

Constructing and negotiating boundaries of morally acceptable alcohol use: A discursive psychology of justifying alcohol consumption.

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Abstract

UK society has a complex relationship with alcohol; it is ever-present within social activities, yet alcohol problems are heavily stigmatised. As such, the nuance of acceptability is a key focus for understanding societal perceptions and understandings of alcohol. This research explored how the boundary between acceptable and problematic alcohol use was negotiated in justifying drinking behaviors. The paper draws upon data from two World Cafés and five focus groups conducted in the UK with 76 participants including 25 males and 51 females aged 18 to 82. Data was analysed using discursive psychology with a focus on how participants disclosed and accounted for alcohol consumption. The analysis highlighted two key discursive patterns: 1) Speakers created an interactionally-specific boundary of acceptable alcohol use. 2) Speakers built upon this boundary, justifying and portraying their own drinking as socially acceptable. The boundary of acceptable alcohol use was locally constructed and shifted between speakers and contexts. This locally occasioned boundary demonstrates the challenge of objective guidance - such as the UK Chief Medical Officer's unit guidelines - in relation to individualistic behaviors. Implications are discussed for how alcohol policy, health campaigns, and alcohol practitioners may consider this orientation to justifying drinking behaviors to make alcohol reduction efforts more effective.

Keywords: Morality, Alcohol, Problematic alcohol use, Discursive, Justifications, Accounts.

1. Introduction

While there are 'official' definitions of acceptable alcohol use in the UK, popular opinions about alcohol can shape how alcohol use is viewed within society. Perspectives about what consumption behaviours are deemed acceptable are shared through language, both written and verbal. The aim of this paper is to explore how morally acceptable alcohol use is constructed and negotiated in interaction. This paper takes a discursive approach to demonstrate how, in practice, boundaries of appropriate alcohol use are constructed by speakers and then drawn upon in justifying their own drinking as socially acceptable.

In this introduction, we discuss existing research around the moral dimensions of alcohol use, and how this leads to specific definitions and considerations of problematic alcohol use. We also introduce the underpinnings of discursive psychology, accounts and justifications in interaction.

1.1 Alcohol Use

Alcohol use is heavily ingrained within Western society and is widely accepted as a key element of socialising and a major contributor to the economy. It is omnipresent to the extent that not drinking alcohol in social settings is often seen as unusual or requiring explanation (Paton-Simpson, 2001; Emslie, Hunt & Lyons, 2012). Although many people drink in moderation, a substantial minority rely more heavily on alcohol use, with an estimated 586,797 dependent drinkers with the UK (Public Health England, 2019). The understanding of what counts as addiction is continually redefined based on what is socially viewed as morally appropriate or deviant (Room, 1985) and over time the term has become bound with negative notions of morality (Bailey, 2005). With 3 million or 5.1% of all global deaths per year attributable to harmful alcohol use, it is a leader in global disease burden and death rates (World Health Organisation, 2018). Despite high morbidity, treatment engagement rates remain low, with associated stigma and low perception of needing treatment identified as core barriers (Wallhed Finn, Bakshi & Andréasson, 2014; Probst, Manthey, Martinez & Rehm, 2015). Alcohol use and even drunkenness is widely accepted in Western society, but alcohol problems are often met with

intolerance (Crisp et al., 2000; Macfarlane & Tuffin, 2010; Spracklen, 2013). This double standard highlights a distinction between socially acceptable and stigmatised alcohol use.

1.2 Morality

Most behavior can be viewed as a result of personal choice and can therefore be made the object of moral judgement (Bergmann & Linell, 1998). Within society, there is pressure for individuals to lead a 'healthy' lifestyle (Moore, Pienaar, Dilkes-Frayne, & Fraser, 2017). The Chief Medical Officer for the UK lists excessive alcohol consumption as one of four modifiable health behaviours alongside poor diet, tobacco, and physical inactivity, all of which can be prevented (Department of Health [DoH], 2018). Alcohol use is a behavior which is strongly linked to notions of morality and is often described as a social problem (Reinarman, 1988). In comparison to other non-substance related mental health disorders, alcohol use problems are more stigmatised, with individuals being seen as more dangerous and more responsible for their behaviors (Schomerus et al, 2011; Kilian et al, 2021). It has been repeatedly found that individuals are acutely aware of the negative stigma associated with heavy drinking and seek to distance themselves from such stigmatised labels (Schomerus, Matschinger & Angermeyer, 2013; Wallhed Finn et al, 2014; Thurnell-Read, 2017).

