling Psychology

Counselling Psychologists are viewed as specialists in practitioner psychology (Bor, 2006) and respect for the individual is central to the discipline of Counselling Psychology (Lane & Corrie, 2006). Motivational Interviewing is a non-confrontational and non-judgemental approach which draws from humanistic behaviour therapy as well as cognitive behaviour therapy (Miller & Rollnick, 2002) by encouraging the client to explore the idea of change being a possibility. Counselling Psychologists are well placed to work with clients using such an intervention as it fits well with professional guidelines of good therapeutic practice. Motivational Interviewing encourages the client's self-efficacy for change and optimism for that possibility (Miller, 1996). Such a process may trigger change that would not have occurred without the process of Motivational Interviewing.

The professional training of Counselling Psychologists provides a thorough grounding in both the theory and practice required to work in the alcohol misuse. Moreover, Motivational Interviewing and Counselling Psychology are complimentary in their aims of working collaboratively, the use of empathy and the emphasis on the client's autonomy (Resnicow, Soet, Borrelli, Hecht, & Ernst, 2002).

Individuals seeking treatment for alcohol-related problems may present at a number of different settings. These can range from accident and emergency units to primary care services such as GP surgeries. It is estimated that every GP sees an average of 364 patients yearly where alcohol is related to the presenting problem (Cabinet Office, 2004). Problem drinkers may also refer themselves to one of the 475 specialist alcohol-treatment services in the UK, or one of the many voluntary organisations such as Alcoholics Anonymous.

In many of these settings, there is a paucity of training on alcohol-related issues. Therefore, many such individuals who present with drink-related problems often fail to receive appropriate treatment and can miss out on timely interventions such as Motivational Interviewing.

Counselling Psychologists are employed at many such settings. Furthermore, since the advent of IAPT (Improving Access to Psychological Therapies), many Counselling

Psychologists have obtained employment through this Government initiative, and find themselves working in primary care settings where clients can often present with alcohol-related problems. This study aims to investigate the effectiveness of Motivational Interviewing. This is relevant to Counselling Psychologists working in the treatment of alcohol misuse from a specialist perspective in residential treatment settings, through to those working in primary care settings such as GP surgeries.

1.6 Rationale for the current study:

This study aims to evaluate the effectiveness of Motivational Interviewing in the treatment of alcohol misuse. Certainly, the sheer prevalence of problem drinking by far surpasses the potential maximum capacity required in order to deal effectively with the problem. Therefore, determining how and why Motivational Interviewing is of therapeutic benefit is of central importance. Not only can it be an extremely useful tool in the Government's drive to minimise the harm and costs of alcohol misuse, the benefits to society can be far-reaching. Moreover, the aims of Motivational Interviewing are compatible with the defined models of practice provided by the British Psychological Society (2005). Counselling psychologists are called to explore and elucidate their client's world whilst remaining empathic and non-judgemental. Thus, the emphasis on the therapeutic relationship within the principles of Motivational Interviewing and those of counselling psychologists can be seen to be congruent. As many counselling psychologists work in the area of alcohol misuse, the findings of this study aim to be both timely and relevant.

There is a wealth of research investigating the effectiveness of Motivational Interviewing in the treatment of a number of different problem behaviours. However, many of the factors which contribute to the approach, remain under-researched. This review synthesises the literature on Motivational Interviewing to date whilst exploring recent developments focussing on the treatment of alcohol misuse. It concludes with recommendations for future research.

2.0 The Current Review

A number of comprehensive reviews of the research literature into alcohol-related disorders have summarised the evidence for Motivational Interviewing. This review draws together the most recent research and examines the principle components of Motivational Interviewing in turn in order to assess which of these contribute to the effectiveness of the approach. It also provides an opportunity to evaluate the literature to date and highlights the areas that require further research.

Alcohol misuse affects approximately 9% of the general population (Bien, Miller, & Tonigan, 1993). Motivational Interviewing was developed in the early 1990's to assist individuals in reducing their problematic heavy alcohol use (Miller & Rollnick, 1991, 2002). The broad consensus of the research literature is that Motivational Interviewing is a successful intervention in engaging individuals to reduce their problem drinking. However, drinkers come in many different guises: men and women; adolescents through to the elderly; those desperate to change their drinking behaviour alongside those sent by a concerned relative or indeed to avoid prison. Hazardous drinkers present simultaneously with those who drink just a few more units than the recommended guidelines. Moreover, treatment providers can come from a range of different backgrounds ranging from doctors, psychologists, nurses and social workers. Clearly, all these factors can conceivably play a part in the engagement of treatment and therefore can significantly affect treatment outcomes.