This stigma is also a significant barrier for treatment engagement (Wallhed Finn, Bakshi & Andréasson, 2014; Pitman, 2015; Probst, Manthey, Martinez & Rehm, 2015; Mellinger et al, 2018). This stigma can stem from others, from the self (Hammarlund, Crapanzano, Luce, Mulligan & Ward, 2018) or from attitudinal barriers related to a person's perception and within their control, such as feeling they should be 'strong enough' or believing it will get better without treatment (Oleski, Mota, Cox & Sareen, 2010). Such issues of stigma and associated attitudinal barriers impact on how an individual perceives their own personal alcohol use problems and how they personally define what is problematic and requiring treatment. As such, it is relevant to understand how alcohol use problems are viewed at an individual level, and how morality and societal or individual judgement can impact perceptions of acceptable alcohol consumption.

1.3 Defining Problematic

There are considerable difficulties in defining what is considered moderate or responsible drinking. Currently, policy and guidance in the UK seeks to create a binary framing which is based on objective measure of quantity of units consumed or scores on assessments. For example, while low-risk drinking is defined as 14 units or less per week, hazardous drinking is defined as 14-35 units for women or 14-50 units for men, and higher-risk drinking as 35 or more units for women and 50 or more units for men (NICE, 2011; DoH, 2016). Similarly, the Alcohol Use Disorders Identification Test (AUDIT) scores drinking into categories of low-risk, hazardous, harmful, and dependent drinking (Room, Babor & Rehm, 2005). Whilst various systems define alcohol use problems with different methods and thresholds, there is a clear attempt to create pre-defined categories. However, alcohol use behaviors and the way people understand alcohol use do not necessarily fit within these categories. Although there is a need for an operationalised approach to assessing alcohol use consumption (Holmes et al, 2019), the current guidelines create a binary framing that does not take into account nuance, which may conflict with how individuals perceive their own drinking (Schomerus et al, 2013; Ashford, Brown & Curtis, 2018).

Furthermore, the conceptualisation of what is problematic in relation to alcohol is socially constructed and shifts over time, with various models gaining popularity at different times, including prohibition, temperance, the moral model, disease model, and harm reduction approaches (Reinarman, 1988; Lassiter & Spivey, 2018). Alcohol unit guidelines have also been identified as being linked to morality and socially desirable traits which are changeable over time (Yeomans, 2013). Setting an objective level of acceptability in relation to a social norm which changes and adapts is problematic. It is well documented that whilst the UK public are generally

aware of alcohol guidelines, many are not aware of specific limits and disregard them for a number of reasons; they measured drinks in glasses consumed rather than units, the guidelines were unrealistic if drinking for intoxication effects, and were seen as irrelevant for weekend drinkers (British Medical Journal, 2014; Lovatt et al, 2015; Rosenberg et al, 2018; de Visser, Conroy, Davies & Cooke, 2021).

Often, drinking is not defined as problematic due to the objective quantities consumed but is based upon behavior and impact during and after consumption (Room, 1975; Dawson, 2011). In particular, there is a significant role of social reaction (Room, 1975) further highlighting the importance of others' opinions in relation to alcohol use. It is clear that – at least to some extent - the acceptability of alcohol use is socially constructed and relies on nuanced and implicit orientations of morality which are not currently recognised in alcohol policy and guidance. This paper demonstrates how, despite knowledge and awareness of official guidelines, individuals define problematic drinking within interaction and justify their own drinking as non-problematic and nuanced. In the following sections we discuss the methodological approach taken (discursive psychology) and how this method approaches accounts for behavior.

1.4 Discursive Psychology and Accounts

Discursive psychology is a methodological approach rooted in social constructionism focussing on language. Specifically, discursive psychology considers how precise language constructions perform social actions, or *do* things (Wiggins, 2017). Language is strongly influenced by local contexts, consequently reflecting and reinforcing beliefs (Potter & Wetherell, 1987). This approach provides insight into how perspectives and understandings are shared within micro settings, reflecting wider societal perspectives.