The principle aims of Motivational Interviewing are to establish therapeutic contact with problem drinkers. In order for treatment to be effective, Miller and Rollnick (1991) listed six key elements that need to be present in the therapeutic relationship between client and therapist. These are as follows:

1. Feedback
2. Responsibility
3. Advice
4. Menu
5. Empathy
6. Self-efficacy

The acronym commonly used for these is FRAMES (Miller & Rollnick, 1991).

Miller and Rollnick (2002) proposed three key fundamental factors which predict treatment outcomes and whether or not the approach is successful. The first is that practitioners who work in a collaborative way with their clients by being non-confrontational and empathic will find increased levels of change talk. Secondly, when clients continue to be ambivalent about changing their drinking behaviour and their speech contains more resistance to change, they will demonstrate poor treatment outcomes. Thirdly, when clients use more change talk and demonstrate they believe that change is possible, this will be directly related to positive alcohol reduction behaviour (Miller & Rollnick, 2002).

The first extensive review into Motivational Interviewing for alcohol problems was published in 1993. Bien et al. (1993) reviewed the literature and explored the elements

of Motivational Interviewing which appear to be critical in instigating change in individuals seeking treatment. Their review incorporated twelve randomised treatment trials and thirty-two controlled studies targeting drinking behaviour. Their findings claimed there exist number of critical factors that appear to contribute to the success of the approach. These included the client's background and personality factors; their motivation for change; the practitioners' level of training; professional background and the quality of the therapeutic relationship with the client. A further key area was found to be whether the client was treatment-seeking or not. However, Bien et al. (1993) recommended further research was required to clarify their findings. Additionally, they highlighted the need for further investigations into that which constitutes skilful Motivational Interviewing delivery and treatment fidelity.

This has been followed by a number of more recent reviews, each seeking to provide more insight into the workings of Motivational Interviewing. Burke et al. (2003) published a meta-analysis of fifteen controlled clinical trials of adaptations to Motivational Interviewing. A common factor in the approach is the giving of feedback from test results to clients by practitioners. This is defined as an adaptation to Motivational Interviewing because "it is defined by the presence of the feedback component and not solely by the use of motivational interviewing per se" (Burke et al., 2003, p. 843). The Drinker's Check-Up (Miller, Sovereign, & Krege, 1998) was designed as such a test and the feedback element is given in the non-confrontational, empathic style as recommended by Motivational Interviewing whilst supporting the client's self-efficacy. Burke et al. (2003) found significant improvement in drinker's reduction of alcohol use following a brief intervention given in a Motivational Interviewing style of delivery.

Hettema et al., (2005) carried out a meta-analysis of thirty-two controlled clinical trials focussing on alcohol misuse. Although high variability was found in the effectiveness of Motivational Interviewing across different populations, settings and therapists, they nonetheless claimed strong empirical evidence in support of the effectiveness of the approach (Hettema et al., 2005). In particular, they endorsed the findings of Miller and Rollnick (1991) in relation to the three fundamental variables which appear to predict treatment outcomes.

Vasilaki et al. (2006) further corroborated such findings in their meta-analytic review and maintained that Motivational Interviewing as a brief intervention was more successful in promoting a reduction in heavy drinking compared with no intervention.

All such reviews concentrated on controlled clinical trials which were subject to exacting standards. In particular, studies were coded to fulfil methodology quality

criteria, which ensured only those trials meeting high standards of internal, and external validity were included. They also adhered to the methods of Kazdin (1992) for measuring therapeutic change. Each of these reviews has a slightly different emphasis and all attempt to clarify the processes that lead to the effectiveness of the approach.

A further investigation into Motivational Interviewing was carried out by Amrheim, Miller, Yahne, Palmer, & Fulcher (2003). Two therapist styles were investigated: empathic versus confrontational. Support was found for the recommendations of Miller and Rollnick (1991) suggesting that therapists should work in a collaborative, non-confrontational and empathic way. However, the use of change talk, which was measured in the early part of Motivational Interviewing sessions, failed to demonstrate an effect. This has lead subsequent researchers to recommend measuring this variable in a different way. Rather than assessing the number of change talk statements that clients make in a session, it has now been found that it is the quality of statements which appear to predict positive behaviour change, specifically those statements which demonstrate commitment to change (Amrheim et al. 2003).

This would be consistent with the original hypothesis of Miller and Rollnick (1991) who maintained that it is in the preliminary stage of Motivational Interviewing where the client begins to explore ambivalence and the prospect of change. It is the next stage where the client commits to that change by exploring their ability to make such a change happen. This draws on self-perception theory (Bem, 1967) which claims if individuals hear themselves commit to change, then change is more likely. Moreover, if that change talk is supplemented by an implementation plan, Gollwitzer (1999) maintained this would further enhance behaviour change.