Discursively, an account is an explanation of or for behaviour which is viewed as unusual (Potter & Wetherell, 1987; Buttny & Morris, 2001). The subjective judgement of alcohol use can lead to nuanced discussions around personal consumption and what is considered permissible. Such discussions and attempts to define moral appropriateness are the result of mutual orientations between speakers within both the 'micro' context of the immediate conversation and the 'macro' context of wider society and societal values (Tileagă, 2015). Analysing accounts can help identify prevalent societal understandings and clarifications of the boundary of acceptability (Scott & Lyman, 1968; Tileagă, 2015). Therefore, there is a clear rationale for studying how speakers account for alcohol use as this will also provide insights into wider societal perspectives about what is deemed appropriate alcohol consumption.

Currently, there is a limited body of discursive literature focusing upon accounts of alcohol use. There is a consistent finding that speakers resist stigmatising subject positions, such as being 'anti-social drinkers' (Guise & Gill, 2007) or a 'woman drinker' (Rolfe et al, 2009), reflecting a pervasive orientation to how others may perceive and judge their behavior. Speakers position their drinking as within certain parameters in order not to be seen as a problematic drinker and subject to negative judgements. In particular, individuals work to portray themselves as responsible and acting in line with expectations of moderate drinking (Tolvanen & Jylhä, 2005; Gough, Madden, Morris, Atkin, & McCambridge, 2020).

Discursive research has found that speakers drawn upon a range of key discursive strategies in managing disclosures of their drinking. Within individual interviews speakers compare their own consumption to more extreme alcohol use behaviors, situating their own as responsible and morally appropriate compared to 'others' who are constructed as drinking in a negative manner (Tolvanen & Jylhä, 2005; Gough et al, 2020). There were certain contexts in which alcohol use was deemed permissible, such as social situations (Tolvanen & Jylhä, 2005). Alternatively, others worked to normalise their drinking as part of a routine and therefore not out of the ordinary or problematic (Gough et al, 2020). Additionally, speakers were also found to downplay the quantity of their consumption through providing vague measures of alcohol consumed (Gough et al, 2020). Use of these discursive strategies were often interlinked and

multiple strategies were used at once to create a strong construction of individuals' drinking as appropriate.

Although discursive research in this area is limited, it has repeatedly shown that morality of alcohol use is regularly oriented to in discussions about alcohol behaviors. However, much of this research is based upon interview data which is a specific interactional context where knowledge and meaning is collaboratively constructed between two speakers (Speer, 2002). In contrast, this research draws upon group interaction data in which individuals are in direct contact with a number of people with potentially differing views, making any judgements from or towards others immediately visible and direct (Heritage, 1984). In such group settings, sharing potentially controversial opinions – in this case about alcohol use - is particularly risky and must be managed carefully by speakers, orienting to potential judgement from other group members.

Additionally, previous research focuses on specific sub-sets of the population which are linked to alcohol trends, such as older drinkers (Tolvanen & Jylhä, 2005; Gough et al, 2020) college and university students (Guise & Gill, 2009; Romo, 2012; Conroy & de Visser, 2013), and female drinking (Lyons & Willott, 2008; Abrahamson & Heimdahl, 2010; Bogren, 2011; Lennox, Emslie, Sweeting, Lyons, 2018). Rather than focus on one specific population, this research aimed to explore accounts for alcohol use across a broader spectrum, including both the general public and those working within the alcohol use field. This provides the opportunity to explore how accounts may show similarities across different drinking styles and backgrounds.

This paper analyses disclosures of personal alcohol consumption and how speakers construct the boundary line of acceptable and problematic drinking. In justifying their behavior, speakers orient to morality by portraying their drinking as within the parameters of acceptability that have been defined within the interaction. As these conversations draw upon broader societal notions of morality and alcohol use, through understanding how acceptability is defined within these interactions, this provides wider insights into societal perspectives about alcohol.

2. Method

Much of the previous discursive research surrounding accounts for alcohol use utilised interview data. Whilst interviews are generally considered an appropriate data source for discursive research, some argue they are driven by research agendas and cannot be treated as naturalistic (Potter & Hepburn, 2005; Edwards & Stokoe, 2010). Instead, we used World Cafés and focus groups as collaborative discursive methods which seek to facilitate dialogue in which knowledge and perspectives are shared (Stöckigt, Teut, & Witt, 2013). Although neither are fully naturalistic settings, it can be argued the interaction itself remains genuine, merely within a different context (Speer, 2002). As such, World Cafés and focus groups provided an interactionally different setting from that of interviews.