The theory underpinning Motivational Interviewing is founded on robust empirical evidence (Bien et al., 1993). However, there is wide variability between clients and practitioners. These can play a significant role in the effectiveness of the approach. Efforts to communicate Motivational Interviewing techniques to treatment providers has contributed to the increase in research outlining the factors which make the approach a successful treatment option (Carroll et al. 2006). Nonetheless, further investigation into the moderating influences involved in Motivational Interviewing continue to merit more detailed specification (Miller & Rose, 2009).

This review turns its attention to the key variables that have emerged as significant factors in the treatment of alcohol misuse using Motivational Interviewing.

2.1 Client Effects:

2.1.1 Personality Variables

An examination of client variables found there is robust evidence that clients scoring high in anger demonstrated a greater reduction in problem drinking than less angry clients. Project MATCH (Project MATCH Research Group, 1998), the largest clinical trial conducted for alcoholism treatment methods (Burke, et al., 2003) was designed to examine whether matching patients to specific forms of treatment would be effective. 1726 participants across nine clinical sites were randomly offered three alternative interventions. In a three-year follow-up study, it was found that patients who scored highly in the trait anger had more successful post-treatment outcomes if they had received Motivational Enhancement Therapy (an adaptation of Motivational Interviewing) rather than twelve sessions of 12-step facilitation therapy, or twelve sessions of cognitive behavioural therapy (Project MATCH Research Group, 1998). They also found that readiness to change and self-efficacy were the strongest predictors of successful alcohol reduction three years later with 30% of participants still abstinent. Project MATCH is judged to have "eliminated almost all threats to internal validity" (Burke et al., 2003, p. 843) and forms the benchmark for future research in this area.

Further research supports these findings. Anger alongside resistance to change were found to be moderating factors in a study by Heather, Rollnick, Bell, and Richmond (1996). In a study conducted with hospitalised heavy drinkers in a hospital setting, a six-month follow-up found that those individuals who had showed more anger in the Motivational Interview and demonstrated more resistance to change behaviour showed greater reduction in their drinking levels. This would support the founding principle of Motivational Interviewing in its aim to gently elicit change in individuals by rolling with resistance and exploring ambivalence in a tolerant and empathic way.

2.1.2. Gender

An investigation into different characteristics of participants, gender does not appear to play a significant role. Vasilaki et al. (2006) in their meta-analysis reported that twelve of the fifteen studies reviewed cited the gender of participants: 1265 males and 565 females. This would reflect the higher proportion of male problem drinkers however, only one study examined whether gender was a moderating effect on the treatment outcomes (Marlatt et al., 1998). Although males reported higher drinking levels than female, gender did not appear to affect treatment outcomes.

Ballesteros, Duffy, Querejata, Arino, and Gonzalez-Pinto (2004) conducted a study with hazardous drinkers in a primary health care setting with both men and women. After a session of Motivational Interviewing, a six-month follow up study found that treatment outcomes were virtually identical between men and women. However, Gentilello et al. (1999) failed to find an effect in women following Motivational Interviewing in a trauma centre. In this case it is hypothesized that due to the small number of female participants, this may have biased gender analysis (Gentilello et al., 1999).

2.1.3. Age

There is very little research on whether age is a significant factor in the effectiveness of Motivational Interviewing. Shakeshaft, Bowman, Burrows, Doran, and Samson-Fisher (2002) randomly allocated participants to one of two interventions: Motivational Interviewing or Cognitive Behavioural Therapy. Their findings maintained that older clients following Motivational Interviewing techniques reduced their binge drinking episodes more than younger participants. Their study suggested that it was conceivable that older drinkers were more likely to engage in treatment and were less likely to drop out than younger drinkers. However, these findings are not supported by a number of studies with college-age students (Baer, Kivlahan, Blume, McNight, & Marlatt 2001; Marlatt et al., 1998).

2.1.4. Ethnicity

Turning to Ethnicity, an unexpected finding of the Hettema et al. (2005) meta-analysis, was that a larger effect size of Motivational Interviewing was found with individuals primarily from ethnic minority groups. This research was carried out with the Native Indian population in the United States (Villanueva, Tonigan, & Miller, 2003). It is hypothesized that the non-confrontational style of Motivational Interviewing may fit well with the way that Native Americans communicate in general. Thus, from a cultural perspective, such a communication style facilitated a therapeutic environment which enabled participants to feel comfortable which in turn elicited change in their drinking behaviour. However, these findings were contradicted by Arroyo, Miller, & Tonigan (2003) where ethnicity among Hispanic Americans was not found to be an advantage in drinking outcomes.