In comparison to interviews, focus groups allowed for more interaction between participants which helped minimise researcher contributions and encouraged sharing of thoughts and ideas amongst the group (Löhr, Weinhardt, & Sieber, 2020). World Cafés are a participatory discussion format that are intended to scaffold and promote informal discussion with large numbers of participants (Brown, Homer, & Isaacs, 2007). The World Cafés are also interactional, but are more removed from researcher input as the researcher was not present during discussions (Lamont, Murray, Hale, & Wright-Bevans, 2018; Löhr et al, 2020). These World Cafés provided a more informal conversational context than the direct questioning in focus groups. The use of both types of data allowed for comparison to see whether accounts functioned differently between these interactional contexts, such as whether or not the researcher was present, which it did not.

Ethical approval was granted by XXXX (XXX). All participants were required to be of legal drinking age and not actively engaging in alcohol treatment. All identifiable participant information was anonymised.

2.1 World Cafés

Two World Cafés were conducted with 42 individuals (aged 18-56; 32 female and 10 male). The first World Café comprised 30 alcohol professionals, who were identified as anyone regularly working with alcohol use problems. This inclusion criterion was purposefully lenient to include jobs such as alcohol counsellors, university health officers, stewards and other roles. The second World Café involved 12 members of the general public who did not work regularly with alcohol or have current alcohol use problems.

Participants accessed information and consent forms online in advance. The professional World Café had five tables and the general public World Café had three. Each table was asked to choose a facilitator from their group to mediate the discussions (Lamont, et al, 2018). There were three rounds of discussion, lasting 15 minutes each. The first round focused on a vignette of either ambiguous acceptable/problematic drinking or explicit alcohol problems, followed by two rounds where each table was provided with one of four key questions to discuss:

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

Every 15 minutes participants (except facilitators) changed tables, and were encouraged to mix with different participants, to discuss a new question. 6 hours and 10 minutes of data were collected.

2.2 Focus Groups

A pilot focus group was conducted with three students at XXXXX and confirmed that the focus group schedule effectively encouraged discussions about alcohol use. Following the pilot, five focus groups were conducted with 31 individuals (aged 20-82; 16 female and 15 male), three groups with 23 alcohol recovery workers and two groups with 11 general public participants from a retirement village and local rugby club. The alcohol recovery workers were recruited through contacting managers of local alcohol recovery charities and services. The general public were recruited through contacting organisers of local community groups. All focus groups were conducted in a meeting room on the premises of each of the groups either before or after group meetings to maximise recruitment and convenience for participants. The same four topics from the World Cafés were presented as areas of questioning. Two video clips were also included in place of the vignettes, again reflecting ambiguous acceptable/problematic drinking and explicit alcohol use problems. All participants were provided with information sheets and consent forms in advance. Four hours of data were collected.

2.3 Data Analysis

This research takes a primarily DP analytic approach, informed by research in Conversation Analysis (CA). The two approaches of CA and DP overlap significantly, with both focusing on how social interaction is sequentially organised and constructed, seeing talk as action (Hutchby & Wooffitt, 2008; Wiggins, 2017). Compared to CA which may be more concerned with turn-taking and sequential organization of the interaction, this research focuses on how specific versions of reality are constructed within interaction, and therefore aligns with a DP perspective. However, DP does draw on CA terminology when discussing the sequential organization of accounts (O'Reilly, Kiyimba, Lester, & Edwards, 2020) and as such some CA terms are used where appropriate.

The first step of a DP analysis is to transcribe the data verbatim and, taking an inductive approach, identify discursive patterns through rigorous examination of the data (Wiggins, 2017;

Huma, Stokoe, & Sikveland, 2020; O'Reilly et al, 2020). Guided by the overarching research focus of exploring how individuals account for alcohol use, the first author examined all transcripts for instances of accounting for alcohol consumption. A recurrent practice was found whereby speakers offered information about personal drinking, without being explicitly asked about their consumption.