2.1.5. Drinking levels

Drinking levels of participants are thought to play a significant part in the effectiveness of the approach. There is mixed evidence relating to the suitability of the treatment for the wide range of problem drinkers. Heather (1995) expressed a need for caution in the use of Motivational Interviewing with different populations of drinkers. Specifically, Motivational Interviewing appears to be successful with individuals who drink above recommended guidelines but who would not be considered to be at-risk. Gentilello et al. (1999) supported these findings where they reported that hazardous drinkers scoring high on the drinking questionnaire, SMAST, (Short Michigan Alcoholism Screening Test) failed to benefit from one session of Motivational Interviewing. However, it has been an effective intervention with drinkers who demonstrate high levels of dependence and who have failed to engage in treatment previously (Heather, 1996). These inconclusive findings demonstrate there may be other factors which contribute to a reduction in drinking levels, such as self-efficacy and readiness to change (Hettema et al., 2005).

2.1.6. Readiness to change

Readiness to change and how this influences the effectiveness of Motivational Interviewing is certainly a key factor, however, there is mixed evidence for its moderating effect. Heather et al. (1996) found readiness to change a mediating variable in their study on heavy drinkers in hospital wards. Patients were given either skills-based counselling or Motivational Interviewing alongside a no-intervention control group. Those who were assessed as being high on readiness to change and had received Motivational Interviewing demonstrated greater reduction in drinking levels. Later research by Maisto et al. (2001) found that with hazardous drinkers who were low on readiness to change in their drinking behaviour, brief advice had a greater effect on the reduction in their drinking.

2.2 Practitioner Effects

Turning now to practitioners, this review evaluates the practitioner variables which appear to play a moderating role in the treatment of alcohol misuse using Motivational Interviewing techniques.

2.2.1. Training outcomes

First, numerous studies have found that training and the quality of Motivational Interviewing delivery is central to the approach (Carroll et al., 2006; Miller & Rose, 2009). A wealth of research has been carried out at the William Miller Center on Alcoholism, Substance Abuse and Addictions (CASAA) in New Mexico. In attempting

to standardise much of the training of practitioners in Motivational Interviewing, manuals have been designed to avoid large discrepancies in practitioner behaviour (Miller & Mount, 2001). However a study carried out by Miller and Wilbourne (2003) found the level of training had a negative effect on treatment outcomes. This was due to practitioners following precisely the format of the manual that required them to take the client through the session ending on a behaviour change plan, whether or not the client was ready. This is clearly against the principles of Motivational Interviewing and resulted in causing greater resistance in the client. When practitioners kept to the principles of empathy and worked more collaboratively with the client, alongside working towards a behaviour change plan, this was found to have a more positive effect (Miller & Wilbourne, 2003).

The outcome of the Miller and Wilbourne (2003) study lead to a further development. In order to assess practitioner interpersonal skills and to investigate whether they have an effect on treatment outcomes Miller, Moyers, Ernst, and Amrhein (2003) developed the Motivational Interviewing Skills Code (MISC). This can be used as a measure to assess treatment integrity and enables researchers to evaluate changes in practitioner skill after training. Moyers, Miller, and Hendrickson (2005) found that using the MISC rating system, that practitioner interpersonal skills had a positive effect on clients' involvement in the session as well as their levels of disclosure, openness and cooperation. Psycholinguist, Paul Amrhein, explored this phenomenon further (Amrhein et al., 2003). It was noted in conversational analysis that the frequency of talk that directly related to change was a significant factor in positive treatment outcomes. Change talk in Motivational Interviewing sessions is seen to have a clear correlation with positive outcomes (Miller & Rollnick, 2002). Amrhein et al. (2003) found that participants who had reduced their problem drinking had demonstrated in treatment a pattern of growing motivation and strong commitment language to change. Those clients who showed initial motivation language at the outset of the session, which then rapidly diminished to low commitment language over the course of the session, showed poor treatment outcomes.

Further recent research in this area supports the evidence for change talk impacting the likelihood of behaviour change. Moyers et al. (2007) investigated the number of change statements that clients made in early therapy sessions and found a strong correlation between change talk and positive treatment outcomes. This study provides support that there is a link between the relationship between client and practitioner, client speech and positive drinking outcomes.

Clearly, the proficiency of practitioners plays a key part in treatment outcomes. However, there is mixed evidence for the moderating role of practitioner training.