Each disclosure was transcribed using the Jefferson transcription convention (Jefferson, 2004) to capture details of the interaction. This captures a range of interactional details including prosody, timing, and sequence, providing a transcript of not just what was said, but how. Within the extracts below, a Jefferson 'lite' (Potter & Wetherell, 1987; Potter & Hepburn, 2005) transcript has been provided where the key features of timings (seen in brackets) and overlapping talk (denoted by square brackets) are preserved, but other features which do not impact the analysis have been removed for readability. Each extract was analysed in detail as a separate case study. At this stage, the analysis identified discursive devices within the data – such as comparison, normalisation, and invocation of morality - and how these are used to perform specific social actions (Wiggins, 2017). Following these case study analyses, extracts were compared across the dataset to create collections. In addition to identifying recurring patterns, DP also seeks 'deviant cases' or instances where the interaction unfolds differently. These cases demonstrate the impact of deviations from the identified pattern and how this impacts the interaction, providing further support to the analysis (Peräkylä, 2016; see Extract 3 below).

DP analysis is an iterative process and the analytic steps are repeated, during which analysis is continually refined. In addition to the first author conducting the analysis, select extracts were also subject to data sessions, which are a routine practice within DP research and provide opportunities for other researchers to examine, provide further analytic insight, and even challenge the proposed analysis (O'Reilly, Kiyimba, & Lester, 2018; Huma, Alexander, Stokoe, & Tileagă, 2020). As such, the data has been interrogated by a number of other DP researchers, which helps to validate the analysis.

Following multiple rounds of analysis the 58 cases were finalised as two collections: justifying limited drinking (25 cases), and justifying heavy drinking (33 cases). We focus here upon constructing boundaries of acceptable alcohol use, a prominent discursive strategy within the collection of justifying heavy drinking.

3. Results

Many participants voluntarily offered information about personal alcohol consumption. These admissions were often accompanied by *accounts* whereby speakers explained their alcohol consumption. Those who disclosed potentially heavy drinking primarily provided *justifications*. These justifications take responsibility for the behaviour whilst portraying it as permissible and minimises potential negative perceptions (Scott & Lyman, 1968).

In providing these justifications a variety of discursive strategies were drawn upon, including 'othering' in which individuals compare their consumption to more extreme drinking. Speakers used this comparison to construct the boundary of acceptable and problematic drinking, simultaneously situating their own consumption as acceptable.

In Extract 1 the speakers contrast the notion of less regular heavy drinking sessions against drinking as part of a sustained routine, constructing the latter as problematic.

Extract 1

1 A: Like you could have someone who's once a week (0.7) doing like has
2 like a massive like has a massive like (.) time, (.) .hh and there's
3 the- maybe like some people that (0.5) nee::d a drink (0.2) to (.)
4 wake up in the morning.
5 (.)

6 B: Ye[ah]
7 A: [Or] to go to sleep at night and that (.) that's [a worrying.]
8 C: [That's problem]
9 at[ic.]
10 B: [Tha]t's when it becomes problematic yeah.
11 (0.5)
12 D: Mhm
13 (0.6)
14 B: Cause I mean like (0.9) if I wanted to like (0.2) cause I don't
15 really drink that much at all, (0.3) like maybe once a month, (0.2)
16 but then if I do have a drink I might have like (.) a whole bottle
17 of wine?
18 (0.6)
19 B: N or like a bit more, which is like heavy alcohol use but then I
20 don't like rely on it?
21 (0.2)
22 A: Yeah.

Speaker A first constructs a hypothetical 'someone' who 'has a massive time' with a pattern of occasional heavy drinking (lines 1-2). A then contrasts with a second category of 'some people' who 'nee::d a drink' to wake up (lines 3-4). The contrast between the categories is clear as A provides an assessment which describes the routine pattern as 'worrying'. In doing so, the speaker presents a binary choice where a weekly heavy drinking session is positioned as the non-problematic option. In overlap, C provides a similar assessment and explicitly names such behaviour as 'problematic', while B provides a 'same evaluation' (Pomerantz, 1984) on line 10, confirming the group's negative assessment of the 'problematic' behaviour. Through the collaborative assessment sequence the group achieve local agreement, defining problematic drinking based on reliance and routine.

Only once this local threshold for problematic drinking has been defined, does B the disclose personal drinking within parameters set by the group. B states they do not 'drink that much at all', as in not very often (line 15) but that during monthly drinking sessions will drink a 'whole bottle of wine' (line 16) and might have 'a bit more'. B acknowledges this is 'heavy' drinking, but makes clear it does not stray into the group's local definition of problematic drinking because 'I don't like rely on it?' (line 20). This question format on line 20 invites a response to validate B's assessment of her own drinking, receiving agreement on line 22. Thus, personal disclosures are designed to position the speaker's drinking as falling on the morally acceptable side of a boundary for problematic drinking which is constructed by the speakers within that group. This boundary is not necessarily based upon wider societal notions of what is acceptable, but is unique to this local interaction.

Constructing this boundary line is not always as straightforward as in Extract 1. In Extract 2, E discloses personal consumption but its social acceptability is challenged by another group member, prompting E to contrast with more problematic behaviour to categorise the drinking as acceptable. Within this extract, the group were discussing Robert in the ambiguous alcohol use vignette.

Extract 2

1 E: Speaking from experience (1.1) I drink of a weekend. Friday and
2 a Saturday night. And I have three or four drinks,
3 (1.2)
4 G: M
5 E: Possibly (.) a glass or so more
6 (1.3)
7 E: Every weekend. It's the weekend [you do [it,]]you know. And that's-
8 H: [hua ha [ha]

9 G: [mm]
 10 G: So what you're saying [is if we're gonna say Robert=
 11 E: [so that's (0.5)=
 12 G: =has a drinking problem then (inaudible)]
 13 E: =so (0.5)[(measuring on)yeah yeah]
 14 J: [((laughter laughter) laughter)) [.hhh]
 15 E: [But equally],
 16 e- equally if we feel we were doing something else like going away
 17 for the weekend or whatever (0.7) and heading (0.3) draf-
 18 travelling on a friday night, (0.3) wouldn't be like oh my god I'm
 19 missing out on (.) precious drinking time,
 20 [when we arrive at midnight I need to drink like]=
 21 G: [((laughter laughter laughter))]=
 22 G: =uh.hh] [((laughter laughter laughter))]
 23 E: =(0.3)]a whole bottle. [(0.3) Do you know what I mean? ((laughter))]

As Extract 2 starts, E discloses consuming three to four drinks at the weekend (lines 1-2). Unlike Extract 1, the disclosure is not prefaced by a contrast between acceptable and unacceptable drinking. Following the lack of uptake to this disclosure (lines 3-4), which can indicate potential upcoming disagreement (Pomerantz, 1984), E retrospectively describes this drinking as regular ('every weekend') and typical ('you do it') (line 7) as a way of normalising and positioning it as non-problematic.

The risk of not clearly establishing the boundary within the group prior to disclosing one's own drinking practices is exposed when G equates E's drinking to the ambiguous vignette character Robert's, the problematic status of which the group has not yet established (lines 10-12). If the group concludes Robert drinks problematically, then, by her own admission, so does E. This highlights how disclosures are open to negative perceptions and must be carefully managed, particularly when there is not yet clear agreement on the boundary line.

Responding to G's implicit accusation, E justifies her drinking as acceptable through building contrasting descriptions of what would be problematic. E draws upon an extreme case formulation of arriving at midnight and drinking 'like (0.3) a whole bottle' (line 26). Although this is clearly semantically extreme, it provides an example of how E *could* go to such extremes (Edwards, 2000) and defends against such a challenge (Pomerantz, 1984). E draws upon this extreme behaviour to portray her own behaviour as non-problematic in comparison. Although E's drinking may still be considered heavy, she has constructed the boundary between acceptable and problematic drinking through drawing explicit contrasts, positioning herself on the non-problematic side of this boundary.

Although E positions this consumption as acceptable, the lack of definition of this problematic category opened her to challenges. We also saw that speakers orient to whatever interactionally relevant markers are present (e.g., Robert), against which drinking behaviours can be positioned. Thus, when choosing to disclose personal drinking behaviours, speakers may find it simpler and safer to wait until a locally occasioned definition of the boundary of acceptability has been collaboratively constructed. Speakers can then safely use this group consensus to justify personal consumption.