Practitioners who attended a two-day workshop in Motivational Interviewing (Miller & Mount, 2001) reported improved interviewing skills, however, this had no effect on treatment outcomes with future clients. Following on from the recommendations in the Amrhein et al. (2003) study, subsequent trainee practitioners were allocated to two different conditions: those given either given the workshop only, and those given in addition to the workshop, six telephone consultations and feedback from practice tapes (Moyers et al. 2005). A control group were given a Motivational Interviewing skills book and training videotapes. Results demonstrated that participants who had received the workshop, the feedback from practice tapes and the expert telephone consultations showed higher levels of proficiency in Motivational Interviewing. Participants only receiving the book and videotapes showed little change in skill level. This would suggest that specialist training in Motivational Interviewing positively affects treatment outcomes.

2.2.2. Professional background of Practitioners

Little research has been undertaken on the impact of the professional background of practitioners delivering Motivational Interviewing. In their review and meta-analysis of 72 randomised control trials, Rubak, Sandboek, Lauritzen, and Christensen (2005) investigated the professional background of healthcare providers who acted as counsellors giving Motivational Interviewing. They found that 55% of interviews were carried out by psychologists. Of these, 79% of the studies found an effect in the reduction of hazardous drinking (Rubak et al, 2005). This is higher than all other healthcare workers, such as nurses. However, doctors obtained a slightly larger effect, (83%). It is hypothesised this was possibly as a result of Motivational Interviewing taking place alongside the giving of medical feedback on test results and is not seen to be statistically significant.

Further research by Moyers et al. (2005) analysed the professional backgrounds of 105 practitioners in a study investigating therapist interpersonal skill and whether this had a moderating effect within Motivational Interviewing sessions. They found that 24% were counsellors and 17% psychologists (all but two post-graduates). The remaining were nurses (5%); social workers (21%); doctors (7%); and 26% various other professions. Practitioners had an average of fifteen years working therapeutically, and eleven years treating substance misuse. Counsellors and psychologists therefore constitute the primary professional background of the practitioners in this study, thereby demonstrating the key role that Counselling Psychology already plays in this area.

The evidence presented here demonstrates that psychologists are already responsible for 55% of the control trials cited in the Rubak et al. meta-analysis and would suggest Counselling Psychologists are well-placed to work in this particular area of alcohol misuse and in a range of health care settings. Little research to date has been performed, but the nature of Motivational Interviewing with its emphasis on empathy, empowering the client to explore their motivation for change is congruent with the fundamental principles of Counselling Psychology.

2.2.3. Therapist delivery of Motivational Interviewing

In investigating whether clients engage in treatment or not, therapist style is clearly significant (Miller & Wilbourne, 2003). The non-confrontational and empathic approach of the practitioner facilitates the client's engagement in treatment. By supporting the client's self-efficacy, treatment adherence is more likely (Miller & Rollnick, 2002). Brown and Miller (1993) used Motivational Interviewing as a preliminary assessment procedure for problem drinkers about to enter a residential alcoholism treatment centre. 28 participants were randomly assigned to either receive Motivational Interviewing or not. Those having received Motivational Interviewing were seen to participate more throughout treatment and three months after discharge showed lower drinking levels. Brown and Miller (1993) hypothesised those participants who received Motivational Interviewing were more likely to comply with treatment requirements. These findings were replicated by Miller et al. (1993) and in addition they found that two different styles of counselling had very different treatment outcomes. If the therapist used confrontation instead of empathy, a one-year follow-up study found that the more confrontation that was used, the greater the drinking levels of the client.

2.3. Effects of Self-referral

Bien et al. (1993) examined the evidence to explore whether individuals who self-refer have improved treatment outcomes. Miller, Sovereign, and Krege (1998) designed a drinker's check-up that was advertised in local media. 28 participants who self-referred were taken through a series of medical tests and then given feedback on their assessment results. A control group waited six weeks for the assessment. Those participants who received feedback reported a 29% reduction in their drinking compared to the control group. This is supported by the study by Harris and Miller (1990) where Motivational Interviewing is demonstrated to be preferable for clients who self-refer.

2.4. Treatment Effects of Motivational Interviewing over time

In reviewing the effectiveness of Motivational Interviewing over time, most trials in this review cited the high impact at the outset of treatment with a gradual decrease of effect size across time. Miller (2005) argued that in spite of this diminishing effect, abstinence rates in problem drinkers are 9% following one year, compared to 2% in the control group with no intervention. This is more than double the cessation rate and is clearly significant. Miller (2005) suggested that rather than looking at the deterioration of effect over a year as a negative outcome, rather it is remarkable that after such a brief intervention of Motivational Interviewing there should be any effect. Miller offered a different perspective on the efficacy of Motivational Interviewing in the treatment of alcohol misuse, suggesting that this benefit is worthwhile and could prevent risky behaviour in young people that can and does lead to potentially devastating outcomes (Miller, 2005).