Unit guidelines are in many ways the opposite of a locally occasioned boundary line. They attempt to provide a standardised boundary for acceptable drinking in all contexts. Nevertheless, our analysis shows that they too are subject to local contextualisation and refinement before they are accepted as relevant metrics for judging acceptable alcohol use. Extract 3 is an example where units were used in defining problematic drinking. Prior to the start of this extract, M had stated the unit guidelines are too high, implying that drinking at that quantity is problematic. This elicited a disclosure from Kelly (K) of drinking more than this regularly and led to discussion around difficulties of defining problematic based on objective units.

Extract 3

1 P: Errm (0.2) and I think (.) it's not just about the units
2 consumed it's also about the relationship that they have
3 with alcohol. Why are they doing it?
4 (.)
5 M: mmmm.
6 P: Cause Kelly may well be drinking all sorts but she
7 know I know she's a (0.3) a gym bunny (0.5) she eats well, and
8 she's not- drinking to cope, at least I'd hope she isn't,
9 ((laughter))

On line 1 P focuses the discussion on (un)healthy relationships with alcohol and discusses K's consumption. P acknowledges that K objectively drinks more than recommended but justifies the consumption as not problematic due to other factors, such as being a 'gym bunny' and 'eats well', common notions of a responsible healthy lifestyle. In addition, P denies K is 'drinking to cope', again suggesting this is a category-bound activity of problematic drinking which K does not possess. Notably this is provided alongside mitigating laughter as it is an assessment based on K's personal behaviour, to which P may not have full epistemic rights to comment on.

Within this extract, when the boundary is constructed based upon objective guidelines it is heavily resisted by K and the rest of the group. Rather than K conducting the justification work herself, other group members (P as seen in this extract) also work to justify her drinking as acceptable, despite not being adherent to the unit guidelines for low-risk drinking. Instead, the group collaboratively reconstructs this boundary, taking into account other factors to define problematic drinking such as it being about the 'relationship they have with alcohol' (line 2) and 'drinking to cope' (line 8). The group justifies K's consumption that would have been considered problematic within the previous boundary drawn by M which was based on the unit guidelines.

As such, we see here a clear example of individuals orienting to and explicitly resisting the unit guidelines. Additionally, this was a group of alcohol use professionals, further demonstrating that across both the general public and professional groups, attempts to objectively define problematic drinking were ineffective. There is a clear sense throughout all of the extracts - but most explicitly here - that the unit guidelines do not take into account the personal circumstances and nuances of individuals or align with what group members perceive to be problematic drinking. As a result, these objective guidelines were rejected in favour of a more nuanced and individualised boundary which was constructed between group members.

4. Discussion

Speakers consistently oriented to the potential moral judgement for alcohol use when providing disclosures of their own consumption. Similarly to previous research, our analysis illustrates that individuals worked to portray themselves as responsible drinkers acting in line with moral standards and resist the stigmatising positions of problematic drinking (Tolvanen & Jylhä, 2005; Guise & Gill, 2007; Rolfe et al, 2009; Gough et al, 2020). A unique finding of this paper is the sequential organisation of accounts for alcohol consumption. Within this paper we have used a novel DP approach which showed how it was critical for speakers to first construct the boundary of acceptability within the interaction. Once these parameters of socially acceptable alcohol consumption had been defined by the group, speakers were able to disclose their drinking behaviours, ensuring their behavior was perceived as being on the morally appropriate side of this boundary. Instances where the boundary line was not pre-constructed left speakers open to challenge (see Extract 2). The sequential construction of the boundary of acceptable alcohol use, within the local interaction, is a specific discursive resource that individuals use to justify their drinking, and shows an ongoing orientation to morality and perception from other group members.