2.5. Cost-Effectiveness of Motivational Interviewing

There is consistent support for the cost-effectiveness of Motivational Interviewing. In their review of brief interventions that use the principles of Motivational Interviewing, Dunn, Deroo, and Rivara (2001) found significant evidence that Motivational Interviewing is particularly effective in motivating individuals to engage in further treatment. Further evidence was found in a pilot study with pregnant drinkers where after a two-month follow up study, 81% of participants showed a significant reduction in drinking levels (Handmaker, Miller, & Manike 1999). In cases such as this with the dangers associated with foetal-alcohol syndrome, positive treatment outcomes are far-reaching and cost-effective in the long term.

Further support of the cost-effectiveness of Motivational Interviewing is provided by Wutzke, Shiell, Gomel, and Conigrave (2001). Their study found that drinkers consuming hazardous levels of alcohol, following a brief intervention such as Motivational Interviewing, their drinking levels reduced. Their findings estimated life years saved as a result of a reduction in alcohol consumption and found the costs saved by the improvement in health outcomes by far outweighed the cost of the intervention.

Project MATCH (Project MATCH Research Group, 1997) found Motivational Interviewing as effective as other longer-term treatments such as twelve sessions of Cognitive Behavioural Therapy or 12 weeks of 12-step facilitation therapy. Clearly the costs of one or two sessions of Motivational Interviewing are considerably less than

alternative longer interventions such as cognitive behaviour therapy and 12-step treatment programs.

3.0 Summary of Research Findings

All but one of the trials investigated in this review found Motivational Interviewing had a positive effect on drinking behaviour. This unsuccessful trial by Kuchipudi, Hobein, Fleckinger, and Iber (1990) found that hospitalised participants with gastro-intestinal disease, who were actively drinking, failed to reduce their risky drinking levels. They had previously had counselling to stop drinking because of the health risks due to excessive alcohol consumption. This raised the question whether there are individuals for whom Motivational Interviewing is inappropriate. Bien et al. (1993) hypothesised that individuals who have previously been unresponsive to interventions could predict subsequent unresponsiveness to future treatment interventions. However, there are methodological issues raised by this particular study, as the treatment delivered to the participants appears not to conform to the principles of Motivational Interviewing. Significantly, practitioners' delivery of Motivational Interviewing techniques failed to demonstrate evidence of empathy and non-confrontational delivery (Hettema et al., 2005). Thus, this study was not faithful to the principle aims of the approach.

In summary, the evidence for the effectiveness of Motivational Interviewing in the treatment of alcohol misuse is robust and there is no suggestion that it can have either a negative or adverse effect (Rubak et al, 2005).

This review proceeds to a discussion of the findings and reviews the methodological considerations raised by this literature review. Following this, recommendations for future research are made explicit. The review concludes with a consideration of Motivational Interviewing and its relevance to Counselling Psychology.

4.0 Discussion

The overview of the literature presented here summarizes the research to date on the effectiveness of Motivational Interviewing on alcohol misuse. There has been considerable research in breaking down the major components of Motivational Interviewing in an attempt to identify which of those elements are responsible for positive outcomes. However, Carroll et al. (2006) highlighted methodological concerns with some of the studies reviewed here, which may account for the wide variability in findings across the studies.

4.1 Methodological considerations

The reviews highlighted in this study focussed primarily on controlled clinical trials as these met the criteria for methodological quality (Hettema et al., 2005). Nonetheless, there remains evidence that the internal validity of some of the studies is varied and fails to account for alternative causes for the positive outcome (Carroll et al., 2006). For example, Shakeshaft et al. (2002) suggested that Motivational Interviewing is more effective in older populations but fail to rule out alternative explanations. There also remains uncertainty as to that which constitutes skilful delivery of Motivational Interviewing (Apodaca & Longabaugh, 2009).

When evaluating the effect of the practitioner on treatment outcomes, the later studies cited in this review have begun to standardize therapist training by use of videos, on-going supervision and the coding of therapist behaviours were used in the Moyer et al. (2005) trial where therapist interpersonal skills were assessed. This allows for the clearer description of Motivational Interviewing, greater treatment fidelity for future studies and allows for better comparisons between future Motivational Interviewing studies (Burke et al., 2003).