A second key finding was that speakers rejected objective unit guidelines and focused on more nuanced and subjective measures to define acceptability in alcohol use. However, research has shown that individuals may have difficulties in accurately assessing their own drinking, with self-reported levels of drinking contradicting individuals' self-defined status as a 'light-drinker' (ONS, 2018; Conroy, Morton & Griffin, 2021). The data within this paper demonstrates how self-assessments of acceptable or problematic alcohol use are not based upon objective guidelines or even innate self-perceptions, but shifted between interactions with different group members and contexts. This local negotiation of the boundary line raises implications for more objective boundaries, such as those drawn upon in current public policy and health guidance. For example, the 2016 UK 'low-risk' drinking guidelines attempt to provide a quantifiable level of acceptability in relation to a subjective social norm and notion of morality that changes both over time (Yeomans, 2013), and, as demonstrated here, in relation to speakers, their experience, and the setting. Previous research also suggests that although individuals may be aware of guidelines, some people ignore the guidelines precisely because they view them as irrelevant to their individual circumstances with low motivation for adherence (Lovatt et al., 2015; de Visser et al, 2021). As such, there is a discrepancy between guidelines and how individuals use them to think about their own drinking. As this research demonstrates, individuals negotiate and define what is acceptable or problematic drinking within local interactions and this may differ based on the context of the discussion and the group members involved. Further research should explore how these individual and shifting perspectives of alcohol acceptability can be engaged with to make broader policy and guidance more consistent with changing social norms.

Furthermore, research suggests that while the unit guidelines may be well-known, there is little evidence that this knowledge leads to actual and persistent changes in consumption (Steveley et al., 2016; Rosenberg et al., 2018). Rather than simply increasing public exposure to these guidelines, promotion of drinking guidelines should be allied with effective communication strategies (Steveley et al., 2016). To increase the effectiveness of advertisement of drinking guidelines, health promotion campaigns would benefit from linking into general public discourses which help create a shared language which may be more effective at disseminating scientific perspectives to the general public (Bromme & Jucks, 2017; Gough et al., 2020). Through understanding the ways in which individuals situate and justify their alcohol consumption, health campaigns can use this information to tailor their messages around these common justifications.

In addition to health campaigns, this research raises questions about how alcohol use is discussed in more risky interactional settings such as clinical encounters. Conversations about alcohol are often challenging for both the practitioners and clients (Lid & Malterud, 2012; Tam, Leong, Zwar & Hespe, 2015). Research focussing on the discursive strategies individuals commonly draw upon in judging their own drinking can be particularly beneficial to practitioners in helping to navigate these difficult interactions. As research has shown that attitudinal barriers such as low perception of need are significant difficulties for treatment engagement (Probst et al, 2015; Hammarlund et al, 2018), awareness of these discourses may be useful in preparing clinicians for difficult discussions regarding alcohol use and disputing justification efforts.

Additionally, this study suggests it would be productive for clinicians to break down the binary framing of acceptable and problematic alcohol use. This continuum framing may allow individuals to disclose higher alcohol consumption without necessarily placing themselves within the problematic category and therefore may open up such discussions within clinical encounters. This research adds to growing evidence supporting the redefinition of problematic drinking narratives into a nuanced continuum rather than a binary framing which may lead to a wider and more accurate reflection of alcohol consumption patterns (XXXX & XXXX, 2019; Morris, Albery, Heather & Moss, 2020) and help to reduce stigma and the barrier of disclosing a certain level of consumption which is conceptualised as problematic (Rehm et al, 2013; Morris et al, 2020). However, whilst this research provides an in-depth consideration of how alcohol use is

justified across a range of contexts, it should be noted these discussions took place within a research setting. Further research could usefully explore justifications and how these discourses can be effectively negotiated within real-world settings such as primary care consultations.

5. Conclusion

Alcohol use is a personal choice, but simultaneously open to judgement. In particular, heavy or problematic alcohol use is often viewed negatively and as morally deviant. Individuals who are drinking in ways which may breach societal norms of acceptability must carefully manage potential negative judgements. Our findings further demonstrate the subjective nature of alcohol use and that perceptions of what is societally acceptable are socially and locally constructed within interaction. Whilst previous research has focused on discursive practices used to justify drinking in relation to this implicit societal boundary, our analysis identifies that the boundary of acceptable alcohol use is constructed and speakers draw upon this as a discursive resource for justifying their drinking. Speakers used this construction of problematic drinking to portray their own consumption as morally appropriate in comparison. This justification work oriented to potential negative judgements from others and speakers focused on portraying their behavior as acceptable and responsible. Our analysis also showed difficulties in basing definitions of problematic behavior on objective measures such as quantities consumed, with speakers relying heavily on contextual factors. This presents problems for objective unit guidelines, pointing to the need for further applied research to explore how such discursive work can be incorporated into policy to ensure guidance aligns with how individuals perceive and judge their own drinking behavior.

Correspondence Details

Declaration of competing interests

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