A major methodological concern in some of the studies was the small sample size, which can lead to type II errors where the power is inadequate to detect an effect. Studies with small sample sizes included Brown and Miller (1993) with twenty-eight adult participants; and Bien et al. (1993) with thirty-two participants. Small sample size can affect the external validity of the study in question as the results do not lend themselves to be generalized to different settings or populations (Miller & Rollnick, 2002). Larger studies, such as Gentilello et al. (1999) where 762 participants were screened in a hospital setting reported a large effect in the decrease of alcohol consumption. Participants here were randomly allocated to either one brief Motivational Interviewing session or to a control group that consisted of an assessment and advice on future treatment only if this was requested. Gentilello et al. (1999) reported a reduction in drinking of an average of twenty drinks per week and a 47% reduction in alcohol-related injuries requiring hospital treatment following Motivational Interviewing up to three years following the intervention. However, they failed to provide any coding of therapist behaviours so it would be impossible to replicate the methodology of their study.

Another significant problem with studies in the area of problem drinking was found to be attrition. Many of the studies admitted a 19% drop-out rate (Miller & Wilbourne, 2003) which would be consistent with the drop out rates of other interventions (Project MATCH Research Group, 1998). This is congruous with the process of change and is

a common feature of participants who continue to be ambivalent about changing their drinking behaviour. However, participant drop-out threatened the feasibility of many of the studies and with small sample sizes, seriously compromised the validity of the findings.

Two studies cited in this review eliminated almost all threats to both internal and external validity. Miller, Benefield, and Tonigan (1993) in their study comparing two therapist styles, confrontational and empathic, and Project MATCH (Project MATCH Research Group, 1998) where clients were matched to three alternative therapeutic interventions. These studies provided a benchmark for future research in Motivational Interviewing by conforming to rigorous methodological criteria.

Many of the studies in this review randomly allocated clients to a series of different therapeutic interventions, for example, Project MATCH (Project MATCH Research Group, 1998). This raised a serious ethical dilemma: if the client is in potential danger due to excessive drinking, whether it would be ethical to allocate this particular client to an intervention or to a no intervention control group that research has demonstrated has lower treatment efficacy. Burke et al. (2003) reported a 51% improvement rate in drinking levels after Motivational Interviewing compared to 37% improvement rate with no-intervention. Clearly then, high risk drinkers who engage in Motivational Interviewing could avoid negative health consequences if given the opportunity of this approach. This, of course, would seriously compromise randomized clinical trials if clients were allocated to different interventions on the basis of their drinking levels.

There is also a possible source of bias in some of the studies cited in this review. Investigator allegiance (Luborsky et al., 1999) is the phenomenon that effect sizes can sometimes appear inflated when the researchers involved in the trial have a theoretical or personal investment in the approach and outcome. Luborsky et al. (1999) investigated the associations between researcher allegiances and how these can affect treatment outcomes. Much of the work cited in this review was carried out in the clinic of William Miller, founder alongside Stephen Rollnick of Motivational Interviewing where the mean effect size was 0.51, which is higher than the average of studies carried out elsewhere which were found to be 0.21 (Burke et al., 2003). However, this may have been due to the rigorous training in Motivational Interviewing and supervision at the Miller Centre for Alcoholism, Substance Abuse & Addictions (CASAA) where all trials are subject to rigorous methodological standards. The Miller Centre for Alcoholism, Substance Abuse & Addictions (CASAA) plays a key role in the development of the theory, and many of the changes and fine-tuning that we can see in the clinical practice of Motivational Interviewing are as a result of the research carried out at this institution.

4.2 Research summary and recent research findings

In summarising the research to date, Miller and Rollnick (2002) continue to explore therapeutic mechanisms, such as use of empathy, self-efficacy and the possibility of change. The Amrhein et al. (2003) psycholinguistic study has brought more focus onto the differences and nuances in language, when the change talk and self-efficacy at the end of the session predicts positive treatment outcomes. Ongoing research is further investigating the theory behind the effectiveness of Motivational Interviewing and continuing to further evaluate why, how and for whom this approach is effective.

The most recent research into the effectiveness of Motivational Interviewing has focussed on deconstructing the mechanics of skilful practitioner delivery in brief therapeutic encounters (Hartzler, Beadnell, Rosengren, Dunn, & Baer, 2010). Their findings claimed that the timing of technical elements of Motivational Interviewing delivery are central to the success of the approach. Specifically, proficient Motivational Interviewing techniques are characterised by the following:

1) The early stages of the Motivational Interviewing encounter to focus on reflective listening and the use of open questions to elicit client's narratives.
2) The middle stage of the encounter to focus on a greater depth of therapeutic discussion by employing more focussed and complex reflective practitioner statements and less use of open questions.
3) The concluding stage to focus on eliciting client narratives that emphasise a commitment to behaviour change as the encounter nears an end.

This study corroborates much of the research literature into Motivational Interviewing and contributes to an enhanced understanding of the temporal aspects of successful Motivational Interviewing delivery. Nonetheless, a methodological concern of the study was that the clients interviewed were actors and not genuine treatment-seeking individuals. This could have significantly affected the findings, as it would be difficult to gauge the impact this might have had. Nonetheless, such findings would be greatly enhanced by replication of such encounters with actual treatment-seeking drinkers.

5.0 Conclusion and Future Research Recommendations

In conclusion, the goal of Motivational Interviewing is to facilitate change in problem behaviour. This review focussed on alcohol misuse, however, success rates across a range of problem behaviours such as drug use, diet and exercise support its efficacy (Burke et al., 2003). The aim of Motivational Interviewing is to enable the client to

explore ambivalence about their problem behaviour, and begin to believe that change might be possible (Miller & Rollnick, 2002).

Currently, there is broad consensus that Motivational Interviewing is effective in the treatment of alcohol misuse. Nonetheless, there continues to be a wide range of areas that require further research. Specifically, there remains a paucity of research in the use of Motivational Interviewing amongst populations with mental-health disorders. One study presented strong evidence that Motivational Interviewing is an effective intervention for use with adults with schizophrenia and alcohol misuse. Graeber, Moyers, Griffith, Guajardo, and Tonigan (2003) found in a pilot study that Motivational Interviewing was effective in reducing schizophrenic patients' drinking levels and increased abstinence rates when compared with outcomes following an educational intervention. However, more research is required in this area to establish the use of Motivational Interviewing amongst populations with mental health disorders. Further pilot studies could be carried out investigating a wide range of mental health disorders and the moderating effect Motivational Interviewing plays on problem behaviours. If results are favourable, this approach could become an established intervention for use with such individuals in a range of settings.

Levels of social support and whether or not participants are in stable relationships could potentially have a moderating effect on drinking outcomes. A series of pilot studies could be designed to take this into account and investigate whether this is a key component of the success of Motivational Interviewing. There is also a real need for future research to clarify the roles that age and gender play, level of education, and whether the participants are treatment-seeking or not.

Nonetheless, there is sufficient evidence that Motivational Interviewing is a cost-effective treatment in a variety of settings and can trigger significant behaviour change in individuals, including those who have previously shown ambivalence in their drinking attitudes. When Motivational Interviewing is used as a stand-alone treatment, alongside the giving of feedback, or as a precursor to future treatment, it has been found to be effective in reducing problem drinking (Burke et al., 2003). There is also robust evidence that Motivational Interviewing is preferable to no treatment (Vasilaki et al., 2006). Notwithstanding this, there remains a need to both identify and further clarify those factors which best predict successful treatment outcomes.

Alongside existing and future research recommendations, there remains a real opportunity to explore an alternative avenue of research in Motivational Interviewing. A series of qualitative interviews with clients and practitioners alike could stimulate new lines of enquiry. Exploring the phenomenological world of the individual would

contribute to the information base of the approach and highlight research opportunities. Semi-structured interviews could be designed for use with both the client and the practitioner. Themes that emerge could be synthesized and explored in more depth. The subjective experience of the individual could be used to inform future research and further clarify the processes that lead to the effectiveness of Motivational Interviewing.

6.0 Motivational Interviewing and Counselling Psychology

As scientist-practitioners (Stoltenberg et al., 2000), Counselling Psychologists are well placed to carry out this research. Moreover, the demands placed on the practitioner in the treatment of alcohol misuse could be said to be uniquely compatible with the model of training required of the Counselling Psychologist. Indeed, to practice the approach effectively, practitioners need to be flexible in the use of interventions and listening attentively to the needs of the client. In order to facilitate behaviour change in an unmotivated and angry client takes skill and Counselling Psychologists are well versed in working with resistant clients with poor self-image who may lack in confidence in their ability to change their behaviour. In the treatment problem drinkers, practitioners need to know when to avoid a confrontational approach and maintain an empathic, motivational stance whist facilitating the client's self-efficacy and belief that change is possible (Treasure, 2004). This is core to the Counselling Psychologist's code of practice.

Undertaking this review has highlighted a need for further elucidation of the factors that lead to proficient delivery of Motivational Interviewing techniques. Clearly, more research is required to further explore these practitioner variables. Equally, further research is required to ascertain which populations stand to benefit from Motivational Interviewing. Nonetheless, the evidence reviewed in the current study highlights the effectiveness of Motivational Interviewing as a cost-effective and timely intervention in the treatment of alcohol misuse. Counselling Psychologists are well qualified to deliver such an approach in the treatment of alcohol use disorders.

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